



Oregon Educators Benefit Board

April 7, 2015



Overview

- Background and introduction
- Key Programs
- Questions and Dialogue

Q Corp Mission



To improve the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information.

Q Corp Partnership



- Started in 2000
- Non-profit
- Neutral, independent
- Multi-stakeholder collaboration
- Over 200 volunteers serving on 11 standing committees

Q Corp Key Strategies

- **Leading Community Collaborations**

Q Corp will expand its unique role as an independent multi-stakeholder organization to lead community-based initiatives focused on improving the quality and affordability of health care in Oregon. This work includes convening stakeholders and experts around quality and cost issues, aligning efforts to address those issues and conceptualizing and instructing programs using unbiased data and analytics.

- **Providing Unbiased Quality and Utilization Information**

Q Corp will continue to build on its strength as an independent organization that brings stakeholders together to produce transparent data and analytics on health care quality and utilization in Oregon that are actionable by our community to improve health care.

- **Enhancing and Expanding Data and Analytics**

Q Corp will become a trusted community resource for unbiased health care information by expanding its capacity to produce data and analytics that address the rapidly changing state and federal environment.

Q Corp Leadership in National Initiatives

- *Aligning Forces for Quality* (Robert Wood Johnson Foundation)
- Chartered Value Exchange (Agency for Healthcare Research and Quality)
- Network for Regional Healthcare Improvement (NRHI)
- CMS Qualified Entity – one of first three recognized in the country

NRHI: Leading Regional Health Improvement Collaboratives

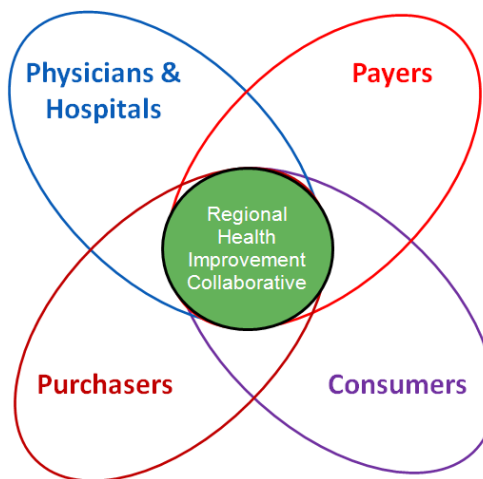
Albuquerque Coalition for Healthcare Quality	The Health Collaborative (Greater Cincinnati)	Maine Health Management Coalition	Pittsburgh Regional Health Initiative
Aligning Forces for Quality – South Central PA	HealthConnections	Massachusetts Health Quality Partners	Quality Counts (Maine)
Alliance for Health	Healthy Memphis Common Table	Midwest Health Initiative	Utah Partnership for Value-Driven Healthcare (HealthInsight)
Better Health Greater Cleveland	Institute for Clinical Systems Improvement	Minnesota Community Measurement	Washington Health Alliance
California Quality Collaborative	Integrated Healthcare Association	Nevada Partnership for Value-Driven Healthcare (HealthInsight)	Wisconsin Collaborative for Healthcare Quality
Center for Improving Value in Health Care (Colorado)	Iowa Healthcare Collaborative	North Texas Accountable Healthcare Partnership	Wisconsin Health Information Organization
Finger Lakes Health Systems Agency	Kansas City Quality Improvement Consortium	Oregon Health Care Quality Corporation	
Greater Detroit Area Health Council	Louisiana Health Care Quality Forum	P ² Collaborative of Western New York	



www.NRHI.org

What is a “Regional Health Improvement Collaborative”?

- A non-profit organization
- Working to improve healthcare quality and value
- In a specific geographic region (typically a metropolitan area or state)
- Through a collaborative effort of all healthcare stakeholders
 - Providers
 - Purchasers
 - Payers
 - Patients

