



# Balancing the Value Equation

Washington Health Alliance  
Community Checkup 2025

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### About this report:

The Community Checkup Report is the definitive report of trusted, thorough analysis of quality and cost of health care in Washington state. The Washington Health Alliance has been publishing the Community Checkup since 2009. It relies on our voluntary All-Payer Claim Database, which encompasses more than 4 million covered lives across Washington state for both commercial and Medicaid insurance. Results are provided for 1,875 clinics, 325 medical groups, 100 hospitals and 16 health plans along with all 39 counties and nine Accountable Communities of Health.

Building off our original work on the quality of care in Washington state, the Alliance has expanded in the reporting in recent years to include Total Cost of Care. In 2023, the Alliance introduced the lens of equity into our reporting with the Neighborhood Atlas (Area Deprivation Index) tool, validated by the Center for Health Disparities Research at the University of Wisconsin School of Medicine and Public Health.

For highlights drawn from our reporting and to see scores for medical groups, clinics, hospitals, health plans, counties and Accountable Communities of health, please visit: [www.wacommunitycheckup.org](http://www.wacommunitycheckup.org).

## Executive Letter

*March 2025*

### **Dear Community Members:**

The Washington Health Alliance was founded, first as the Puget Sound Health Alliance, 20 years ago with a mission to improve the quality of care our families, friends and neighbors receive from the health care system.

This 19<sup>th</sup> edition of the Community Checkup, which started as a first-in-the-nation report on the quality of care at the local level, has been built on 20 years of expertise among our membership, board leadership and staff.

For these two decades, measuring quality has spurred efforts to improve care. However, progress has stagnated as organizations are facing tremendous market pressures, financial shortfalls, consolidations and reorganization, and shifts in the fundamental ways people interact with health care. Despite the historically low rate of uninsured people, access to timely, coordinated, comprehensive and continuous care remains elusive.

No one foresaw how a global pandemic would result in dynamic changes in how the health system operated, the rapid consolidation of health systems or how shifting federal, state and local priorities could bring about complexities that require their own innovative solutions.

We know our performance on many essential measures, from key cancer screenings to timely well-care visits, has been waning for years. Statewide, we have not risen against the National 90th percentile on any measure, the WHA quality benchmark, in some time, and we continue to lose ground as thousands and thousands of Washingtonians are left untreated.

We must act and make clear data-driven choices. We must recognize quality of care for what it truly is: a key component in the value of care our friends and neighbors receive.

At the outset, WHA exercised caution, as a multistakeholder coalition, electing to focus our conversation solely on quality. We focused on defects and waste – overuse, misuse and underuse of care. Nevertheless, three years ago we began transparent, thorough reporting on both quality and cost of care. The definition of value.

More than ever, those who purchase health care must demand outcome-based results. Health care expenses are now the second largest expense for companies behind salaries and above materials, supplies and other operating costs. Purchasers must embrace the opportunity to treat health care as any other part of their business and demand value for their investment. This means making choices that drive quality, flatten costs and result in better, more equitable health outcomes including productivity.

Purchasers should expect a return on these investments, as better health outcomes, lower expensive utilization, improved productivity (i.e. absenteeism, presenteeism and reduced error rates) impact overall business performance, and flattened cost trends allow for investments elsewhere in their organizations. Some choices may disrupt current vendor relationships, may drive members to have a primary care provider and enable navigation to the highest quality specialty care. Our next 20 years' success story will be about how we worked together to improve the systems of care, strengthened purchaser/business operations and maintain a sustainable health system delivering appropriate care in the settings with the best results.

As an independent organization we are fortunate that our membership community continues to support WHA. We are therefore able to offer in-depth, transparent views of quality, access, equity and cost, leveraging the power of our All-Pay Claim Database.

**There are clear dimensions to ensure we are providing high-value care:**

- Is the care appropriate?
- Are the outcomes of that care in the top 25% nationally?
- Are the costs of delivering the care better than the market average?
- Do Washingtonians have full access to the services they need through removing socioeconomic and equity drivers and direct care coordination?

To improve the administrative burden on health plans and providers, WHA could be the single source for aggregated quality and cost reporting for provider organizations across participating member health plans.

We know these aspects can be viewed through several measures and can play a sizable role in the health care marketplace from the crucial decisions employers and union trusts make to meet their fiduciary responsibilities to the efforts taken at the clinic level to engage with disparate communities.

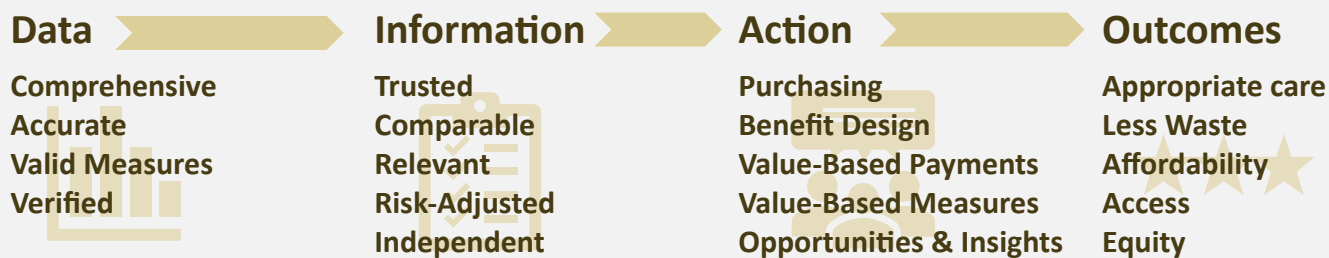
In this report, we will highlight the ways in which the Community Checkup can start to sharpen our view on the value of care. Together, our membership, our leadership, our staff and our community can craft a road map that balances these important metrics to ensure high-value care is the only care Washingtonians receive.

Sincerely,



**Andrew B. Oliveira, MD, MHA**  
Executive Director

### WHA Steps to Improve Health Care Value



## Balancing the Value Equation

In our modern health care marketplace, emphasis often shifts between the importance of quality and cost. While both play a significant role in the overall health of millions of Washington residents, weighing both measures together can help drive the market toward a balanced health care ecosystem.

