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**Puget Sound Health Alliance Report Compares Care Received  
by Groups of Patients on Medicaid versus Commercial Coverage**

*Lessons from top-rated medical clinics can be applied to improve care for  
all patients, especially for racial and ethnic minorities*

*Alliance will help by using new \$50K health equity communication grant*

SEATTLE, May 11, 2009—The [Puget Sound Health Alliance](#) today released a report comparing the health care received by the people covered by Medicaid versus other types of insurance.

The report shows similarities as well as differences in the care received for chronic diseases (e.g., diabetes, asthma, heart disease and depression), preventive care, avoidance of unnecessary care and generic prescribing rates. For most of the measures of care, the average performance across the region is better for the commercially-insured population than for Medicaid. However, for six measures, performance with the Medicaid population, on average, is the same or better than the commercially-insured. The full report can be downloaded from [www.WACommunityCheckup.org](http://www.WACommunityCheckup.org) or [www.PugetSoundHealthAlliance.org](http://www.PugetSoundHealthAlliance.org).

“For all measures and for both populations, there is a wide variation across medical groups regarding whether patients receive recommended care,” David Fleming, M.D., chair of the Health Alliance Board and director of [Public Health – Seattle and King County](#). “It is clear that everyone has room to improve, regardless of the population group or type of payer.”

The special report measures performance for 20 elements of health care that are provided by medical groups in the Puget Sound region. The results are based on combined data from 15 health plans, self-insured employers and union trusts, in

**Health Alliance Special Report: Medicaid and Commercially-Insured, Page 2**

addition to the Medicaid program administered by the [Washington State Department of Social and Health Services](#). As a point of reference, the report also shows performance with the Medicare population using results calculated by the [Centers for Medicaid and Medicare Services](#) (CMS).

There are many possible reasons for differences in performance in each measure of care. Using breast cancer screening as an example, a patient who did not get a mammogram might not have received that advice from her doctor, or perhaps she got that advice but didn't understand it or why mammograms are important; or, maybe she had difficulty accessing a mammogram center because of transportation issues. "Because of these variables and unknowns, this report does not try to determine the reasons for differences in results," noted Dr. Fleming. "The report shows indicators of patterns of care which can spur questions and additional investigation."

Access to care is affected by income, race, ethnicity and other socioeconomic factors that are different between the commercially-insured and Medicaid populations. These differences also impact those who provide care to each population. For example, data from 2007, provided by the Washington State Department of Social and Health Services, shows that the racial mix of the Medicaid population differs from the general population in this state. The Medicaid population has a lower percentage of whites and higher percentages of all other racial groups; a profile that resembles characteristics of the population at or below 100% of the [Federal Poverty Level](#) in this state.

"While the report shows that there are differences in performance on the measures of care, the good news is that the top-rated medical groups can provide everyone with insights on approaches they are taking that result in consistently providing effective care to their patients on Medicaid," said MaryAnne Lindeblad, director of the Division of Health Care Services of the Department of Social and Health Services.

**Health Alliance Special Report: Medicaid and Commercially-Insured, Page 3**

Mary McWilliams, executive director of the Puget Sound Health Alliance, confirmed that the Alliance recommends gathering insights from high-performing medical groups to help develop strategies for improving care for everyone. “In July, everyone in the region will have this information in hand, when the Alliance releases the next public [Community Checkup report](#),” said McWilliams. “When we update the report then, we plan to show not only overall results for each medical group and clinic, but also their specific results from Medicaid and commercially-insured data for each measure.”

In addition to adding the new comparison results to future *Community Checkup* reports, the Alliance is increasing attention to disparities to motivate everyone to help ensure that effective care is provided to all patients, regardless of race, ethnicity or language. A new \$50K grant from the nation’s leading health care philanthropy, the [Robert Wood Johnson Foundation](#), will help the Alliance to build involvement in reducing health disparities in King, Pierce, Snohomish, Kitsap and Thurston counties.

Of the 15 coalitions participating in the Robert Wood Johnson Foundation’s [Aligning Forces for Quality](#) program, Puget Sound has the highest percentage of residents whose primary language is not English. Languages spoken in Seattle include Spanish, Vietnamese, Cantonese, Mandarin, Somali, Tagalog and Korean; and, at least 2,000 people each speak Cambodian, Amharic, Oromo, Tigrinya, Laotian, Thai or Russian.

“Language and culture affect patient care,” said McWilliams. “A recent study in this region by Penn State, funded by the Foundation, revealed a direct link between culturally competent communication and whether patients follow their doctors’ advice.” Area patients diagnosed with depression and who perceive that they have been treated unfairly by their doctor due to their race or primary language say they are less likely to ‘always’ or ‘nearly always’ take their antidepressant medication. Those who have been treated fairly are more likely to stay on their medication.

- More -

**Health Alliance Special Report: Medicaid and Commercially-Insured, Page 4**

“While this type of correlation is likely not unique to this region, we will not ever achieve the highest quality of care for everyone in this region if we do not take action to engage all stakeholders to improve health equity,” added Ms. McWilliams.

The Alliance report comparing care provided to the Medicaid and commercially-insured populations is another important step forward in increasing health care accountability and transparency. The report concludes that everyone has a role to play in improving health and health care – the health care system is complex and no single doctor, clinic, patient, health plan, employer or union can fix the problems *alone*. The next step will be to use the detailed results in the upcoming *Community Checkup* report to highlight approaches taken by high performing medical groups to learn from these successes so everyone can do their part to improve overall health and health care for all patients, regardless of population or payer type.

The [Puget Sound Health Alliance](#) is a non-profit made up of those who provide, pay for and use health care, working to improve quality of care at a price more people can afford. More than 150 organizations and 50 individuals are part of the Alliance, including The Boeing Company, Starbucks, Puget Sound Energy, REI, State Health Care Authority, King County and other employers, physician groups, hospitals, consumer groups, unions, health plans and others. The Alliance produces the [Community Checkup report](#) comparing care provided in local clinics and hospitals.

The [Robert Wood Johnson Foundation](#) focuses on the pressing health and health care issues facing our country. As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, the Foundation works with a diverse group of organizations and individuals to identify solutions and achieve comprehensive, meaningful and timely change. For more than 35 years, the Foundation has brought experience, commitment, and a rigorous, balanced approach to the problems that affect the health and health care of those it serves. By helping Americans lead healthier lives and get the care they need, the Foundation expects to make a difference in our lifetime.

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