

Dear Clinic Administrator or Medical Director,

Attached is the latest Clinic Comparison Report from Q Corp. The goal of the Clinic Comparison Report is to demonstrate clinic variation in cost and quality compared to a state average. This report displays information based on claims data for commercial patients attributed to a primary care clinic. The report includes:

- Cost, resource utilization, and Price Index at the clinic level for the 2016 commercial population.
- Detail for inpatient, outpatient, professional and pharmacy claims.
- A statewide average for all measures.

Some key findings from ABC Clinic's report:

Risk Score



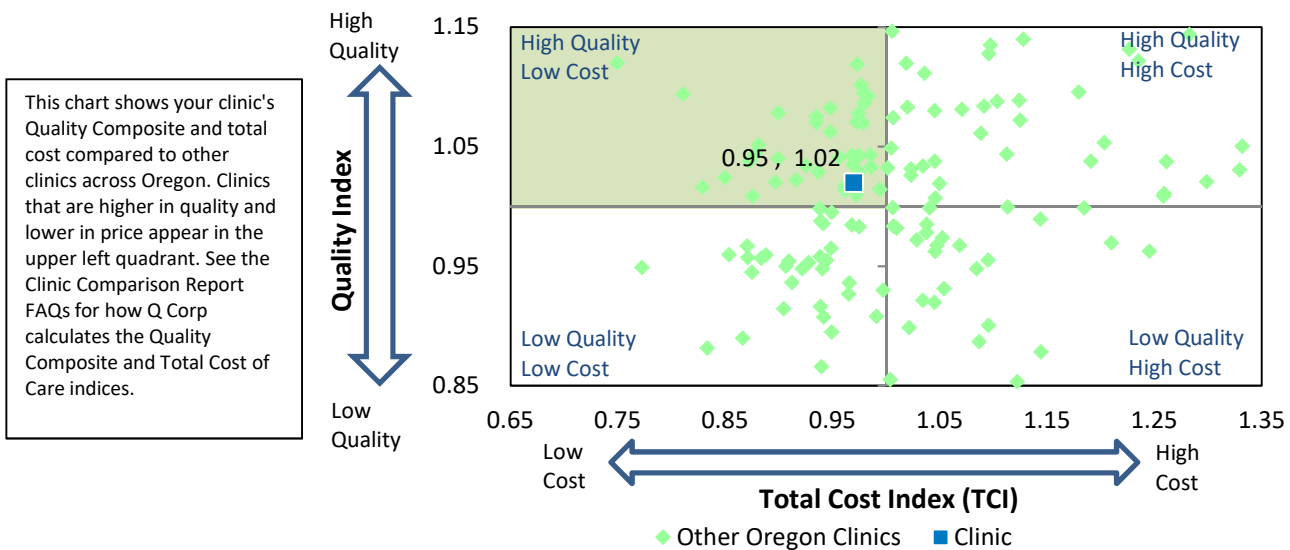
The Clinic Risk Score represents the morbidity burden of a subset of patients in your clinic. Q Corp uses the Johns Hopkins Adjusted Clinical Groups (ACG) System which measures morbidity burden based on disease patterns, age and gender using diagnoses found in claims data.

Summary by Service Category

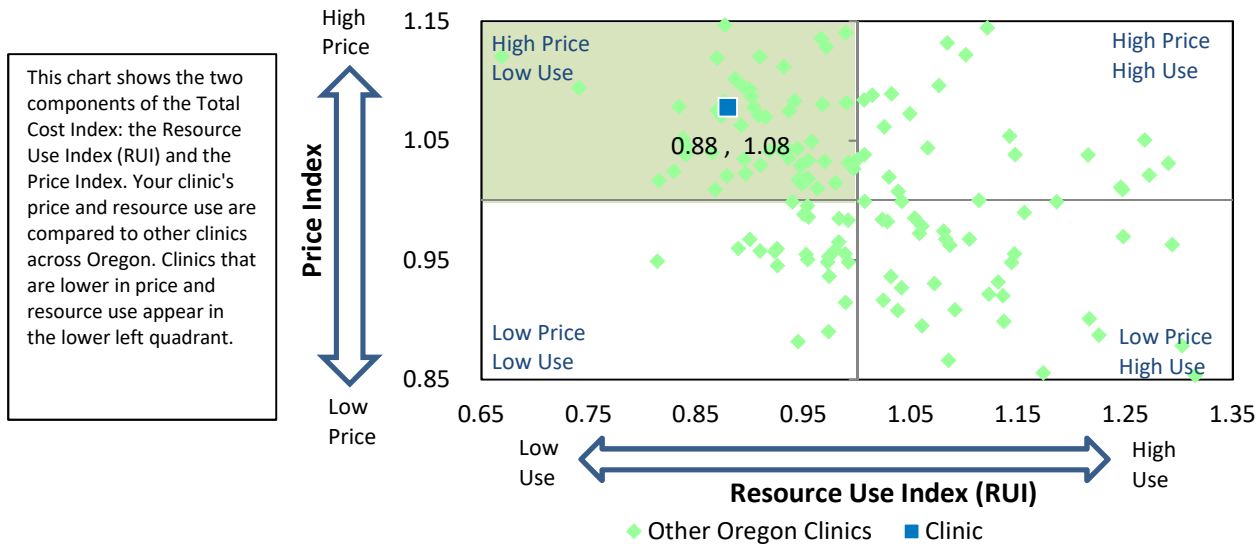
	TCI	= RUI	x Price Index
Professional	1.07	0.97	1.10
Outpatient Facility	0.71	0.72	1.00
Inpatient Facility	1.10	0.93	1.19
Pharmacy	0.88	0.87	1.01
Overall	0.95	0.88	1.08