At the Washington Health Alliance, we have been sharpening the focus on high-value care through our quality and cost report. As we broaden our analysis, we can see how the value of care requires a balanced scale between quality, cost, access and several tightly focused measures.

### The Value Equation Balance

**VALUE components in health care** = **QUALITY** of care; **COST** for those services; **ACCESS** to care (financial, geographic, lack or provider relationship, etc.); **APPROPRIATENESS** of the service (includes clinical appropriateness and the site of service was delivered)

### Simplifying the equation:

$$\text{VALUE} = \text{ACCESS} \times \text{APPROPRIATENESS} \times (\text{QUALITY}/\text{COST})$$

### How inconsistencies in quality and cost can throw off balance

Ensuring high-value care in Washington requires high-quality care that is appropriate and accessible, coming at a cost that does not deter patients but also maintains a resilient, accessible health care system in Washington.

In this equation, there is a balance between all the variables. Inconsistencies in cost, quality, access and affordability can throw off this balance, dragging down the overall value of care.

In our 2025 analysis, we once again show that crucial quality measures continue to fall below the national 90<sup>th</sup> percentile, a WHA benchmark for years. Furthermore, we see discrepancies in the total cost of care. Finally, we also see gaps in access to care and a continued reliance on inappropriate services.

## Discrepancies in Quality

From cancer screenings to well-care visits, low rates of routine preventative measures can lead to excessive costs downstream. According to a study from Kaiser Permanente Center for Health Research, children who missed routine well-care visits were upwards of two times more likely to be hospitalized.<sup>1</sup> Similarly, a cancer management study from 2022 showed that it can cost up to seven times more to care for an individual with late stage cancer than if the disease is diagnosed in the early stages.<sup>2</sup>

**Figure 1: Commercial Performance on Well-Care Visits and Cancer Screenings**

Clinical Measure	National Benchmark	State Average
Child and Adolescent well-care visits (Total)	73%	49%
Breast Cancer Screening	80%	66%
Colon Cancer Screening	74%	56%
Cervical Cancer Screening	80%	60%

To see how Washington state, counties, medical groups and clinics performed on all preventative care measures please visit our Compare Scores sections [on our Community Checkup Site](#).

Beyond how we screen, we can also look at the quality of how we manage prevalent life-long conditions in which a lack of care can dramatically increase costs down the line. Nearly 9% of the population in Washington has diagnosed diabetes, and more than 36,000 residents a year are newly diagnosed.<sup>3</sup> Despite the prevalence of the disease, we do not always follow through on key screenings that are meant to manage the disease and its related complications.

**Figure 2: Commercial Performance on Diabetes Quality Measures**

Clinical Measure	National Benchmark	State Average
Kidney Health Evaluation for Patients with Diabetes	58%	44%
Hemoglobin A1c Control for Patients with Diabetes	18%	3%
Eye Exam for Patients with Diabetes	74%	56%

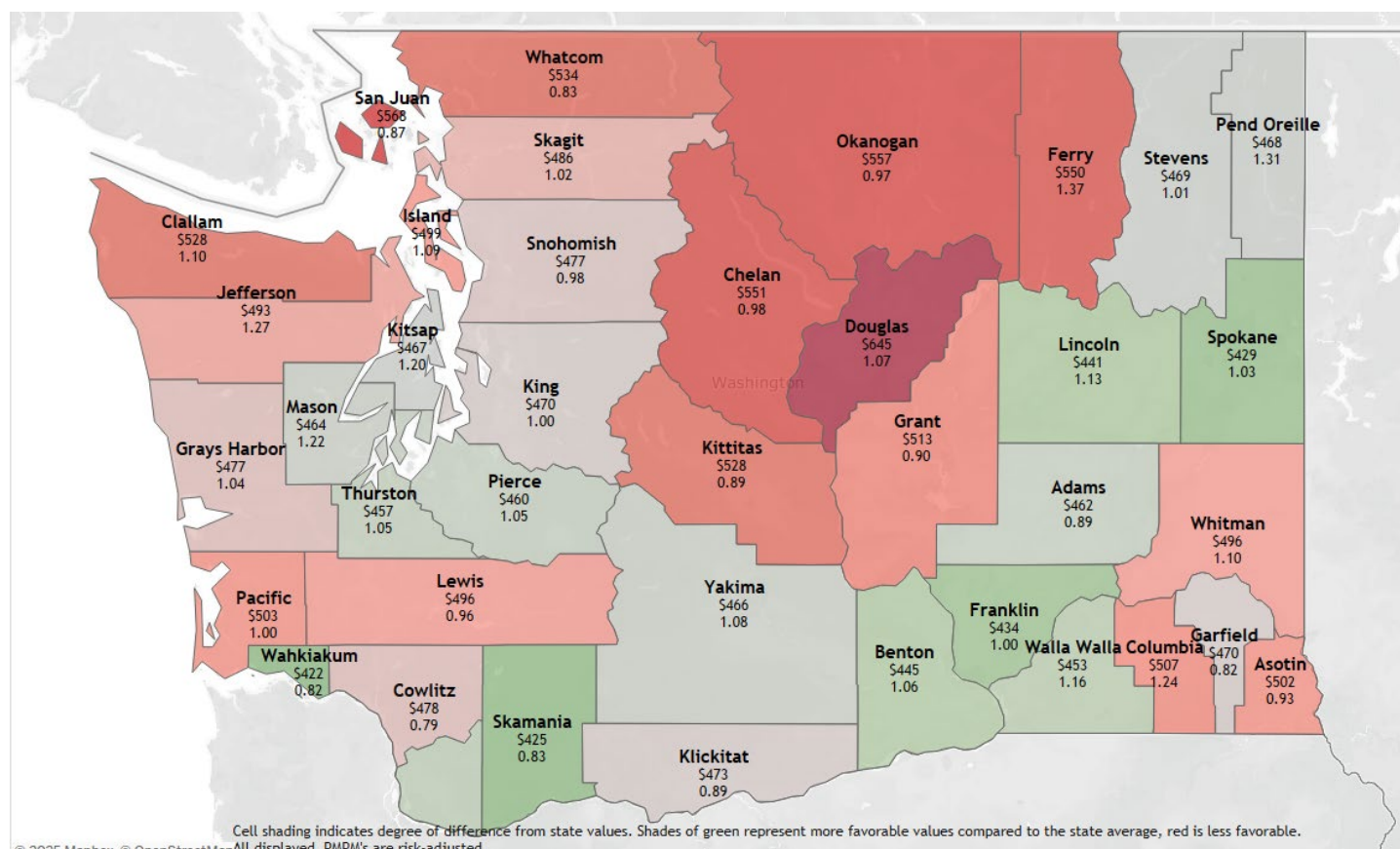
To see more detailed performance on diabetes measures for Washington state, counties, medical groups and clinics, please visit our Compare Scores sections [on our Community Checkup Site](#).

