

What will it really take?

Thoughts on health care reform

Many say we must curb practices that turn new technologies and medications into high-volume profit centers.

Others insist that we end our national fixation on the right to endless choices.

Most agree it would help if we quit demanding unlimited treatments, drugs, or surgeries, no matter how redundant, unproven, or futile.

A growing number say let's focus more on wellness and prevention, not just treating illness and injury.

Good ideas, important points. But the key to solving the puzzle?

Us—all of us.
Working together.



Group Health CEO Scott Armstrong: "Counterintuitive as this may sound, we already know how to design, operate, and deliver—to all Americans—quality health care the nation can afford. We already have the tools to solve the problem."

We Americans have chosen to leave 47 million of our citizens without health coverage. We have chosen to rank 37th in infant mortality and 46th in life expectancy. And the good news? We can choose to change all of this.

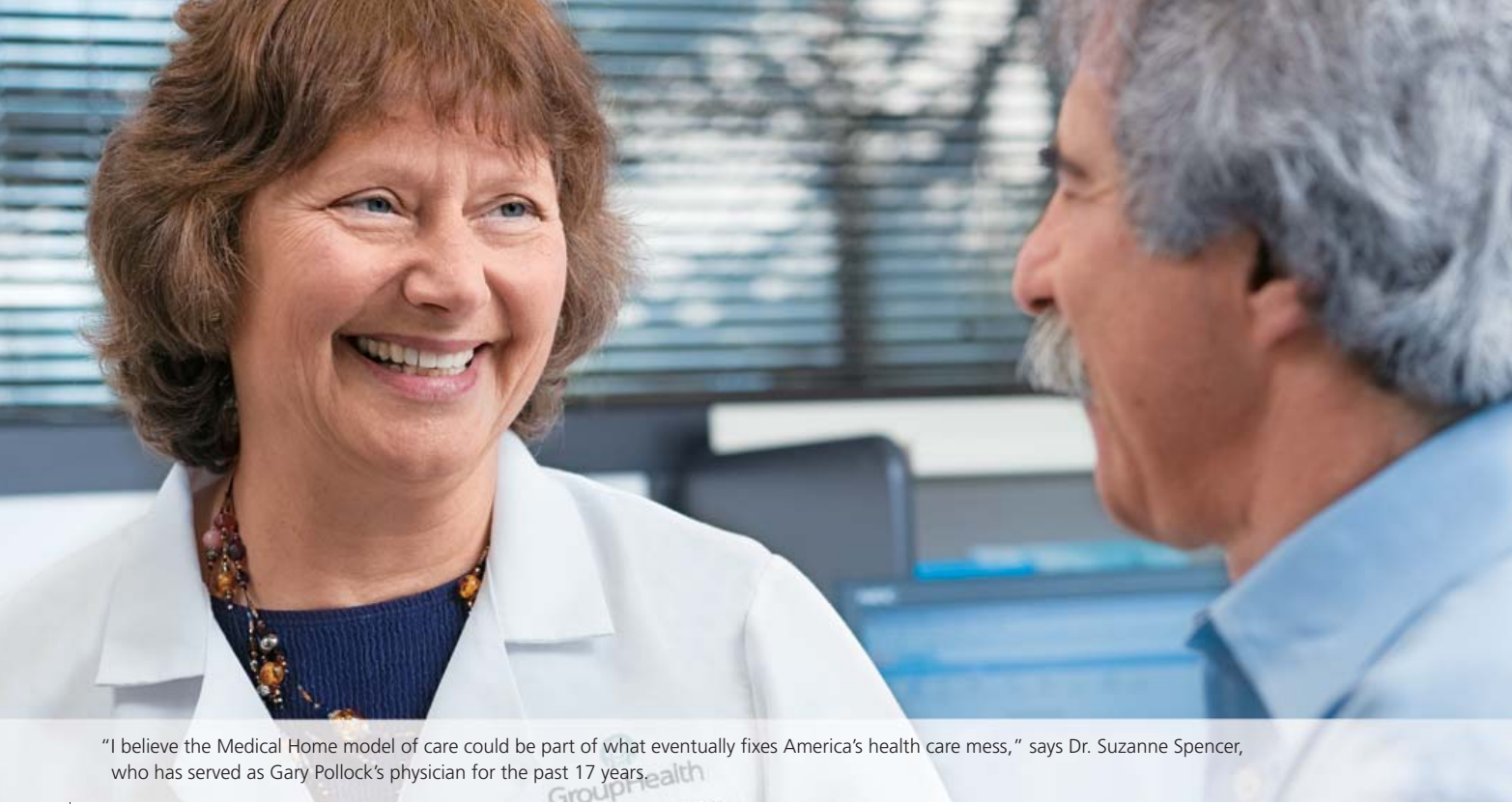
Let's start by facing a long-ignored truth: America's health care "system" isn't one; it's a chaotic non-system. Almost nothing is integrated. Even elements that excel by themselves do not work effectively with each other. Health care is inequitable, inefficient, and each year more costly—all because we are not working together.

