

Instructions for Reviewing Data and Providing Feedback



Information for a Healthy Oregon

Overview

The goal of the *Partner for Quality Care: Information for a Healthy Oregon* initiative is to improve patient care. Though administrative claims data are not ideal tools for quality improvement they can provide some basic information for a very large segment of the Oregon health care delivery network. These data provide comparative assessments and statewide benchmarks that are not otherwise available. In addition, the physicians, nurses and medical group administrators who have helped design this effort have emphasized that providing clinic, practitioner and patient-level detail is essential if claims information is to be valid, trusted and useful. The purpose of this document is to provide instructions for accessing and viewing these detailed data, checking data for accuracy and requesting reconsideration of data if applicable. This document includes the following sections:

- **Section I:** How to view, sort, export and print online reports
- **Section II:** Why should patient-level data be checked?
- **Section III:** How data feedback will be used by *Partner for Quality Care*
- **Section IV:** How to provide feedback on data quality
- **Section V:** How to request reconsideration of publicly reported quality categories
- **Section VI:** Where to find help and more information

Note: A username and password are necessary to access the secure website. If you have not already obtained a username and password, please visit: www.PartnerForQualityCareForPractitioners.org.

Section I: How to view, sort, export, and print online reports

1. **Go to:** www.PartnerForQualityCareForPractitioners.org to log on to the secure website. Click on the button, "I want to see my data reports and patient-level detail."
2. As you begin examining data, it will be helpful to refer to "Oregon Quality Measures Description and Methodologies" for information about how the measures are defined and calculated. It is available to download at: www.PartnerForQualityCareForPractitioners.org.
3. **If you are a clinic or medical group manager**, you will have access to results for the clinics and practitioners within your medical group. The designated administrator controls how much of the data others can see. You can view and compare:
 - Variation in scores by clinic
 - Variation in practitioners' scores
 - Individual or clinic scores to benchmarks
4. **To sort data**, you can select the small, filled arrows at the top of a column.

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5. **To download or export data** into an excel workbook, select the 'export' menu at the top right of your screen. After downloading, check the 'tabs' in the excel workbook because multiple worksheets may have been created as part of the download. You can also download to a PDF file and other formats. These format options are shown in the export menu.
6. **To print a report**, simply select "print" after you export data. For example, you can export to a PDF file and select print. For many practitioners and clinics, downloading and printing may be the easiest method to use the reports.
7. **If you are a practitioner, clinic manager, medical group manager or designee**, you will have access to patient-level information. You can view the patient-level information for each measure and sort or download as described above.

Please remember that patient information is strictly confidential, and should be managed in accordance with all policies and procedures related to HIPAA. In the event that you wish to notify Partner for Quality Care of any inappropriate or inadvertent patient disclosures that have been made, please email info@PartnerForQualityCareForPractitioners.org.

Section II: Why should patient-level data be checked?

Medical group administrators and practitioners may choose to review patient medical records to validate and update the data provided in this report. Patients eligible for a measure are included in patient data with an indicator showing whether or not there was a record of the service. This is an optional process.

Typical reasons for medical record review include:

- **Patient care** – Review the medical records of patients in the reports flagged as needing services to ensure services are still applicable prior to contacting patients.
- **Assess the accuracy of measures in your setting** – Select a sample of patients and review those records to determine if the measures reasonably reflect the care patients received in your medical group. You may then use this to provide feedback to individual practitioners or to identify systematic issues for the purpose of improving patient care.
- **Assess whether patients are accurately assigned** – Check practitioners' patient list to identify patients who have been incorrectly assigned to a practitioner or medical group. Give feedback **only** through the secure website to assist in improving the assignment of patients to practitioners. If significant errors are identified, explore the clinic's billing processes that may be contributing to inaccurate assignment.
- **Provide feedback to *Partner for Quality Care*** – Identify patients who should not be included in the report or who received services not included in the report. Give feedback about patients **only** through the secure website.
- **Request reconsideration of measure calculation** – Your medical group or clinic may request reconsideration of the publically reported performance categories (available for view on the secure website) if review of patient records indicates correction of inaccuracies will change the medical group or clinic's category for a specific measure (Below/Average/Better). In a separate process, you may request exclusion from public reporting if your medical group or clinic is not practicing primary care or is a group smaller than four adult primary care practitioners. Detailed instructions for making these requests are in Section V.

