



2023 COMMUNITY CHECKUP REPORT

# Catalyzing Change in Washington Health Care

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## A Letter to the Community from the Washington Health Alliance

March 2023

Dear Community Member:

Since 2008, the Washington Health Alliance has been reporting on the quality of care in our state, and we continue to endeavor to add impactful insights into the Community Checkup to better help purchasers, health plans, and providers understand where they can collectively begin to tackle health care challenges.

This year we introduce new components to understand how the neighborhood you live in can impact your health and to highlight the importance of having a primary care provider.

The Alliance remains committed to transparency and trusted, credible reporting on healthcare quality, cost, and value. Our reporting relies on a voluntary All-Payer Claim Database, covering more than 4 million Washington residents, well over 50% of the state's population having commercial insurance or Medicaid coverage. These claims, from Jan. 1 through Dec. 31, 2021, show results from all the Accountable Communities of Health (ACH), more than 1,900 clinics, 300 medical groups, 100 hospitals, 16 health plans, and all 39 counties in Washington.

New this year, we have introduced the lens of equity to help sharpen the focus on where actions can yield tangible results. Leveraging the Neighborhood Atlas (the Area Deprivation Index or ADI), a tool validated by the University of Wisconsin School of Medicine and Public Health, we are reporting for the first time that all too often our least advantaged neighborhoods receive a substantively lower quality of care.

Where you live matters. For example, if you live in a more socioeconomically disadvantaged area, you may not be receiving cancer screenings at the same rate compared to those in more privileged areas. Similarly, less than 40% of commercially insured children get appropriate well-care visits when they live in more disadvantaged locations.

Do you really need a primary care provider? The quick answer is yes! This is the first year we report quality results for people who have claims but do not have an attributed primary care provider (PCP). For Washingtonians without a PCP, the ability to receive the appropriate care is significantly inadequate. For example, of commercially insured women without a PCP, only 36% receive recommended breast cancer screening. For those with a PCP, that

rate can go as high as 91%, almost a three-fold difference.

Clinical care across the country was impacted by the Covid-19 pandemic. However, clinical processes and outcomes as reported by the National Committee for Quality Assurance continue to improve nationally. Unfortunately, those same measures of quality in Washington have mostly remained flat in comparison. While we aspire to rank at or above the national 90th percentile, we find ourselves below the 50th percentile on more than 70% of these measures. The health care system is failing Washingtonians on dozens of quality measures that could dramatically improve their health, allowing people to contribute to their communities, remain productive in their jobs and improve the affordability of care overall.

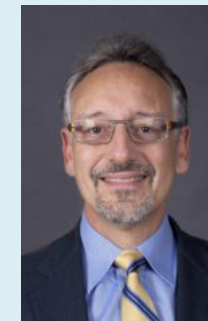
It is well documented that almost half of families are having significant difficulty with the costs of healthcare. High-quality care is paramount; however, it must come at a reasonable cost. Families should not have to choose between housing, transportation, food, and healthcare. Too often, delays in care are due to the financial rationing choices that people are forced to confront. Health care value means we have a system that delivers appropriate, high-quality care at a reasonable cost that is also affordable for families. Failure to do so will further widen the care gap that most often impacts our vulnerable communities.

We all have a lot of work ahead of us to catalyze change in Washington's health care system. This must be a collective effort. It begins with everyone making a choice to change.

Sincerely,



**Drew Oliveira, MD, MHA**  
Executive Director,  
Washington Health Alliance



# A Call to Action

The 2023 Community Checkup report raises tough questions, not just about disparities in quality and cost statewide, but on the socioeconomic barriers that are keeping residents from receiving appropriate care. If we continue with the status quo, the data suggests we will continue to lose ground on the quality of care in our communities. We have not been making tough choices if we want change.

The 2023 Community Checkup highlights key five findings:

- The quality measures of primary care in Washington are well below the national average.
- The lack of a primary care provider (PCP) is a clear contributing factor in not receiving appropriate quality care.
- Having a PCP is associated with improved quality and fewer care gaps.
- Where you live may impact the quality of care and appropriate services you receive.
- The cost of care appears to be independent of quality, though very dependent on location.

