

About the Community Checkup

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A: The report includes 21 measures in the areas of diabetes, heart disease, depression, low back pain, use of generic drugs, use of antibiotics and preventive care. The Community Checkup is based on data reflecting care provided to about 1.6 million insured people in the region. Initial data comes from 14 health plans, self-insured employers and union trusts. This initial report uses claims data to measure aspects of care. The data used is “de-identified”, meaning that it does not include any information that identifies individual patients, such as name and address. Combined, the data reflect about 70% of the insured, non-Medicare population in King, Kitsap, Pierce, Snohomish and Thurston counties.

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all of us—doctors, patients, insurers and even employers that buy health benefits—and we all share a responsibility to be part of the solution.

Here are some results from the Community Checkup for specific conditions that highlight where our community is doing well, and where we could do more work:

Depression—Care for people with depression is an area where we can all improve, not only in the Puget Sound region, but across the country.

- According to the Community Checkup only about 60% of the patients diagnosed with depression continued to take an anti-depressant for at least twelve weeks. While patients may feel relief sooner than that, because evidence shows that it can take as long as 12 weeks for antidepressants to have an effect, it is important that most patients receive at least a 12 week course of treatment in order to benefit from the treatment.
- National guidelines say that patients should stay on medication for at least six months, yet less than half (~ 43%) of the patients with depression are doing that.
- Perhaps part of the reason why people aren't staying with their treatment is revealed in the result that shows only about 1 in 5 (~ 22%) patients diagnosed with depression had at least three follow-up contacts with their doctor during the three months after the diagnosis.

Cholesterol Tests for People with Heart Disease or Diabetes—National guidelines say that everyone who has had a heart attack or been diagnosed with heart disease should have their cholesterol checked at least once a year. That's the same for someone who has been diagnosed with diabetes.

- However, on average in our region, only about 80% of people diagnosed with diabetes or diagnosed with heart disease had their cholesterol checked. In other words, about 20% of these patients did not.

Inappropriate Use of Antibiotics—Antibiotics are not effective for the common cold and most sore throats, and using antibiotics too much can create strains of bacteria that are resistant to treatment. In this region, it appears that the results for antibiotic use are pretty good.

- In this region, more than 90% of children seen for a common cold—typically caused by viruses that antibiotics don't affect—appropriately were not given an antibiotic. We believe that this may be due to the power of community education, like the Washington State Medical Association's AWARE program to raise awareness about antibiotic use.
- When kids were seen for a sore throat, about 70% were tested for "strep throat" before being given an antibiotic. Checking for strep throat before prescribing an antibiotic helps prevent inappropriate care and overuse of medications.

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Why Measure Quality?

12. Q: Is the quality of health care bad in Puget Sound? What problem is the Alliance trying to address?

A: Although Washington state have some of the finest doctors and hospitals around, we have serious problems in health status, cost, and the number of uninsured. Too much is spent on health care that is ineffective or doesn't improve health. A RAND study estimated that only 55% of the care provided in the US is appropriate. In this region, we were somewhat better than the national average, at 59%, but we can still dramatically improve. The Community Checkup is helping everyone take an initial step toward improving the consistency of care in the region.

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About the Community Checkup

1. Q: What is the Community Checkup?

A: The Alliance’s report on health care performance is a Community Checkup for the Puget Sound region. This first report lays a foundation for all of us in King, Kitsap, Pierce, Snohomish and Thurston counties to build upon as a community, working together to improve health care quality. The Community Checkup compares certain aspects of care provided by clinics that have volunteered to be a part of this first report. The report measures the consistency with which medical practices provide services known to be effective to promote better health, especially for people with chronic conditions such as diabetes, heart disease, and depression. The Community Checkup will be updated and expanded over time to encourage and support continued improvement.