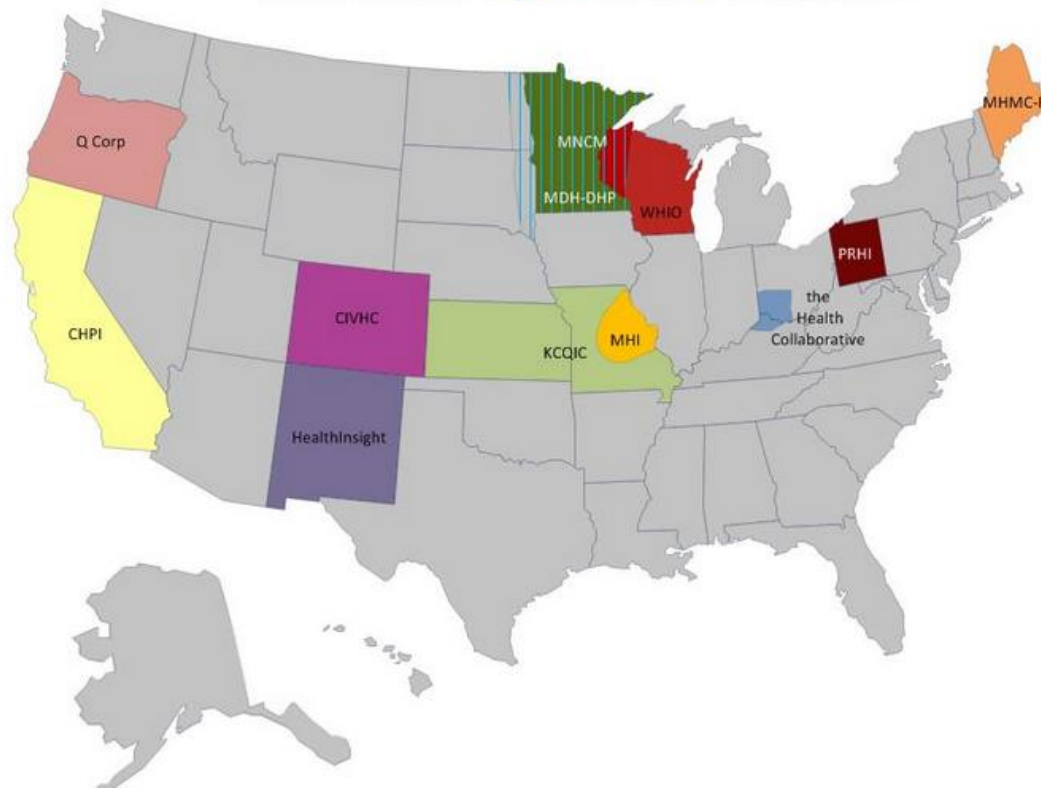


NRHI Members 11 of 13 Qualified Entities

CERTIFIED QUALIFIED ENTITIES

KEY

- Oregon Health Care Quality Corporation (Q Corp)
- Health Improvement Collaborative of Greater Cincinnati (the Health Collaborative)
- Kansas City Quality Improvement Consortium (KCQIC)
- Maine Health Management Coalition Foundation (MHMC-F)
- HealthInsight
- California Healthcare Performance Information System (CHPI)
- Pittsburgh Regional Health Initiative (PRHI)
- Minnesota Community Measurement (MNCM)
- Minnesota Department of Health, Division of Health Policy (MDH-DHP)
- Center for Improving Value in Health Care (CIVHC)
- Wisconsin Health Information Organization (WHIO)
- Midwest Health Initiative (MHI)



Funding Organizations

- The Robert Wood Johnson Foundation
- John and Lausra Arnold Foundation
- Northwest Health Foundation
- Custom reports and consulting (e.g., OHA, DCBS, HHS , NRHI , Cover Oregon, OHLC)
- ATRIO Health Plans
- BridgeSpan Health Company
- CareOregon
- Centers for Medicare and Medicaid Services (Qualified Entity Program)
- FamilyCare, Inc.
- Freelancers CO-OP of Oregon
- Health Net of Oregon
- Kaiser Permanente
- LifeWise Health Plan of Oregon
- Moda Health
- Oregon Health Authority Division of Medical Assistance Programs
- Oregon's Health CO-OP
- PacificSource Health Plans
- Providence Health Plans
- Regence Blue Cross/Blue Shield of Oregon
- Trillium Community Health Plan
- Tuality Healthcare

Q Corp Claims Data Summary: 2006-2015

- 3.5 million unique patients captured in claims since 2006 – demonstrating the value of aggregating data
- 600+ million medical and pharmacy claims records
- More than 727,000 unique providers rendering services
- All providers in the directory are eligible to receive quality reports with patient-level information for follow-up

Q Corp Claims Data Summary – 2015

- 80% Fully Insured Commercial population
- 35% Self Insured Commercial population
- 100% Medicaid population
- 92% Medicare
 - CMS “Qualified Entity” – Incorporated Medicare FFS Data Spring 2014

Benefits of Collaboration

- Nearly 90% of the primary care clinics in Q Corp's provider directory contract with 8-11 participating payers.
- Providers and Payers participating in Q Corp's measurement initiative are also able to benchmark provider, clinic and medical group performance against Oregon and national benchmarks.

2015: 17 Data Suppliers and 25 Primary Care Measures

New Public Measures

-- Added to public reports July 2014

- Asthma Medications – Child

Existing Public Measures

-- Updated July 2014

-- Previously reported 2013

- Breast Cancer Screening (age 50-74)
- Cervical Cancer Screening
- Chlamydia Screening
- Diabetes HbA1c Test
- Diabetes LDL-C Test
- Heart Disease Cholesterol Test
- Well-Child Visits for Children 0-15 Mths, 6+ Visits
- Well-Child Visits for Children 3-6 Yrs
- Appropriate Use of Antibiotics for Sore Throats
- Appropriate Low Back Pain Imaging
- Generic Prescription Fills: SSRIs, SNRIs, DNRIs
- Generic Prescription Fills: Statins

Private Measures

- Breast Cancer Screening (age 40-49)
- Breast Cancer Screening (age 40-69)
- Breast Cancer Screening (age 75-84)
- Breast Cancer Screening (age 85+)
- Diabetes Kidney Screening
- Diabetes Eye Exam
- Well-Child Visits for Children 0-15 Mths, 5+ Visits
- Potentially Avoidable Hospital Admissions (3)
 - Overall, Acute, Chronic
- Potentially Avoidable ED Visits (2)
 - Child, Adult
- Plan 30 day All-Cause Readmissions

