

Quality Measurement & Reporting

Frequently Asked Questions



Information for a Healthy Oregon

What is the *Partner for Quality Care: Information for a Healthy Oregon* initiative?

Partner for Quality Care: Information for a Healthy Oregon is a community-wide initiative coordinated by the Oregon Health Care Quality Corporation. The initiative brings together physicians, purchasers, health plans and consumers to measure, report and improve the quality of preventive services and treatment for people with chronic illnesses.

What health plans have submitted data?*

CareOregon

HealthNet of Oregon

Kaiser Permanente

LifeWise Health Plan of Oregon

PacificSource Health Plans

ODS Health Plan

Providence Health Plans

Regence Blue Cross/Blue Shield of Oregon

**Additional plans will be included in future rounds of reporting.*

What is being measured?

The attached report includes 11 measures on diabetes, cardiovascular disease, asthma medication, depression medication, and three preventive screenings for women. The *Partner for Quality Care* initiative uses process measures derived from claims (e.g., was an A1c performed?) and is committed to developing a way for clinics to voluntarily submit measures from medical records for future reports. Measures on well-baby visits and generic drug fill rates will be added for the next round of reporting.

How were measures determined?

The *Partner for Quality Care* Measurement and Reporting Team, comprised of an expert committee of physician, health plan, purchaser, public health and consumer representatives, identified principles for measure selection and the first set of Oregon measures. To ensure all measures adhere to national standards, the Team chose Healthcare Effectiveness Data and Information Set (HEDIS) measures, the most widely used set for ambulatory care. The measures are a subset of the national Ambulatory Quality Alliance Starter Set endorsed by the Institute of Medicine.

What will be publicly reported?

Comparative categories for clinics and medical groups on nine measures of primary care will be posted on the consumer website www.PartnerForQualityCare.org in February 2010. After careful consideration, it was determined that the measures for depression should be removed from the public report of the data. Results for individual practitioners will NOT be publicly reported, but are provided to medical groups and practitioners in hard copy and are also available online. Criteria for inclusion in the public report:

- Four or more adult primary care practitioners in the clinic or medical group
- Minimum 25 patients that meet the specifications for the measure

Data will be displayed using three categories: Better, Average, and Below. Actual scores will not be posted for this round of data but are being considered for future rounds of reporting. Clinics with fewer than four

practitioners that wish to receive their data and/or have it posted online may opt-in to the initiative. Health plans will receive unblinded information on practitioners and clinics.

Why does the initiative base measurement on administrative claims data?

For accurate measurement and comparison across the community, large data sets are essential. Currently claims data are the only type of high volume data readily available in electronic format. In the future, the report will be expanded to reflect data from other sources, such as electronic medical records and laboratory values.

How can quality of care be measured using administrative claims data?

Claims data reflect information submitted by primary care practitioners and other providers to payers as a part of the billing process. While not all medical care shows up in billing data, it does include useful information about diagnoses and services provided. Using claims data, for example, one can measure 'care processes' such as "What percentage of patients with diabetes were given an HbA1c test at least once during the measurement year?" Claims data will also let practitioners know whether patients have, in fact, received a service or filled a prescription. Use of claims data assumes clinics and practices are billing accurately and comprehensively for services rendered.

Are reports available online?

Clinics and practitioners have access to more detailed reports, including patient-level detail, on a HIPAA-compliant, secure website. Data that appear on this website can be downloaded. To access the secure website, medical group administrators must obtain a password and fill out a "Business Associate Agreement," which can be found at www.PartnerForQualityCareForPractitioners.org.

Can my clinic be excluded from the public report?

Clinics and medical groups with four or more adult primary care practitioners and at least 25 patients that meet the criteria for the measure denominator will be included in the public report. If your clinic/medical group does not meet these criteria, please contact us:

Phone: 503-241-3571

Email: info@PartnerForQualityCareForPractitioners.org

For more information, review the "Policy for Exclusion from Public Reporting" at www.PartnerForQualityCareForPractitioners.org.

I think my data are inaccurate. What is the data reconsideration process?

Please visit www.PartnerForQualityCareForPractitioners.org to review the "Reconsideration Process and Policy" for detailed instructions.

Why is the number of patient cases so small for some of these measures?

Despite the large number of claims in the dataset, some practitioners and clinics may have only a small number of patients for some measures. In the aggregation process, patients were 'lost' (about 30%) because only patients who were continuously enrolled in health plans during the measurement period were counted. Additionally, some patients were not captured in the measures because: 1) their condition may not have been coded in a claim, 2) they are not members of a participating health plan, or 3) they don't meet extremely strict inclusion criteria for asthma and depression, or 4) they were assigned to a different practitioner.

Who is the Oregon Health Care Quality Corporation?

Founded in 2000, the Oregon Health Care Quality Corporation ("Quality Corp") is a non-profit partnership managed by a Board of Directors representing executive leadership from physician groups, health plans, purchasers, hospitals, consumer groups and government.

How is the *Partner for Quality Care: Information for a Healthy Oregon* initiative funded?

Funding comes from foundations, purchasers and health plans, including:

- CareOregon
- ClearChoice Health Plans Inc.
- HealthNet of Oregon
- Kaiser Permanente
- LifeWise Health Plan of Oregon
- Northwest Health Foundation
- ODS Health Plan
- Oregon Coalition of Health Care Purchasers
- PacificSource Health Plans
- Providence Health Plans
- Public Employees Benefit Board
- Regence Foundation
- Regence BlueCross/Blue Shield of Oregon
- Robert Wood Johnson Foundation
- United Healthcare

How are physicians and other primary care practitioners represented in decision-making?

A medical director oversees the quality measurement and reporting process and quality improvement activities of the initiative. Physicians and other primary care practitioners are represented at all levels of decision-making. Organizations that participate on the Board or other committees are:

- Oregon Medical Association
- Oregon Academy of Family Physicians
- American College of Physicians
- Medical Society of Metropolitan Portland
- Oregon Center for Nursing
- Mid-Valley Independent Practice Association (MVIPA)

How does this program comply with HIPAA privacy and security standards?

Health plans' communications to practitioners about population- and patient-level information is permitted as treatment and operations under Health Insurance Portability and Accountability Act (HIPAA). *Partner for Quality Care* coordinates this communication in order to make it more useful to medical groups, clinics and practitioners. Participation agreements, business associate agreements, and multiple levels of security for technical processes are in place to assure patients' privacy and security is protected. Any breach in a patient's protected health information should be reported to staff at the *Partner for Quality Care* initiative **immediately**. Patients may opt out by completing a form available at www.PartnerForQualityCareForPractitioners.org.