## Inconsistencies in Cost

While quality itself can offset value on its own, we know that cost weighs heavily too. Across Washington, where someone lives, can play a direct role in the cost of care they receive both in hospitals and doctor’s offices.

Adjusting for health disparities through [Milliman Advanced Risk Adjusters™](#) risk scores, we see broad geographic disparities in our Total Cost of Care analysis.

**Figure 3: Commercial Total Cost of Care by County expressed as Per Member Per Month (PMPM) cost.**



When we zoom in, we see those differences by service lines, spread across five cost categories – facility inpatient, facility outpatient, professional, prescription, and ancillary - in these communities.

**Figure 4: Commercial Total Cost of Care by County expressed as Per Member Per Month (PMPM) by cost category.**

EntityType	Entity Name	Risk Score	ServiceSetting / ServiceLine					
			All Settings	Facility Inpatient	Facility Outpatient	Professional	Prescription Drug	Ancillary
			Total (Risk Adjusted)	Total (Risk Adjusted)	Total (Risk Adjusted)	Total (Risk Adjusted)	Total (Risk Adjusted)	Total (Risk Adjusted)
State	WA	1.00	\$469.90	\$80.20	\$134.32	\$147.63	\$85.18	\$22.57
County	Adams	0.89	\$461.95	\$60.37	\$176.54	\$86.22	\$84.86	\$45.81
County	Asotin	0.93	\$502.39	\$83.77	\$167.35	\$74.56	\$135.94	\$27.94
County	Benton	1.06	\$445.38	\$74.28	\$134.62	\$117.96	\$93.53	\$25.24
County	Chelan	0.98	\$550.78	\$79.21	\$208.97	\$110.47	\$92.25	\$46.53
County	Clallam	1.10	\$528.02	\$59.50	\$257.11	\$81.87	\$97.67	\$27.37
County	Clark	0.81	\$453.96	\$80.20	\$110.09	\$217.97	\$53.37	\$8.52
County	Columbia	1.24	\$506.83	\$75.41	\$212.57	\$79.48	\$90.40	\$20.78
County	Cowlitz	0.79	\$477.85	\$81.74	\$165.64	\$189.00	\$58.72	\$13.18
County	Douglas	1.07	\$645.21	\$137.47	\$218.76	\$117.83	\$114.95	\$40.03
County	Ferry	1.37	\$550.08	\$89.54	\$222.15	\$102.72	\$75.43	\$31.40
County	Franklin	1.00	\$433.93	\$73.44	\$133.44	\$111.96	\$90.75	\$24.98
County	Garfield	0.82	\$470.38	\$39.59	\$225.02	\$84.83	\$69.42	\$40.72
County	Grant	0.90	\$512.53	\$71.75	\$195.75	\$98.96	\$95.87	\$46.53
County	Grays Harbor	1.04	\$477.49	\$90.94	\$159.05	\$108.21	\$92.41	\$23.67
County	Island	1.09	\$498.71	\$84.35	\$165.94	\$134.67	\$84.82	\$22.56
County	Jefferson	1.27	\$492.87	\$59.46	\$200.80	\$94.43	\$100.44	\$20.38
County	King	1.00	\$470.10	\$77.92	\$132.06	\$148.42	\$86.99	\$24.56
County	Kitsap	1.20	\$466.60	\$89.24	\$124.09	\$141.99	\$91.25	\$18.84
County	Kittitas	0.89	\$528.34	\$93.75	\$200.83	\$93.72	\$98.73	\$30.06
County	Klickitat	0.89	\$473.13	\$60.90	\$191.55	\$109.45	\$86.87	\$25.54
County	Lewis	0.96	\$495.88	\$96.48	\$163.74	\$132.44	\$86.21	\$16.28
County	Lincoln	1.13	\$441.20	\$53.12	\$151.85	\$115.75	\$104.22	\$20.73
County	Mason	1.22	\$463.63	\$80.56	\$145.09	\$127.18	\$91.58	\$17.58
County	Okanogan	0.97	\$557.21	\$85.75	\$221.09	\$102.17	\$77.71	\$51.64
County	Pacific	1.00	\$503.18	\$58.22	\$185.65	\$114.46	\$109.92	\$31.11
County	Pend Oreille	1.31	\$467.50	\$66.27	\$132.19	\$138.81	\$105.02	\$27.90
County	Pierce	1.05	\$460.33	\$86.88	\$123.22	\$145.91	\$85.42	\$19.18
County	San Juan	0.87	\$568.41	\$98.73	\$226.51	\$104.32	\$83.29	\$56.58
County	Skagit	1.02	\$486.27	\$75.46	\$167.03	\$123.87	\$92.32	\$22.04
County	Skamania	0.83	\$425.11	\$45.42	\$143.96	\$149.91	\$73.87	\$22.13
County	Snohomish	0.98	\$476.69	\$81.42	\$128.30	\$163.21	\$82.11	\$19.95
County	Spokane	1.03	\$429.43	\$60.09	\$101.72	\$145.77	\$95.74	\$23.55
County	Stevens	1.01	\$468.53	\$55.41	\$161.76	\$128.81	\$96.39	\$26.99
County	Thurston	1.05	\$457.20	\$89.92	\$108.52	\$159.63	\$82.03	\$16.00
County	Wahkiakum	0.82	\$421.70	\$70.89	\$114.49	\$166.48	\$60.01	\$14.41
County	Walla Walla	1.16	\$452.76	\$66.95	\$163.01	\$112.25	\$85.94	\$24.02
County	Whatcom	0.83	\$534.10	\$102.64	\$173.55	\$136.04	\$90.34	\$37.45
County	Whitman	1.10	\$496.04	\$64.24	\$172.81	\$109.13	\$110.47	\$36.75
County	Yakima	1.08	\$465.90	\$80.81	\$162.92	\$89.09	\$92.53	\$32.18



On average, the overall per member per month cost of care is \$469.90 split between facility inpatient, facility outpatient, professional services, prescriptions, and ancillary costs. Each cost category presents its own opportunities for savings, which can help improve value.