Honest collaboration is the only path to real solutions. So in the spirit of partnership, I offer you several stories from Group Health physician leaders.

These examples illustrate the potential of Group Health's uncommon model: integrating both health care and medical coverage within the same organization. Instead of the profit-driven incentives exacerbating the national crisis, our system allows physicians, researchers, and staff to use scientific evidence, clinical savvy, and system connectivity to improve quality, reduce costs, and enhance the patient experience.

I believe there are lessons here for us all. My hope is we can learn together, and together become the change we seek.

Scott Armstrong, President and Chief Executive Officer, Group Health Cooperative



"I believe the Medical Home model of care could be part of what eventually fixes America's health care mess," says Dr. Suzanne Spencer, who has served as Gary Pollock's physician for the past 17 years.

Can improved quality lower your health care costs?

By **Suzanne Spencer, MD**, family physician and Factoria Medical Center Chief

Just over a year ago I was burned out as a family doctor. I put in for retirement.

Yet here I am—my burnout gone—thanks to a pilot program we call Medical Home. Not only has this thoughtful model of care reinvigorated me as a physician, it has also turned our medical center into a champion of team-based care. I believe this approach could be part of what eventually fixes America's health care mess.

The Medical Home model reimagines the way we practice family medicine. In the past year our medical center has improved clinical quality and performance, improved satisfaction levels of physicians

and staff, and reduced unnecessary patient visits to the emergency department and urgent care.

Medical Home promises to demonstrate a premise vital to Group Health's philosophy: that if you improve the quality of care you provide, you also will lower costs.

It all started when Group Health leaders encouraged us to ask, "What would be the perfect patient experience?"

We thought hard, then hired two more physicians, which reduced the number of patients in each doctor's care from 2,200 to 1,800. This gave each physician more desk time—enabling us to respond



"I've always had confidence in Dr. Spencer, and in the last year it feels like someone is there for me 24/7," says Gary Pollock, executive director at The Moyer Foundation. Dr. Spencer says the Medical Home model has turned Gary—recently diagnosed with diabetes—into "an activated patient. He's routinely contacting us. He can even reach me from his BlackBerry."

Early evidence supports Medical Home's promise

DESPITE MOUNTING ENTHUSIASM from physicians, staff, and patients involved in the Medical Home pilot, Group Health and other health care systems considering this model need more substantive evidence to determine whether it's worth deploying to other locations. To help decide, Group Health's Center for Health Studies (CHS) is conducting a rigorous two-year study of this pilot.

Lead researcher Rob Reid, MD, PhD, associate investigator at CHS, says early results from the first six months are encouraging. Researchers found adult patients who received care at Factoria improved at a rate greater than patients who received care at the control clinics.

"What makes Group Health just right for this kind of research is the way it combines health care delivery and coverage into a single system," explains CHS Executive Director Eric B. Larson, MD, MPH. "By integrating these, Group Health has strong incentives to discover how to provide great quality of care while keeping an eye on cost."

Eric B. Larson, MD, MPH, top left, oversees research at Group Health.
Rob Reid, MD, PhD, top right, is the lead investigator on the Medical Home pilot.



Janet Nolte, RN, second from right, leads the morning "huddle" at Factoria Medical Center that brings together doctors, nurses, business office staff, managers, pharmacists, and physician assistants. All play a role in how a patient experiences the Medical Home model.

more quickly when patients e-mail or phone. We made appointment times longer. We added group visits for people with chronic conditions.

We encourage all of our patients to contact their care team round the clock. We don't wait for a patient to come in; we study lists of patients and find ways that reach out to those who don't visit us routinely, but would benefit from regular contact.

Obviously, as this happens with more patients, the quality of everyone's care and health only gets better.

Financially, this is what we're seeing: Despite the expense of those new physicians, our preliminary evaluation shows these costs were recouped by reduced services in other parts of the system.

We're starting to prove that when our patients get more care from their personal physicians, they need less care elsewhere—in the specialist's office, in the emergency department, in the hospital.

Over time, we believe this model of care will improve the health of our members and save money for Group Health, for our patients, and for health plan purchasers. It seems precisely what our community, and our nation, so desperately needs.

Suzanne Spencer, MD, has been Factoria Medical Center chief for more than 10 years, and since early 2007 has led her colleagues and staff as they developed the Medical Home model into a real-world pilot program. Dr. Spencer joined Group Health in 1980.

Using information technology to save lives and money

By **Matt Handley, MD**, family physician and Associate Medical Director for Quality and Informatics

WHEN PEOPLE THINK ABOUT DOCTORS saving lives, they naturally picture a masterful surgeon replacing a heart valve, or a fast-moving physician directing high-tech heroics in the intensive care unit. Yet these stereotypes can sidetrack us from medicine's greatest opportunity to save lives.

Consider this: Although preventive care helps people avoid or postpone numerous chronic illnesses, Americans get their preventive care needs met only 55 percent of the time. And once people have a condition such as diabetes, they fare no better,

who receive care at Group Health medical centers can call up their records from any computer in the world, see lab results, find out when screenings are due, securely e-mail their physicians with questions about health problems—and receive answers within a few hours, all for no extra charge.