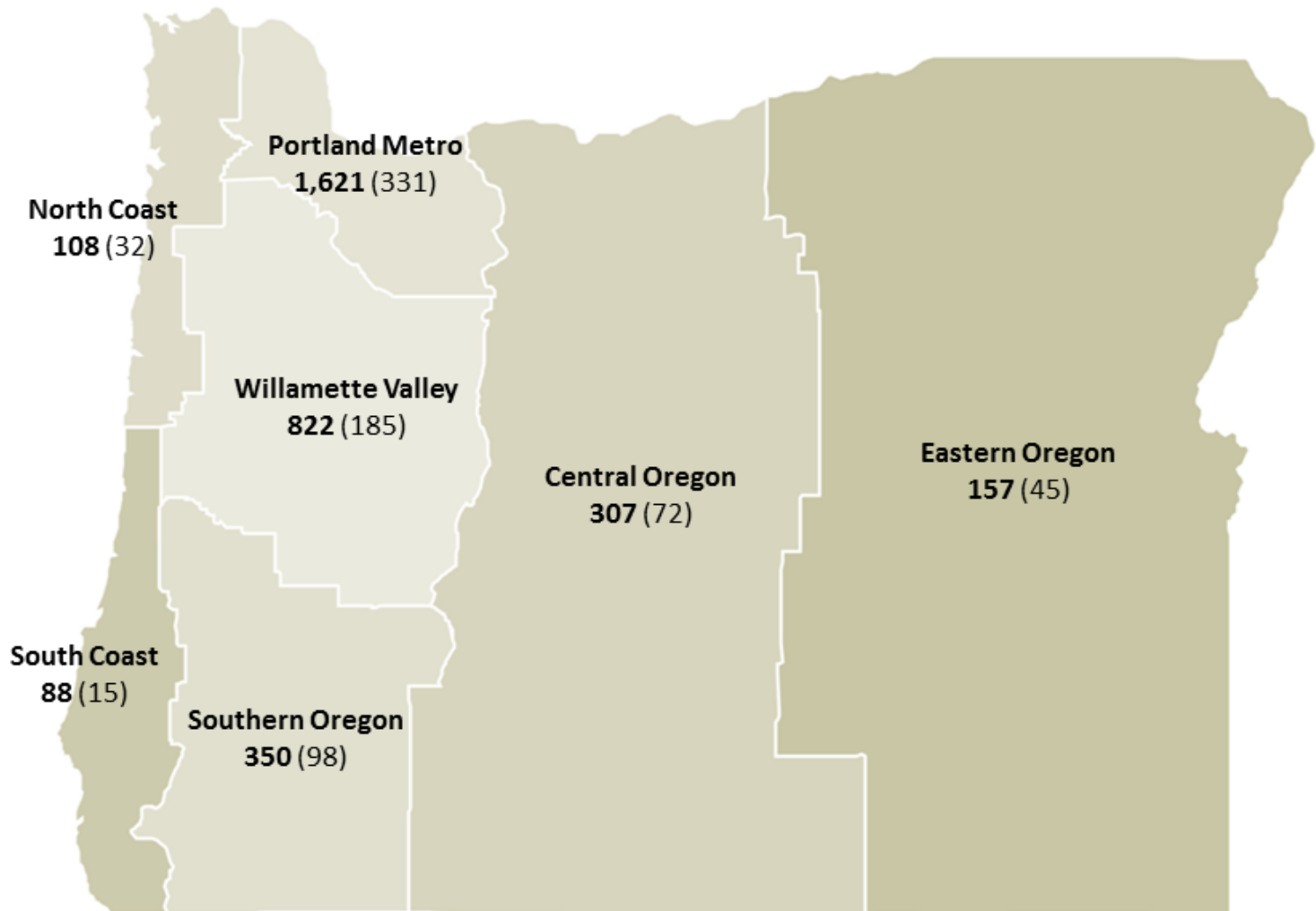
NEW:

- Alcohol Misuse, Screening, Brief Intervention, Referral for Treatment (SBIRT)
- Ambulatory Care: Outpatient and ED visits (2)
 - Child, Adult
- Generic Prescription Fills: Anti-hypertensives
- Developmental Screenings in the first 36 Months of Life
- Adolescent Well-Care Visits
- Follow-up Care for Children Prescribed ADHD Medications
 - Initiation
 - Continuation and Maintenance

Q Corp Provider Directory

- Q Corp developed and maintains the most comprehensive directory of primary care providers in Oregon.
- The provider directory contains information on **3,453** primary care providers currently practicing in Oregon.
- Each provider is mapped to a clinic which is defined as a physical doorway where patients receive care. The clinics are then mapped to medical groups.
- The provider directory contains the mailing address, phone, email address and contact at each medical group.

Geographic Distribution of Primary Care Providers and Clinics Included in Quality Corp's Provider Directory – March 2014



Primary Care Providers Included in Provider Directory
(Clinics Included in Provider Directory)

Provider Reports: Q Corp Secure Portal

Confidential Provider Results

Comparison to clinic, medical group, regional, state best-in-class and national benchmarks