Cost Category	Avenue for Addressing Per Member Per Month Cost
Prescription	Pharmacy benefit manager reform. (Fully transparent pharmacy benefit managers should see savings of 50% or more on drug costs.)
Professional	Navigate patients to a primary care provider and to a high-performance specialty network. Savings from a PCP assignment are in the 10 – 30% range through multiple avenues: completion of preventive services, fewer specialty referrals, much lower emergency room rates, and lower hospitalizations.
Facility Inpatient	Review hospitals and consider a preferred network, direct contracting and single hospital contracting.
Facility Outpatient	Many services, previously requiring inpatient admission can now be safely performed in an outpatient setting. Where the location of the service has no bearing on the care quality, a site neutral payment model can drive many services to ambulatory service centers, physician offices or home
Ancillary	Durable medical device vendors can have significant and excessive price markups. Attention to ambulance and air ambulance contracting is vital.
Overall payment	Reference-based payments for services can drive significant overall savings. Global budgeting for geographic areas or hospital systems may better align incentives. Episode base bundles for specialty care (e.g. cancer) can result in improvements in quality and total costs

## Access and Appropriateness Weigh In

While quality and cost are the two biggest factors in the balancing value, there are other aspects at play in the equation. Not the least of which is access to care. The value of care is zero if one cannot access it.

Our metrics from this 2025 analysis show most adults have access, though there is some room for improvement. (See Figure 5)

**Figure 5: Commercial Performance on Access Measures**

Clinical Measure	National Benchmark	State Average
Access to Primary Care (20-44)	96%	85%
Access to Primary Care (45-64)	97%	92%
Access to Primary Care (65+)	98%	96%

Primary care is core to the mission of ensuring everyone receives high-value care. However, 28.3% of commercially insured people may be missing out on important preventative screenings. Some members, 12.8%, are receiving some services without an attributed primary care provider.

Our data shows the key rates for quality measures drop off significantly if someone does not have a primary care provider. For both insurance providers, Medicaid and commercial, nearly three-quarters of all quality scores for patients without PCPs are below the state average.

Not only does quality suffer, but costs of care rise. For patients with no attributable PCP on our data, the average risk adjusted cost of care is \$625.78 per member per month – or \$155.88 more than the state average per member per month.

We are limited in what we can derive from appropriateness in our clinical measures, but at least one measure shows that issues exist with services that could be avoided that can drive down value.

**Figure 6: Commercial Performance on Potentially Avoidable Care**

Clinical Measure	National Benchmark	State Average
Avoiding Xray, MRI, or CT Scan for low-back pain	81%	80%

## Looking Forward with WHA

In reviewing the whole picture, it may seem improbable to make a difference, however, every small step in the right direction improves the value of care and, as such, the lives of hundreds and thousands of residents.

As the state's only independent multistakeholder health collaborative, we have set our sights on guiding our more than 100 members through efforts to balance the value equation.

WHA initiatives underway in 2025 include: eliminating low value care expenses, mitigating pharmacy cost trends, supporting primary care providers, addressing chronic kidney disease with early screening and treatment, measuring behavioral health outcomes, understanding hospital expenses and navigating patients to the highest-quality providers.

This year alone, we are bringing people together to focus on topics from pharmacy spending to chronic kidney disease through forums, webinars, targeted work groups and more. We know any effort in this space will bring improvement to lower costs.

We are committed to aligning all our work with actions that improve the value of care for all Washingtonians.

### How can you help with the WHA's mission:

- **Deepen Your Impact:** Join WHA and share your expertise to shape the future of the health care system in Washington. Participate in our committees. Attend our webinars and events.
- **Grow Our Community:** Invite colleagues to experience the benefits of membership. Help us expand our reach and amplify our mission to improve access, quality and affordability of care.
- **Spread the Word:** Share our impact with your network. Encourage others to learn more about how we're making a difference. Share how membership is informing your organization on how to improve access, quality and affordability.

Join the Alliance

## Comparing Washington State to National Benchmarks

The Community Checkup provides the opportunity to make statewide comparisons of important health care quality measures and to compare Washington's performance with available national benchmarks. For many measures, our results can be compared with the national 90th percentile performance within the Healthcare Effectiveness Data and Information Set (HEDIS) dataset published by the National Committee for Quality Assurance (NCQA).

HEDIS is one of the most widely used tools to measure performance across the country. As of this writing, it is used by more than 1,000 health plans that cover 191 million people, more than half of the U.S. population. It examines how people get preventive care, care provided to people with chronic conditions, and whether people are receiving potentially avoidable care that has the potential to cause them physical, emotional, or financial harm.

These charts show how Washington state compares to the national HEDIS benchmarks reported by NCQA. The benchmarks are calculated based upon commercial and Medicaid health plan information submitted to NCQA. When Washington's state average is at or above the national 90th percentile, it means that, on average, Washington performed better than 90% of the plans submitting data for that particular measure. Similarly, when the Washington state average is below the national 25th percentile, it means that overall, the quality of care in Washington falls below 75% of plans reporting nationally. Due to differences in the benchmarks for the commercially-insured and Medicaid-insured, the results are always reported separately for each group.

The figures on the next page (Figures 7 and 8) summarize how well Washington state results compare with national benchmarks as follows:

- at or above the national 90th percentile in dark green,
- between the 75th and 90th percentile in light green,
- between the 50th and 75th percentile in gray,
- between the 25th and 50th percentile in yellow, and
- below the 25th percentile in red.

The majority of measures in Washington state are below the national 50th percentile: 82% for the commercially insured and 69% for the Medicaid insured.

