

DATA COLLABORATIVE

QUALITY | UTILIZATION | COST

Database includes:

- > 3.8 million unique patients
- 577 million individual claims
- 85% of fully-insured commercial members
- 90% of Medicare members
- 100% of Medicaid members

Data Collaborative Members

CareOregon ◊ Centers for Medicare and Medicaid Services ◊ HealthNet ◊ Kaiser Permanente Northwest ◊ Moda Health ◊ Oregon Health Authority Medical Assistance Programs ◊ PacificSource Health Plans ◊ Providence Health Plan ◊ Regence Blue Cross Blue Shield of Oregon ◊ Tuality Health Alliance



Designated Qualified Entity by CMS. First Qualified Entity to publicly report Medicare Data.

Transparent & Accessible

Q Corp has aggregated claims to produce quality and utilization data since 2008, adding cost data in 2015. Delivered through a public website, provider portal, and direct reporting to clinics, health plans, state agencies and other health care stakeholders, this unbiased information is one of the ways Q Corp delivers on its commitment to transparent, community-wide reporting on the health care provided to Oregonians.

Comprehensive & Validated

Q Corp maintains an unparalleled claims data set covering over 80% of Oregonians stretching back over 10 years. As patients move from one health plan to another, or across geography, Q Corp keeps one continuous record that provides a unique perspective on the health care usage of Oregonians - deeper than any single health plan, hospital, or physician office could offer. The community can rely on Q Corp data; analysts have worked with it extensively over many years to produce valuable and validated results.

Pioneering & Innovative

For years Q Corp has been known for innovating around measuring health care quality. This same spirit is now being applied to lowering health care costs, developing alternative payment models, and optimizing health care usage.

The Data Collaborative is more than just a database.

Q Corp convenes health care leaders to guide the Data Collaborative and other Q Corp programs, offering a neutral table to share ideas and tackle common challenges.

On an ongoing basis, representatives from data suppliers and other organizations provide leadership and technical advice to Q Corp through a **Measurement and Reporting Committee**, giving participants the opportunity to actively contribute to the publicly available analytics produced through the Data Collaborative, as well as other Q Corp measurement activities.

In addition, Q Corp convenes a separate **Cost of Care Steering Committee** to guide the implementation of cost of care and payment reform products and services.

Q Corp analyzes and shares data through several regular reports

Health Plan Reports

Q Corp presents customized reports to each health plan, providing an unparalleled view into the quality of care provided to members, leveraging greater statistical power and insight than could be achieved through a single plan's data.

Provider Reports

Twice-a-year clinics and medical groups receive streamlined reports from Q Corp. Representing data from most health plans operating in Oregon across all markets (Commercial, Medicaid, and Medicare), these reports provide a deeper view of cost, utilization, and quality metrics for a clinic's entire population.

Public Reporting

Annually Q Corp reports key quality, utilization, and cost measures to the public, healthcare industry leaders and policymakers via its website and statewide report – it is one of the few places where the public can receive this kind of information on health care in Oregon.