So, it is time to make a choice.

Together, we can choose to correct these problems through collective effort. All our stakeholders – healthcare providers, health plans, employers and other purchasers must be involved in the solution. Here are some opportunities:

## Health Care Purchasers:

- Choose to no longer purchase mediocre care.
- Designate networks that deliver quality and affordability.
- Require PCP assignment.
- Expect solutions to health inequities from plans and providers.
- Support alternative payment models that limit financial exposure and deliver quality.
- Use centers of excellence for better diagnosis, outcomes and pricing.

## Health Plans:

- Implement value-based contracting targeting equity improvement.
- Favor plan designs that require PCP assignment.
- Contract to address populations with no PCP and/or no claims.
- Finance alternative payment models to accountable provider organizations.
- Address hospital quality, safety, and pricing.
- Steer members to centers of excellence for both quality and cost reductions.
- Steer members away from practices not organized for accountability.

## Providers:

- Become accountable for the full population of patients on quality and costs.
- At a minimum, quality should be at the national 50th percentile within three years.
- Prepare to compete on quality, affordability, and member experience.
- Understand the value of alternative payments and lead implementation away from fee-for-service medicine.

## Washington Health Alliance:

- Engage the purchaser community bringing transparent options, learnings from best practices resulting in an action-oriented response.
- Expand measurement and insights on health inequities to drive quality improvement.
- Bring together providers to learn and collaborate with higher performers.
- Expect average clinical performance within 3 years from PCP practices.
- Guide the market toward best-in-class organizations.
- Provide additional insights to variations within health plans, purchasers and providers.

# Comparing Washington State with National Benchmarks

The Community Checkup provides the opportunity to make statewide comparisons of important health care quality measures and also 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).<sup>i</sup>

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.

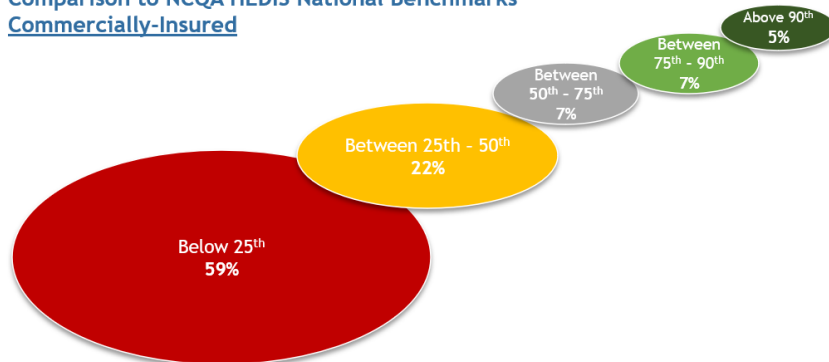
These charts show how Washington state compares to the national HEDIS benchmarks reported by NCQA. The benchmarks are calculated based upon commercial and Medicaid health plan information submitted to NCQA. When Washington's state average is at or above the national 90th percentile, it means that, on 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.

Figure 1: Washington State Results Comparison to NCQA HEDIS National Benchmarks

The figures illustrate the number of Washington state's measure results for calendar year 2021 that were at or above the national 90th percentile (dark green), between the 75th and 90th percentiles (light green), between 50th and 75th percentiles (gray), between 25th and 50th percentiles (yellow), and below the 25th percentile (red).