Your Quality Scores Compared to Clinic, Group, Oregon and Top Performers

Provider: DUCK, DONALD

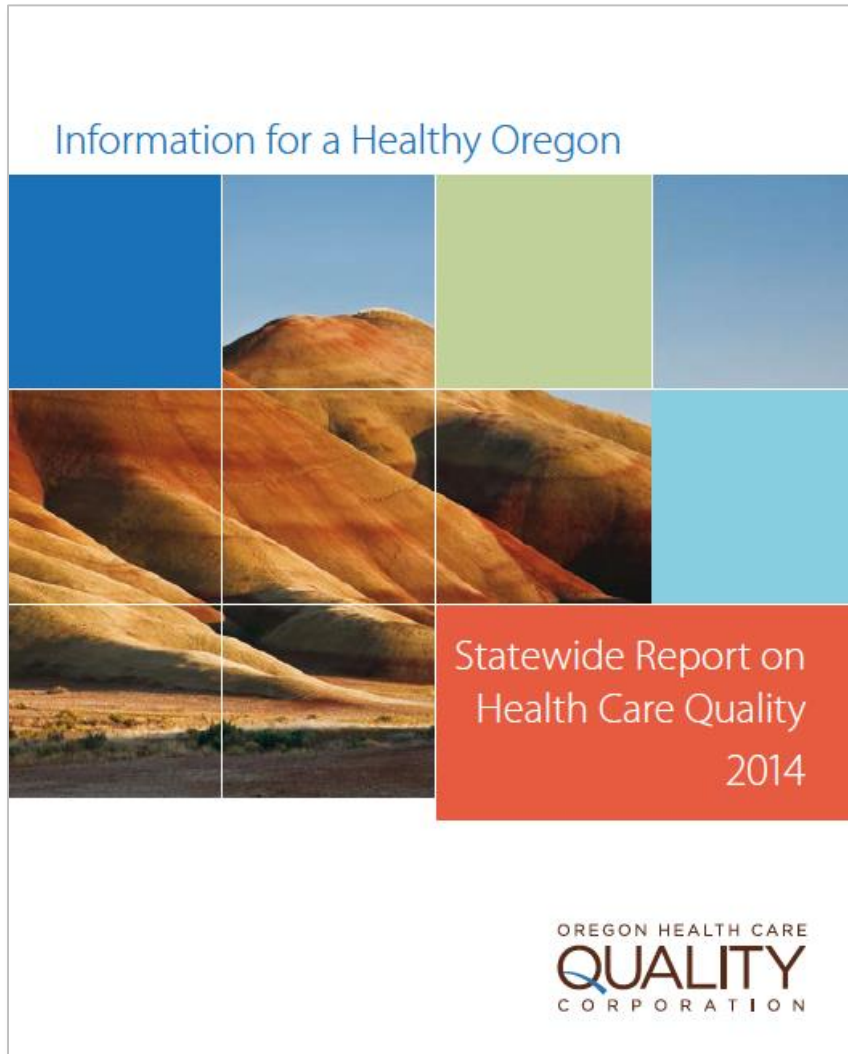
Clinic: SAMPLE CLINIC NAME

Measure	Number of Your Patients	Quality Scores	95% Confidence Interval	Clinic Score	Your Medical Group Average	Oregon Average	Oregon ABC Benchmark	HEDIS 2011 Benchmark Rates 90th Percentile
Breast Cancer Screening (age 40-49)	74	75.7 %	65% - 84%	68.6 %	70.3 %	64.8 %	82.5 %	NA
Breast Cancer Screening (age 50-69)	177	85.3 %	79% - 90%	80.5 %	78.1 %	73.4 %	89.1 %	NA
Breast Cancer Screening - Total (age 40-69)	251	82.5 %	77% - 87%	77.1 %	75.7 %	69.8 %	87.2 %	72.2 %
Cervical Cancer Screening (age 21-64)	213	78.4 %	72% - 83%	77.3 %	74.7 %	70.3 %	90.0 %	79.1 %
Chlamydia Screening (age 16-24)	16	37.5 %	18% - 61%	42.1 %	43.6 %	40.8 %	79.2 %	54.5 %
Diabetes Care, HbA1c Test (age 18-75)	31	80.6 %	64% - 91%	86.7 %	87.7 %	88.7 %	96.0 %	92.1 %
Diabetes Care, LDL-C Test (age 18-75)	31	80.6 %	64% - 91%	80.4 %	80.6 %	80.1 %	93.7 %	86.8 %
Diabetes Care, Eye Exam (age 18-75)	31	74.2 %	57% - 86%	69.4 %	59.5 %	62.0 %	79.4 %	61.0 %
Diabetes Care, Kidney Disease Test (age 18-75)	31	74.2 %	57% - 86%	83.5 %	81.5 %	79.7 %	92.6 %	85.2 %
Heart Disease Cholesterol Test (age 18-75)	1	100.0 %	21% - 100%	92.1 %	81.4 %	85.2 %	96.2 %	89.6 %
Appropriate Asthma Medications - Total (age 5-64)	14	100.0 %	78% - 100%	96.0 %	93.3 %	91.5 %	97.8 %	93.9 %
Appropriate Asthma Medications - Adult (age 19-64)	14	100.0 %	78% - 100%	95.5 %	92.0 %	91.5 %	97.3 %	NA

[Switch to graphical benchmark comparison](#)

Data Source: Claims data from 11 Oregon data suppliers with dates of service between July 1, 2009 - June 30, 2012 and a current measurement year of July 1, 2011 - June 30, 2012.

Q Corp Statewide Report



Annual Statewide Report

- Medical groups
- State agencies
- Consumer groups
- Employer groups
- Public policymakers
- Participating health plans
- Other funders

Also available at:

www.Q-Corp.org

Statewide Report

	Oregon Mean Clinic Score	N / Clinics	Oregon Clinic Low - High Score	Standard Deviation	2013 Combined HEDIS National Mean*	2013 Combined HEDIS National 90th Percentile*	Oregon's Best Benchmark
Primary Care Quality Measure							
Antidepressant Medication Management (Long Term)	61.0%	10,212 / 137	34.9 – 87.0	12.6	47.1	56.2	86.4
Appropriate Low Back Pain Imaging	86.9%	10,638 / 163	65.6 – 99.6	6.7	74.7	81.7	99.1
Antidepressant Medication Management (Short Term)	73.6%	10,212 / 137	47.9 – 97.5	10.8	62.6	71.1	96.1
Diabetes Eye Exam	77.5%	9,050 / 118	17.6 – 97.4	17.3	72.2	86.3	95.9
Diabetes Eye Exam	62.4%	95,382 / 522	32.4 – 91.5	10.1	59.3	73.0	80.6
Appropriate Asthma Medications	88.2%	16,820 / 241	63.6 – 100.0	6.1	87.7	91.9	96.8
Chlamydia Screening	65.6%	245,271 / 641	20.0 – 93.5	11.9	65.3	73.6	84.8
Cholesterol (LDL-C) Screening for People with Heart Disease	88.1%	95,382 / 522	39.0 – 100.0	7.1	88.8	93.9	96.2
Diabetes Cholesterol (LDL-C) Screening	45.5%	37,066 / 371	11.6 – 85.7	12.5	49.1	61.0	71.3
Cervical Cancer Screening	82.9%	17,188 / 219	53.5 – 100.0	9.0	87.4	93.5	95.7
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	79.7%	95,382 / 522	30.0 – 100.0	10.7	84.4	90.8	92.5
Well-Child Visits in the First 15 Months of Life, Six or More	64.9%	253,794 / 637	17.5 – 95.9	11.7	71.3	78.4	87.8
Diabetes Kidney Disease Monitoring	58.0%	106,716 / 354	16.7 – 87.8	15.2	64.6	79.7	82.3
Adolescent Well-Care Visits	64.0%	24,240 / 184	10.4 – 96.4	15.5	73.2	84.0	86.4
Diabetes Kidney Disease Monitoring	72.8%	95,382 / 522	29.4 – 98.5	14.1	84.9	90.8	95.1
Diabetes Kidney Disease Monitoring	29.9%	175,592 / 587	4.8 – 67.1	12.0	44.6	61.2	52.4
Diabetes Kidney Disease Monitoring	89.8%	666,121 / 643	34.8 – 100.0	7.6	n/a	n/a	98.8
Adolescent Well-Care Visits	88.4%	1,112,464 / 715	58.1 – 100.0	7.0	n/a	n/a	96.2

* Benchmarks were created using a weighted formula based on the proportion of Q Corp commercial, Medicaid and Medicare members within each measure.

The HEDIS* diabetes definition requires only a single face-to-face encounter in an acute inpatient or emergency room setting with a diagnosis of diabetes. Based on clinic chart review results, Q Corp modified the definition to require two or more face-to-face encounters beginning with fall 2012 reporting. The modified definition is expected to impact less than 2.5 percent of patients identified in the measure.