A Total Cost Index, Price Index or Resource Use Index value greater than 1.00 means the clinic's score is higher than the Oregon average score for the measure.
 For more information see the Total Cost of Care Definitions page.

Quality vs. Total Cost Comparison



Price vs. Resource Use Comparison



This report is based on HealthPartners' cost of care measures, which have been endorsed by the National Quality Forum. For more information on the measure, see the Definitions page.

Additionally, a Frequently Asked Questions document is available through the secure Reporting Portal or our website at: <http://q-corp.org/our-work/costofcare>.

To ensure the reports are as useful as possible, Q Corp will continue to solicit input regarding the content and format from stakeholders and partners. More information about Q Corp's Cost of Care work, can be found on our website at: <http://q-corp.org/our-work/costofcare>.

Questions? Please contact a member of the Cost of Care team at costofcare.or@healthinsight.org or 503-241-3571.

Thank you,

Mylia Christensen
Executive Director

Attachments:

- [1. Total Cost of Care Definitions and Glossary, 2 pages](#)
- [2. Clinic Comparison Report, 9 pages](#)

HealthInsight Oregon is a private, nonprofit, community-based organization working to improve health and health care. HealthInsight Oregon is affiliated with Utah-based HealthInsight, a recognized leader in quality improvement; transparency and public reporting; health information technology; patient and community engagement; and redesign of delivery and payment systems. Following a mid-2017 merger, HealthInsight Oregon manages operations of Q Corp.

Oregon Health Care Quality Corporation

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Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2016 – Dec 2016

Total Cost of Care Definitions & Glossary Page 1

About this report

This report shows clinic-specific data on cost, utilization, quality and resource use measures, comparing your clinic to others in Oregon.

Patient Population: Cost and utilization reports use Q Corp's commercially insured adult (18-64) population for claims incurred January 1, 2015 – December 31, 2016 with 3 months run-out. Annual costs over \$100,000 for any individual patient are excluded. Other quality and resource use measures use Q Corp's commercially insured population in its entirety for the same period.

Patient Attribution: Patients are assigned to a primary care provider (PCP) contained in the Q Corp provider directory based on having specific types of primary care visits with that PCP. PCPs and their patients are then assigned to a clinic. Attribution to a PCP is based on the following:

- A patient is attributed to the PCP the patient has seen the most across the two-year attribution period (January 1, 2016 – December 31, 2016).
- A patient is attributed to a single PCP. If there is a tie in the number of visits, the patient will be attributed to the most recently seen PCP.
- Patients who received care solely from specialists, urgent care clinics or other providers not included in the provider directory are not assigned a primary care provider (*unattributed*). In addition, if a patient did not have one of the specific types of visits based on CPT codes, the patient is not attributed.

Overall Summary by Service Category for ABC Clinic

See Definitions Page 2 for a description of Service Categories (Professional, Outpatient Facility, etc)

	Clinic		OR Average		Price Index
	Raw PMPM	Adj PMPM	PMPM	TCI	
Professional	\$234.52	\$207.60	\$194.45	1.07	0.97 x 1.10
Outpatient Facility	\$97.59	\$86.39	\$120.83	0.71	0.72 x 1.00
Inpatient Facility	\$89.62	\$79.33	\$71.94	1.10	0.93 x 1.19
Pharmacy	\$84.41	\$74.72	\$85.37	0.88	0.87 x 1.01
Overall	\$506.13	\$448.05	\$472.59	0.95	0.88 x 1.08

Raw PMPM: Raw Per Member Per Month (PMPM) is the total allowed amount (payments from the health plan and the member combined) paid to the clinic for all attributed patients, divided by the number of member months. Annual per member costs are capped at \$100,000.

Adj PMPM: Adjusted PMPM is the clinic's retrospective risk-adjusted PMPM allowed amount, normalized to the Oregon average. Q Corp uses the Johns Hopkins ACG System which groups patient populations by disease pattern, age and gender. The risk-adjusted amount allows comparison to other clinics regardless of a clinic's illness burden. If the Adjusted PMPM is higher than the Raw PMPM, that indicates that the clinic has a panel with a lower illness burden than the Oregon average.
 Risk Adjusted PMPM = Raw PMPM / Risk Score

OR Average: The Oregon average is the average of all patients in the peer group, in this case commercial patients in Oregon between the ages of 18 and 64 who have been attributed to a clinic receiving these reports. OR Average is shown in comparison to the clinic's adjusted PMPM.