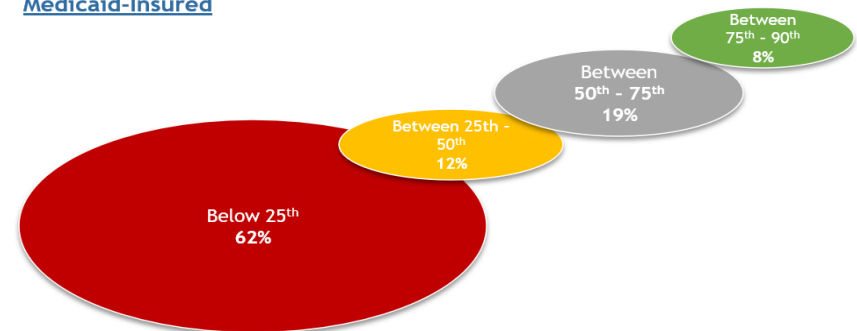
## a. Commercially-Insured

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



## b. Medicaid-Insured

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



The results in this report are fairly consistent with past releases. The majority of measures in Washington state are below the national 50th percentile: 81% for the commercially insured and 74% for the Medicaid-insured. For both populations, Washington state performed above the national 90th percentile on only one measure: appropriate treatment for upper respiratory infection (Total). That measure reports on the number of health plan members over 3 months-old who went to a doctor for a common cold and who were not prescribed an antibiotic for 3 days after the diagnosis.

Figure 2(a): Washington State Performance for **Commercially-Insured** Compared to NCQA National Benchmarks ii

Benchmarks	Measure	State Average	National 90th Percentile
Above 90th National Percentile	Avoiding antibiotics for adults with acute bronchitis	64%	60%
Between 75th - 90th	Avoiding X-ray, MRI and CT scan for low-back pain	82%	85%
	Eye exam for people with diabetes	60%	64%
Between 50th - 75th	Appropriate testing for pharyngitis (Total)	68%	78%
	Kidney health evaluation for patients with diabetes (ages 65-74 years)	40%	61%
	Use of opioids at high dosage	4%	2%
Between 25th - 50th	Access to primary care (ages 65+ years)	97%	98%
	Asthma medication ratio	80%	88%
	Colon cancer screening	61%	72%
	Kidney health evaluation for patients with diabetes (ages 18-64 years)	40%	59%
	Kidney health evaluation for patients with diabetes (ages 75-85 years)	39%	55%
	Kidney health evaluation for patients with diabetes (Total)	40%	54%
	Staying on antidepressant medication (12 weeks)	75%	82%
	Staying on antidepressant medication (6 months)	59%	67%
Below 25th	Access to primary care (ages 20-44 years)	88%	96%
	Access to primary care (ages 45-64 years)	93%	97%
	Blood sugar (HbA1c) testing for people with diabetes	83%	94%
	Breast cancer screening	67%	78%
	Cervical cancer screening	61%	80%
	Child and adolescent well-care visits (Total)	45%	73%
	Chlamydia screening	37%	62%
	Follow-up care for children prescribed ADHD medication (30 days)	18%	48%
	Follow-up care for children prescribed ADHD medication (9 months)	19%	59%
	Hospital readmissions within 30 days	50%	45%
	Postpartum care	51%	93%
	Spirometry testing to assess and diagnose COPD	29%	45%
	Statin therapy for patients with cardiovascular disease	79%	88%
	Timeliness of prenatal care	25%	94%
	Well-child visits (0-15 months)	47%	89%
Well-child visits (15-30 months)	52%	95%	

Figure 2(b): Washington State Performance for **Medicaid-Insured** Compared to NCQA National Benchmarks ii

Benchmarks	Measure	State Average	National 90th Percentile
Between 75th - 90th	Avoiding antibiotics for adults with acute bronchitis	68%	71%
	Staying on antidepressant medication (6 months)	48%	56%
Between 50th - 75th	Appropriate testing for pharyngitis (Total)	75%	79%
	Asthma medication ratio	65%	74%
	Avoiding X-ray, MRI and CT scan for low-back pain	76%	81%
	Kidney health evaluation for patients with diabetes (Total)	36%	47%
	Staying on antidepressant medication (12 weeks)	65%	71%
Between 25th - 50th	Spirometry testing to assess and diagnose COPD	21%	34%
	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)	67%	82%
	Access to primary care (ages 45-64 years)	72%	88%
	Access to primary care (ages 65+ years)	31%	93%
	Blood sugar (HbA1c) testing for people with diabetes	76%	91%
	Breast cancer screening	39%	61%
	Cervical cancer screening	48%	67%
	Child and adolescent well-care visits (Total)	39%	63%
	Chlamydia screening	45%	68%
	Eye exam for people with diabetes	45%	64%
	Follow-up care for children prescribed ADHD medication (30 days)	22%	50%
	Follow-up care for children prescribed ADHD medication (9 months)	27%	63%
	Hospital readmissions within 30 days	87%	85%
	Kidney health evaluation for patients with diabetes (ages 65-74 years)	22%	56%
	Kidney health evaluation for patients with diabetes (ages 75-85 years)	21%	47%
	Postpartum care	57%	84%
	Timeliness of prenatal care	35%	92%
	Well-child visits (0-15 months)	39%	68%
Well-child visits (15-30 months)	45%	78%	

