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Communities on the Move: What gets measured gets improved

Puget Sound Health Alliance urges doctors, hospitals, patients, insurers, employers and others to use new report to improve local care

The Healthcare X PRIZE Team has been on a brief writing hiatus as we drive toward finishing off the initial Prize Design ahead of some upcoming Board Meetings for both X PRIZE Foundation as well as the prize sponsor, WellPoint Inc. and WellPoint Foundation. A lot has been happening during the last few weeks, including several new reports and stories coming out regarding some of the high performing systems in our country. The repository for this information seems to be the [Commonwealth Fund](#), which has an impressive listing of all the great [case studies](#) from around the country. One of those recently highlighted was [Group Health](#), which is part of the [Puget Sound Health Alliance](#).

Key thing is to note the way they have organized care, the way they use metrics to improve and organize care, and the clear and often dramatic improvements they are making in healthcare. As a representative example, please see a recent press release below.

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Recognizing that fixing what's wrong with our health care system is a moral imperative and a fiscal necessity, the [Puget Sound Health Alliance](#) has unveiled an expanded and updated the [Community Checkup report](#) comparing care in doctors offices and hospitals, highlighting where improvement is needed. For the first time, the Alliance is making the Community Checkup available for use in business decisions such as benefit design, marketing and contract discussions.

The Community Checkup report still shows wide variation in the care that patients receive in this region. "Too many patients still don't get effective health care recommended by national medical guidelines, said David Fleming, M.D., Alliance Board Chair and Director of [Public Health - Seattle and King County](#). "The good news is that by using insights from the Community Checkup report, then making changes to improve the results, we can reduce the personal and financial cost of chronic disease and preventable health conditions."

The report shines the light on specific areas of care where there is real opportunity to improve local health care value, improving effectiveness of care, patient health and saving money:

- ***Insight #1: Depression** - On average in this region, 30 to 50 % of patients diagnosed with depression and put on antidepressants go off the medication too soon. Some medical groups have earned better results; however, even the best result in the region still shows as much as 25 - 40% of patients who don't stay on their medication for the recommended time. ROI: Depression is the top driver of health-related costs in the workplace. Getting better results will improve patient health and the bottom line for employers.*
- ***Insight #2: Medicaid** - The report now shows results for care to people on Medicaid, a low-income population often challenged with language, transportation and other barriers. Yet some local clinics are still able to provide recommended care to Medicaid clients at better rates than national benchmarks for the commercially-insured population. Every medical group can learn from these clinics about ways to ensure that all patients get recommended care. ROI: Nationally, 83% of Medicaid spending is associated with chronic conditions. Improved care for people on Medicaid improves personal health, saves tax dollars, and can reduce the cost shift from public to private sector payers.*
- ***Insight #3: Generic Drugs** - The report shows that too many patients fill prescriptions with expensive, advertised brand-name drugs rather than an equally effective generic. For antacids, for example, some local clinics do very well in getting as much as 85% of patients to take a generic, yet other clinics have only 5% of patients on a generic version. The spread of variation for Medicaid is smaller, likely due to strong financial incentives*

for doctors to recommend cost-effective generics to patients. ROI: An Alliance estimate, using local health plan data for four types of drugs, shows that for every 1% increase in the use of a generic in lieu of a brand-name drug, more than \$2.5 million can be saved in this region.

"Real health care reform isn't just about legislation, it's about improving how health care is delivered, covered and received by patients," said Mary McWilliams, executive director of the Alliance. "Now that we're shining a light on areas for improvement, it's time for each of us to roll up our sleeves and make specific changes to improve health care value in this region."

In April, the Alliance Board lifted restrictions on how the report may be used, starting with the July Community Checkup, to encourage decisions that change behavior and improve results. "The Alliance is the one place where everyone has come together to improve health care," said Lloyd David, CEO of [the Polyclinic](#) and Vice-Chair of the Alliance Board. "The Community Checkup is an essential part of ensuring that we all head in the right direction together."

The report can be used by doctors and other health professionals to see how they compare with peers then learn and apply best practices to improve quality. Patients can use the report to see the importance of certain health services, then talk with their doctor about how to be as healthy as possible. Health plans, employers and union trusts can use the report to improve benefit design, remove barriers to effective care, and engage individuals to make better decisions. All organizations can also use the report results during contract discussions. Several organizations are making changes based on what they've learned, such as:

- *The [Birth and Family Clinic](#) has implemented a plan to ensure that patients are aware of equally effective yet affordable generic drugs.*
- *[Providence Physician Group](#) built templates into their electronic medical record system to reflect the elements of care measured in the Community Checkup report.*
- *[Valley Medical](#) launched a breast cancer screening awareness campaign to ensure that their patients receive needed care.*

- [Northwest Kidney Centers](#) use the Community Checkup as they work with clinics to help reach the goal of 100% of people with diabetes being screened for kidney disease.

To highlight even more stories of health care changes in this region, the Alliance now collects examples from organizations and individuals through the [Community Checkup website](#).

"The Community Checkup has established the Puget Sound Health Alliance as a leader in the growing national movement to improve the quality of care," said Michael Painter, J.D., M.D., senior program officer at the Robert Wood Johnson Foundation, which helped fund this report through its [Aligning Forces for Quality](#) program. "It is important reading for anyone who gets, gives or pays for care in the Puget Sound region to make informed choices and improve local health care."

The Community Checkup is the largest medical care comparison report produced for the Puget Sound area. The updated report shows results for clinics with four or more clinicians, based on care provided to about 2 million residents by 76 medical groups, about 240 clinics and 30 hospitals. The clinics account for about 80% of the primary care doctors in pediatrics, family or general medicine, obstetrics and gynecology, and general internal medicine in the region.

Online, the Community Checkup shows medical group results based on all data, commercial insurance data only, and Medicaid data only. Medical groups have access via a secure portal to all of their results at a detailed level. The data used for the report was provided by 18 health plans, union trusts and self-insured employers. That data does not include patients' personally identifiable information, such as name or birth date. Nor does it include cost, charge or payment amounts.

For care provided in medical groups or clinics, the Community Checkup measures care in the following areas: use of antibiotics and imaging, asthma, depression, diabetes, heart disease, prevention, and generic drugs. Three new measures being added are Avoidance of Antibiotics for Adults with Bronchitis, Adult Use of Preventive Care, and Use of Primary Care for Children.

For hospital care, the report shows performance in care for patients who have surgery or are treated for heart attack, heart failure or pneumonia, plus topics such as communication with patients, actions to reduce medication errors, and more. Hospital results are drawn from several sources of publicly-available data, including Health and Human Services Hospital Compare, the Washington State Department of Health, and the Leapfrog Group.

Later in 2009, the online Community Checkup report will compare health plans in this market based on national standards and compared to national best practices. Also to be added are measures of the variation of intensity of services or relative use of resources, comparing: (1) the amount and types of care during hospital visits, and (2) 'episodes' of care tracked across time, provider type and locations. High- value care uses fewer resources to get similar results.

The next print version of the Community Checkup is expected to be published in 2010. "Our goal is to continue to have the Community Checkup report be the single best resource for patients, doctors, hospitals, employers, unions, health plans and others to find information about local health care performance in this region," said Dr. Fleming.

Current funding to produce the Community Checkup comes from organizations and individuals who participate in the Alliance, and special grants from the Robert Wood Johnson Foundation.