• The Washington Health Alliance story . . . briefly
• Transparency, was it always part of our plan?
• Our results – how are they used?
• Limitations, controversy and mayhem?
• What have we learned?
Washington Health Alliance

- **13 year history.** Grassroots effort gave us our start in 2005.
- **Started in Puget Sound, expanded statewide in 2013.**
- **Multi-stakeholder.** 185+ member organizations statewide representing health care purchasers, health plans, providers and other health partners.
- **Purchaser-led.** The majority of our governing members represent employers and labor union trusts.
- **Non-profit.** We are a designated 501(c)3.
- **Non-partisan.** We engage in lobbying efforts on a very limited basis and only on topics that are directly related to our mission and core work.

Examples of the Alliance’s Broad Membership
The Alliance’s Mission and Vision

Mission
The mission of the Washington Health Alliance is to build and maintain a strong alliance among purchasers, providers, health plans, and consumers to promote health and improve the quality and affordability of the health care system in Washington state.

Vision
Physicians, other providers and hospitals in Washington will achieve top 10% performance in the nation in the delivery of equitable, high quality, evidence-based care and in the reduction of unwarranted variation, resulting in a significant reduction in the rate of medical cost trend.

Alliance: Two Main Functions

We are a trusted convener for stakeholders, promoting a collective conversation to transform care delivery and financing.

Performance measurement and reporting is a core competency of the Washington Health Alliance.
The environment in 2005 (when we were formed)

IOM report had called out significant deficiencies in the health care system (quality, safety, transparency)

- “The burden of harm conveyed by the collective impact of all of our health care quality problems is staggering.”

Health care costs were going up with little relief in sight.

Everyone working in silos, no one effective at addressing the challenges

Very little health care transparency (public reporting) anywhere in the country and none in Washington state
We built transparency from the ground up

Introducing transparency in Washington state required the Alliance to:

• Aggregate data robust enough to produce broad and credible results
• Identify focus areas of interest for measurement
• Identify specific measures “doable” with available data
• Develop methods and infrastructure to support reporting
• Secure opportunity for providers to review/validate results before reporting
• Develop communication tools (e.g., website) for broad, public sharing of results

Key Ingredients

• Clear objectives from the start
• LOTS AND LOTS of communication
• Clear process for decision-making (consensus sought but not required)
• Balance between slow enough to bring most along and fast enough to actually get stuff done
• “Rules for Use” narrowly defined at start, broadened over time
• Continued emphasis on data and measurement integrity, privacy
• Tenacity and activism . . . Listen, adjust but always keep the work moving forward
Today: Performance Measurement is a Core Competency of the Alliance

- Began aggregating claims data in 2007
- Today: All Payer Claims Database with ~4 million lives in Washington state
- 30 data submitters (health plans, self-funded purchasers) voluntarily submit claims data to the Alliance semi-annually
- Data going back to 2004
- Includes Commercial and Medicaid insured populations (no Medicare yet)
- Public reporting since 2008

Today: Focus of Our Measurement (~100 measures)

- Patient Experience
- Primary Care/Prevention – Children/Adolescents, Adults
- Behavioral Health
- Effective Management of Chronic Illness in Outpatient Setting
- Effective Hospital-Based Care
- Low Value Care (Waste)
- Geographic Variation in Care (Different Regions, Different Care)
## Measurement By “Units of Analysis”

- **State**
- **Counties, Accountable Communities of Health**
- **Health Service Areas**
- **Health Plans (Commercial, Medicaid MCO)**
- **Medical Groups* (4 or more providers)**
- **Clinics* (4 or more providers)**
- **Hospitals**

*Primary care and some specialty medical groups and clinics, statewide

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## We share results broadly

Results shared publicly via our website:

- **www.wacommunitycheckup.org**

By written report:

- Improving Health Care in Washington State

Via a monthly, electronic newsletter to our members and the community at-large

In meetings:
Community Checkup earns Washington an “A” for health care quality reporting

Examples of our results

We rank order medical groups and clinics based on their performance on nationally vetted quality measures.

Detailed results on all measures for medical groups and clinics on our Community Checkup website.
Examples of our results

We bring together quality, patient experience and cost into one analysis to identify value.

We report on geographic variation in health care, C-Sections as example

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Highest Rate &amp; City</th>
<th>Lowest Rate &amp; City</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>38.7%, Pullman</td>
<td>21.4%, Yakima</td>
</tr>
<tr>
<td>Medicaid</td>
<td>35.4%, Omak</td>
<td>16.4%, Yakima</td>
</tr>
</tbody>
</table>
Examples of our results

We report on low value health care, based on Choosing Wisely

For example:

• Pre-op baseline lab, EKG, chest X-ray prior to low-risk surgery
• Annual EKGs and other cardiac screening
• Imaging for low back pain, uncomplicated headache and eye disease

How are our results used?

Purchasers (employers, union trusts):

• Results expose variation in quality, experience, price
• Educate employees/members about variation in health care and being a savvy consumer
  – Incorporate Alliance results into transparency tools, e.g., Castlight, for consumer choice
• Identify high-value aspects of health plans to inform benefit strategy (e.g. value-based contracting, transparency, customer experience)
• Identify higher value delivery systems for accountable care arrangements and network design
• Custom data supplier reports with results for their population (for self-funded plan sponsors who contribute data to the Alliance)
How are our results used?

Provider Organizations:

- Multi-payer results by clinic, medical group or hospital on key measures of quality
- Results that some smaller- to mid-size practices can’t generate for themselves
- Comparative benchmarking helps provider organizations understand their performance compared to peers in the market and national best performance
- Data to support network and referral decisions given movement to accountable care arrangements and new payment models

How are our results used?

Health Plans:

- Multi-payer results as comparator, local benchmark for single payer results
- Third party, objective source of information on variation in care, overuse, low value care (“carry tough messages" in the market)
How are our results used?

Consumers (Patients):

- Health literacy relatively low overall, even among educated people
- Understanding and use of health care transparency very nascent but definitely growing
- Consumerism in other industries a clue for what’s coming in health care
- Generational differences are big, millennials are different
  - Understand the concept of value
  - Don’t embrace “loyalty to provider” like previous generations
  - Tech/data savvy shoppers

Limitations, Controversy and Mayhem?

- Readily acknowledged limitations and caveats with every report
- Controversy expected . . . but not feared
  - Some controversy – enough to keep it interesting, not enough to derail the work
- Surprisingly little push-back in the beginning, almost none now
- Despite a few early dire predictions, no mayhem
A few things we’ve learned

1. Transparency in health care is unsettling, but it’s the right thing to do
2. Seeking higher value and transparency = challenging the status quo
3. Some said the “sky would fall” – it didn’t
4. If you let naysayers set the pace, nothing will happen
5. Communication and follow-through very important
6. Focus on the key areas where more time spent will build inclusion and buy-in
7. Reducing variation doesn’t mean all care and all practices are 100% the same

Reporting on VALUE = Quality + Experience + Price

Total Cost of Care

Overuse and waste

Price Variation