Price Index: Price Index is a risk-adjusted measure of the price component of managing patient health relative to the Oregon Average. The Price Index is affected by fee schedules, referral patterns and place of service.
 Price Index = TCI / RUI

RUI: Resource Use Index (RUI) is a risk-adjusted measure of the frequency and intensity of the services used to manage patient health relative to a benchmark. RUIs are calculated based on standard weights for each service in a service category:
 Inpatient: MS-DRG (Medicare Diagnosis-Related Grouper)
 Outpatient: APC (Ambulatory Payment Classification)
 Professional: RVU (Relative Value Units)
 Pharmacy: NDC (National Drug Code) Average Wholesale Price

TCI: Total Cost Index (TCI) is a risk-adjusted measure of the overall cost effectiveness of managing patient health relative to the Oregon average. This measure includes both the frequency and price of services provided.

OR Average is the average for the patients attributed to clinics receiving these reports.

This work is based on the patented algorithm of HealthPartners, Inc. (Bloomington, MN) and is used with their permission.

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2016 – Dec 2016

Total Cost of Care Definitions & Glossary Page 2

Service Category Definitions

Professional: Includes all costs for professional services delivered in any setting; inpatient, outpatient, or in a clinic, lab, or imaging center. It also includes ancillary services (lab, radiology, DME, etc.) delivered outside a hospital facility.

Outpatient Facility: Includes only services billed by a hospital facility. Professional services for surgeons, hospitalists or other providers billed by a medical group are included in the Professional Service Category.

Inpatient Facility: Includes only services billed by a hospital facility. Professional services that are billed by a medical group are included in the Professional Service Category.

Pharmacy: Includes all drugs covered by the patient's pharmacy benefit.

PMPM: Per Member Per Month (PMPM) refers to the ratio of some services or cost divided into the number of members in a particular group on a monthly basis. For example, if an HMO has 10,000 members that spend \$20,000 on cardiovascular surgery in one month, the cost on a PMPM basis would be \$20,000 divided by 10,000 equaling \$2 per member per month.

Specialist Services: All services, including office visits and procedures, provided by a specialist.

TCI, RUI and Price Index: Oregon averages for TCI, Price Index and RUI are set at 1.0. The Oregon average is the average score for all patients attributed for clinics receiving these reports. A clinic's score indicates to what extent the attributed patients differ from the Oregon average. Values below 1.0 indicate the clinic's panel has lower cost or resource use than average; above 1.0 means the clinic's panel is higher than average.

MS-DRG: The Medicare Diagnosis Related Grouper (MS-DRG) is a statistical system of classifying any inpatient stay into groups for the purposes of payment. The DRG classification system divides possible diagnoses into more than 20 major body systems and subdivides them into almost 500 groups for the purpose of Medicare reimbursement.

APC: The Ambulatory Payment Classification (APC) is a system for reimbursing acute care facilities (hospitals) for outpatient services for Medicare patients.

RVU: Relative Value Units (RVUs) are units assigned to individual CPT codes which, when multiplied by a conversion factor and geographical adjustment, creates the compensation level for a particular service.

NDC: The National Drug Code (NDC) is a unique product identifier used in the United States for drugs intended for human use.

Clinic Comparison Report Glossary

APC:	Ambulatory Payment Classification
CT:	Computed Tomography
DME:	Durable Medical Equipment
DNRI:	Dopamine & Norepinephrine Reuptake Inhibitor
ED:	Emergency Department
HbA1c:	Hemoglobin A1c
MRI:	Magnetic Resonance Imaging
MS- DRG:	Medicare Diagnosis Related Grouper
NDC:	National Drug Code
OT:	Occupational Therapy
PET:	Positron Emission Tomography
PMPM:	Per Member Per Month
PT:	Physical Therapy
RVU:	Relative Value Units
ST:	Speech Therapy
SSRI:	Selective Serotonin Reuptake Inhibitor

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Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2016 – Dec 2016

Overview

Patient Demographics

	Clinic		Oregon Average Scaled to Clinic's size	
	Number	Percent	Number	Percent
Attributed patients (Benchmark is average number per clinic)	3,938		3,938	
Average Age (approximate)	48.3		46.2	
% Male	2,008	51.0%	1,822	46.3%
% Female	1,930	49.0%	2,116	53.7%
No Chronic Condition Indicated	1,621	41.2%	2,328	59.1%
Chronic Condition	2,317	58.8%	1,610	40.9%
Alzheimers Disease/Dementia	7		8	
Arthritis	48		41	
Asthma	247		184	
Atrial Fibrillation	82		22	
Cancer	151		88	
Chronic kidney disease	27		20	
Chronic obstructive pulmonary disease and bronchiectasis	130		111	
Depression	370		266	
Diabetes	281		188	
Heart Failure	89		78	
Hyperlipidemia	226		144	
Hypertension	459		311	
Ischemic Heart Disease	75		64	
Osteoporosis	21		11	
Schizophrenia and other psychotic disorders	55		32	
Stroke / Transient Ischemic Attack	48		42	