# Clinic Quality Performance Ranking

Where you access healthcare can have a significant impact on the quality of care you receive. The latest results indicate that even though there are clear evidence-based guidelines, there is substantial variation in the quality of care delivered to patients. Disparities plainly exist by county, medical groups, and among hundreds of clinics throughout the state.

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:

- breast cancer screening,
- colon cancer screening,
- cervical cancer screening,
- blood sugar (HbA1c) testing for people with diabetes, and
- avoiding X-ray, MRI and CT scans for low-back pain.

The Washington Health Alliance would like to celebrate the highest performing clinics across Washington that not only exceed the National 90th Percentile benchmark, 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.

To see how medical groups and clinics performed overall in Washington, please visit our [Quality Composite Score and Total Cost of Care highlight](#).



For more information on variation, go to [www.WACommunityCheckup.org/highlights/](http://www.WACommunityCheckup.org/highlights/) and select Variation in Health Care Quality.

## BEST IN CLASS QUALITY: COMMERCIAL INSURED

Clinic Measure	Best Practice National 90th Percentile	Top Clinic in WA	Rate
Breast cancer screening	78%	Eastside Family Medicine Clinic	91%
Colon cancer screening	72%	University of Washington Medical Center - Digestive Disease Center	88%
Cervical cancer screening	80%	Spokane OBGYN	95%
Blood sugar (HbA1c) testing for people with diabetes	94%	North Sound Family Medicine - Family Care Network	96%
Avoiding X-ray, MRI and CT scan for low-back pain	85%	South Sound Women's Center	93%

## BEST IN CLASS QUALITY: MEDICAID INSURED

Clinic Measure	Best Practice National 90th Percentile	Top Clinic in WA	Rate
Breast Cancer Screening	61%	Grandview Medical-Dental Clinic* Valley Vista Medical Group*	80%
Colon Cancer Screening		Confluence Health - WVH Campus - Primary Care Services*	73%
Cervical Cancer Screening	67%	MultiCare Tacoma Women's Specialists	87%
Blood sugar (HbA1c) testing for people with diabetes	91%	Community Health Center of Snohomish County - Arlington Medical*	95%
Avoiding X-ray, MRI and CT scan for low-back pain	81%	Sea Mar Community Health Centers - Vancouver Salmon Creek Medical* Community Health Center of Snohomish County - Lynnwood Medical*	86%



# Quality Results with Area Deprivation Index

It has long been understood that where someone lives can have a substantial impact on the quality of life, the care received, and their length of life. Health is impacted through physical factors (air and water quality and transportation), health behaviors and through social and economic variables. This is the first large-scale report in Washington state to show that where you live determines, in many cases, the care you receive.

The Alliance has [applied our quality results to the Area Deprivation Index \(ADI\)](#)<sup>iii</sup>, a tool developed by the University of Wisconsin’s School of Medicine and Public Health, to show how an individual is advantaged or disadvantaged based on where they live and the quality of care received.

We cannot impact quality in healthcare without first addressing social inequities. While not universal or limited to the type of medical coverage, an individual’s advantage or disadvantage can directly impact the quality of care they receive even when they have an established source of primary care. For example, individuals with a commercial insurance plan living in the most advantaged areas received breast cancer screenings at a rate of 75%, while those in the least advantaged areas received a screening at a rate of only 61%. For this measure, the performance of the National 90th Percentile is 78%.

Barriers to care, such as inadequate transportation, education levels, limited finances, unemployment, and access to medical care are prevalent across Washington and the clinical impact is concerning. These barriers can lead to substantial gaps in care such as access to appropriate preventative care like cancer screenings, or lead to inappropriate and costly treatment. Understanding that inequities exist across our communities is the first step toward crafting meaningful, lasting strategies to ensure that high-quality, affordable care. As we work to address these barriers to close the gaps, we will glean powerful insights that will improve the quality care for all Washingtonians.

