



New online comparison tool is report card for Seattle hospitals, clinics

Puget Sound Health Alliance releases its latest Community Checkup report, an online tool for comparing quality of care at the region's hospitals and clinics.

By **Kyung M. Song**
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It's not quite Consumer Reports, but a Seattle nonprofit today is releasing its most sophisticated online tool yet for comparing the region's hospitals and clinics on a variety of yardsticks for quality.

Want to know which hospital has the highest survival rates for heart attack patients?

Which clinics do the best job of getting people with chronic depression to stay on their meds?
Which Puget Sound-area hospital is least likely to be recommended by patients to family and friends?

You can look it up on Puget Sound Health Alliance's Community Checkup report:

www.wacommunitycheckup.org

The report card is the third in 18 months by the Health Alliance, a coalition of employers, insurers, providers and consumers who have teamed up to promote quality and cost-effective care. Compared to the previous version in November, this one compares 30 additional medical groups and 70 additional individual clinics and also tracks how patients' care differs for the privately insured versus those with Medicaid, among other things. "This is the most significant effort at transparency in the Puget Sound area," said Dr. Al Fisk, chief medical officer for The Everett Clinic, one of the alliance members.

The site allows users to sort results by 240 clinic locations and two dozen hospitals in King, Snohomish, Pierce, Thurston and Kitsap counties.

Hospitals are ranked on 11 main measures, each with multiple subcategories. They range from how often pneumonia patients are given correct antibiotics to the percentage of patients admitted with heart failure who are alive after 30 days.

Providers are graded on a curve against their regional or national peers or against best-standard bench marks. As before, the report shows wide variances in patient care, and large gaps between recommended and actual treatments.

For instance, just 48 percent of the patients on long-term depression therapy at medical groups in the five-county area take antidepressants for the recommended minimum of six months. And

while as many as 60 percent of the patients at The Polyclinic hit that benchmark, as few as 33 percent of patients at Sea Mar Community Health Centers, which charges patients on a sliding-fee scale, did.

The Checkup report is meant to provide a broad gauge of quality, not a judgment about which provider is good or bad, said Diane Stollenwerk, director of communications and development for the Health Alliance. "We let the information speak for itself."

In addition to being a scorecard, the Checkup report aims to spur patients to get more engaged in their own care, Stollenwerk said. By looking up a clinic's performance on diabetes care, she said, patients could see that regular eye exams and kidney disease screening are important.

Fisk, of The Everett Clinic, said the Checkup report is a good, but not perfect, proxy for determining quality. The Everett Clinic's internal evaluation of its diabetes care relies on more clinical information, such as cholesterol or blood sugar levels, than is used in the Checkup report.

Still, Fisk said, greater public scrutiny and accountability can only make for better medicine.

"Health care costs too much and quality is not as good as it should be," Fisk said. "And the way to get better is learn wherever we have the opportunity."

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