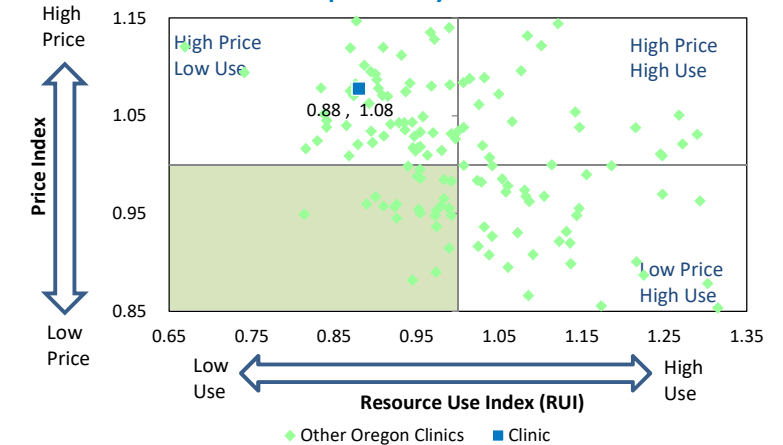
Overall Summary by Service Category

	Clinic		OR Average		Price Index	
	Raw PMPM	Adj PMPM	PMPM	TCI = RUI x		
Professional	\$234.52	\$207.60	\$194.45	1.07	0.97	1.10
Outpatient Facility	\$97.59	\$86.39	\$120.83	0.71	0.72	1.00
Inpatient Facility	\$89.62	\$79.33	\$71.94	1.10	0.93	1.19
Pharmacy	\$84.41	\$74.72	\$85.37	0.88	0.87	1.01
Overall	\$506.13	\$448.05	\$472.59	0.95	0.88	1.08

Blue highlight indicates index values 10% or more above the Oregon Average.

A TCI, RUI or Price Index value greater than 1.00 means the clinic's score is higher than the Oregon adult average score for the measure.

Price vs. Resource Use Comparison by Clinic



OR Average is the average for the patients attributed to clinics receiving these reports.

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Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2016 – Dec 2016

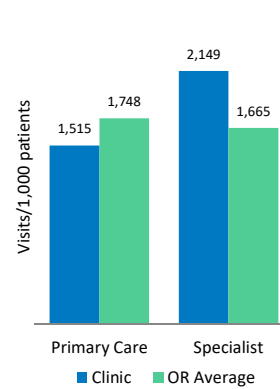
Professional Services

Professional PMPM by Service Category

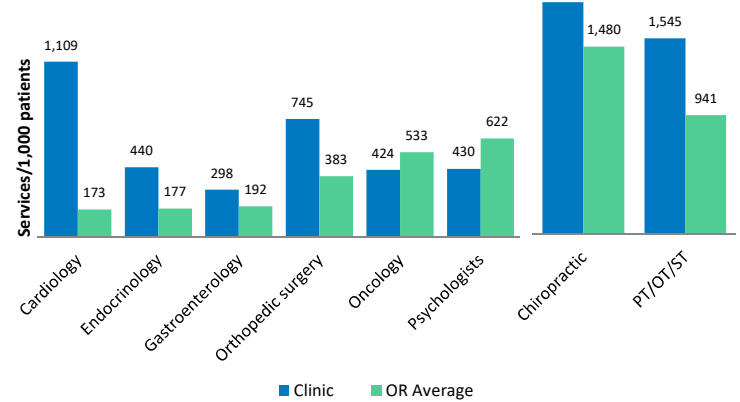
	Clinic		OR Average		
	Adj PMPM	PMPM	TCI	= RUI	Price x Index
Evaluation & Management	\$24.98	\$28.31	0.88	0.75	1.18
Surgery & Anesthesia	\$25.27	\$19.56	1.29	1.22	1.06
Preventive Screenings	\$22.40	\$14.39	1.56	1.38	1.13
Psychiatric Visits	\$14.94	\$11.45	1.30	1.37	0.95
Physical Therapy & Rehab	\$6.85	\$11.35	0.60	0.60	1.01
Lab & Pathology	\$14.62	\$10.59	1.38	1.11	1.24
Oncology & Chemotherapy	\$5.78	\$10.13	0.57	0.61	0.93
Preventive Visits	\$6.80	\$7.88	0.86	0.87	0.99
Endoscopic Procedures	\$7.73	\$7.77	0.99	0.92	1.08
Advanced Imaging	\$7.97	\$6.70	1.19	1.17	1.02
Emergency Department Visits	\$1.53	\$3.91	0.39	0.39	1.00
Echography	\$2.88	\$3.29	0.88	0.62	1.42
Chiropractic Treatments	\$2.92	\$2.75	1.06	1.19	0.89
Durable Medical Equipment	\$1.73	\$2.01	0.86	0.86	1.00
Standard Imaging	\$1.34	\$1.87	0.72	0.62	1.16
Cardiac Imaging & Tests	\$5.82	\$1.69	3.44	2.89	1.19
Preventive Vaccinations	\$2.43	\$1.69	1.44	1.23	1.17
Other Professional Services	\$37.99	\$34.57	1.10	1.03	1.07
Other Services	\$13.62	\$14.56	0.94	0.91	1.03
Total	\$207.60	\$194.45	1.07	0.97	1.10