There is a clear call to action for healthcare providers, health plans, and healthcare purchasers to focus on the task of recognizing implicit bias, addressing inequities in specific communities, engaging the healthcare supply chain and aligning expectations to guarantee the level of quality care that is consistent and sustainable across the entire population. Plans, providers, and purchasers need to work together to identify the barriers to care, implement multi-faceted solutions, and actively measure the results. We as a community should not accept that your care is tiered because of where you live.

Figure 3: Quality results across Area Deprivation Index for commercially-insured in Washington



For more information on variation, go to [www.WACommunityCheckup.org/highlights/](http://www.WACommunityCheckup.org/highlights/) and select Quality Results with ADI.

# Total Cost of Care

Understanding the cost of health care is an important metric to gauge the value a patient receives. This becomes even more important when we look at some of the socioeconomic barriers to care that impact access including an individual’s ability to afford appropriate, quality care.

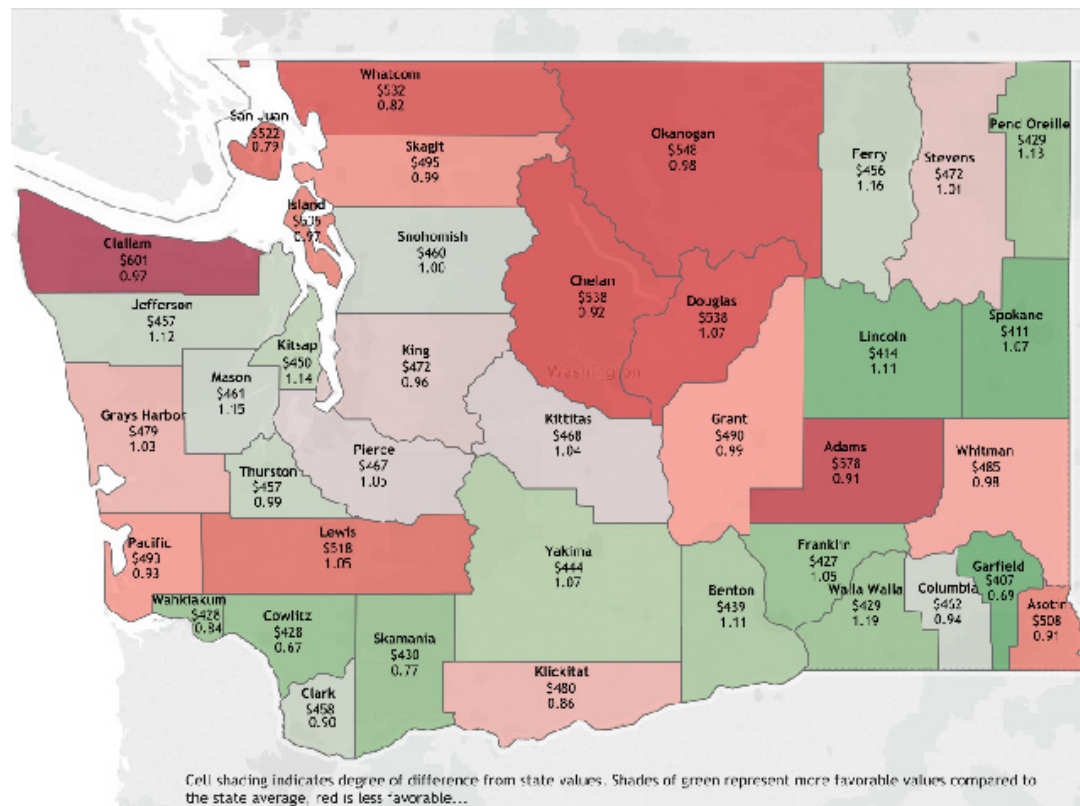
However, the total cost of services has long been unreported. For the second year, the Alliance is publishing the average cost by medical group and clinic, county, and Accountable Community of Health. The costs are broken into five major categories – hospital inpatient, hospital outpatient, professional, prescription drug, and ancillary costs.

