



Improving Health Care in Washington

Community Checkup 2026

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About this report:

The Community Checkup Report is the definitive report for 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 1,989 clinics, 307 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.

Executive Letter

February 2026

For more than a decade, Community Checkup has tracked progress on the quality, cost, and value of care in Washington. Measurement matters. Without clear data about where we stand, it becomes nearly impossible to chart a path forward. This year's findings offer that foundation for anyone working to improve care across the state.

We are seeing some encouraging signs. Quality performance is improving in several key areas. That progress reflects the commitment of clinicians, hospitals, health plans, employers, and community partners who have worked to raise the bar on care. It shows that change is possible when there is shared focus on what matters most.

At the same time, we know that better quality often comes with questions about cost. This year, we take a deeper look at what is driving cost increases. The goal is not just to document those trends but to identify where collaboration can lead to solutions that move the market. Good data points to action. We want to support that next step.

We also want to recognize the medical groups and clinics doing aspirational work. Some are setting high standards in quality and cost. Their performance shows what is achievable and offers a path forward for others looking to improve care in their own practice settings.

The reality is that no single organization can solve the challenges of affordability, quality, and access alone. What the WHA offers is a place where different voices can align around common goals and take steps that matter. That kind of partnership has never been more essential.

This year, we have brought together working groups focused on pressing issues: chronic conditions that respond well to early screening and treatment, fair price methodologies that account for both efficiency and financial pressures, drug pricing and pharmacy benefits, and more. These efforts reflect the courage and commitment of our members to tackle hard problems together.

We know the environment is tough. Many organizations are facing serious economic pressure. The system is fragmented. **The path forward requires staying grounded in what is actionable: bringing together those who have the ability to make change, focusing on the issues where progress is most needed, and using sound information to guide decisions.**

As an alliance of more than 105 health care partners, including top employers, hospital networks, health plans, clinicians, and community leaders, we are seeing how coming together moves the system forward. This report is one tool in that larger effort.

We invite you to engage with the findings in this year's Community Checkup. **Look at what is working in your community and where there is room to improve.** If the data raises questions, bring them forward. **If you see opportunities for collaboration, let us know. If you want to be part of the solution, we want you at the table.**

Denise Giambalvo
Executive Director

Total Cost of Care

Understanding What’s Driving an 8% Commercial Increase

The numbers are stark. **Washington saw an 8% year-over-year increase in health care costs for commercially insured residents from 2023 to 2024.** That figure aligns with national trends, putting our state on the same unsustainable trajectory.

Employers are facing pressure directly. Health insurance costs are projected to exceed \$18,500 per employee in 2026, representing a 9% increase, the highest in over a decade.¹ **Employees and families are then bearing the weight.** More than one-third of Americans, roughly 91 million people, cannot access quality health care because of cost.² Nearly 29 million are "Cost Desperate," unable to pay for needed care or medicine. **One in three adults has skipped or postponed care in the past year because they could not afford it.**³

These rising costs impact real decisions about filling a prescription, seeing a doctor, or getting a diagnostic test. When people delay care, conditions worsen and costs can then climb further.

What the Data Shows

The 8% increase in Washington is largely driven by two forces: allowed costs per unit of service and utilization. The allowed amount per unit jumped 10.4% year-over-year. That means services are costing more, whether because of price changes or a shift toward more expensive care settings. Utilization increased by 1.8%, meaning people are using more services in most settings.

There was **one bright spot.** Changes in the insured population helped offset costs by 4.2%. **A younger, healthier mix of people with fewer chronic conditions kept costs from climbing even higher.**

Prescription drug costs are the most troubling piece. **Pharmacy spending saw a nearly 20% year-over-year increase. Not only were there more prescription claims, but each claim cost significantly more.** This follows a national pattern where pharmacy benefit management and drug pricing are having an outsized impact on total health care spending.

The table below breaks down the components of the 8% increase across different care settings:

	Total	Facility Inpatient	Facility Outpatient	Professional	Pharmacy (Rx)
Overall Trend	8.0%	6.0%	8.8%	2.4%	19.3%
Population Mix	-4.2%	-7.4%	-7.7%	-2.7%	1.5%
Utilization	1.8%	2.2%	7.1%	-4.2%	4.6%
Allowed Per Unit	10.4%	11.2%	9.4%	9.4%	13.1%

In dollar terms, the per-member-per-month cost rose from \$478.76 in 2023 to \$516.93 in 2024, a \$38.16 increase per person per month:

	Total	Facility Inpatient	Facility Outpatient	Professional	Pharmacy (Rx)
CY 2023	\$478.76	\$81.67	\$138.72	\$170.59	\$87.79
Overall Trend	\$38.16	\$4.91	\$12.17	\$4.16	\$16.92
Population Mix	-\$19.93	-\$6.01	-\$10.63	-\$4.59	\$1.30
Utilization	\$8.51	\$1.82	\$9.83	-\$7.22	\$4.08
Allowed Per Unit	\$49.61	\$9.12	\$12.98	\$15.98	\$11.53
CY 2024	\$516.93	\$86.59	\$150.88	\$174.76	\$104.70

For technical reasons, \$0.03 of the YOY PMPM increase could not be attributed to population mix, utilization, or allowed per unit.