Primary and Specialty Care Utilization:

Evaluation & Management *

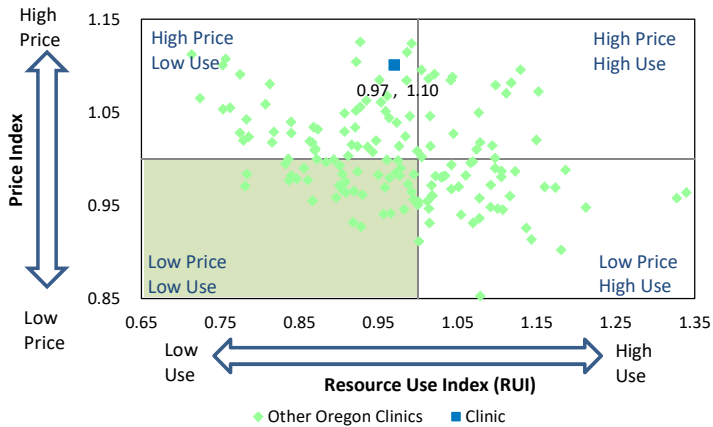


Specialist Services, Top Categories *



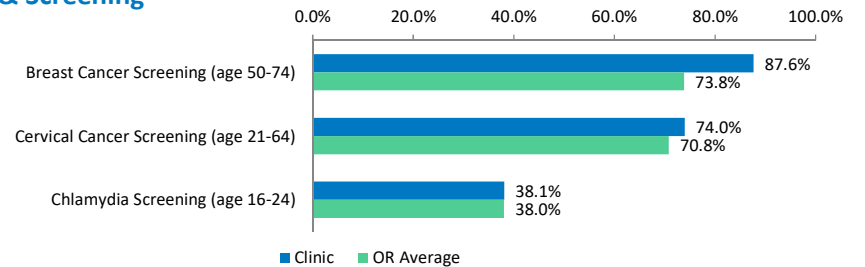
Note: Specialist utilization can be driven by a clinic's patient population. A higher risk score can drive higher utilization of specialists.

Professional Price vs. Resource Use Comparison by Clinic



Prevention & Screening

(higher is better)



Professional Services includes all costs for professional services delivered in any setting: inpatient, outpatient, or in a clinic, lab, or imaging center. It also includes ancillary services (lab, radiology, DME, etc.) delivered outside of a hospital facility.

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Adult Clinic Comparison Report: Quality, Utilization & Cost