KEY

- Score is significantly higher than the national mean and 90th percentile
- Score is significantly higher than the national mean, and significantly lower than the 90th percentile
- Score is not significantly different than the national mean
- Score is significantly lower than the national mean
- No national benchmarks are available for comparison

Public Reports: Q Corp Consumer Friendly Website

Partner for Quality Care

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Tips for Your Care | Compare Care | What Patients Say

Home » Compare Doctor's Offices » Using Generic Drugs Clinic Report

64 Results for:
Using Generic Drugs in the regions of East Portland Metro

What do these mean? Better Average Below

« Change Search | Tips for Using Generic Drugs »

Prescription drugs are an important part of health care for many patients. Medical research shows that generic drugs often work just as well as brand name drugs. Generic drugs can also save you money. The quality scores below show how each doctor's office rated at encouraging the use of generic drugs that are as effective as brand name drugs and cost less.

Sort: By Score Alphabetically

Doctor's Offices	Generic Antidepressants Help treat symptoms of depression and anxiety	Generic Pain Relievers Help manage pain and swelling	Generic Antacids Help to reduce stomach acid	Generic Cholesterol-Lowering Drugs Help reduce levels of bad cholesterol
Adventist Gresham Troutdale Family Practice	Below	Below	Average	Average
Adventist Health Cherry Park Family Practice	Average	Average	Average	Below
Adventist Health Gresham Station	Average	Average	Average	Average
Adventist Health Gresham Station IM/FP	Better	Average	Average	Average
Adventist Health Ventura Park	Average	Better	Better	Average
Beavercreek Center *	Average	Better	Average	Better
Bridge City Family Practice	Average	Better	Better	Better

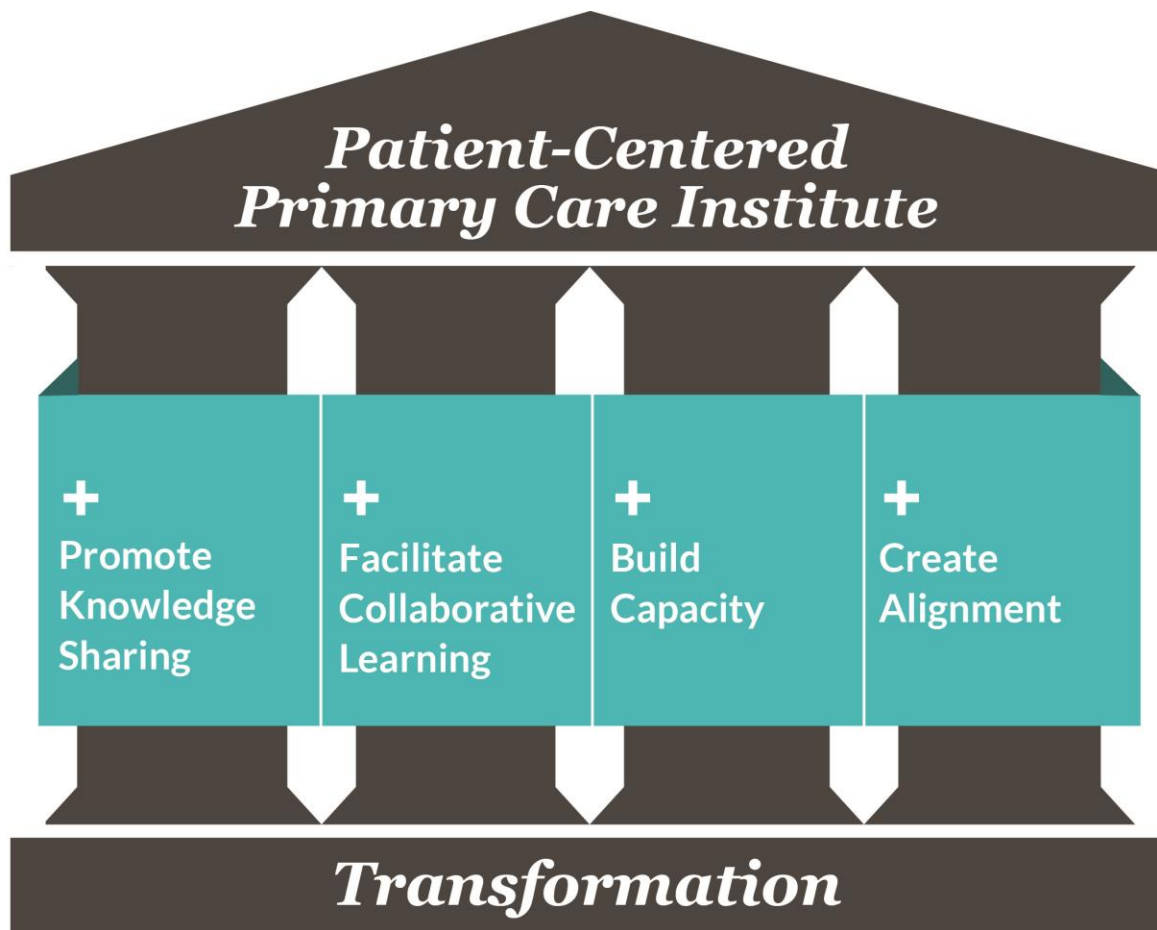
- Improve health care quality in Oregon by providing information to help stakeholders make informed decisions.

- Primary care measures include:

- Diabetes Care
- Asthma Care
- Heart Disease Care
- Women's Preventive Care
- Pediatric Care
- Use of Generic Drugs
- Appropriate Use of Services (low back pain imaging, strep tests for sore throats)

Q Corp Programs

Patient-Centered Primary Care Institute



Online Modules

Webinars

Website

Learning Collaboratives

Trainings

TA Network

Important Maternity Issues for Oregon

- High and varying C-section rates
- Unknown level of low risk, first birth C-sections
- Maternal risk factors (esp. among low-income women)
- Racial/ethnic disparities
- Unintended pregnancies
- Out of hospital births

❖ *Need for timely, actionable data to respond...*

What is the Oregon Maternal Data Center (OMDC)?