2. Q: Which clinic systems have volunteered to be a part of the Community Checkup?

A: This first Community Checkup shows results only for clinics that volunteered to be included. We applaud these clinics as leaders in supporting quality improvement. Their participation—and the active involvement of other clinics and organizations—has been vital to helping the Alliance develop the most comprehensive report of its kind for this region. Volunteer clinics include:

- Evergreen Healthcare
- Group Health
- Minor & James Medical
- MultiCare Health System
- Northwest Physicians Network
- Pacific Medical Centers
- Providence Physician Group
- Puget Sound Neighborhood Health Centers
- Swedish Physicians
- The Everett Clinic
- The Polyclinic
- UW Medicine Neighborhood Clinics
- Valley Medical Center
- Virginia Mason

3. Q: What does the Community Checkup measure?

A: The report includes 21 measures in the areas of diabetes, heart disease, depression, low back pain, use of generic drugs, use of antibiotics and preventive care. The Community Checkup is based on data reflecting care provided to about 1.6 million insured people in the region. Initial data comes from 14 health plans, self-insured employers and union trusts. This initial report uses claims data to measure aspects of care. The data used is “de-identified”, meaning that it does not include any information that identifies individual patients, such as name and address. Combined, the data reflect about 70% of the insured, non-Medicare population in King, Kitsap, Pierce, Snohomish and Thurston counties.

For more information about the Community Checkup, go to www.WACommunityCheckup.org

4. Q: How was the Community Checkup developed?

A: Many doctors and other medical, data and community experts were involved in the creation of this report through a collaborative and open process. From the outset, the Alliance has encouraged all interested physicians and other providers to be actively involved in the Alliance and in the development of the report. Physicians sit on the Alliance Board and every Alliance committee. Many professional medical and health associations belong to the Alliance and share information with their members about the report development. These groups include:

- WA Medical Association
- WA Academy of Family Physicians
- WA Medical Oncology Society
- King County Medical Society
- Snohomish County Medical Society
- WA State Hospital Association
- WA State Nurses Association
- WA State Chiropractic Association
- WA State Pharmacy Association
- WA Association of Naturopathic Physicians
- WA Ambulatory Surgery Center Association
- WA Acupuncture and Oriental Medicine Association

5. Q: What will future Checkups look like?

A: The next Community Checkup will be available later in 2008. The report will expand over time to cover additional measures and data suppliers, possibly including fee-for-service Medicaid, more self-insured purchasers and eventually Medicare. After several reports have been produced over time, we hope to be able to identify trends and see if health care in the region is improving.

6. Q: What about hospital information?

This first Checkup looks at care provided in clinics, but hospital care is important too. The second Community Checkup, due out later in 2008, will also measure aspects of hospital care. In the meantime, we recommend looking at the hospital information on the Leapfrog Group website (www.leapfroggroup.org/for_consumers) and the report on the WA State Hospital Association website (www.wsha.org/page.cfm?ID=transparency). Both of these reports are linked to the Alliance website, too.

Using the Community Checkup

7. Q: How should I use this report?

A: The Community Checkup gives us a snapshot of how well the community is doing in some basic areas so each of us can take action to increase the use of care that is recommended by national medical guidelines, avoid care that is inappropriate, and support improvement across the community. Everyone has a role in making necessary improvements:

- **Doctors and other health care professionals** should learn from each other and look at new approaches to improve the quality of care they provide to their patients
- **Health plans and clinics** should share ideas on how to make and support improvement
- **Employers and other purchasers** should ensure that the benefits they provide or purchase cover the basics of effective health care
- **Patients** should talk with their doctors about what they need to do to be healthy—then do it!

8. Q: How are health plans and purchasers allowed to use the Community Checkup?

A: For the first two reports produced by the Alliance, health plans, employers and all others may not use the reports for business purposes, including establishing networks, designing employee benefit packages or negotiating contracts. These initial Checkup reports are intended to support quality improvement efforts across the community.

9. Q: What does the Community Checkup show us?

A: There are some basic types of care that doctors and others agree should be provided for certain patients, like checking cholesterol for people with heart disease. The Community Checkup shows that even in these areas, there is variation in the region. This is a challenge for

all of us—doctors, patients, insurers and even employers that buy health benefits—and we all share a responsibility to be part of the solution.

Here are some results from the Community Checkup for specific conditions that highlight where our community is doing well, and where we could do more work:

Depression—Care for people with depression is an area where we can all improve, not only in the Puget Sound region, but across the country.

- According to the Community Checkup only about 60% of the patients diagnosed with depression continued to take an anti-depressant for at least twelve weeks. While patients may feel relief sooner than that, because evidence shows that it can take as long as 12 weeks for antidepressants to have an effect, it is important that most patients receive at least a 12 week course of treatment in order to benefit from the treatment.
- National guidelines say that patients should stay on medication for at least six months, yet less than half (~ 43%) of the patients with depression are doing that.
- Perhaps part of the reason why people aren't staying with their treatment is revealed in the result that shows only about 1 in 5 (~ 22%) patients diagnosed with depression had at least three follow-up contacts with their doctor during the three months after the diagnosis.