Why This Matters Now

These trends are not slowing down. Employers cannot continue absorbing these increases without passing these costs to employees. They also cannot put off investing in their companies, offering raises or maintaining staff to meet the rising costs. And employees cannot continue facing higher premiums and deductibles without forgoing care. The system is at a breaking point.

Measurement is the first step toward managing costs, but **measurement alone does not solve the problem**. We need collaboration across employers, health plans, providers, and policymakers to address the drivers behind these increases. **The data shows where to focus: prescription drug pricing, allowed costs per service, and utilization patterns that push care into higher-cost settings.**

The question is not whether we can afford to act. It is whether we can afford not to.

Footnotes:

1 Mercer. (2025). [Employers and workers face affordability crunch as health insurance cost is expected to exceed \\$18,500 per employee in 2026.](#)

2 West Health-Gallup Healthcare Indices Study. (2024). [Inability to Pay for Healthcare Reaches Record High in U.S.](#)

3 KFF. (2024). [Americans' Challenges with Health Care Costs.](#)

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 50th percentile. In recent years, the percentage of measures in which we perform higher than the national 90th 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.

Figure 4: 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**

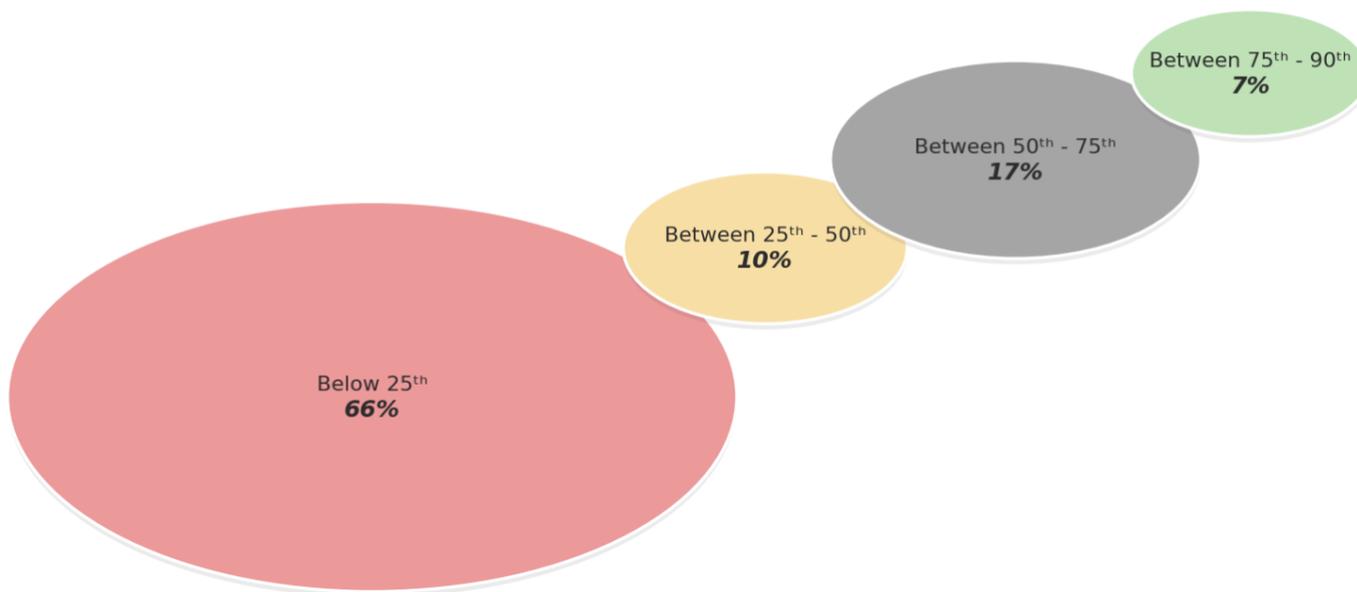
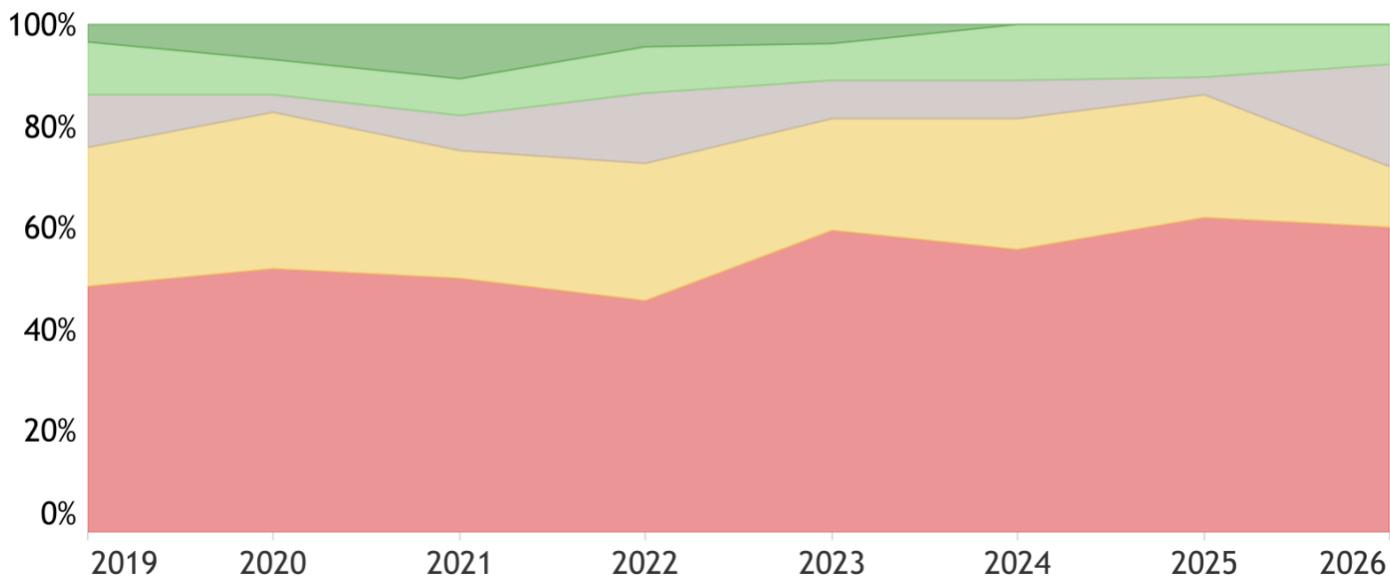


