

## OREGON STATEWIDE SNAPSHOT

December 27, 2017



Q Corp continually tracks Oregon performance on a number of quality, resource use and cost metrics. The table on the following page provides a snapshot of Oregon’s overall clinic performance. The table shows Oregon’s score for each measure compared to local and national benchmarks. It also includes information on the three year trend for each measure.

For the local benchmark, Q Corp calculates the Oregon Achievable Benchmark of Care (ABC), labeled Oregon’s Best Benchmark. This benchmark provides a method to identify performance levels already being achieved by “best-in-class” clinics within Oregon. “Best-in-class” is the calculated average of highest-performing Oregon clinics providing care to at least 10 percent of the patient population in the state.

The national benchmarks come from National Committee for Quality Assurance (NCQA) HEDIS® (Healthcare Effectiveness Data and Information Set). For each measure, the national mean and 90th percentile were calculated by weighting the 2016 HEDIS® benchmarks for each line of business based on the proportion of each population (Commercial, Medicaid and Medicare).

For more information on the measure descriptions, please refer to page 15 of the Technical Appendix that can be found with the following link:

<http://q-corp.org/reports/technical-appendix>

Measure	Oregon Average	Oregon's Best Benchmark	Combined HEDIS National 90th Percentile*	3-Year Trend for Oregon Average
<b>Women's Screenings</b>				
Breast Cancer Screening ‡	64.8%	87.0%	77.8%	
Cervical Cancer Screening (age 21-64)	58.7%	80.0%	74.7%	
Chlamydia Screening (age 16-24)	37.9%	60.0%	63.6%	
<b>Adult Quality Measures</b>				
Alcohol and Drug Misuse (SBIRT) - Age 18+ ‡	7.9%	N/A	N/A	
Antidepressant Medication Management (Short Term) - Age 18+	56.1%	89.0%	71.0%	
Antidepressant Medication Management (Long Term) - Age 18+	36.7%	80.0%	57.5%	
Admissions for Ambulatory Sensitive Conditions - Overall per 1,000 † ‡	8.3	N/A	N/A	
Admissions for Ambulatory Sensitive Conditions - Acute per 1,000 † ‡	3.2	N/A	N/A	
Admissions for Ambulatory Sensitive Conditions - Chronic per 1,000 † ‡	5.1	N/A	N/A	

Measure	Oregon Average	Oregon's Best Benchmark	Combined HEDIS National 90th Percentile*	3-Year Trend for Oregon Average
<b>Pediatric Quality Measures</b>				
Well-Child Visits in the First 15 Months of Life, Six or More	61.3%	81.0%	77.6%	
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	61.5%	87.0%	83.7%	
Adolescent Well-Care Visits (age 12-21)	34.0%	64.0%	64.0%	
Developmental Screenings in 1st, 2nd and 3rd Year of Life	55.8%	88.0%	N/A	
<b>Diabetes Management</b>				
Diabetes Eye Exam (age 18-74) ‡	44.3%	62.0%	69.5%	
Diabetes Blood Sugar (HbA1c) Screening (age 18-74) ‡	80.0%	96.0%	94.0%	
Diabetes Kidney Disease Monitoring (Age 18-74) ‡	63.3%	90.0%	94.0%	

Measure	Oregon Average	Oregon's Best Benchmark	Combined HEDIS National 90th Percentile*	3-Year Trend for Oregon Average
Use of Services				
30-Day All-Cause Readmissions, Unadjusted† ‡	9.3%	4.0%	N/A	
Potentially Avoidable Emergency Department Visits, Percentage (all ages) † ‡	11.2%	N/A	N/A	
Potentially Avoidable Emergency Department Visits, Rate per 1,000 (all ages) † ‡	35.0	N/A	N/A	
Generic Prescription Fills, Antihypertensives (age 18+)	98.3%	100.0%	N/A	
Generic Prescriptions Fills, SSRIs (age 18+)	98.9%	100.0%	N/A	
Generic Prescriptions Fills, Statins (age 18+)	95.5%	100.0%	N/A	
Emergency Department Visits per 1,000 (all ages) † ‡	302.2	N/A	322.9	
Outpatient Visits per 1,000 (all ages) ‡	3,658.0	N/A	N/A	

Measure	Oregon Average	Oregon's Best Benchmark	Combined HEDIS National 90th Percentile*	3-Year Trend for Oregon Average
Appropriate Care				
Appropriate Low Back Pain Imaging (age 18-50)	83.4%	92.0%	81.4%	
Appropriate Testing for Children with Pharyngitis (age 2-18)	77.4%	97.0%	87.9%	
Appropriate Treatment for Children With Upper Respiratory Infection (3 months-18 years)	96.4%	99.0%	96.0%	
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (age 18-64)	37.5%	63.0%	37.0%	

\* Benchmarks use a weighted formula based on the proportion of Q Corp Commercial, Medicaid and Medicare members for each measure

† Lower scores indicate higher quality

‡ Measure includes Medicare Fee-For-Service data