Quality Corp Data Collaborative
Frequently Asked Questions

Overview

This document addresses many of the most common questions about the measurement and reporting initiative of the Oregon Health Care Quality Corporation (Q Corp).

- Who is the Oregon Health Care Quality Corporation?
- What is Q Corp's Data Collaborative?
- How is Q Corp's Data Collaborative different from other claims databases?
- How does Q Corp's Data Collaborative benefit health care providers?
- How do health insurers benefit from joining Q Corp's Data Collaborative?
- How is Q Corp's Data Collaborative funded?
- Who has submitted data?
- How are measures selected?
- What data are publicly reported?
- How are data publicly reported?
- Why are these scores different than the scores from my EHR/data system?
- Why is the number of patient cases so small for some of these measures?
- Can my clinic be excluded from public reporting?
- I think my data is inaccurate. What is the data reconsideration process?
- How does this program comply with HIPAA privacy and security standards?

Who is the Oregon Health Care Quality Corporation?

The Oregon Health Care Quality Corporation is an independent, nonprofit organization based in Portland, Oregon. We are dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information. We work with the members of our community – including consumers, providers, employers, policymakers, and health insurers – to improve the health of all Oregonians.

In 2017, Q Corp merged with HealthInsight, a private, nonprofit, community-based organization dedicated to improving health and health care, composed of locally governed organizations in four western states: Nevada, New Mexico, Oregon and Utah. HealthInsight also has operations in Seattle, Washington, and Glendale, California, supporting end stage renal disease networks in the Western United States. Together, our organizations will be able to leverage our respective community efforts to achieve broader reach and engagement, and to produce Triple Aim results as efficiently as possible in Oregon and across the four-state HealthInsight region.

What is Q Corp's Data Collaborative?

Q Corp's Data Collaborative is a statewide initiative that brings together consumers, providers, employers, policymakers, and health insurers to measure, report, and improve the quality and affordability of health care in Oregon. The goal of this measurement initiative is to improve patient care by coordinating and consolidating quality and utilization information. The initiative makes in-depth claims data available to primary care medical groups and clinics across the state through a secure Reporting Portal. The available data has expanded over time to now include measures on chronic disease care, women's preventive services, utilization, well-child visits, potentially avoidable ED visits, and hospital admissions.

In addition, some measure results are publicly reported annually on Q Corp's consumer website, Compare Your Care.

How is Q Corp's Data Collaborative different from other claims databases?

Q Corp maintains an unparalleled claims data set covering over 80% of Oregonians stretching back over 10 years. As patients move from one health insurer to another, or across geography, Q Corp keeps one continuous record that provides a unique perspective on the health care usage of Oregonians - deeper than any single payer, hospital, or physician office could offer.

In 2015 Q Corp expanded its quality and utilization reporting to include health care costs. For the first time in Oregon, primary care clinics received clinic comparison reports they can use to better understand the alignment of their costs with the quality of care they are delivering. Cost of care analyses are also reported publicly and used in groundbreaking regional cost of care comparisons.

The Data Collaborative also incorporates information not available from any other source. Q Corp was one of the first designated CMS Qualified Entities in the country and receives and reports on all of the Medicare Fee for Service Claims data.

How does Q Corp's Data Collaborative benefit health care providers?

Aggregated, uniform quality data is actionable for practices to evaluate performance and direct quality improvement efforts. Clinics and medical groups are able to prioritize and evaluate their quality improvement efforts based on data representing almost their entire patient population. Additionally, aggregated data can reduce the administrative burden of increasingly popular alternative payment methodologies.

All Oregon primary care practices can access this data through the Q Corp Reporting Portal free of charge. The Reporting Portal contains more than 50 quality and utilization measures based on data from multiple payers available in both pre-set and customizable dashboards and reports.

How do health insurers benefit from joining Q Corp's Data Collaborative?

Health insurers benefit from their networks' increased ability to prioritize and carry out quality improvement activities, delivering better quality, better value care to health insurers' members. In addition, beginning in the spring of 2018, payer participants in the Data Collaborative will have access to a Payer Portal comparable to the Provider Reporting Portal. The Payer Portal will provide payer

Collaborative participants the ability to compare their own quality, utilization and cost performance to that of other participating payers.

How is Q Corp's Data Collaborative funded?

The Data Collaborative is funded by its partners and participants, including voluntary contributions from payers that also supply data. Additional funding comes from grants, contracts and Q Corp's custom data reporting and analysis and consulting services.

Who has submitted data?

A variety of payer partners voluntarily supply the data to Q Corp's Data Collaborative, including commercial health plans, the Oregon Health Authority (Medicaid) and CMS (Medicare). A current list of participating payers is available here.

How are measures selected?