- **Collaborative effort** of March of Dimes, Oregon Perinatal Collaborative, Q Corp and other sponsors (*TBD*)
- **Web-based tool** to generate performance metrics, reports and other information on maternity care services and outcomes – launch April 2015
- **Built off California Maternal Quality Care Collaborative (CMQCC) tool** developed by Dr. Elliott Main and colleagues at Stanford University
- Designed to be **low-burden, low-cost, high value** tool
- **Links hospital discharge data to birth certificate data** to generate drill-down information for use by hospital clinicians, managers, and administrators
- **Patient-level data is fully secure** and visible only to authorized hospital staff
- **Can incorporate other data sets of use to other audiences**– maternity care providers, health systems, purchasers, consumers and policymakers
- **CMQCC tool in use in 65+ CA hospitals and 20+ WA hospitals** via WSHA

OMDC Pilot Phase Target Hospitals

(note: this list is not exclusive; pilot phase is open to all interested hospitals)

Adventist Medical Center

Good Samaritan Regional Medical Center

Kaiser

- Kaiser Permanente Sunnyside Medical Center
- Kaiser Permanente Westside Medical Center

Legacy

- Legacy Good Samaritan Medical Center
- Legacy Meridian Park Medical Center
- Legacy Emanuel Medical Center
- Legacy Mount Hood Medical Center

OHSU Hospital

Providence

- Providence St. Vincent Medical Center
- Providence Portland Medical Center
- Providence Newberg Medical Center
- Providence Seaside Hospital*
- Providence Hood River Memorial Hospital*
- Providence Medford Medical Center
- Providence Willamette Falls Medical Center

St. Charles Health System

Salem Hospital

Tuality Healthcare

** indicates Critical Access Hospital (CAH)*

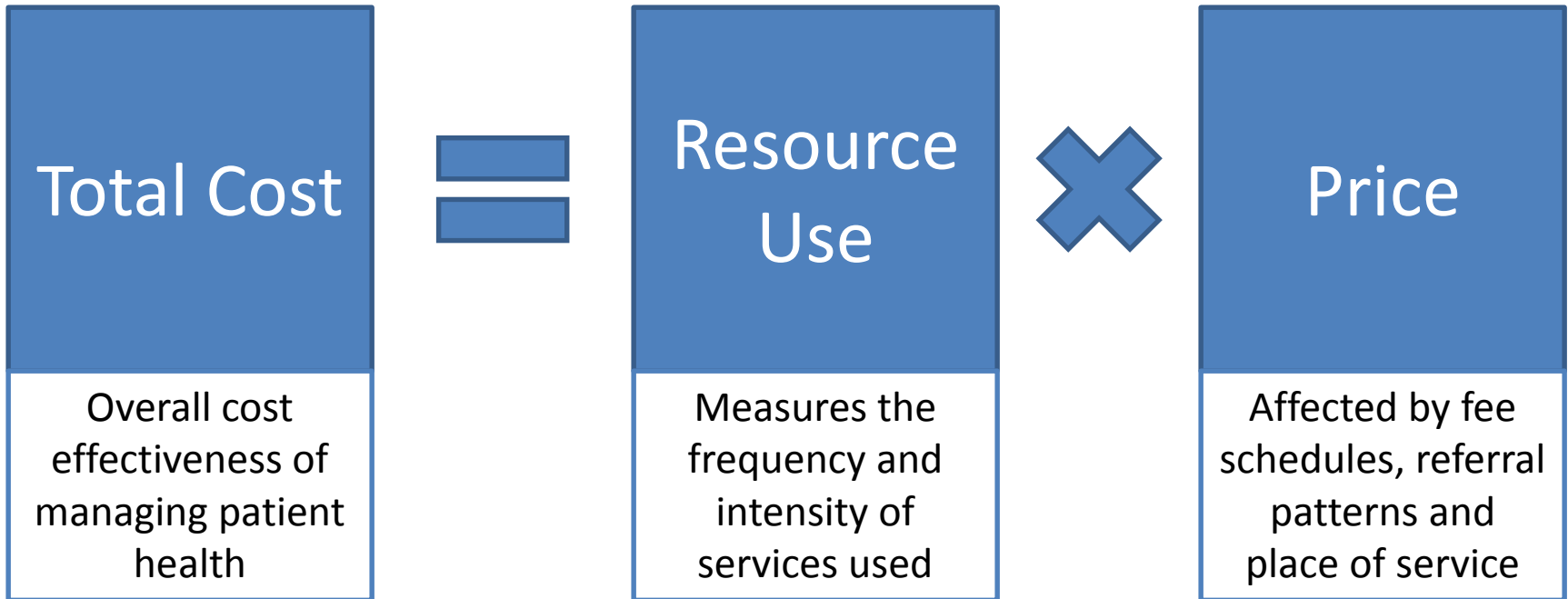
*Hospitals in **green** text indicate those committed/strongly interested in pilot phase*

Cost of Care

- Robert Wood Johnson Foundation's *Aligning Forces for Quality* grant
- Q Corp and four other improvement collaboratives are piloting production of cost of care measures reported to primary care clinics and the public
- Cost of care measures developed by HealthPartners and National Quality Form endorsed
 - **Total Cost Index (TCI)** – overall cost effectiveness
 - **Resource Use Index (RUI)** – frequency and intensity of services to manage patient health
- Goal: to support payment reform efforts aimed at reducing costs while improving quality of care
- Q Corp will continue to solicit input regarding the content and format from multiple stakeholders and partners



Health Partners Total Cost of Care



Q Corp Total Cost of Care Reports

Clinic scores are risk adjusted to account for variations in illness burden.