We use our system to generate alerts based on the recommendations of Group Health experts, to remind our physicians of recommended strategies, and to track medications. Whenever patients interact with clinicians—physicians, nurses, radiologists,

“If every medical group in America used our clinical information system the way Group Health does, our country would be much farther down the road toward solving its health care crisis.”—Judy Faulkner, Chief Executive Officer, Epic Systems Corp.

getting only 56 percent of their chronic care needs met. It's extremely rare for them to receive every routine test or treatment that science has proven would be helpful.

These failures increase their odds of getting sicker and dying sooner. If patients received all of the advice, tests, and screenings shown to improve outcomes, the country would save hundreds of thousands more lives each year than the number saved by all of those surgeons and intensive care teams.

So why doesn't this happen? Because most health practitioners lack the integrated systems to help them deliver the best care.

When a patient at one of our medical centers is diagnosed with diabetes, we immediately note this in the clinical information system we use for our electronic medical records. Group Health implemented the system differently than anyone else, because we looked at what our patients could get from it, not just what clinicians need. At most organizations, medical records are kept close by doctors, so patients can't easily see them. Patients

pharmacists—the system updates their record. Even phone calls to our Consulting Nurse Service are entered into the record.

A few years ago, Milliman did a study that showed that the care of diabetic patients at Group Health costs about half as much as those with other health carriers in Washington state. Why? Because our patients' medical needs are meticulously tracked, so they reliably get what they need when they need it. We're avoiding the costs of poor care; patients with diabetes in our system end up with fewer hospitalizations, fewer amputations, less blindness, and less cardiovascular disease. We're being proactive and preventive, instead of reactive.

State-of-the-art medicine takes more than great doctors and nurses. It also depends on sophisticated, customized support systems that empower providers to place the patient at the center of care.

Matt Handley, MD, is responsible for quality improvement and clinical information technology, working to create an infrastructure that supports the highest levels of individual and organizational performance. He led efforts to establish Group Health's clinical information system, and has practiced family medicine here since 1984.



Dr. Matt Handley says Group Health customized its clinical information system and use of electronic medical records to do three key things: improve health outcomes, help avoid the considerable costs of poor care, and enhance the patient care experience.



Making it easy to connect and act quickly

MARY GRUENEWALD EXPERIENCED firsthand the speed and effectiveness of Group Health's clinical information system. One Thursday, she had a bone-density scan ordered by her family doctor, Stacy Globerman, MD. On Friday, the radiologist posted the scan in the system. Both doctors, in different locations, studied her thinning spine on their computer screens. Then Dr. Globerman prescribed a calcium-replacement drug and e-mailed Mary.

"On Saturday, I took my first dose. Just three days," Mary says. "All because of the electronic clinical information system and instant communication, which gets people to act quickly.

"In another system, an older woman would have probably broken her hip, been taken to emergency, admitted for surgery, and—when she finally was stable—discharged," Mary adds. "Then she would have had to undergo lengthy physical therapy."

CLINICAL INFORMATION SYSTEM

HOW IT WORKS

1. Patients, like Mary, use www.ghc.org to contact their doctors, get lab results, check prescriptions, and review benefits.
2. After-visit summaries and physician orders are captured in the system.
3. Specialists add images, test results, and reports that can be viewed by clinicians at other locations.
4. Doctors review results online and order prescriptions or other procedures from their computers.
5. Pharmacists prepare orders and instructions for pick-up by patients. As needed, refills may be ordered online and delivered by mail.

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Nisha Melwani, left, collaborates with Dr. David Grossman in the development of Momentum products. "People in business who understand the value of strategic planning automatically see the value in Momentum," Dr. Grossman says. "It brings systematic improvement to their employees' health."

Momentum

Physician-designed tools to promote employee wellness

By **David Grossman, MD**, pediatrician and Medical Director of Preventive Care

THERE IS NO DOUBT: THE AFFORDABILITY of health insurance has become one of the critical issues facing our society and the institutions that pay these costs.

Employers who purchase health coverage have begun to wonder if the prevention of chronic conditions and improved management of existing conditions might well reduce their health care costs. But is there evidence? In fact, the evidence is building.

Recently, the Centers for Disease Control and Prevention released provisional recommendations endorsing work site health promotion programs, calling these effective strategies for improving health, as well as for increasing productivity. A series of employer-based studies examining the return on investment for such strategies show yields of anywhere from \$1.70 to \$3.50 for every dollar invested.

Research focused on the impact of lifestyle changes on health outcomes also is increasingly persuasive. This has led employers to greatly expand their interest in primary and secondary prevention programs as a way to reduce acute care and complications resulting from missed preventive opportunities.

Group Health has a long tradition as a leader in preventive care. We are recognized internationally for our integrated care systems, a reputation recently bolstered by our electronic medical record and multifunctional Web site for patients, purchasers, and providers. As employers asked us how we could help them with wellness and disease management, it became clear we could apply our knowledge of integrated systems and health technology to assist employers with health promotion for *all* of their employees, not just our existing Group Health members.

