

# Oregon Data Collaborative Frequently Asked Questions

This document addresses many of the most common questions about Comagine Health's Oregon Data Collaborative.

## FAQs

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## Who is Comagine Health?

Comagine Health is a national, nonprofit, health care consulting firm. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.

## What is Comagine Health's Oregon Data Collaborative?

Comagine Health coordinates the Oregon Data Collaborative, a statewide initiative that brings together consumers, providers, employers, policymakers, and health insurers to provide actionable data and analysis to improve the quality and affordability of health care in Oregon and beyond. The goal of this measurement initiative is to improve patient care by coordinating and consolidating quality and utilization information. The Collaborative produces reports for primary care and women's health medical groups and practices across the state. Reports have expanded over time to now include measures on chronic disease care, women's preventive services, utilization, well-child visits, potentially avoidable emergency department visits, and hospital admissions. Some measure results are publicly reported on Comagine Health's consumer website once per year at <http://q-corp.org/compare-your-care>. These results are produced independently by Comagine Health and represent insured populations including commercial, Medicaid and Medicare.

## **How is the Oregon Data Collaborative funded?**

Funding for the Oregon Data Collaborative, including the Reporting Portal, *Compare Your Care* public reporting program, and regular publications comes from voluntary contributions from health plans who also supply data.

## **Who has submitted data?**

A variety of health plan partners voluntarily supply data to the Oregon Data Collaborative. A current list of participating health plans is available online at <http://q-corp.org/our-work/measurement-reporting>.

## **How were measures selected?**

Comagine Health's Analytics Advisory Committee, composed of health plans, providers, employers and policymakers, studies measurement issues and makes recommendations to the Comagine Health Oregon Data Collaborative staff. Earlier versions of this committee identified principles for measure selection and the first set of Oregon measures. To ensure measures adhered to national standards set by the National Quality Forum (NQF), the committee primarily chose measures from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), a subset of the measures endorsed by NQF and the most widely used set of measures for ambulatory care.

Measures continue to be tested, added or deleted as the needs of the Oregon Data Collaborative's stakeholders evolve.

## **What data are publicly reported?**

Data are publicly reported through Comagine Health's *Compare Your Care* initiative at <http://q-corp.org/compare-your-care>. It is updated annually. Public reporting is limited to practices with three or more practicing primary care providers and at least 30 patients in a measure, or those practices that opt in to public reporting. Practices receiving reports for the first time have one round of private reports before their data will be considered for public reporting. Practices 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 Comagine Health. Practices have the opportunity to review their data prior to the refresh of public scores, during the medical group review period.

## **How are data publicly reported?**

Practices 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 practices are reported as "Average." Comagine Health will continue to report results publicly using these categories.

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

- Three or more primary care providers in the practice 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 for practice/provider use and quality improvement. In addition, health plans receive unblinded information on providers and practices for their insured members.

## **Can my practice be excluded from public reporting?**

Practices that have been included in Comagine Health's reports for at least one round, have three or more primary care providers, and at least 30 patients in the measure denominator are included in public reporting on the public website. If your practice 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>.

## **Why does the Oregon Data Collaborative base measurement on administrative claims data?**

For accurate measurement and comparison across the community, large data sets are essential. Currently claims data is the only type of high-volume data readily available in electronic format. In the future, we hope to expand the reports to reflect data from other sources, such as electronic health records (EHRs) and Health Information Exchanges (HIEs).

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

Claims data reflects information submitted by primary care 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 period?" Claims data will also let providers know whether patients have, in fact, received a service or filled a prescription. Use of claims data assumes practices are billing accurately and comprehensively for services rendered.

## **How will data be privately reported?**

Comagine Health's Reporting Portal is a secure, online portal where authorized users from practices, medical groups or health systems can view their measure results down to the patient level. The Reporting Portal offers data trending, comparisons, and filtering options to help users retrieve actionable data on their performance.

## **Why are these scores different than the scores from my EHR/data system?**

Scores in the Oregon Data Collaborative's private and public reports 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 health plans 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 may be 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 practices 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 plans 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 health plan, (3) they don't meet extremely strict inclusion criteria (especially asthma and heart disease measures), or (4) they were assigned to a different provider.

### **I think my data are 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, email [OregonData@comagine.org](mailto:OregonData@comagine.org) or call 503-382-3946.

### **Why are the reported data so old?**

The Oregon Data Collaborative reports privately to practices in the Reporting Portal using claims that have had at least three months to be adjudicated by the health plans. This delay ensures that the measure results reported are mostly complete. When coupled with the time required for health plans to submit the data, data cleaning and aggregation time, and our extensive quality control program, the data reported in the Reporting Portal are from claims incurred approximately nine months prior to reporting.

Providers and practices have an opportunity to review and request reconsideration of their privately reported data if they think their data are incorrect. These requests for correction are incorporated into the data before they are reported publicly on *Compare Your Care*. Additionally, the broad categories (Average, Below or Better) reported on *Compare Your Care* minimize how frequently practices’ results change. For these reasons, *Compare Your Care* is updated annually, usually in December, with the previous year’s results.

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

Health plans’ communications to providers about population- and patient-level information is permitted as treatment and operations under Health Insurance Portability and Accountability Act (HIPAA). Comagine Health coordinates this communication in order to make it more useful to medical groups, practices 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 Comagine Health immediately. A form is also available for patients who may want to opt out.

**Questions?** Contact Comagine Health at [OregonData@comagine.org](mailto:OregonData@comagine.org) or 503-382-3946