



# Policy for Exclusion from Public Reporting

Partner for Quality Care

*Information for a Healthy Oregon*

The purpose of this document is to provide the criteria by which clinics and medical groups can request exclusion from the public report.

*Partner for Quality Care*, an initiative of the Oregon Health Care Quality Corporation (Quality Corp.), is committed to improving health care quality, and considers public reporting an important part of the information sharing that drives quality improvement. With each round of quality measurement reports released through *Partner for Quality Care*, some results will be posted at the medical group and clinic level on the *Partner for Quality Care* consumer website. However, there are certain circumstances for which public reporting is not appropriate. This document outlines the criteria *Partner for Quality Care* staff and committees have developed for excluding medical groups or clinics from the public report.

For questions or concerns about patient-level data or the accuracy of performance scores, refer to the Quality Corp "Results Reconsideration Process and Policy" available on the practitioner website, [www.PartnerForQualityCareForPractitioners.org](http://www.PartnerForQualityCareForPractitioners.org).

## I. CRITERIA FOR REPORTING

- Clinics with four or more adult primary care practitioners and with 25 or more patients in a measure denominator will be publically reported.
- Individual clinics that have fewer than four adult primary care practitioners but are part of a larger medical group will be reported, but only at the medical group level.

## II. ALLOWABLE EXCLUSIONS

*Partner for Quality Care* has identified a limited number of circumstances for which a medical group or clinic may be excluded from public reporting.

**Requests to be excluded from the public report must be submitted to *Partner for Quality Care* by February 5, 2010.**

### Allowable circumstances for requesting exclusion are:

#### A. Medical group or clinic has fewer than four *adult primary care* practitioners.

A medical group or clinic may have four or more practitioners, but fewer than four practitioners are practicing adult primary care. Alternatively, a medical group or clinic may have experienced a loss of primary care practitioners that results in their having fewer than four adult primary care practitioners. Clinics that meet either of these criteria and wish to be excluded from public reporting should submit a request to be excluded. See Section II "Exclusion Request Process" below.

#### B. Practitioners within a common building who do not function as a clinic or medical group.

A clinic or medical group with practitioners who practice independently from each other may request exclusion from public reporting. To be considered independent practitioners within a common clinic or building, the following must apply:

- Patient care is not shared.
- Administrative staff are not shared.
- Health plan contracting is conducted independently.
- Medical records and scheduling systems are maintained separately.
- Corporate structures are independent.

Clinics that meet these criteria and wish to be excluded from public reporting must submit an exclusion request. See Section II “Exclusion Request Process” below.

*Note:* If the criteria above partially apply, practitioners may request a one-time exclusion from public reporting. Clinics that participate in an affiliated medical group, and enjoy the benefits of a medical group, should expect to be publically accountable for quality measurement as a medical group in the future.

### **C. The medical group or clinic is not practicing adult primary care.**

1. Medical groups or clinics that provide care primarily to homebound or hospice patients may request to be excluded from public reporting.
2. Medical groups or clinics practicing only complementary or alternative medicine (e.g., naturopathy) may request to be excluded from public reporting.
3. Medical groups or clinics that provide only urgent care may request to be excluded from public reporting.
4. Medical groups or clinics that practice other care that is not primary care, but is not listed above may request to be excluded from public reporting. As part of their formal request, the medical group should provide information about how the exclusion criterion is met.

Medical groups or clinics that meet one of the above criteria and wish to be excluded from public reporting must submit an exclusion request. See Section II “Exclusion Request Process” below.

### **D. The medical group or clinic has other special circumstances.**

Medical groups may submit a formal request to be excluded from one round of public reporting if there are special circumstances that should exclude the group, or one of their clinics, from public reporting. As part of their formal request, the medical group should provide an explanation of any special circumstances. See Section II “Exclusion Request Process” below.