The result is Momentum, a suite of health solutions designed by our medical staff to help employers promote better health among employees using our deep knowledge about prevention and the tools we have mastered.

Momentum makes clinical and human behavioral sense: We look at employees' lifestyle preventive needs, as well as their medical histories. Incentives built into Momentum encourage workers to use an array of resources at our Web site or to call health coaches for one-on-one help. It blends science with savvy human intervention.

Momentum is designed to help employees stay healthy, and by doing so help employers stay healthier financially.

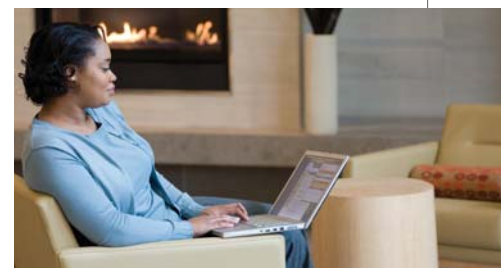
David Grossman, MD, MPH, is Medical Director of Preventive Care and a senior investigator at Group Health's Center for Health Studies. He is an active, board-certified pediatrician and was appointed in 2008 to the U.S. Preventive Services Task Force. Dr. Grossman came to Group Health in 2004 from the University of Washington and Harborview Medical Center.

How the Health Profile helps empower individuals

ED RATIGAN, an employee of Pacific Lutheran University, was a longtime smoker. When his personal physician saw this flagged on Ed's Health Profile, he offered resources to help Ed kick the tobacco habit. "That was the final push I needed to give up my cigarettes," Ed says.

NADINE BENSON believes "each of us must manage our own health, and the Health Profile is another good tool for that." It uses information Nadine provides to generate a report that identifies her risks. "This is about *me*," she says. "I like that it tells me what I need to work on."

ARYANA JOURNEE admits she was surprised by "how easy it is to use the Health Profile. I just answered the questions and almost instantly got suggestions—things I could do to get healthier." As patients update their profiles, the program helps fine tune individual health care strategies.



Momentum basics—what's included

While employers can choose from four different Momentum packages, all packages include the following:

WELLNESS WEB SITE: This interactive, employer-branded portal makes it easy for employees to take an active role in wellness. From here, employees can access Momentum tools and resources, including health assessment forms, action plans, incentives, and an online library of health topics.

THE HEALTH PROFILE: When employees complete this comprehensive assessment of their health and habits, the information generates a report that highlights what's working well and what needs attention—along with specific suggestions.

For employees who receive care at Group Health medical centers, the Health Profile automatically goes into their electronic medical record and is available to them and their health care team. Employees who receive care at other locations can generate printouts to then share with their personal physicians.

LIFESTYLE COACHING: Nurses trained in motivational counseling use the Health Profile to help employees understand risky behaviors and take responsibility, with an emphasis on self-reliance and self-care.

REWARDS PROGRAM: Research shows that incentives motivate employees to make healthier choices. Momentum's

rewards program gives employers the flexibility to tailor incentives to workforce needs.



REPORTING: All Momentum packages include reports for employers. Though personal health specifics remain anonymous, these updates help employers track overall employee use of the Health Profile, Lifestyle Coaching, incentives, and even how many employees create action plans to improve their health.



“Each of Group Health’s neurosurgeons handles about 200 major cases a year. That keeps us busy,” says Dr. Kyle Kim. “But you have to do a lot more surgeries in private practice to pay for all of your expenses.”

Where evidence—not profit—drives specialty care

By **Kyle Kim, MD**, Neurosurgery Chief

Everyone talks about what’s wrong with American health care. It seems to me we’ve created an unworkable system. I’ve been fortunate to see the workings of our health care landscape from both sides—first from many years in private practice at a major hospital in Pittsburgh, and now from inside a system of integrated care at Group Health. If I needed medical care, I’d much prefer to receive it from doctors in a system like Group Health.

Ten years ago I never would have said that, but my experience here has changed my view.

I had a great private practice. It was tough to leave. At the same time, my practice was run more and more based on business decisions. That’s especially true in large metropolitan areas because of the intense competition.

I love it here because we’re not paid per widget. Or per craniotomy. We’re paid to see patients. We’re not expected to do a big, expensive operation when it doesn’t make good sense for a particular patient. At Group Health, our practice is driven by evidence of what works. As a patient—and as a purchaser—you

want your doctor absolutely committed to evidence-based medicine; it saves lives as well as dollars.

This model increasingly appeals to the most highly regarded practitioners. Our department recently hired Rajiv Sethi, an extraordinary spine surgeon. James Wang is a top expert in movement disorders and functional neurosurgery. Rick Rapport has decades of experience doing intricate epilepsy surgeries. J.C. Leveque, whose focus is minimally invasive spine surgery, joins us in July. Combine this expertise with the incentive to do only what needs doing and you get the best care. I don’t think the people outside of Group Health know this. At least not yet.

Our electronic clinical information system helps us as physicians connect with each other and promotes collaboration. We can examine an emergency room CAT scan from our home computers—in the middle of the night if necessary. It also enabled patient Kathleen Turner [see next page] to e-mail me whenever she had questions about her upcoming surgery.