Section III: How data feedback will be used by *Partner for Quality Care*

- Feedback from medical groups and practitioners will be used to improve the measures, the measurement processes, and to shape the data use policies. This includes:
 - a. Improving the processes for assigning patients to practitioners and clinics

- b. Improving measure accuracy and understanding error rates.
- For medical groups requesting formal reconsideration of their publicly reported measure categories (Better/Average/Below), feedback submitted through the secure website is required to evaluate and process the request. Please see Section V for more information.
- Data provided by medical groups concerning patients who should be excluded from a measure may or may not be retained for the next cycle of reporting by the *Partner for Quality Care* initiative. The decision to retain this information is dependent upon technical capabilities and resolution of patient privacy issues.

Section IV: How to provide feedback on data quality

As you begin checking data, it will be helpful to refer to "Oregon Quality Measures Description and Methodologies" for information about how the measures are defined and calculated. It is available to download at: www.PartnerForQualityCareForPractitioners.org. *Note: Chart review is a labor-intensive process and should be undertaken with clear objectives and purpose to ensure the best use of your time.*

Feedback at the patient level must be made through the secure website by **February 5, 2010**, in order to be considered for modification of the public reporting categories.

1. Start by examining the attached "List of feedback options at the practitioner and patient-level." Notice that the options are categorized as 'practitioner-level' and 'patient-level.' These options represent the type of feedback you can provide through the website.
2. As an example, we've chosen a specific option of checking data used for the breast cancer screening measure. To get started, click on the report of a practitioner's patient-level information for the breast cancer screening measure. A first step might be to sort the data by patient last name. This sorted list can help you check whether the practitioner has given care to the patient. You may wish to download the sorted list to compare against your internal files.
3. If you find a patient who has not been seen by the practitioner or by the clinic, select the feedback button to the right of the patient information. Notice that you can select this option for every patient.
4. A new window will pop up with a pull down menu and comment fields. Using the pull down menu, select, "*The wrong practitioner is assigned to the patient, but patient has been seen in the clinic*" or "*Patient is unknown to clinic.*"
5. After you have checked whether the patients belong to the practitioner, you can check whether 1) the patients belong in the measure (denominator) and 2) if they had the service, screening or prescription (included in the numerator).
6. In the example, women eligible for breast cancer screening (mammography) include all women 40-69 years of age who had a visit between April 1, 2007, and March 31, 2009. Women with a bilateral mastectomy or two separate mastectomies should be excluded from the measure. This definition is found in "Oregon Quality Measures Description and Methodologies." If a patient is not in the age range, did not have a visit in the measurement period, or had a double mastectomy, select the feedback button to the right of the patient information.
7. A new window will pop up with a pull down menu and comment fields. Using the pull down menu, select the proper response: "Patient was not seen in the measurement period" or "Patient does not belong in the measure" (i.e., is not between age 40-69 or should be excluded due to mastectomy). (Please explain in the comment field.)

8. The last step is to check whether the patient did have the service (mammogram) between April 1, 2007, and March 31, 2009. If you find a discrepancy between your records and the data on the website, select the feedback button and choose the proper response:
- “Patient belongs in the measure and DID have screening or service.” (Give date of service in date field.);
 - “Patient belongs in the measure, did have screening or service, but claim was DENIED.”(Give date of service in date field.); or
 - “Patient did not have screening or service – Medical record has no evidence of the screening or service.”

Additional tips: Asthma and Chlamydia measures require prescription fills for a patient to be included in the measure. An asthma medication list is attached. The patient-specific depression information is not available at this time due to patient confidentiality requirements.

Section V: How to request reconsideration of publicly reported quality categories

A medical group may request reconsideration of publically reported performance categories for a measure or multiple measures. A formal request for reconsideration must be made to *Partner for Quality Care* by **February 5, 2010**, and supporting corrections to patient-level data must be entered through the secure site. When a formal request is made, *Partner for Quality Care* will review the corrected information submitted through the secure website. This process applies to medical groups and clinics that anticipate that data corrections and measure recalculations will result in changing the category (Below/Average/Better) for display on the public website. The categories for medical groups and clinics are available for view on the secure site as well as documentation of cutoff values and methods.