Figure 5: State Results Comparison to NCQA HEDIS National Benchmarks Year-Over-Year

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

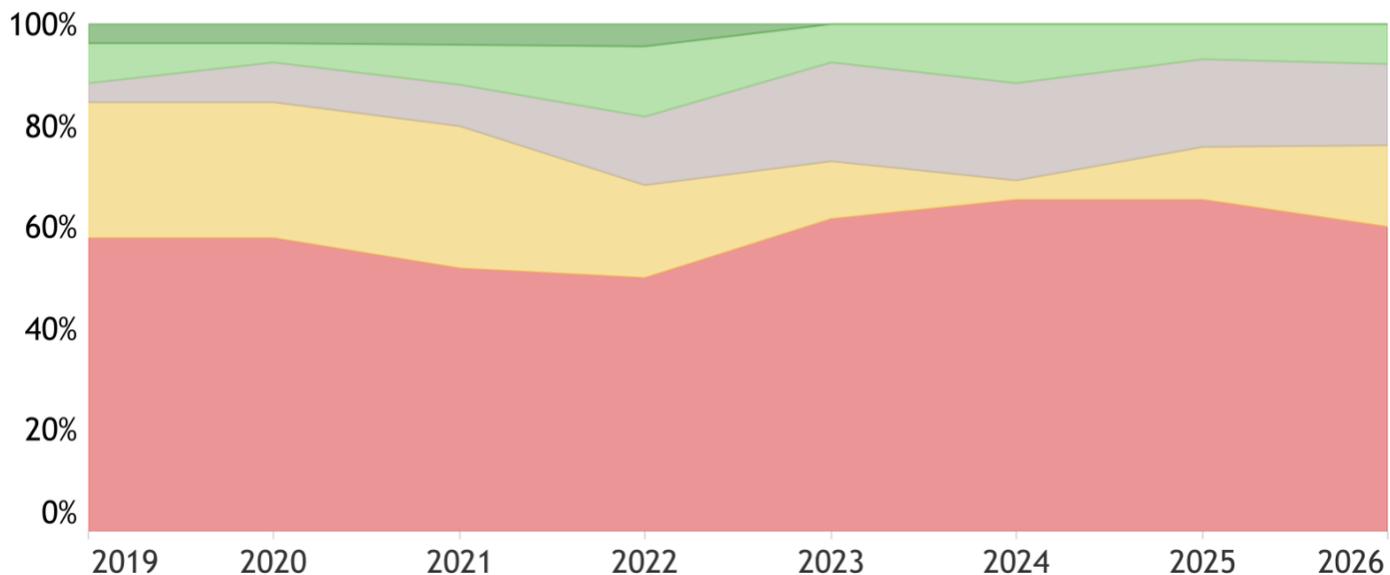


Figure 6(a): State Performance for Commercially-Insured Compared to NCQA National Benchmarks

Benchmarks	Measure	State Average	National 90th Percentile
Between 75th - 90th	Avoiding antibiotics for adults with acute bronchitis	59%	63%
	Avoiding X-ray, MRI and CT scan for low-back pain	79%	82%
Between 50th - 75th	Asthma medication ratio	85%	89%
	Eye exam for patients with diabetes	52%	64%
	Statin therapy for patients with cardiovascular disease	83%	87%
	Staying on antidepressant medication (12 weeks)	79%	85%
	Staying on antidepressant medication (6 months)	64%	72%
	Access to primary care (ages 65+ years)	96%	98%
Between 25th - 50th	Appropriate testing for pharyngitis (Total)	82%	89%
	Use of opioids at high dosage	4%	1%
	Access to primary care (ages 20-44 years)	85%	95%
Below 25th	Access to primary care (ages 45-64 years)	92%	97%
	Blood pressure control for patients with diabetes	26%	81%
	Breast cancer screening	68%	81%
	Cervical cancer screening	61%	81%
	Child and adolescent well-care visits (Total)	49%	75%
	Chlamydia screening	35%	64%
	Controlling high blood pressure	21%	77%
	Hemoglobin A1c control for patients with diabetes	18%	17%
	Hospital readmissions within 30 days	96%	91%
	Kidney health evaluation for patients with diabetes (Total)	45%	62%
	Postpartum care	62%	95%
	Timeliness of prenatal care	39%	94%
	Well-child visits (0-15 months)	71%	90%
	Well-child visits (15-30 months)	80%	94%

Figure 6(b): State Performance for Medicaid-Insured Compared to NCQA National Benchmarks

Benchmarks	Measure	State Average	National 90th Percentile
Between 75th - 90th	Avoiding antibiotics for adults with acute bronchitis	72%	75%
	Staying on antidepressant medication (6 months)	53%	61%
Between 50th - 75th	Asthma medication ratio	68%	76%
	Avoiding X-ray, MRI and CT scan for low-back pain	73%	78%
	Hospital readmissions within 30 days	109%	96%
	Staying on antidepressant medication (12 weeks)	69%	77%
Between 25th - 50th	Appropriate testing for pharyngitis (Total)	82%	91%
	Kidney health evaluation for patients with diabetes (Total)	40%	53%
	Statin therapy for patients with cardiovascular disease	80%	86%
Below 25th	Use of opioids at high dosage	7%	1%
	Access to primary care (ages 20-44 years)	67%	84%
	Access to primary care (ages 45-64 years)	71%	89%
	Access to primary care (ages 65+ years)	29%	95%
	Blood pressure control for patients with diabetes	29%	79%
	Breast cancer screening	40%	66%
	Cervical cancer screening	45%	68%
	Child and adolescent well-care visits (Total)	47%	68%
	Chlamydia screening	44%	71%
	Controlling high blood pressure	26%	75%
	Eye exam for patients with diabetes	38%	69%
	Hemoglobin A1c control for patients with diabetes	12%	24%
	Postpartum care	64%	88%
	Timeliness of prenatal care	52%	92%
	Well-child visits (0-15 months)	52%	72%
Well-child visits (15-30 months)	62%	82%	

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.

New for 2024, the Alliance has 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, counties and Accountable Communities of Care.

By pairing the Quality Composite Score (QCS) and Total Cost of Care (TCoC)*, the Alliance offers a blended quality-and-cost score, which provides a glance at value directly based on those two measures. Users can move the tool in 10% increments, adding weight to quality or cost accordingly.

With this tool, we can rank medical groups both by quality and by cost.