Technologically, we have the tools we need: MRI, CAT scan, angiography, and focus-beam radiation—which allows us to direct radiation into a space of a few millimeters instead of the entire head. We recently updated our neuro-navigation system that marries real-time pictures in the operating room with previous MRI images, so I can compare what’s happening at that moment with what was known before the operation.

When people ask what I’d do with the mishmash of insurance providers, doctors, drug companies, and technology firms contributing to or struggling with our health care crisis, I can’t give a perfect answer. But I can explain why a system such as ours—where the only incentive is to do what’s best and no more—must be a key part of the solution.

Kyle Kim, MD, PhD, is board certified in neurosurgery and serves as Group Health’s Neurosurgery Chief. He joined the organization in 2005 after years of private practice in Pittsburgh. Dr. Kim received his MD and PhD from the University of Chicago. He underwent neurosurgical training at the University of Washington.

Seamless care when the unexpected happens

LAST SUMMER, Kathleen Turner thought she was entering menopause: “I had these low-grade headaches, night sweats, and insomnia. Something I’d never had.” She went to her personal physician at the Tacoma South Medical Center.



“Kathleen came in with headaches that didn’t seem routine, so I ordered a CAT scan,” says Robert Flack, MD, who is board certified in family medicine and has been Kathleen’s doctor for 23 years. “The CAT scan suggested we do an MRI. When the brain tumor showed up, we went straight to Dr. Kim.”

At first, Kathleen e-mailed Dr. Flack weekly. As surgery neared, she spent hours on MyGroupHealth at www.ghc.org learning about her tumor and e-mailed Dr. Kim with questions.

After a successful surgery, Kathleen is back to work with the U.S. Postal Service. “Dr. Kim is so meticulous,” Kathleen says. “My family was shocked, because he didn’t even shave my head. There wasn’t a big scar. He’s very good at what he does.”

Making it possible to keep up and act on the latest medical findings

WORKING RELENTLESSLY TO KEEP Group Health’s 900 physicians on the leading edge of evidence-based medicine is Paul Sherman, MD, medical director for Consultative Specialty Services. Though all physicians face this daunting task, Group Health’s system, which ties together family physicians with myriad specialists, has resources simply unavailable to individual practitioners. Here’s how Dr. Sherman puts it:

“There are 20,000 English-language medical journals. No physician can keep up with all of the evolving evidence without help,” he says. “At Group Health, we have full-time experts scouring the medical literature. Also, because we have data from hundreds of thousands of our own members, we’re able to make evidence-based decisions from our own physicians’ and patients’ experiences.”

In addition, Group Health specialists develop treatment guidelines and recommendations that help primary care colleagues take better care of patients—so patients take the right medicines, get the right interventions, and have the appropriate treatments at the right times. “Only in a multi-specialty group practice like Group Health can you make this work,” says Dr. Sherman.

“It doesn’t happen in a typical fee-for-service reimbursement model: You don’t get paid for helping patients decide that surgery *isn’t* the right course for them; reimbursement comes mainly from doing surgery. Group Health doctors earn as much for thinking—and for *not* operating—as they do when they scrub up. And this makes our incentive straightforward: to do only what is best for the patient.”



Paul Sherman, MD, Medical Director for Consultative Specialty Services

Occupational medicine, Group Health style

By **Tim Gilmore, MD**, Occupational Health Services

Let's say you have an injured employee having difficulty returning to work. At Group Health, case managers from Occupational Health will bring together physicians, physical therapists, nurses, behavioral health specialists, and sometimes employer reps to troubleshoot problems and refine treatment plans to ensure a successful recovery.

SOMETIMES IT SEEMS LIKE an employee injured on the job might never make it back to work. Occasionally, when injuries are severe enough, this occurs. However, many injured workers linger in a kind of “workers’ comp limbo” for reasons ultimately harmful to themselves, their employers, and the economy. Some fear re-injury. Others find physicians who coddle them. A few get addicted to painkillers and end up choosing Oxycontin or Percocet over the time clock.

At Group Health, we've created specially trained occupational health teams that look comprehensively at every on-the-job injury. We treat not only the injury, but also the person. We school our doctors in the most common work-related injuries—such

as those to the knee, back, neck, and arm—and also mentor them on not-so-common skills, such as recognizing narcotics abuse. Because paperwork for Labor & Industries and other insurers is crucial, we train our staff to handle these forms expertly. We also can tailor services to unique company needs.

Last fall, for example, in response to a request from a major employer, we created a continuing medical education seminar for primary care physicians in the community. The focus helped these doctors address work challenges for employees with non-job-related injury and illness.

