

Quality Measurement & Reporting Overview for Providers



The Oregon Health Care Quality Corporation (Q Corp), an independent, nonprofit organization, brings together primary care providers, health insurers, purchasers, and consumers to develop a system to measure and improve health care quality in Oregon. The collaborative initiative embraces a three-pronged approach to quality improvement: measure the quality of health care, help providers use quality measurement information to improve systems of care, and educate the public on how to contribute to quality health care through Q Corp's consumer engagement program, *Partner for Quality Care*. The *Partner for Quality Care* website, www.PartnerforQualityCare.org, includes public reports at the clinic level for clinics with three or more adult primary care providers.

Why is there a national and statewide movement toward quality measurement and reporting?

- Primary care providers represent the front line of preventive health, but they need more support and data in order to evaluate and improve systems of care.
- Patients, purchasers and health plans are demanding quality measurement information, but previous efforts at quality measurement and reporting have been fragmented, unreliable and often unhelpful.
- Many patients are not receiving the basic services they need, and the health system does not adequately reward preventive and primary care services.

Goals of the initiative:

- Measure the quality of health care on nationally endorsed measures using claims data aggregated from all major health plans in Oregon;
- Provide quality measurement reports and assistance to primary care providers to improve systems of care;
- Use clinics' electronic medical records and registries data to report clinical outcome measures;
- Educate patients and the public on how to contribute to high-quality care.

Benefits:

- A single, simplified quality measurement report on data aggregated from twelve major health plans, Medicaid, Medicare fee-for-service and Medicare Advantage plans.
- Access to information that can't be obtained otherwise: patient-level detail and related claims on 38 widely used prevention, chronic care, and resource use measures. This year, Q Corp elected to add measures that align with quality and resource use measures used for Coordinated Care Organization (CCO) incentives down to the provider level. Please note that these scores are not tied to the incentive payments but do provide the ability to identify patients in need of a recommended service such as breast cancer or cervical cancer screenings.
- Data that demonstrate the quality of care your system provides to patients.
- Ability to compare individual data to peer groups.
- Information that can help identify opportunities for improvement in your systems.
- Reports and processes are HIPAA-compliant.

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