Cholesterol Tests for People with Heart Disease or Diabetes—National guidelines say that everyone who has had a heart attack or been diagnosed with heart disease should have their cholesterol checked at least once a year. That's the same for someone who has been diagnosed with diabetes.

- However, on average in our region, only about 80% of people diagnosed with diabetes or diagnosed with heart disease had their cholesterol checked. In other words, about 20% of these patients did not.

Inappropriate Use of Antibiotics—Antibiotics are not effective for the common cold and most sore throats, and using antibiotics too much can create strains of bacteria that are resistant to treatment. In this region, it appears that the results for antibiotic use are pretty good.

- In this region, more than 90% of children seen for a common cold—typically caused by viruses that antibiotics don't affect—appropriately were not given an antibiotic. We believe that this may be due to the power of community education, like the Washington State Medical Association's AWARE program to raise awareness about antibiotic use.
- When kids were seen for a sore throat, about 70% were tested for "strep throat" before being given an antibiotic. Checking for strep throat before prescribing an antibiotic helps prevent inappropriate care and overuse of medications.

Screening for Colon Cancer—Colon cancer screening is an area where there is opportunity to improve—for doctors to recommend colon cancer screening, for patients to get the test done, and for health plans and purchasers to cover colon cancer screening with little or no-copayment.

- National guidelines recommend that when someone turns 50, they should be screened for colon cancer. In this region, it appears that only about 40% of the people between the ages of 51 and 53 had some kind of test for colon cancer. Overall rates for the whole group of patients between ages 51-80 may be higher, however, as people may be more inclined to have the test done as they get older.

10. Q: Which clinics are best? Which are worse?

A: There is more to “quality health care” than what is measured in this first report; however, the report shows variation in care between measures and within measures, and all clinics appear to have room for improvement in some areas. The report sets a baseline to see how we appear to be doing across the community. Together, we all need to make changes to improve care in the region. The first report shows only a snapshot in time. We will need to have a number of reports over time before we can identify real trends and see if quality of care is improving in the region.

11. Q: Why aren't results shown for individual physicians?

A: The first report shows clinic-level results and not results for individual physicians. For many physicians, we do not have sufficient data for an adequate number of patients to make the results meaningful (that is, statistically credible). In addition, across the country groups like the Alliance are working through the technical issues involved in providing individual physician-level comparative information. The Alliance will continue to work toward providing this information sometime in the future, once the data quantity and key technical issues are resolved.

Why Measure Quality?

12. Q: Is the quality of health care bad in Puget Sound? What problem is the Alliance trying to address?

A: Although Washington state have some of the finest doctors and hospitals around, we have serious problems in health status, cost, and the number of uninsured. Too much is spent on health care that is ineffective or doesn't improve health. A RAND study estimated that only 55% of the care provided in the US is appropriate. In this region, we were somewhat better than the national average, at 59%, but we can still dramatically improve. The Community Checkup is helping everyone take an initial step toward improving the consistency of care in the region.

13. Q: How will a performance report improve quality?

A: Research shows that when reports on health care performance are made public, there is even more improvement than if reports are kept private. With one regional report that everyone uses to improve care, everyone in the community can do their part to align decisions around effective care as defined in national evidence-based guidelines.

14. Q: Is Puget Sound the only community creating a performance report like this?

A: No. Several communities around the country publish reports comparing local health care. The Puget Sound Health Alliance is unique in that all stakeholders (physicians, hospitals, employers, consumers, unions, and health plans) have been at the table from the beginning to develop this report. The Alliance works with other coalitions, with help from the Robert Wood Johnson Foundation. By learning from others' experiences, we can adopt proven programs to get results for the Puget Sound area as quickly as possible.

The Role of the Puget Sound Health Alliance

15. Q: What is the Puget Sound Health Alliance?

A: The Puget Sound Health Alliance is a private, non-profit organization – a team effort of those who provide, pay for and use health care services, working together to improve the quality of patient care for a healthier community, at a price more people can afford. The Alliance is not a regulator or a purchasing coalition. More than 160 organizations from the public and private sectors belong to the Alliance, representing more than 1.5M covered people in the five counties.