Segment: Commercially Insured Adults age 18-64

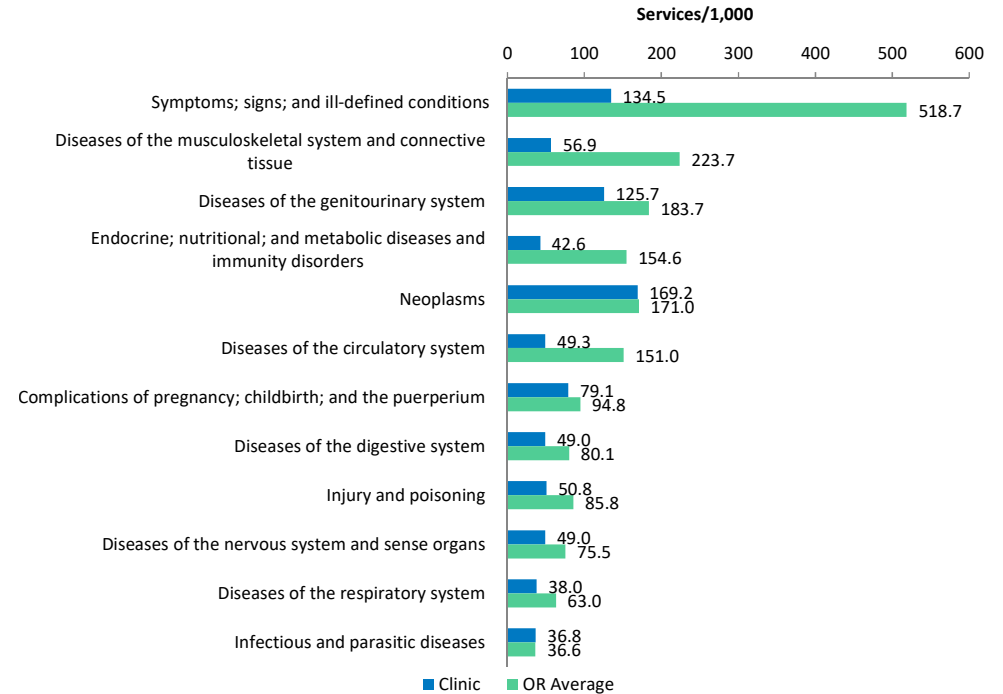
Reporting Period: Jan 2016 – Dec 2016

Outpatient Facility

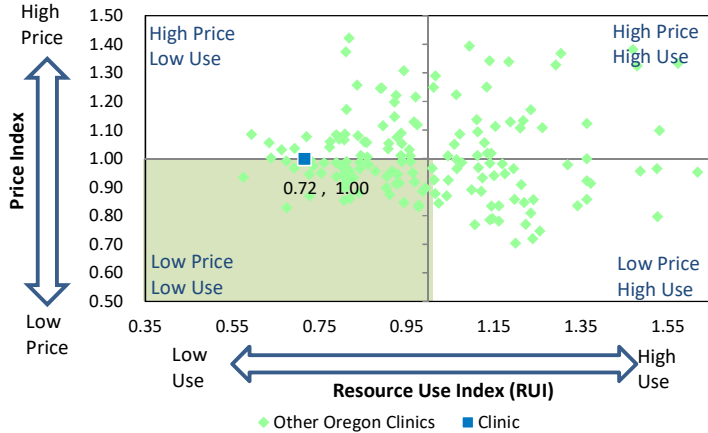
Outpatient Facility PMPM by Service Category

	Clinic		OR Average		Price Index
	Adj PMPM	PMPM	TCI	RUI	
Operating Room	\$56.54	\$52.91	1.07	0.98	1.09
Emergency Department	\$13.73	\$19.53	0.70	0.60	1.18
Other Outpatient Facility	\$0.87	\$6.41	0.14	0.10	1.31
Lab & Pathology	\$2.76	\$6.67	0.41	0.33	1.26
Oncology & Chemotherapy	\$1.45	\$7.13	0.20	0.18	1.13
Advanced Imaging	\$4.12	\$7.96	0.52	0.67	0.77
Preventive Screenings	\$3.67	\$6.00	0.61	0.83	0.73
Surgery & Anesthesia	\$1.50	\$6.23	0.24	0.17	1.41
Physical Therapy & Rehab	\$0.59	\$4.14	0.14	0.16	0.91
Cardiac Imaging & Tests	\$1.03	\$3.07	0.33	0.33	1.02
Echography	\$0.13	\$0.78	0.16	0.01	26.61
Total	\$86.39	\$120.83	0.71	0.72	1.00

Outpatient Facility Visits: Clinical Classifications (CCS) *



Outpatient Price vs. Resource Use Comparison by Clinic



Outpatient Facility includes only services billed by a hospital facility. Professional services for surgeons, hospitalists or other providers billed by a medical group are included in the Professional Service Category.

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Adult Clinic Comparison Report: Quality, Utilization & Cost

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2016 – Dec 2016

Radiology & Emergency

Radiology (Outpatient Facility and Professional Services)

	Clinic		OR Average		Price
	Adj	PMPM	TCI	= RUI	
	PMPM	PMPM	TCI	= RUI	x Index
Standard Imaging	\$9.67	\$11.15	0.87	1.01	0.86
Advanced Imaging (e.g., MRI, CT, PET)	\$8.77	\$7.90	1.11	1.19	0.93
Cardiac Imaging & Tests	\$5.00	\$4.86	1.03	1.12	0.92
Echography	\$0.33	\$0.44	0.75	1.00	0.75

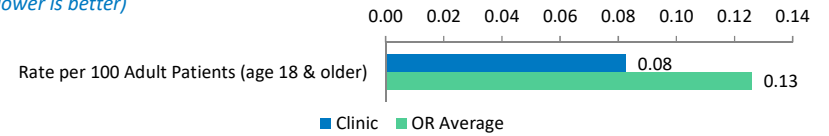
Emergency Department Utilization *

(lower is better)

	Clinic	Benchmark
ED Visits/1000 patients	88.2	120.3

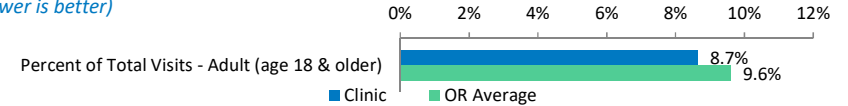
Rate per 100 of Potentially Avoidable ED Visits

(lower is better)



Potentially Avoidable ED Visits, % of Total ED Visits

(lower is better)



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Adult Clinic Comparison Report: Quality, Utilization & Cost

Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2016 – Dec 2016

Inpatient Cost & Utilization

Inpatient PMPM by Service Category

	Clinic		OR Average		Price Index
	Adj PMPM	PMPM	TCI	RUI	
Acute Admissions	\$79.33	\$71.53	1.11	0.93	1.19
Surgical	\$60.67	\$46.88	1.29	1.09	1.18
Medical	\$18.66	\$24.64	0.76	0.75	1.01
Non-Acute	\$0.00	\$0.41	-	-	-
All Admissions	\$79.33	\$71.94	1.10	0.93	1.19