[This map shows the average risk-adjusted cost per member per month for commercial insurance across Washington’s 39 counties.](#) The shading shows the county’s performance relative to the state average, so Garfield County, with a darker green shade and an average cost of \$407 is more favorable than the state average. Clallam County, with a darker red shade and an average cost of \$601 is less favorable than the state average.

The high cost of health care is a burden on U.S. families, with 47% of families finding it difficult to afford their health care costs. Identifying costs and trends is a powerful management tool for purchasers and health plans to identify opportunities to contract differently, create centers of excellence, steer members to more affordable options, leverage reference-based pricing models, adjust plan designs, etc. Providers in value-based arrangements may identify different referral options at a lower cost for the same service or voluntarily lower their pricing to gain market share.

Through this understanding of how money is being spent, efforts can be made to strategically break longstanding cost trends. Failure to do so will result in delays in access to care, decreased the ability to close clinical gaps in care and ultimately result in higher cost care that could have been avoided.

Figure 4: Average, risk-adjusted cost per member per month for commercially-insured in Washington



For more information on variation, go to [www.WACommunityCheckup.org/highlights/](http://www.WACommunityCheckup.org/highlights/) and select Total Cost of Care.

# Health Care Spending by Washington State<sup>iv</sup>

## WHY IS IT IMPORTANT TO MEASURE HEALTH CARE SPENDING?

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 healthcare, accurate information about the cost of a treatment or procedure is often not available in advance. Not only do consumers often have difficulty gathering 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 spend their health care dollars in order to get the best value.

In the state of Washington, as in much of the rest of the nation, we are only at the dawn of price transparency. Over time, with more collaborations among stakeholders, we expect to see greater transparency of health care costs in our state. 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 (figure 5) presents information on the Washington State-purchased health care annual spending (Medicaid and Public Employee Benefits (PEBB)) as a percentage of Washington State gross domestic product (GDP) for a six-year period (2016–2021).<sup>xix</sup> 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 (i.e. 2021 Washington state-purchased health care annual spending as a percentage of 2021 state GDP). Percentages reflect year over year changes.

Figure 5: Health Care Spending Relative to the Washington State Gross Domestic Product, 2016-2021 (Current Dollars)

Year	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	
	Spending (\$)	% Change	Members	% Change	GDP (\$)	% Change	Percentage	% Change
2016	\$10,763,900,986		2,068,005		\$487,275,100,000		2.21%	
2017	\$11,579,413,057	8% Change	2,077,846	0% Change	\$519,409,600,000	7% Change	2.23%	1% Change
2018	\$12,137,023,399	5% Change	2,043,951	-2% Change	\$564,313,900,000	9% Change	2.15%	-4% Change
2019	\$12,836,394,551	6% Change	2,010,060	-2% Change	\$595,231,800,000	5% Change	2.16%	0% Change
2020	\$13,920,195,774	8% Change	2,087,814	4% Change	\$612,969,100,000	3% Change	2.27%	5% Change
2021	\$15,334,799,168	10% Change	2,266,938	9% Change	\$677,489,500,000	11% Change	2.26%	0% Change



To see additional breakdowns on Medicaid and Public Employee spending as well as graphs of spending over time, go to [www.WACommunityCheckup.org/highlights/](http://www.WACommunityCheckup.org/highlights/) and select Health Care Spending by Washington State.

# Footnotes

i National Committee for Quality Assurance, HEDIS and Performance Measurement, <https://www.ncqa.org/hedis/>.

ii Washington Health Alliance, Community Checkup, 2023 Technical Specifications, <https://www.wacomunitycheckup.org/about/methodology/>.