When the Data Collaborative was first founded, Q Corp was a pioneer in convening a group of stakeholders to establish and test measures that would best reflect the needs of health care in Oregon. Since then, nationwide measure-selecting bodies have grown in number and influence, and multiple groups in Oregon have continued to create and report new measures. Q Corp is committed to reducing the burden of measurement by aligning with other measurement initiatives in the state of Oregon and nationwide.

Q Corp's reported measures include statewide and nationwide measure sets including the following :

- National Committee for Quality Assurance (NCQA)
- Healthcare Effectiveness Data and Information Set (HEDIS)
- Oregon's Health Plan Quality Committee
- Comprehensive Primary Care Plus (CPC+)
- Quality Payment Program (QPP)
- Patient-Centered Primary Care Home (PCPCH)
- Oregon Coordinated Care Organization (CCO) incentive measures

Measures continue to be tested, added or deleted as necessary.

What data are publicly reported?

Quality measure results for primary care clinics is publicly reported through Q Corp's Compare Your Care initiative. It is updated annually. Public reporting is limited to clinics with three or more practicing primary care providers and at least 30 patients in a measure. Clinics receiving reports for the first time have one round of private reports before their data will be considered for public reporting. Clinics with fewer than three primary care providers will not have their scores reported on the public website, though they will continue to receive private reports from the initiative and may opt in to public reporting by contacting Q Corp. Clinics have the opportunity to review their data prior to the refresh of public scores, during the medical group review period.

Q Corp has established policies for groups that wish to have their data reconsidered and groups that believe they have special circumstances that should exclude them from public reporting. Access to the portal is required to provide patient-level feedback to Q Corp, and to request that your data (scores) be reconsidered.

How are data publicly reported?

Clinics with rates that are above or below one standard deviation from the statewide average rate are reported as "Better" or "Below," respectively. As a result, approximately two-thirds of Oregon clinics are reported as "Average." Q Corp will continue to report results publicly using these categories.

The following criteria are used to determine clinic eligibility for public reporting:

- Three or more primary care providers in the clinic or medical group
- Minimum 30 patients that meet the specifications for the measure
- Medical group has been included in one round of private reports

Although results for individual providers have not been publicly reported to date, they are provided online through the Reporting Portal for clinic/provider use and quality improvement. In addition, payers receive unblinded information on providers and clinics for their insured members.

Why are these scores different than the scores from my electronic health record (EHR)/data system?

Scores in this report may differ from those based on your EHR/data system for any of the following reasons:

- The claims data used for these scores only represents a subset of your actual patient population. Not all of Oregon's payers participate in the initiative. Also not included are denied claims and self-insured or uninsured visits.
- Evidence of services is not always captured in claims; this is usually due to coding issues.
- To maintain the integrity of the measures, strict inclusion criteria are imposed to ensure that everyone included in a measure is truly in need of the service. As a result, the number of patients included in a particular measure may be fewer than the number identified in your medical record as having a particular condition.

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

Despite the large number of claims in the dataset, some providers and clinics may have only a small number of patients for some measures. In the aggregation process, patients are 'lost' (about 33 percent) because only patients who were continuously enrolled in health insurance during the measurement period are counted. Additionally, some patients are 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 payer, (3) they don't meet extremely strict inclusion criteria (especially asthma and heart disease measures), or (4) they were assigned to a different provider.

Can my clinic be excluded from public reporting?

Q Corp's *Compare Your Care* program aims to improve health care quality in Oregon by providing information to help consumers make informed decisions. Public reporting through this program is an important part of quality improvement and it is imperative that those being measured have constructive engagement to ensure data is as accurate and fair as possible.

The data publicly shared on Q Corp's reporting portal is submitted by payers voluntarily agreeing to share their data to support Q Corp's mission of transparency and quality improvement. Clinics and medical groups may not opt out, and may only be excluded from public reporting if they meet certain criteria.

Clinics that have been included in Q Corp's reports for at least one round, have three or more primary care providers, and have at least 30 patients in the measure denominator are included in public reporting on the consumer website. If your clinic or medical group does not meet these criteria or if you have other reasons why you should not be publicly reported, please review the "Exclusion from Public Reporting Policy" available at http://q-corp.org/portal.

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

Please visit http://q-corp.org/portal to review the "Reconsideration Process and Policy" for detailed instructions. Requests for data reconsideration are due by the last day of the reconsideration period. To contact us, call: 503-241-3571 x118 or email: QCorpInfo@HealthInsight.org.

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

Payers' communications to providers about population- and patient-level information is permitted as treatment and operations under Health Insurance Portability and Accountability Act (HIPAA). Q Corp coordinates this communication in order to make it more useful to medical groups, clinics and providers. Participation agreements, business associate agreements, and multiple levels of security for technical processes are in place to assure the security and protection of patients' privacy. Any breach in a patient's protected health information should be reported to staff at Q Corp **immediately**. A form is also available for patients who may want to opt out.

Questions? Contact Q Corp at: mailto:qcorpinfo@healthinsight.org Phone: 503-241-3571 x118