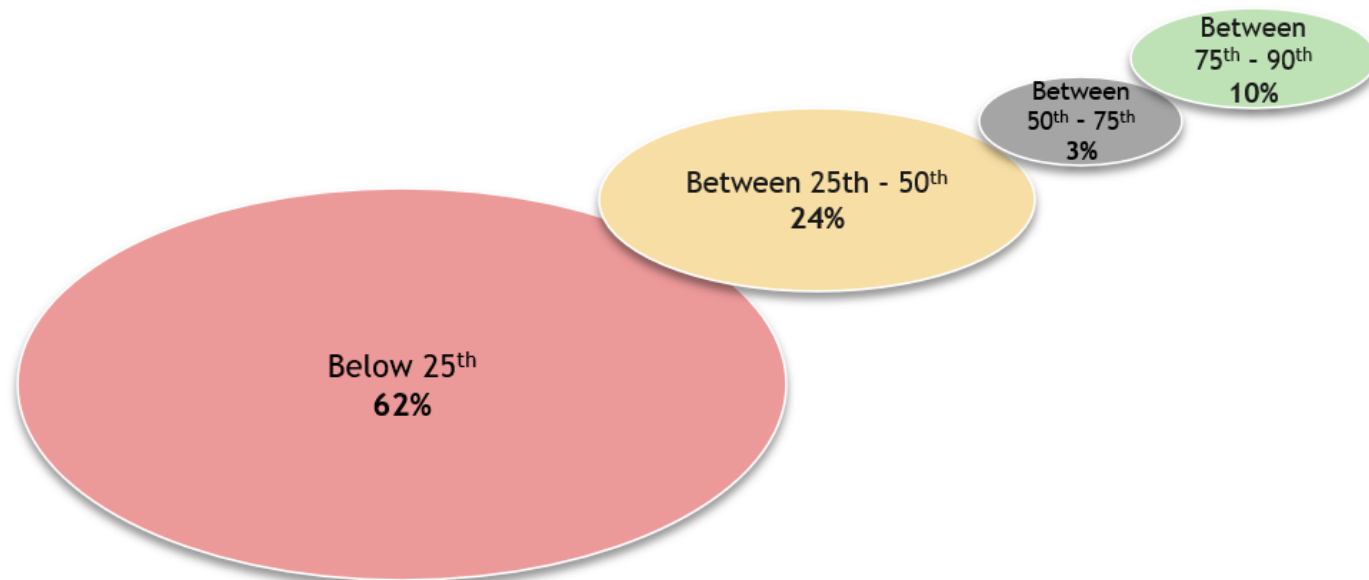
While it is shown that the performance fluctuates year-over-year, it largely remains consistent with a majority of measures falling below the national 50<sup>th</sup> percentile. In recent years, the percentage of measures in which we perform higher than the national 90<sup>th</sup> percentile has declined. For both populations, Washington state did not perform above the national 90th percentile on any individual measure in this reporting year.



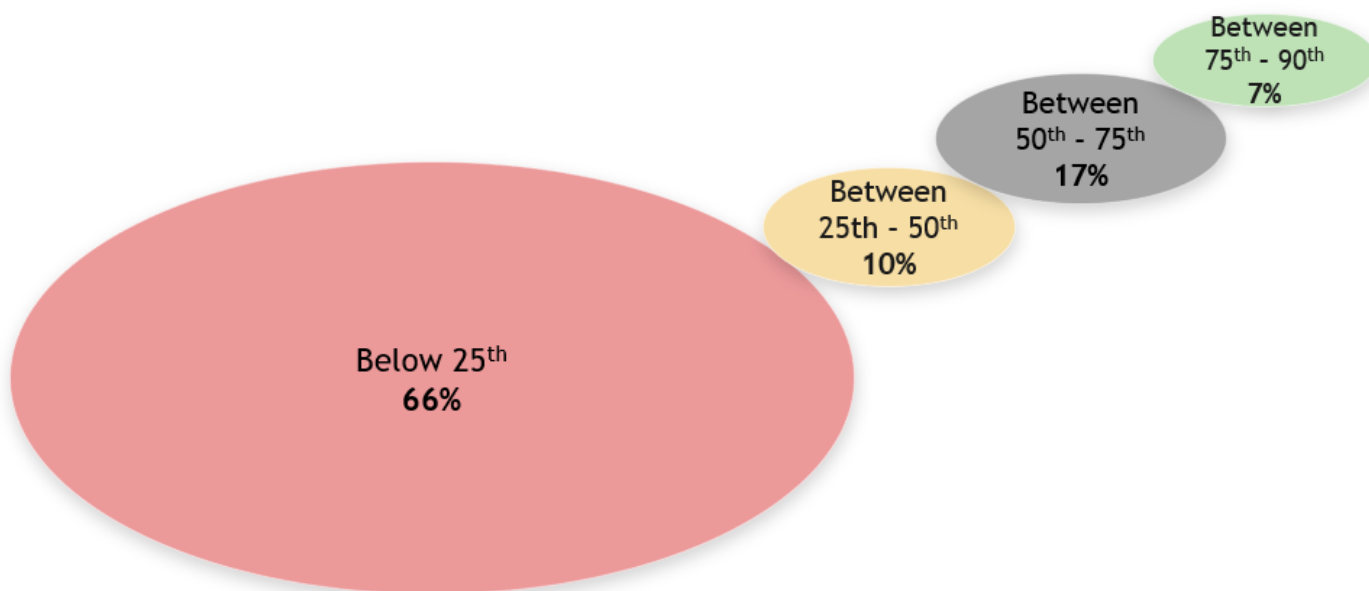
For more information and specific results on quality measures and total cost of care, visit [wacommunitycheckup.org/highlights](https://wacommunitycheckup.org/highlights).