iii Neighborhood Atlas: Area Deprivation Index from the University of Wisconsin School of Medicine and Public Health's Center for Health Disparities Research, <https://www.neighborhoodatlas.medicine.wisc.edu/>

iv This information is provided by the Washington State Health Care Authority. WA State GDP data are from the U.S. Bureau of Economic Analysis. Medicaid expenditures and eligible member counts are estimated based on data from CMS 64 reporting, Agency Financial Reporting System, and February 2022 Health Care Authority Expenditure Forecast. Medicaid Expenditures include medical, dental, vision, pharmacy, long-term support services, mental health, and substance use disorder expenditures; and excludes Medicare Part D Co-Pay/Clawback and Medicare Part A/B Premiums. PEBB data for calendar years 2014-2015 is from Milliman PFPM 3.0 (5/11/2016); data for calendar year 2016 is from Milliman PFPM 6.0, (02/14/2017); data for calendar year 2017 is from Milliman PFPM 2.0 (02/09/2018); data for calendar year 2018 is from Milliman PFPM 7.0 (05/29/2019); data for calendar years 2019-2021 is from Milliman PFPM 4.0 (09/23/2022).

## HOW TO CONTACT US

Please direct questions about the Washington Health Alliance or the Community Checkup to:

### **Drew Oliveira, MD, MHA**

Executive Director  
Washington Health Alliance  
**Email:** [doliveira@wahealthalliance.org](mailto:doliveira@wahealthalliance.org)

### **Mark Pregler**

Director, Data Management & Analytics Washington Health Alliance  
**Email:** [mpregler@wahealthalliance.org](mailto:mpregler@wahealthalliance.org)

### **Sharon Eloranta, MD**

Medical Director, Performance Measurement & Practice Transformation  
**Email:** [seloranta@wahealthalliance.org](mailto:seloranta@wahealthalliance.org)

### **Denise Giambalvo**

Director, Member Engagement & Business Strategy  
**Email:** [dgiambalvo@wahealthalliance.org](mailto:dgiambalvo@wahealthalliance.org)

## ABOUT THE WASHINGTON HEALTH ALLIANCE

The Washington Health Alliance, a nonpartisan 501(c)(3) nonprofit, is the state's only independent multi-stakeholder collaborative bringing together more than 185 health care purchasers, health plans and provider organizations to drive market change and ensure high-quality, accessible and appropriate care for all Washingtonians. With a commitment to transparency, the Alliance produces trusted, credible reports and highlights to inform impactful conversations and catalyze change in the health care system. A cornerstone of the Alliance's work is the Community Checkup, a report to the public comparing the performance of medical groups, hospitals and health plans and offering a community-level view on important measures of health care quality ([www.WACommunityCheckup.org](http://www.WACommunityCheckup.org)).



For more information on how the Alliance produces the Community Checkup, please visit [www.WACommunityCheckup.org/about/](http://www.WACommunityCheckup.org/about/).

The Community Checkup report and all results produced and prepared by the Washington Health Alliance (Alliance) are considered proprietary and the intellectual property of the Alliance. All rights are reserved. No part of the Alliance's results may be reproduced for public or private reporting, distributed or transmitted in any form or by any means without the prior written permission of the Alliance.

Many of the results in the Community Checkup report are prepared by the Alliance, based on our analysis of a significant amount of data, reflecting care provided to approximately 4 million residents in our state. These results were calculated based on measures that have been developed and finalized based on the judgment of many health care stakeholders and technical experts. Others who use their own technical processes to apply the same or similar measures to their own data may reach different conclusions than the results in this report and on the Community Checkup website. Results in this report also include those provided by other organizations, including the Washington State Hospital Association, the

Washington State Department of Health, the Washington State Department of Social and Health Services, the Washington State Health Care Authority, and the National Committee on Quality Assurance. These results were calculated by groups other than the Alliance, also using the judgment of technical experts, so the same cautions apply. Medical science changes constantly and health care quality performance measurement is continually evolving. Therefore, the Alliance does not warrant that the information in the Community Checkup report or in other results produced and prepared by the Alliance is complete, accurate, and current or that it will be suitable for your specific needs.

In addition, the Alliance does not provide medical advice and our results are not a substitute for medical advice, diagnosis or treatment. Never dismiss or delay seeking medical advice or treatment because of information in the Community Checkup or any of the other Alliance reports.



*The Community Checkup is produced by the Washington Health Alliance.*

**Community Checkup report:**  
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**More about the Alliance:**  
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