

Understanding Care Variations is the First Step to Fixing Problem

By Mary McWilliams
Executive Director
Puget Sound Health Alliance



Are residents in Washington getting high-quality, high-value healthcare? Frankly, the answer is, it depends. While many patients receive care that rivals the best found nationwide, some do not receive the effective care that they should. Differences in the quality of care that have been documented from region to region across the country persist even within the Puget Sound area and represent a significant challenge.

At the Puget Sound Health Alliance, we know that understanding variations in care is the first

step in addressing the problem. That's why we produce the Community Checkup, a comprehensive report on healthcare performance in the Puget Sound region including medical groups, hospitals and health plans. As a nonprofit, non-partisan collaborative, we are one place where those who pay for, get and provide healthcare have come together to help drive change in the healthcare system. We believe that if you can measure it, you can fix it.

In July, we issued our fourth Community Checkup, the cornerstone of our work. The Community Checkup primarily looks at how well care is delivered at the medical group level on 21 measures of quality and appropriateness in a five-county region—King, Kitsap, Pierce, Snohomish and Thurston—covering 2 million lives, or about half the region's population. The measures fall into areas of prevention, chronic disease management, generic drug substitution and appropriate use of services. (Full results for the Community Checkup are available at www.WACommunityCheckup.org.)

The news from the Community Checkup represents both cause for congratulations and cause for con-

cern. In the former category is the region's performance in diabetes management, which is strong. The regional average exceeds the national top ten percent of performers for three of the four diabetes care measures in the report. Similarly, hospital quality measures, such as heart failure care and surgical care, have shown improvement over time, proving the benefits of transparency.

But in other areas, we clearly have room for improvement. Regional results are low for Chlamydia screening, avoiding antibiotics for bronchitis, and medication adherence for depression. And there is wide variation in generic drug substitution results, which were reported publicly at the medical group level for the first time. Interestingly, safety-net clinics that serve Medicaid populations are among the best performers in the region, as are those clinics with a financial incentive to prescribe generics. We estimate that there are tens of millions of dollars to be saved in our region by bringing generic drug prescription rates up to the goals set by the Alliance based on the recommendations of a team of leading providers and pharmacists.

While we do not have data for the entire state, it is safe to say that the variation we see is hardly confined to our five-county region. The same concerns and successes that we see in the Puget Sound region likely affect every part of our state.

What the Community Checkup shows is that what gets measured, gets managed and improves. For the first time, we were able to compare data over time by looking at results from the second Community Checkup, released in late 2008, and the current report. While future reports will confirm if changes between the two periods represent a true trend, the data appear to show an overall trend toward improvement in care in most areas.

Having built a strong foundation of performance measurement, public reporting and performance improvement, the Alliance is now exploring new ways to advance high-value healthcare in our region. We are working with the Washington State Medical Association and the Washington

Academy of Family Physicians to develop a learning network for medical practices to share information on improving results on these important metrics. We are also co-sponsoring (with the state) a multi-payer medical home pilot with common payment incentives to reduce avoidable ER and hospital visits. And we are planning to expand our public reporting into new areas, including patient experience and resource use.

Ultimately, if change is to take place within our healthcare system, it will have to happen at the local level. The variations in care that we see means that there can be no national “one size fits all” approach. Decisions on how to address regional variations are best made by the people they affect. This is the challenge for all of us—doctors, hospitals, patients, health plans and purchasers—and we have an opportunity to be part of the solution.

Mary McWilliams was appointed Executive Director of Puget Sound

Health Alliance in June 2008, after three years on its Board. The Alliance is a collaborative among purchasers, providers and plans to advance quality and affordability through public reporting on healthcare system performance.

Previously, Ms. McWilliams was President and CEO of Regence Blue Shield, PacifiCare of Washington, and Providence Health Plans in Oregon.

Ms. McWilliams is the past Chair of the Greater Seattle Chamber of Commerce and serves on the Board of Port Blakely Companies, the Safe Crossings Foundation, a grief support program for children, and as a director for the Seattle Branch of the Federal Reserve Bank of San Francisco.

Ms. McWilliams received a M.S. in health administration from the University of Colorado and a B.A. from Wesleyan University, which also awarded her an honorary degree in 2006.

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