**Figure 7: Washington State Results Comparison to NCQA HEDIS National Benchmarks**

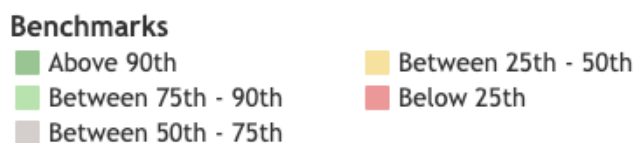
**Washington State Results  
Comparison to NCQA HEDIS National Benchmarks  
Commercially-Insured**



**Washington State Results  
Comparison to NCQA HEDIS National Benchmarks  
Medicaid-Insured**

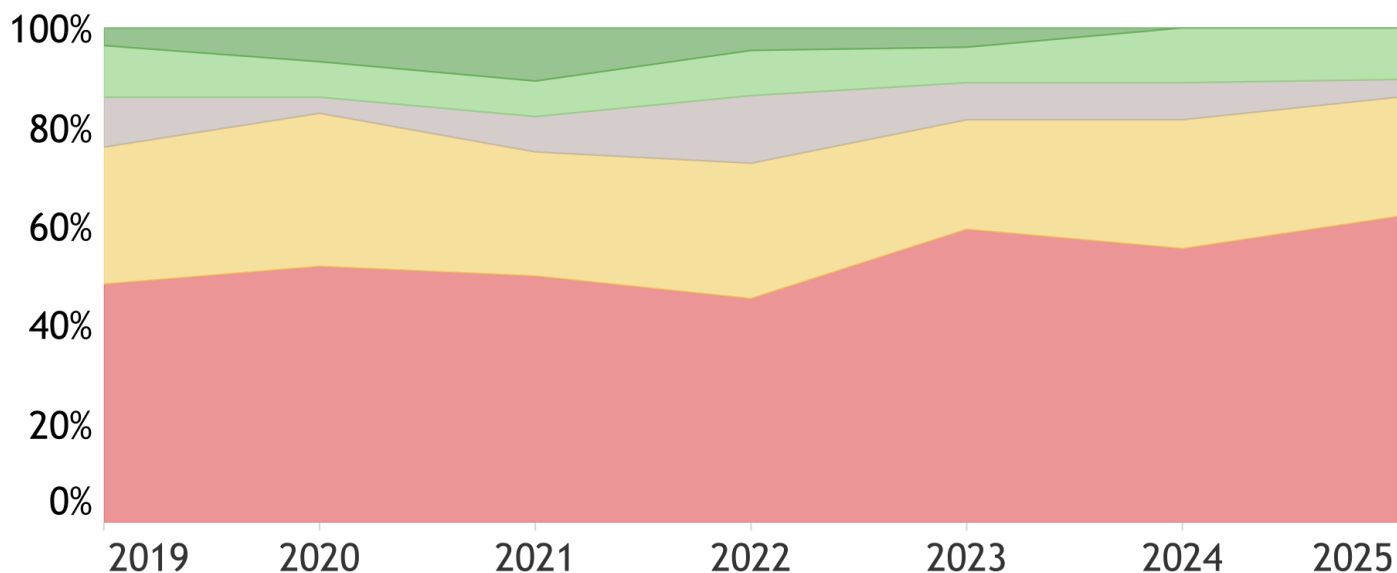


**Figure 8: State Results Comparison to NCQA HEDIS National Benchmarks Year-Over-Year**



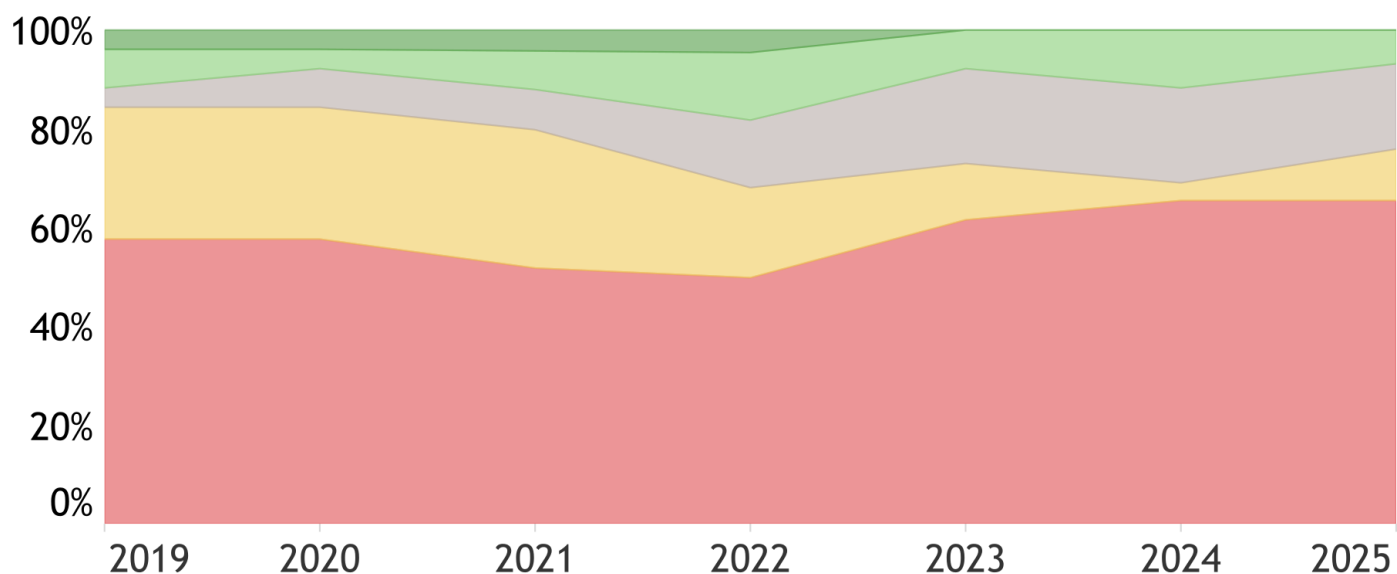
**Washington State Results**

Comparison to NCQA HEDIS National Benchmarks for commercially insured Data



**Washington State Results**

Comparison to NCQA HEDIS National Benchmarks for Medicaid insured Data



**Figure 9(a): State Performance for Commercially-Insured Compared to NCQA National Benchmarks**

Benchmarks	Measure	State Average	National 90th Percentile
Between 75th - 90th	Avoiding antibiotics for adults with acute bronchitis	61%	65%
	Avoiding X-ray, MRI and CT scan for low-back pain	80%	81%
	Use of opioids at high dosage	6%	1%
Between 50th - 75th	Eye exam for patients with diabetes	49%	63%
	Access to primary care (ages 65+ years)	96%	98%
	Appropriate testing for pharyngitis (Total)	77%	87%
Between 25th - 50th	Hospital readmissions within 30 days	64%	46%
	Kidney health evaluation for patients with diabetes (Total)	44%	58%
	Statin therapy for patients with cardiovascular disease	80%	88%
	Staying on antidepressant medication (12 weeks)	75%	85%
	Staying on antidepressant medication (6 months)	59%	72%
	Access to primary care (ages 20-44 years)	85%	96%
	Access to primary care (ages 45-64 years)	92%	97%
Below 25th	Asthma medication ratio	78%	91%
	Blood pressure control for patients with diabetes	6%	79%
	Breast cancer screening	66%	80%
	Cervical cancer screening	60%	80%
	Child and adolescent well-care visits (Total)	49%	73%
	Chlamydia screening	35%	63%
	Colon cancer screening	56%	74%
	Controlling high blood pressure	5%	76%
	Follow-up care for children prescribed ADHD medication (30 days)	30%	53%
	Follow-up care for children prescribed ADHD medication (9 months)	29%	60%
	Hemoglobin A1c control for patients with diabetes	3%	18%
	Postpartum care	62%	94%
	Spirometry testing to assess and diagnose COPD	27%	44%
	Timeliness of prenatal care	36%	94%
	Well-child visits (0-15 months)	70%	90%
	Well-child visits (15-30 months)	77%	95%

**Figure 9(b): State Performance for Medicaid-Insured Compared to NCQA National Benchmarks**

Benchmarks	Measure	State Average	National 90th Percentile
Between 75th - 90th	Asthma medication ratio	72%	77%
	Avoiding antibiotics for adults with acute bronchitis	73%	78%
	Appropriate testing for pharyngitis (Total)	82%	89%
Between 50th - 75th	Avoiding X-ray, MRI and CT scan for low-back pain	74%	78%
	Hospital readmissions within 30 days	93%	82%
	Staying on antidepressant medication (12 weeks)	65%	77%
	Staying on antidepressant medication (6 months)	47%	61%
Between 25th - 50th	Kidney health evaluation for patients with diabetes (Total)	34%	48%
	Statin therapy for patients with cardiovascular disease	80%	86%
	Use of opioids at high dosage	5%	1%
Below 25th	Access to primary care (ages 20-44 years)	64%	80%
	Access to primary care (ages 45-64 years)	69%	87%
	Access to primary care (ages 65+ years)	24%	93%
	Blood pressure control for patients with diabetes	15%	77%
	Breast cancer screening	38%	63%
	Cervical cancer screening	45%	67%
	Child and adolescent well-care visits (Total)	42%	65%
	Chlamydia screening	44%	69%
	Colon cancer screening	32%	54%
	Controlling high blood pressure	15%	73%