Congratulations to our top medical groups by quality

Commercial:

- Kaiser Permanente Washington
- Kaiser Permanente Northwest
- UW Medical Center
- MultiCare Rockwood Clinic
- The Polyclinic

Medicaid:

- Pacific Medical Centers
- International Community Health Services
- MultiCare Rockwood Clinic
- Country Doctor Community Health Centers
- Kittitas Valley Healthcare

Congratulations to our top medical groups by cost

Commercial:

- Neighborcare Health
- Sea Mar Community Health Centers
- Memorial Physicians
- MultiCare Rockwood Clinic
- Providence Medical Group - INWA

Medicaid:

- International Community Health Services
- Kaiser Permanente Washington
- Columbia Valley Community Health
- Neighborcare Health
- HealthPoint



Additional rankings on Quality and Total Cost of Care with the added preference blending tool are available at wacommunitycheckup.org/highlights.

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	National 90th Percentile	Top Clinic in WA	Score
Breast Cancer Screening	68%	81%	Northwest Primary Care - Richmond Beach Clinic	93%
Colon Cancer Screening	58%	-	Trios Care Center at Chavallo Complex	90%
Cervical Cancer Screening	61%	81%	Franciscan Women's Specialty Associates - St. Anthonys	92%
Chlamydia Screening	35%	64%	Virginia Mason University Village Medical Center	68%
Diabetic Eye Exam	52%	64%	UW Medical Center - Eye Center	96%
Avoiding imaging for Acute Low Back Pain	79%	82%	UW Medicine Neighborhood Clinic - Belltown	90%

Best In Class: Medicaid Insurance

Clinical Measure	State Average	National 90th Percentile	Top Clinic in WA	Score
Breast Cancer Screening	40%	66%	East Wenatchee Medical	83%
Colon Cancer Screening	33%	-	Swedish Primary Care - Green Lake	72%
Cervical Cancer Screening	45%	68%	Sea Mar Community Health Centers - Vancouver Women's Health	81%
Chlamydia Screening	44%	69%	Planned Parenthood - San Juan	79%
Diabetic Eye Exam	38%	69%	Evergreen Eye Center	92%
Avoiding imaging for Acute Low Back Pain	73%	78%	Miramar Health Center	85%

Health Care Spending

Healthcare 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.

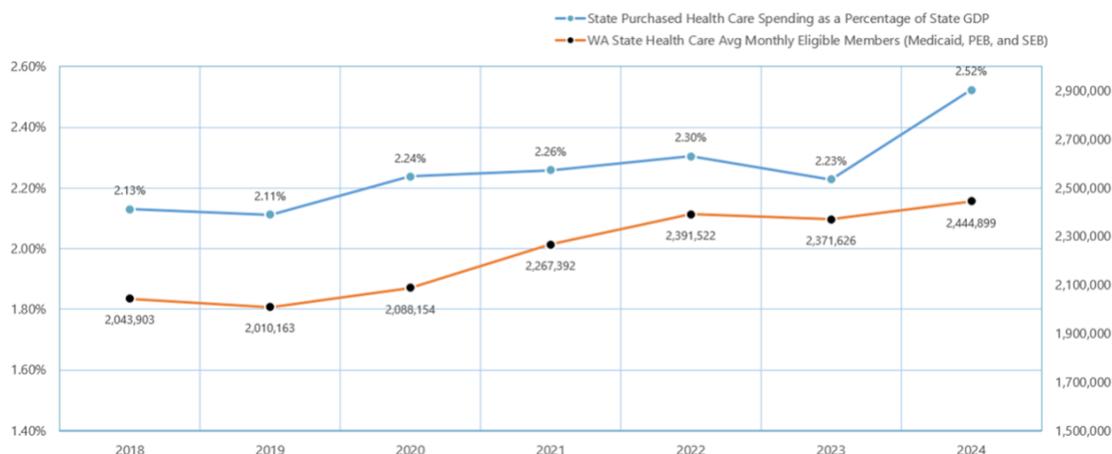
Annual per-capita state-purchased health care spending growth relative to state GDP

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
2024	\$21,562,324,964	21% Change	2,444,899	3% Change	\$854,683,300,000	7% Change	2.52%	13% Change

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

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



About WHA

The Washington Health Alliance is a 501(c)(3) nonprofit, nonpartisan organization comprised of employers, union trusts, hospitals and hospital systems, health care professionals, health plans and more working to advance fully accessible, high-value care in Washington. We bring together more than 100 member organizations to align around shared priorities, develop actionable solutions, and track progress through trusted reporting on quality, value, pricing, and overall spending.

Learn more and access our reports at 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.

Learn more about WHA at: www.wahealthalliance.org.