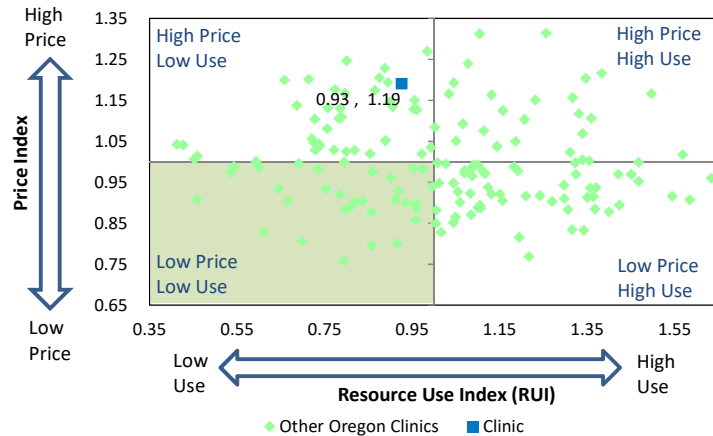
Inpatient Utilization *

(lower is better)

	Clinic	OR Average
Admits/1,000 Patients (Acute & Non-Acute)	42.9	50.7
30-day all cause readmissions, unadjusted	4.4%	9.5%

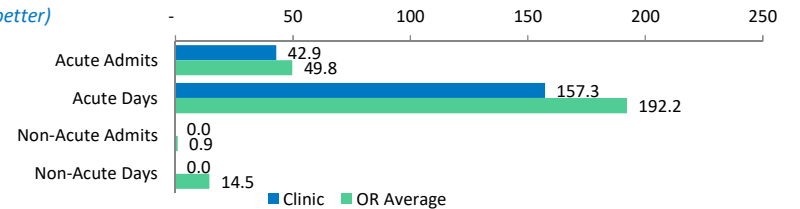
Note: Non-Acute Admissions are admission to and services provided in a Skilled Nursing, Subacute, or Rehabilitation Facility.

Inpatient Price vs. Resource Use Comparison by Clinic



Admissions & Inpatient Days per 1,000 Patients *

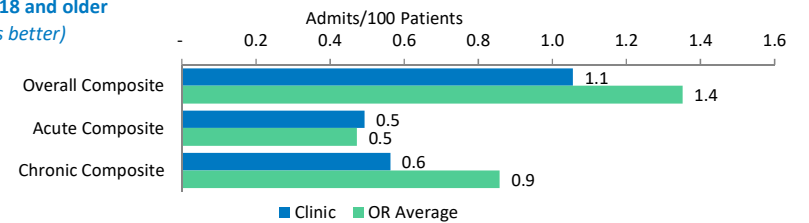
(lower is better)



Potentially Avoidable Hospital Admissions *

Age 18 and older

(lower is better)



Inpatient Facility includes only services billed by a hospital facility. Professional services that are billed by a medical group are included in the Professional Service Category.

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Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2016 – Dec 2016

Chronic Conditions

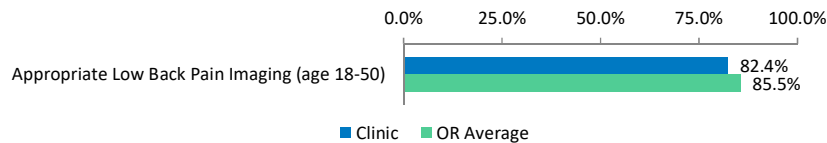
Chronic Condition Patient Summary

	Clinic		OR Average		TCI	= RUI	Price Index
	Patients	Adj PMPM	PMPM				
Cancer	151	\$1,228.56	\$1,834.11	0.67	0.65	1.02	
Ischemic Heart Disease	75	\$619.30	\$1,659.26	0.37	0.41	0.90	
Chronic obstructive pulmonary disease and bronchiectasis	130	\$1,379.57	\$1,534.82	0.90	0.73	1.23	
Heart Failure	89	\$1,459.52	\$1,529.01	0.95	0.92	1.04	
Diabetes	281	\$800.07	\$1,184.04	0.68	0.70	0.97	
Atrial Fibrillation	82	\$645.07	\$1,002.04	0.64	0.78	0.82	
Stroke / Transient Ischemic Attack	48	\$529.15	\$945.62	0.56	0.84	0.67	
Asthma	247	\$474.91	\$884.94	0.54	0.81	0.66	
Schizophrenia and other psychotic disorders	55	\$777.31	\$846.54	0.92	0.84	1.10	
hyperlipidemia	226	\$611.78	\$798.70	0.77	0.69	1.12	

Note: The Chronic Condition Patient Summary is limited to conditions with 30 or more attributed patients.