	Eye exam for patients with diabetes	29%	64%
	Follow-up care for children prescribed ADHD medication (30 days)	30%	57%
	Follow-up care for children prescribed ADHD medication (9 months)	35%	64%
	Hemoglobin A1c control for patients with diabetes	5%	27%
	Postpartum care	61%	87%
	Spirometry testing to assess and diagnose COPD	17%	31%
	Timeliness of prenatal care	47%	92%
Well-child visits (0-15 months)	47%	70%	
Well-child visits (15-30 months)	57%	80%	

## Top Performing Medical Groups

To determine the performance of clinics and medical groups, the Alliance relies on its Quality Composite Score analysis that relies on Community Checkup measures considered to be strong indicators of robust primary care delivery.

In 2022, the Alliance added Total Cost of Care to the Quality Composite Score analysis so we could report how medical groups performed quality with cost as an independent domain. [In 2024, the Alliance added a tool to the Quality Composite Score analysis](#) that allows a user to define how they weigh cost and quality to rank medical groups.

By pairing the Quality Composite Score (QCS) and Total Cost of Care (TCoC), the Alliance dynamically calculates a blended quality-and-cost score, which offers a glance at value directly based on those two measures. This allows us to rank groups by quality and cost separately.

### Congratulations to our Top Medical Groups by Quality

#### Commercial

Top 5

- 01 The Polyclinic
- 02 Optum Care Washington
- 03 Swedish Medical Group
- 04 University of Washington Medical Group
- 05 Kaiser Permanente Washington

#### Medicaid

Top 5

- 01 Pacific Medical Centers
- 02 Overlake Clinics
- 03 The Polyclinic
- 04 Kaiser Permanente Washington
- 05 Family Care Network

### Congratulations to our Top Medical Groups by Cost

#### Commercial

Top 5

- 01 Neighborcare Health
- 02 Sar Mar Community Health Centers
- 03 HealthPoint
- 04 Peninsula Community Health Services
- 05 Overlake Clinics

#### Medicaid

Top 5

- 01 Kaiser Permanente Washington
- 02 International Community Health Services
- 03 Community Health of Central WA
- 04 Columbia Valley Community Health
- 05 Samaritan Healthcare



## Best In Class Clinical Quality

From the Variation in Health Care Quality Highlight, the Alliance selected five measures where achieving high performance can prevent serious disease, improve the overall quality of treatment, or avoid unnecessary and costly care:

The Washington Health Alliance would like to celebrate the highest performing clinics across Washington that not only exceed the National 90th Percentile benchmark in most cases, but they set the bar for excellence in performance. **The Alliance applauds the efforts of these clinics on these measures as we all work together to improve the quality and affordability of care in Washington state.**

### Best In Class: Commercial Insurance

Clinical Measure	State Average	HEDIS Ranking	National 90th Percentile	Top Clinic in WA	Score
Breast Cancer Screening	66%	<25 <sup>th</sup>	80%	Kittitas Valley Healthcare Women's Health	92%
Colon Cancer Screening	56%	<25 <sup>th</sup>	74%	Trios Care Center at Chavallo Complex	88%
Cervical Cancer Screening	60%	<25 <sup>th</sup>	80%	Franciscan Women's Specialty Associates - St. Anthonys	93%
Chlamydia Screening	35%	<25 <sup>th</sup>	63%	Kaiser Permanente - Orchards Medical Office	64%
Diabetic Eye Exam	49%		63%	University of Washington Medical Center - Eye Center	94%
Avoiding imaging for Acute LBP	80%	75 <sup>th</sup> - 90 <sup>th</sup>	81%	Bastyr Center for Natural Health	91%