We use Group Health's clinical information system to automatically keep all providers abreast

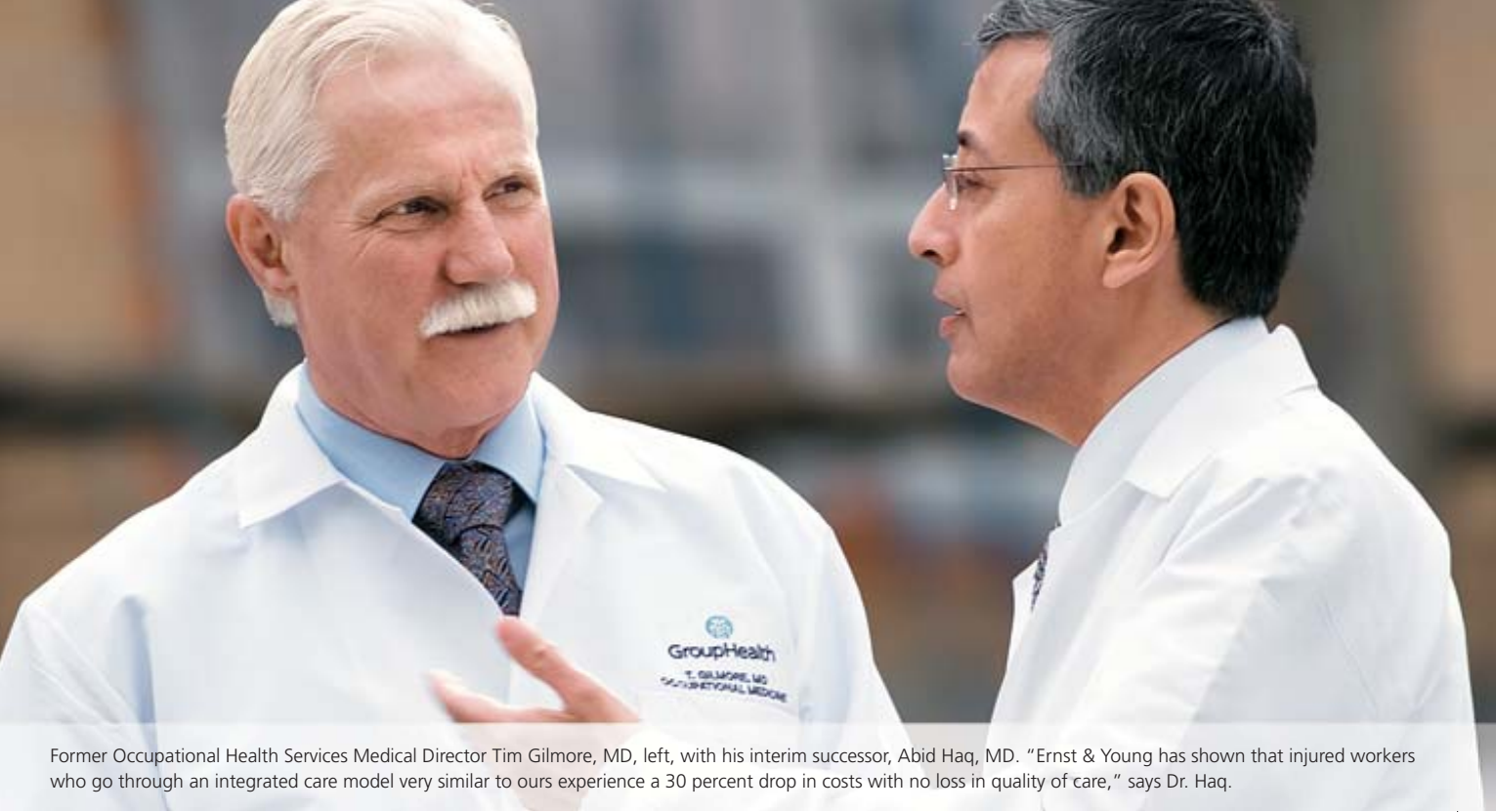
Three examples of meeting employers' distinct needs



Port of Seattle employees get health screenings at work.

Injured workers can choose Group Health Occupational Health even if they are not enrolled in a Group Health plan (Washington state allows workers to choose any provider). In addition to delivering “as needed” care, Group Health contracts with more than 140 businesses for recurring needs such as drug screening and pre-employment physicals. With one of the state's largest multispecialty physician groups, Group Health is able to also provide more specialized job-related care.

TAKING WELLNESS SCREENINGS TO WORK SITES is one example. The Port of Seattle tapped Group Health to visit three locations, including Seattle-Tacoma International Airport, to provide screenings for more than 400 employees. The screenings provide instant information about cholesterol, blood pressure, and glucose levels. The clinicians provide participants with on-the-spot results and counseling about risk factors.



Former Occupational Health Services Medical Director Tim Gilmore, MD, left, with his interim successor, Abid Haq, MD. “Ernst & Young has shown that injured workers who go through an integrated care model very similar to ours experience a 30 percent drop in costs with no loss in quality of care,” says Dr. Haq.

of developments with each employee’s care and prognosis. As soon as we begin to treat a patient, we generate a comprehensive plan that goes to the patient, to Labor & Industries, and to the employer, so everyone involved knows the extent of the injury and a timeline for return to work.