*Partner for Quality Care* will not remove a medical group or clinic from public reporting of measurement results based solely on:

- Disagreement with publicly reported quality scores
- Disagreement with a measurement specification, or with the data collection process and/or method
- Differences between *Partner for Quality Care* measurement results and results from a medical group or clinic’s internal registry

## **II. EXCLUSION REQUEST PROCESS**

Prior to each public posting of results on the *Partner for Quality Care* website, medical groups will be given a defined period to review their quality measurement results. If a medical group or one of their clinics meets one or more of the criteria for exclusion from public reporting, they must communicate their concerns to *Partner for Quality Care* staff within the timeline specified. *Partner for Quality Care* staff will respond to the concern and provide additional information.

- A. A medical group or clinic must submit a Public Reporting Exclusion Request Form before the stated deadline in which they indicate how they meet the exclusion criterion. The request form must be signed by an appropriate authority for the medical group or clinic.
- B. *Partner for Quality Care* staff will review all requests for completeness and confirm receipt within five business days of receipt. Staff may call the medical group or clinic contact to obtain additional information.
- C. Once a formal exclusion request has been received, *Partner for Quality Care* will attempt to resolve the request before public data are posted and will respond within 30 days. If the 30-day time period extends after data are publicly reported, quality results for the medical group or clinic will be noted on the website as "results under review."
- D. The Quality Corp. Executive Director and Medical Director will review all requests and make a decision based on the Public Reporting Exclusion Request Form and evidence submitted.
- E. The decision will be communicated to the medical group in a written letter from the Executive Director within 30 days of receipt of the Public Reporting Exclusion Request Form.
- F. If the decision reached by the Executive and Medical Directors is not in the medical group's favor, the medical group may submit a written appeal to the Quality Corp. Program Committee, a subcommittee of the Quality Corp. Board, for determination.
  - 1. The Program Committee will determine if additional information is needed. During this process, any appellant who wishes to make a presentation to the Quality Corp. Program Committee will be granted the opportunity to do so.
  - 2. The Program Committee will make a decision by majority vote about the dispensation of the appeal and their decision will be communicated to the appellant in a written letter from the Executive Director within 45 days of receipt of the written appeal.
- G. When a request for exclusion from public reporting has been granted, the notification letter will indicate whether or not the medical group or clinic needs to reapply for exclusions from subsequent rounds of public reporting.

### III. ADMINISTRATIVE PROCESS

- A. *Partner for Quality Care* staff will record all exclusion requests upon receipt, will track all stages of the process, and will maintain complete records.
- B. For the duration of an exclusion request, the *Partner for Quality Care* Provider Directory will be changed to reflect "no public reporting" for the related clinic or medical group.
- C. When necessary, once an appeal has been settled, the *Partner for Quality Care* Provider Directory will be changed to reflect the decision.
- D. After each round of data delivery, *Partner for Quality Care* staff will summarize and report on exclusion requests and decisions to the Quality Corp. Executive Committee.

**PUBLIC REPORTING EXCLUSION  
REQUEST FORM**



*Information for a Healthy Oregon*

CONTACT INFORMATION

Contact Name: \_\_\_\_\_

Medical Group Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

EXCLUSION INFORMATION

Requesting exclusion from public reporting for:  Clinic  Medical Group  Practitioner

Name of clinic/medical group/practitioner requesting exclusion: \_\_\_\_\_

Reason(s) for exclusion request:

**Practitioners within a common building who do not function as a clinic or medical group.** Please check all that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> Patients are not shared                   | <input type="checkbox"/> Administrative staff not shared                  |
| <input type="checkbox"/> Independent contracting with health plans | <input type="checkbox"/> Independent medical records & scheduling systems |
| <input type="checkbox"/> Independent corporate structures          | <input type="checkbox"/> Other: _____                                     |

**Clinic/medical group/practitioner not practicing primary care.** Please state the number of practitioners in your clinic or medical group, as well as the type(s) of care provided by them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other.** Please describe any special circumstances surrounding your clinic or medical group that you feel should exclude it from public reporting. Please include the number of practitioners as well as the type of care provided:

\_\_\_\_\_  
\_\_\_\_\_

By signing this form, the applicant agrees that all of the above information is a correct reflection of the medical group's, clinic's or practitioner's characteristics, and that the applicant is authorized to make this request on behalf of the medical group or clinic.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature, Title

\_\_\_\_\_  
Date

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Partner for Quality Care is an initiative of the Oregon Health Care Quality Corporation

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