### Best In Class: Medicaid Insurance

Clinical Measure	State Average	HEDIS Ranking	National 90 <sup>th</sup> Percentile	Top Clinic in WA	Score
Breast Cancer Screening	38%	<25 <sup>th</sup>	63%	Grandview Medical-Dental Clinic	83%
Colon Cancer Screening	32%	<25 <sup>th</sup>	54%	Swedish Gastroenterology	75%
Cervical Cancer Screening	45%	<25 <sup>th</sup>	67%	MultiCare Women's Center - Tacoma	82%
Chlamydia Screening	44%	<25 <sup>th</sup>	69%	Planned Parenthood - Northgate	79%
Diabetic Eye Exam	29%		64%	University of Washington Medical Center - Eye Center	92%
Avoiding imaging for Acute LBP	74%	50 <sup>th</sup> - 75 <sup>th</sup>	78%	Swedish OB/GYN Specialists - First Hill	91%

# Health Care Spending

## Health care Spending in Washington

The cost of a good or service is one of the primary pieces of information consumers use to assess value and inform their purchasing decisions. However, when it comes to the cost of health care, accurate information about the cost of a treatment or procedure is hard to determine. Not only do consumers often struggle to gather accurate price information, but costs can vary significantly between facilities. This lack of price transparency makes it impossible for consumers to make informed decisions about how to get the highest value care.

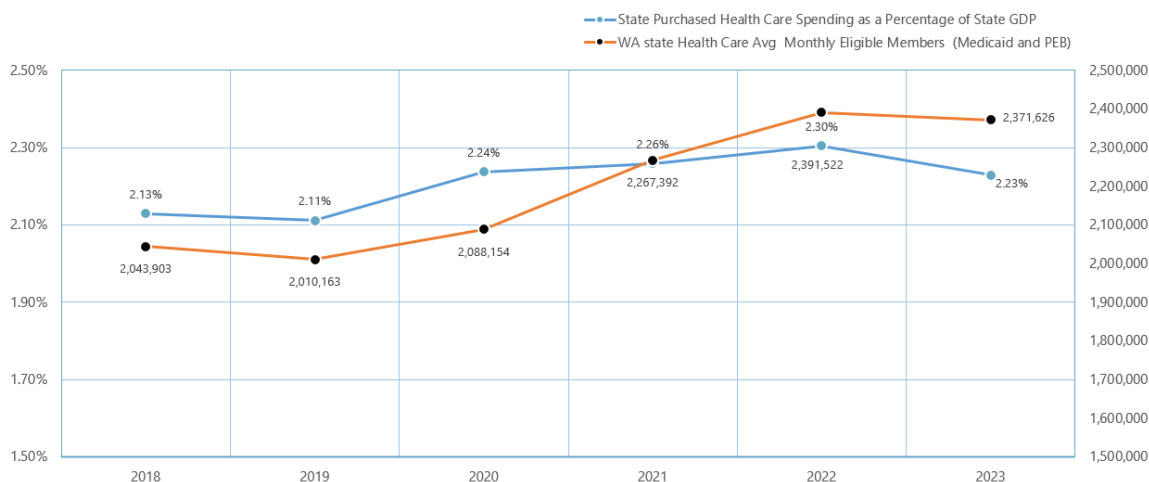
In the state of Washington, as in much of the rest of the nation, price transparency is slowly moving forward, and a complete picture has still not been formed. In the meantime, the state, as the largest purchaser of health care, is doing its part to encourage transparency by reporting what it is spending to purchase health care and by continuing to look for opportunities to slow the rate of spending growth.

### Annual per-capita state-purchased health care spending growth relative to state GDP

The table below reports on the Washington state-purchased health care annual spending [Medicaid and Public Employees Benefits Board (PEBB)] as a percentage of Washington state gross domestic product (GDP) for a six-year period (2018–2023). For each year, the denominator is that year’s GDP and the numerator is the amount spent by the state on health care that year. Percentages reflect year-over-year changes.

	WA State-Purchased Health Care Annual Spending (Medicaid and PEBB)		WA State Health Care Average Monthly Eligible Members (Medicaid and PEBB)		WA State GDP		State Purchased Health Care Spending as a Percentage of State GDP	
2018	\$12,148,667,046		2,043,903		\$570,337,800,000		2.13%	
2019	\$12,861,408,578	6% Change	2,010,163	-2% Change	\$608,966,400,000	7% Change	2.11%	-1% Change
2020	\$13,905,850,217	8% Change	2,088,154	4% Change	\$621,493,200,000	2% Change	2.24%	6% Change
2021	\$15,556,167,851	12% Change	2,267,392	9% Change	\$688,631,900,000	11% Change	2.26%	1% Change
2022	\$17,012,125,403	9% Change	2,391,522	5% Change	\$738,101,400,000	7% Change	2.30%	2% Change
2023	\$17,864,643,369	5% Change	2,371,626	-1% Change	\$801,515,100,000	9% Change	2.23%	-3% Change

### Washington State-Purchased Health Care Spending as Percentage of GDP and Average Monthly Eligible Members (Medicaid & PEB)



## About the Alliance

The Washington Health Alliance (Alliance) is a 501(c)(3) nonprofit nonpartisan organization working collaboratively to transform Washington state's health care system for the better. The Alliance brings together more than 100 committed member organizations to improve health and health care by offering a forum for critical conversation and aligned efforts by health plans, employers, union trusts, hospitals and hospital systems, health care professionals, start-up companies, consultants, consumers, and other health care partners. The Alliance believes strongly in transparency and offers trusted and credible reporting of progress on health care quality, value, pricing, and overall spending. The Alliance publishes its reports at [www.WACommunityCheckup.org](http://www.WACommunityCheckup.org).

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For more on how your organization can join more than 150 others in driving market change to improve the health of all Washingtonians, visit [wahealthalliance.org/join-us](http://wahealthalliance.org/join-us).

## Footnotes

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**Learn more about the Alliance at:** [www.wahealthalliance.org](http://www.wahealthalliance.org).

**Learn more about the Community Checkup at:** [www.wacommunitycheckup.org](http://www.wacommunitycheckup.org).