Finally, our entire Occupational Health team—about 60 of us—meets quarterly to continuously improve delivery of care to injured workers, as well as provide a greater sense of predictability and transparency to employers. I believe our broad expertise,

combined with our integrated system of coordinated care, gives us capabilities that others marketing occupational medicine in Washington state simply cannot match.

With Group Health since 1982 and board certified in occupational medicine and family medicine, **Tim Gilmore, MD, PE**, is also a licensed professional engineer (chemical engineering). He helped Group Health develop the first case manager collaborative program in Washington state.

ONE OF THE COUNTRY’S LEADING BIOTECHNOLOGY COMPANIES based in Seattle chose Group Health to handle everything from annual blood donor screenings to development of emergency plans. And not just routine responses—this biotech firm works with what it calls “a unique toxin of biological origin.”

“This is custom work,” the company’s senior health and safety specialist says. “We needed to know how to handle an exposure. There aren’t many specific biological-toxin protocols just sitting around, but Group Health had the expertise to create these for us.”

As important as specialized expertise is for this biotech giant, responsive customer service also matters. “When I compare Group Health with other companies, there’s no comparison,” he says. “I’d get frustrated every time I talked to those others. I’d ask for information, and they couldn’t find it.

“What’s amazing is that Group Health is a little less expensive. But even if they were more expensive, I’d still choose Group Health.”

BUSINESSES OF EVERY SIZE FIND GOOD VALUE in Group Health’s range of Occupational Health services. “After using other services, I can honestly say that Group Health is far superior, and less expensive,” says small business client Theresa Borst. At Borst’s company, Bio Clean Inc., “we clean up asbestos, blood pathogens, meth labs. Nasty stuff.

“We use Group Health for everything: annual physicals, drug testing, hepatitis B vaccine, TB tests, X-rays—and we’re thinking about adding grief counseling.”

Embracing transparency and leading by example

By **Hugh Straley, MD**, Medical Director, Group Health Cooperative

America's health care crisis is the Northwest's health care crisis. What's wrong nationally is just as wrong here. Yet there's also hope that innovations from the Northwest might make a difference nationally.

In 2004—inspired by King County Executive Ron Sims and other community leaders—a collection of employers, physicians, hospitals, patients, health plans, and others formed the nonprofit Puget Sound Health Alliance to identify local problems and craft solutions. To help achieve these goals, the partnership decided it would regularly assess the quality of health care in the region. It developed, for the first time, a rigorous “apples-to-apples” performance report card, comparing care across the Puget Sound region.

The first report, the *Community Checkup*, included 14 major provider groups.

This level of transparency bodes well for the Northwest, and especially for Group Health's customers, members, and patients. In this first assessment of regional health care quality, released in early 2008, Group Health performs exceptionally well. How well? I urge you to visit the Alliance Web page and see the results for yourself.

That's not to say we don't have space for improvement; there's much we can do better. The stories my peers have shared here in the pages of this report highlight some of these efforts. But there is increasing evidence that supports what I've long believed: Group Health's integrated system gives us an advantage when it comes to delivering quality



Group Health Medical Director Hugh Straley: “Group Health has systems in place that other organizations haven't fully developed yet, and so we *should* be top performers. The results of PSHA's *Community Checkup* show we're demonstrating our promise.”

“We know the public wants more information about their health care, right down to how their own doctor performs. We’re committed to continuing on this path to greater transparency.”—Hugh Straley, MD

care in today’s fragmented marketplace. Let me share an example from my experience here as an oncologist.

Years ago a patient came to my office with a recurrent mass in his neck. I took a sample, then put it under a microscope down the hall in the laboratory, and made the diagnosis with the pathologist. My patient was in a wheelchair, so I wheeled him to nearby Radiology, where we got an X-ray, and then I wheeled him around the corner and he started radiation therapy. The entire process took two hours. As I was getting him the care he needed so quickly, so easily, I thought, “This is why I’m at Group Health.”

When I came here 29 years ago, my colleagues in private practice gave me funny looks and said, “Group Health? You’ll be back in a year.” But I knew its history and its commitment to innovation and affordable, excellent care. Since then I have never been disappointed. Our reputation is growing, and our clinical expertise is better known than ever.

I’m so proud of what Group Health has become, and so excited about the leadership role this organization will play in the future of our region and our country.

Group Health Medical Director **Hugh Straley, MD**, also serves as president of Group Health Permanente, one of the largest multispecialty medical groups in Washington state. The Yale graduate joined Group Health in 1979, practicing oncology and serving in a variety of leadership roles (including eight years as medical director for quality and research). He also serves as vice chair for the Puget Sound Health Alliance, a regional effort to improve health care quality and decrease costs. He leaves a deep legacy as he prepares to retire and enjoy the benefits of Group Health as a well-cared-for member.

To see the results of the Puget Sound Health Alliance *Community Checkup*, go to: www.pugetsoundhealthalliance.org

Research that fuels real solution-building



EVEN BEFORE the Puget Sound Health Alliance began its work to improve health care delivery here, researchers from the Group Health Center for Health Studies (CHS) had been analyzing similar efforts in other parts of the country. “The Alliance is really part of a national movement where stakeholders here

and there come together to create regional solutions to local health care crises,” explains Ed Wagner, MD, MPH, a senior investigator with CHS. Partly because of this expertise, King County Executive Ron Sims appointed Dr. Wagner to co-chair the advisory committee from which the Alliance evolved.