Clinic Risk Score

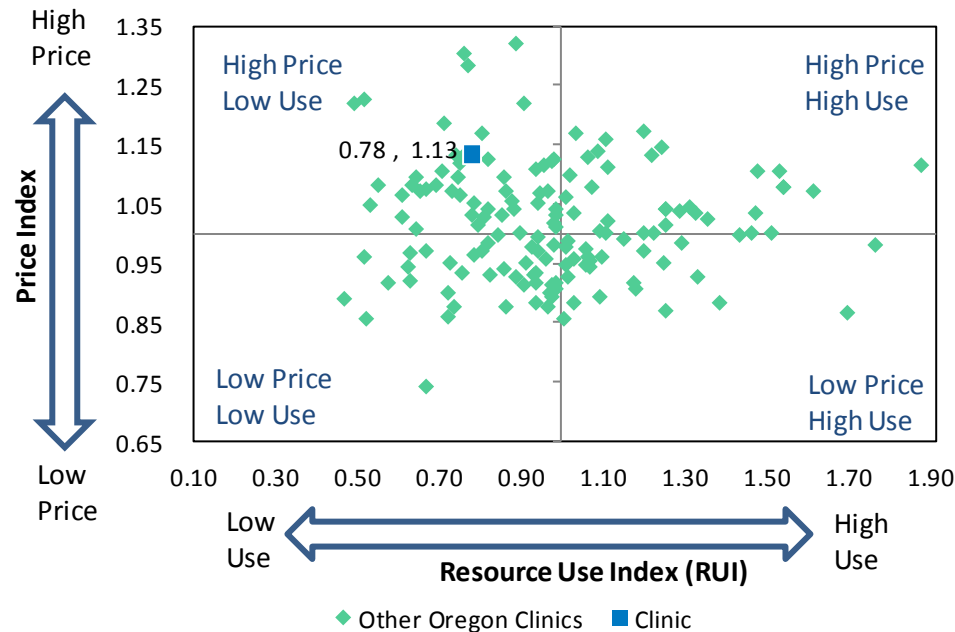


Overall Summary by Service Category

	Clinic		OR Average		TCI = RUI	Price Index
	Raw PMPM	Adj PMPM	PMPM			
Professional	\$203.02	\$183.18	\$167.12	1.10	0.99	1.11
Outpatient Facility	\$69.00	\$62.25	\$115.53	0.54	0.60	0.90
Inpatient Facility	\$71.08	\$64.13	\$72.21	0.89	0.78	1.13
Pharmacy	\$73.92	\$66.70	\$69.20	0.96	0.98	0.98
Overall	\$417.03	\$376.26	\$424.06	0.89	0.85	1.05

Inpatient Price vs. Resource Use Comparison by Clinic

Clinic comparisons on Resource Use and Price.



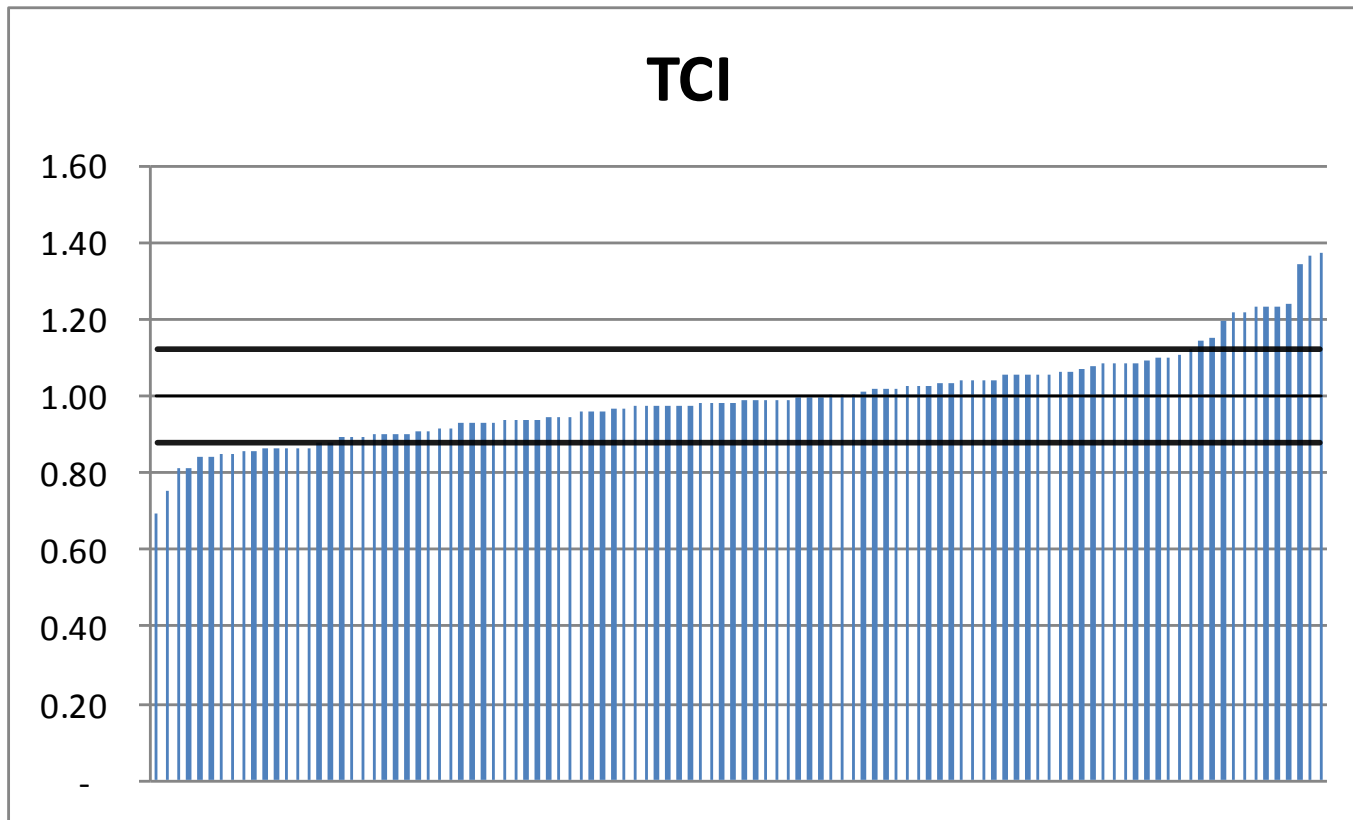
Clinic Comparison Reports

- How many clinics are receiving the reports?
 - 123 clinics receiving Adult reports
 - 44 clinics receiving Pediatric reports
 - Of these, 11 clinics are receiving both
- Patient population included in the reports
 - Clinics must have 600 attributed patients and legal agreements with Q Corp
 - Cost measures are limited to patients between 1 and 64 years old
 - For Oregon overall, Q Corp is calculating the TCOC measures for about 35% of the commercial population
 - Using data from 5 data suppliers
 - Some data suppliers are only allowing Q Corp to use their data for quality measures
 - Analyses represent 470,000+ covered lives
- Emailed PDFs and hard copies being sent to clinics in 3 waves in April