The “Results Reconsideration Process and Policy” and request form are available to download at: www.PartnerForQualityCareForPractitioners.org.

You may request exclusion from public reporting if your medical group or clinic is not practicing primary care or is a group smaller than four practitioners practicing adult primary care. A formal request for exclusion from public reporting must be made to *Partner for Quality Care* by **February 5, 2010**.

The “Policy for Exclusion from Public Reporting” and request form are available to download at: www.PartnerForQualityCareForPractitioners.org.

We appreciate your efforts to examine, explore, and use the data, or to conduct chart review to check data accuracy. **Comments and corrections for online information should be submitted through the secure website by February 5, 2010.** For any information about specific patients, it is imperative that you use the secure website tools described previously.

Section VI: Where to find help and more information

- Call Lori Lambert at 503-241-3571 or send an email to: info@PartnerForQualityCareForPractitioners.org.
- If you need help logging into the secure site, forget your username or password, or have other technical questions, call 877-514-8465 or email: [medinsight.support@ Milliman.com](mailto:medinsight.support@Milliman.com).

List of feedback options at the practitioner and patient-level

Practitioner-level issues

1. This practitioner left the medical group. (Please give termination date in date field.)
2. This practitioner has never belonged to the medical group or clinic.
3. This practitioner is a specialist (not a primary care practitioner); and therefore, shouldn't be assigned patients.
4. The wrong practitioner is assigned to the patient, but patient has been seen in the clinic.

Patient-level issues

5. Patient is unknown to clinic.
6. Patient was not seen in the measurement period. (Please see "Oregon Quality Measures and Methodologies" for the correct measurement period for each measure.)
7. Patient does not belong in the measure (examples: does not have diabetes, does not have asthma, is not in the proper age range). Explain in comments. (Please see "Oregon Quality Measures and Methodologies" for specific criteria and exclusions.)
8. Patient belongs in the measure and DID have screening or service (examples: had a mammogram, Pap test, eye exam). Give date of service in date field. (Please see "Oregon Quality Measures and Methodologies" for specific criteria.)
9. Patient did not have screening or service – Medical record has no evidence of the screening or service.
10. Other: Discrepancy reason doesn't appear on this list. (Please explain in "comments" field.)

Asthma Medication List

Brand names and generics

Accolate	dyphylline	Pulmicort Flexhaler
Advair Diskus	dyphylline	Pulmicort Respules
Advair HFA	Dyphylline GG	Pulmicort Turbuhaler
AeroBid	Dyphylline-Guaifenesin	Quibron
AeroBid-M	Dyphyllin-GG	Quibron-T
Aerolate III	Dyphysin	Quibron-T/SR
Aminophylline	Ed-Bron G	Qvar
Asmanex Twisthaler 120 Dose	Elixophyllin	Singulair
Asmanex Twisthaler 14 Dose	Elixophyllin KI	Slo-Bid Gyrocaps
Asmanex Twisthaler 30 Dose	Elixophyllin-GG	Symbicort
Asmanex Twisthaler 60 Dose	Entocort EC	Theo-24
Azmacort	Equibron G	Theocap
beclomethasone	Flovent	Theochron
Beclovent	Flovent Diskus	Theo-Dur
Bronchial	Flovent HFA	Theolair
budesonide	Flovent Rotadisk	Theolair-SR
budesonide-formoterol	flunisolide	Theolate
Choledyl SA	fluticasone	Theophylline
COPD	fluticasone-salmeterol	Theophylline KI
cromolyn	Gastrocrom	Theophylline SR
Cromolyn Sodium	guaifenesin-theophylline	Theo-Time
D-G	Intal	Theo-X
Difil G	Intal Inhaler	Tilade
Difil G Forte	Jay-Phyl	T-Phyl
Dilex-G	LGG	triamcinolone
Dilex-G 200	Lufyllin	Truxophyllin
Dilex-G 400	Lufyllin-400	Uni-Dur
Dilor	Lufyllin-GG	Uniphyl
Dilor-400	mometasone	Vanceril
Dilor-G	montelukast	Vanceril DS
Dyfilin GG	nedocromil	zafirlukast
Dyflex-G	Neothylline	zileuton
Dy-G	oxtriphylline	Zyflo
Dyline GG	Panfil G	Zyflo CR
Dylix	potassium iodide-theophylline	