For decades, CHS has taken leadership roles in health care delivery and clinical research. Nationally, Group Health’s esteemed research center has studied a spectrum of vital issues, including cancer screening and control, mental health, chronic illness, women’s health, immunization and infectious diseases, healthy aging, pharmaco-epidemiology, prevention, health information technology, drug safety, as well as vaccines and infectious diseases.

Above, Ed Wagner, MD, MPH, Director of the MacColl Institute, part of the Group Health Center for Health Studies



A prescription for savings

GENERICS are the most affordable form of equivalent drugs. Group Health doctors prescribe between 60 to 70 percent generics in four classes of commonly used drugs. The next closest system in the region, according to the *Community Checkup*, prescribes about 35 percent generics. The Puget Sound Health Alliance estimates that if all of the providers in its first report prescribed 60 to 70 percent generics—like Group Health—our region would save \$70 million a year.

An invitation.


It's true: At centers like the National Institutes of Health and the Centers for Disease Control and Prevention, researchers routinely mention Group Health alongside the legendary Mayo Clinic and InterMountain Healthcare as exemplary models from which the rest of the country can begin to learn how to solve the health care crisis.

With needed reform stymied by national political gridlock, local initiative becomes essential. So let us lead from here, now.

When it comes to seemingly impossible challenges, Group Health has some experience: We were founded more than 60 years ago by a group of innovative consumers and physicians. We still govern ourselves with a board comprised of business, community, and health care leaders elected by people who receive coverage and care here. We still believe we can transform health care in America, but to reach that far we want your help, your expertise, and your passion.

If this all seems too difficult, ambitious, or naive, we can take inspiration from anthropologist Margaret Mead: "Never doubt that a small group of thoughtful, committed individuals can change the world. Indeed, it's the only thing that ever has."

Please join us in this necessary work. Let's talk.


Scott Armstrong
President and Chief Executive Officer
Group Health Cooperative
206-448-5846, direct line



GROUP HEALTH COOPERATIVE is a consumer-governed, nonprofit health care system that integrates care and coverage. ■ Along with its subsidiary carriers, Group Health Options, Inc. and KPS Health Plans, Group Health works to improve the health of more than 574,400 plan members in Washington and North Idaho. ■ Roughly 9,000 staff employed by Group Health and Group Health Permanente—its contracted, multispecialty group practice—provide care and services to members and the community through medical and specialty centers, a hospital, a charitable foundation, and a nationally recognized research center. Group Health also offers access to thousands of contracted providers in locations and specialty areas not directly served by Group Health’s medical group. ■ Coverage options range from a defined-physician network plan, point-of-service plans, and PPO plans, with many choices offered through its subsidiaries. ■ Group Health Cooperative is fully accredited by the National Committee for Quality Assurance and has earned the highest rating possible—Excellent—for its commercial and Medicare plans.

CONSOLIDATED STATEMENTS OF OPERATIONS

In thousands, year ending December 31

	2007	2006
Revenues		
Premium revenue	\$ 2,378,062	\$ 2,326,821
Nonpremium revenue	287,239	256,923
Total revenues	<u>2,665,301</u>	<u>2,583,744</u>
Expenses		
Employee compensation	549,052	512,143
Group Health Permanente	245,017	224,721
External delivery services	1,226,635	1,071,217
Purchased services	89,273	79,969
Medical and operating supplies	239,311	224,953
Depreciation	48,560	46,422
Other	196,617	181,916
Total expenses	<u>2,594,465</u>	<u>2,341,341</u>
Income before income tax (benefit) expense	<u>\$ 70,836</u>	<u>\$ 242,403</u>

Group Health ended the year with a consolidated margin of 2.7 percent. Due to our strong financial performance in recent years, we deliberately reduced our 2007 margin target as part of our effort to become more affordable.

For a complete copy of the audited 2007 Group Health consolidated financial statement, please call Group Health Communications at 206-448-6135.

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Names and positions as of February 2008

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The many ways Group Health gives back

NAMED WASHINGTON'S Outstanding Philanthropic Corporation in 2007, Group Health Cooperative joins an impressive circle of honorees, including Costco, Starbucks, and Microsoft.

Four priorities drive its social mission: access to health care and information, disease prevention and treatment, children's health, and diversity in health care.

Of the more than \$51 million invested annually, most goes to provide care to patients with little or no coverage. Last year, more than 30,500 people benefited.

Beyond sharing research that improves health care worldwide, Group Health participates in residency programs, curriculum development, career progression programs, health care workforce initiatives, continuing medical education, and free classes for the public. Staff teach at universities, serve on nonprofit boards, lead medical societies, and assist policymakers.

More than 6,200 donors annually support the Group Health Community Foundation. The Foundation announced \$1 million in children's access grants in 2007. It also is funding evaluation of a program that integrates dental care into well-child visits.

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