Early Findings: Variation in Performance

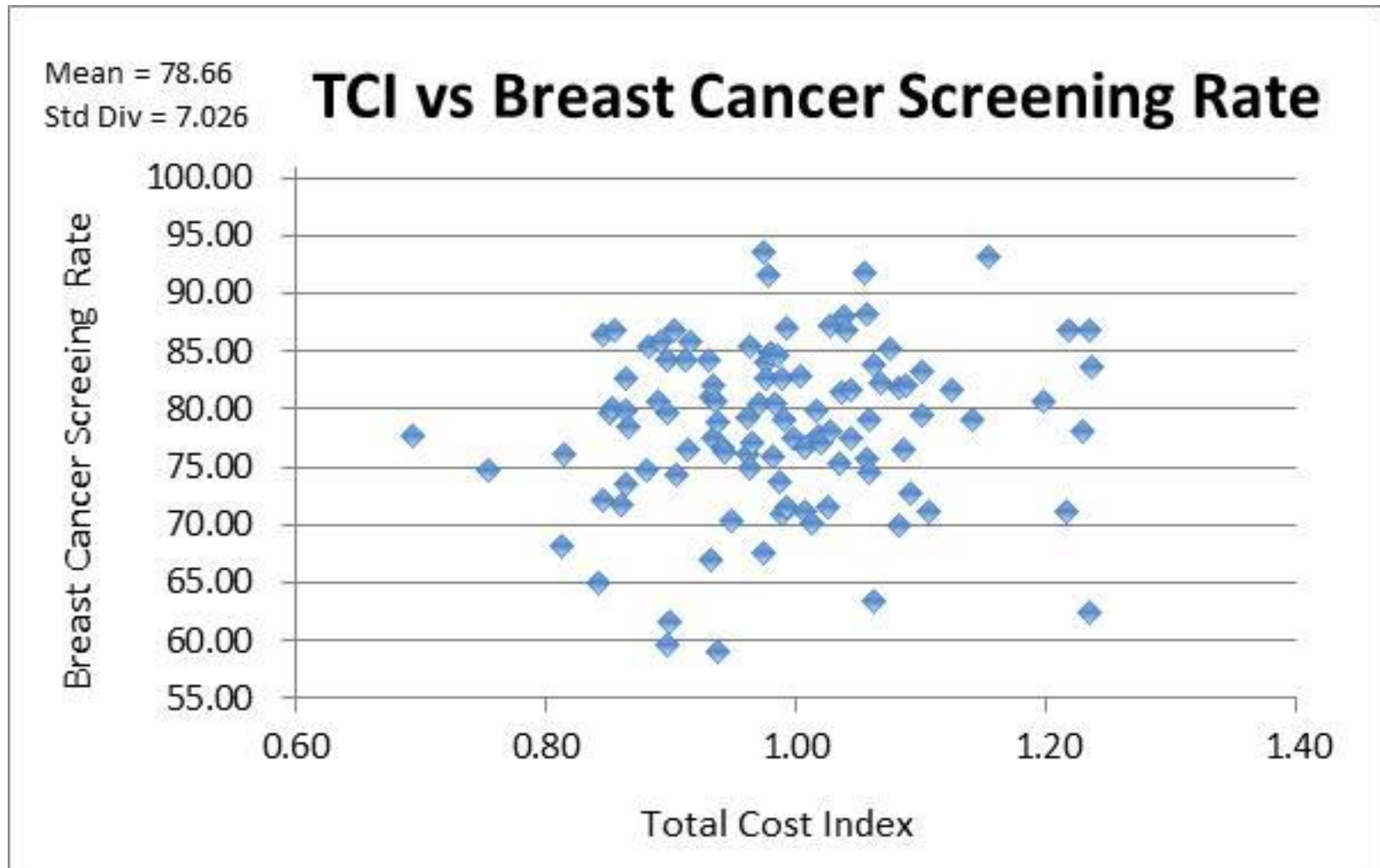
Total Cost Index for Oregon Clinics, 2013

For clinics with 600 or more attributed patients



Standard Deviation: 0.1203

Early Findings: Cost and Quality



Cost of Care Rollout Plan

Activity	Timing
National Physician Leadership Seminar	August 2014
Guidance from Board and Committees	Board- 3 meetings Cost of Care Steering Committee- 8 meetings Measurement & Reporting Committee – 5 meetings
Outreach to clinician groups, IPAs, and state leadership	Late 2014 and early 2015 – 20+ meetings (OAFP, OMA, COIPA, Samaritan, OHA, DCBS, Portland IPA, OAHHS, OCHP, AMGA, OHLC, CHSE, etc.)
Focused interviews with nationally recognized facilitators- AIR	February & March 2015 – interviews at 6 clinics
Q-Corp.org and webinars	April & May 2015
Regional rollout events	May 2015

Payment Reform

- Funded by Robert Wood Johnson
- Goal: multi-stakeholder development of alternative payment methods to support improved delivery of care while reducing costs
- Osteoarthritis of the knee in Central Oregon
- Physical and behavioral health integration in Lane County
- Need to get all stakeholders including large purchasers to the table!

Department of Consumer Business Services (DCBS) – HHS Cycle III Grant

- Assisting in annual health insurance rate review process
- Developing cost of care and quality products for insurance carriers using data from the APAC database
- Supporting consumer engagement in the rate review process to ensure process is fair and transparent to consumers
- Supported by the third cycle of Rate Review Grand funding from CMS

Collaboration with State of Oregon

- Mutual focus on achieving better health , better care and affordability
- Early participation in Q Corp collaborative and Measurement and Reporting, public reporting
- Requirement for OEGB and PEGB health plans to join the collaborative and provide data
- Cover Oregon quality measures and contract requirement
- CCO measure validation
- PCPCI
- Payment Reform
- OEGB grant for EMR and Claims data integration

Questions , suggestions , feedback ?

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