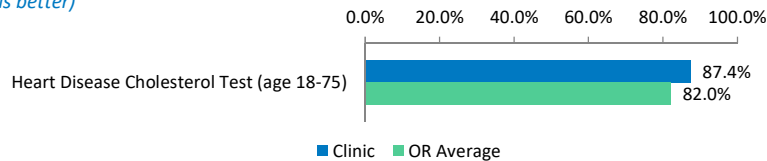
Musculoskeletal Conditons

(higher is better)



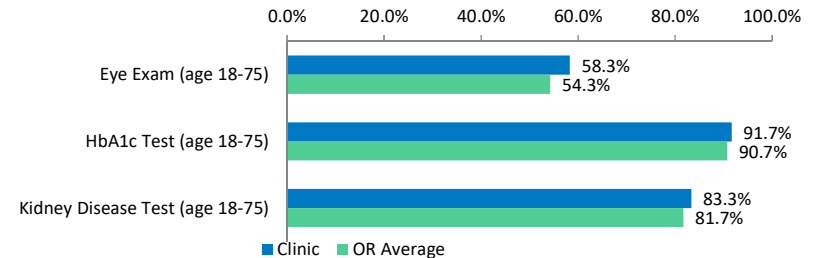
Care for Cardiovascular Conditions

(higher is better)



Comprehensive Diabetes Care

(higher is better)



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Segment: Commercially Insured Adults age 18-64

Reporting Period: Jan 2016 – Dec 2016

Pharmacy

Pharmacy by Category

	Clinic		OR Average		
	Adj PMPM	PMPM	TCI	= RUI	Price x Index
Single Source Brand	\$47.29	\$49.35	0.96	0.95	1.01
Generic	\$22.78	\$27.68	0.82	0.86	0.96
Multi-Source Brand	\$4.65	\$8.34	0.56	0.47	1.18
Total	\$74.72	\$85.37	0.88	0.87	1.01

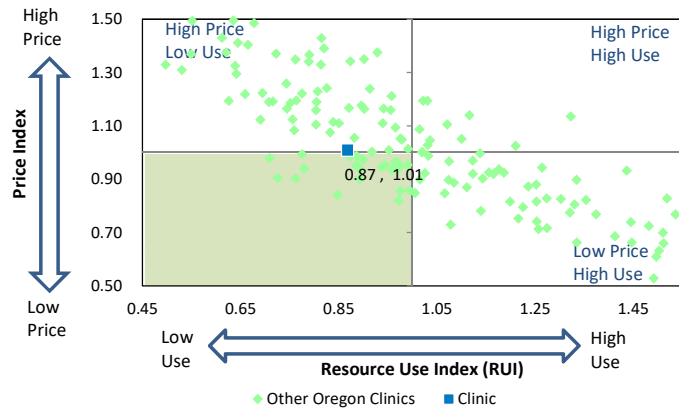
Single Source Brand: A prescription drug manufactured by only one company. No generic equivalent is available.

Multi-Source Brand: A prescription drug that is manufactured by more than one manufacturer. These drugs are available both as a brand-name and as a generic.

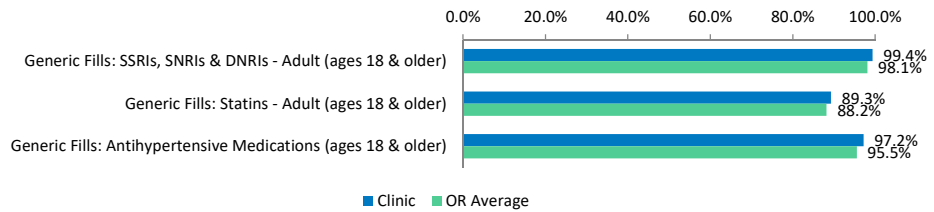
Top 10 Therapeutic Classes with % Generic Fills

	Clinic		OR Average		
	Adj PMPM	% Generic	PMPM	% Generic	TCI = RUI x Price Index
Analgesics - Anti-Inflammatory	\$8.53	81%	\$9.70	80%	0.88 0.87 1.02
Psychotherapeutic and Neurological Agents	\$12.17	16%	\$8.41	11%	1.45 1.19 1.21
Antidiabetics	\$4.75	65%	\$8.22	65%	0.58 0.56 1.03
Antiasthmatic and Bronchodilator Agents	\$3.68	26%	\$5.13	28%	0.72 0.71 1.02
Antidepressants	\$3.29	95%	\$4.34	93%	0.76 0.79 0.96
Antivirals	\$0.50	89%	\$4.01	87%	0.12 0.23 0.55
Dermatologicals	\$3.29	84%	\$3.27	77%	1.01 1.07 0.94
Antihyperlipidemics	\$3.33	92%	\$3.06	82%	1.09 1.12 0.97
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	\$2.26	95%	\$3.00	94%	0.75 0.70 1.08
Analgesics - Opioid	\$2.19	82%	\$2.82	85%	0.78 0.76 1.03

Pharmacy Price vs. Resource Use Comparison by Clinic



Medication Management



Pharmacy includes all drugs covered by the patient's pharmacy benefit.

* Utilization and Quality measures are for commercial population only and are not risk adjusted.

OR Average is the average for the patients attributed to clinics receiving these reports.

This work is based on the patented algorithm of HealthPartners, Inc. (Bloomington, MN) and is used with their permission.