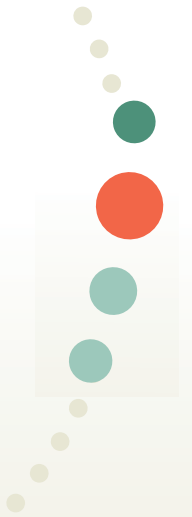


Information for a Healthy Oregon

STATEWIDE REPORT ON HEALTH CARE QUALITY

● FEBRUARY 2011



Partner for
Quality Care

Information for a Healthy Oregon

A project of the Oregon Health Care Quality Corporation

LETTER FROM THE BOARD CHAIR, VICE CHAIR AND EXECUTIVE DIRECTOR

Last year, the Oregon Health Care Quality Corporation (Quality Corp) celebrated its 10th anniversary. The event marked a decade of collaboration by multiple health care stakeholders to measure, report and improve the quality of care for all Oregonians. Through their collaborative efforts, our partners have created the most comprehensive system for measuring and tracking primary care performance in Oregon. Today that system, called *Partner for Quality Care*, includes performance information for more than 75 percent of primary care practitioners in our state.

The remarkable participation of providers speaks to the importance of this work. Our partners include many health care practitioners, patients, employers, health plan representatives and policymakers who are committed to *Partner for Quality Care*. Together we have achieved:

- National recognition as one of 17 communities selected to participate in the Robert Wood Johnson Foundation's *Aligning Forces for Quality* initiative since 2007
- Designation as a Chartered Value Exchange from the U.S. Department of Health and Human Services
- A consumer-friendly website recognized as a national standard for effective public reporting of health care quality, www.PartnerForQualityCare.org
- Three years of data collection, representing care given to more than 1.8 million patients in Oregon

Inside this report, you will find analyses and summaries of administrative claims data spanning January 2007 – March 2010, representing three rounds of reporting to practitioners. More importantly, you will find stories of practitioners, policymakers, employers, health plans and consumers who use this information to make better health care decisions. These stories are a sample of what we hear from people across the state about how this work is making a difference to health care delivery in Oregon. And that is the real foundation of our organization – that improving quality starts with measuring it.

Looking to the future, with state and national health care reform activities underway and a number of Oregon health care innovations led by a diverse group of stakeholders, Quality Corp's Board of Directors is updating the organization's priorities to ensure that our work will continue to be useful to all Oregonians. Our commitment to our partners comes from the recognition that we could not – and cannot – do this work without their tireless contributions. Thank you for your ongoing support.



Pam Mariea-Nason, R.N., M.B.A.
Board Chair



Ralph Prows, M.D.
Vice Chair



Mylia Christensen
Executive Director

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“Performance measurement is an integral part of health care reform. In order to know where improvement is needed, we have to measure performance. *Partner for Quality Care* provides us with the credible data we need to drive change in health care.”

Bruce Goldberg, M.D.

Director, Oregon Department of Human Services, Director-Designee, Oregon Health Authority

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QUALITY SCORES FOR PRIMARY CARE

Incremental Improvements Highlight Oregon's Commitment to Quality Care

Information for a Healthy Oregon: Statewide Report on Health Care Quality is the result of a collaborative effort to better understand and improve health care in our state. First published in September 2009, this report provides a snapshot of how well Oregon is performing in specific areas of recommended primary care. The report also allows the health care community to benchmark and compare care so that high performance can be identified and spread.

This second edition of *Information for a Healthy Oregon* reveals improvements in many of the measured areas of care. The report highlights the commitment of Oregon practitioners, clinic leaders, consumers, employers, policymakers and health plans to quality improvement. The goal of this report is to measure progress toward improvements in health care quality and to advance the principles of the Institute for Healthcare Improvement's Triple Aim: improve the health of the population; enhance patient experience; and reduce the cost of care.

Overview

Partner for Quality Care data come from administrative (billing) claims of 10 of Oregon's largest health plans and Medicaid, representing 1.85 million members. Quality Corp's practitioner directory has information for 2,751 primary care practitioners and pediatricians across the state. The clinics included in this report have four or more primary care practitioners and at least 25 patients who meet the specified criteria for a given measure.

This edition of *Information for a Healthy Oregon* continues to break new ground by not only providing information about where Oregon is today, but by also comparing care across three rounds of data collection from January 2007 to March 2010. Some key findings include:

- For some areas of care, particularly diabetes care, Oregon's clinics and providers are performing among the best in the nation. The strong performance demonstrates that high-quality care is achievable and is happening in Oregon.
- For some areas of care, substantial variation in care quality exists between the highest and lowest performing clinics. Providing information about this variation can help lead to improvement by identifying and disseminating best practices from high performers.
- Primary care in Oregon is getting better. Chlamydia screening rates, cholesterol screening rates for people with heart disease, and blood sugar control screening and cholesterol screening rates for patients with diabetes have shown statistically significant increases since the start of *Partner for Quality Care*.
- There is always room for improvement. Although Oregon's mean score for appropriate use of medications for people with asthma is high at 90.1 percent, this area of care is one example of where our state is below the national benchmarks.
- People across the state are using this information to improve health care delivery. The stories in this report provide examples of how *Partner for Quality Care* is making a difference in Oregon.

Engaging Consumers in *Partner for Quality Care*

In February 2010, *Partner for Quality Care* launched a website (www.PartnerForQualityCare.org) with quality scores for Oregon's doctors' offices and medical groups and tips for getting high-quality care. Here are a few examples of how consumers have used the information:

“I would recommend the *Partner for Quality Care* website because as a patient and advisor myself, I appreciate the statistics and tips, and I think other patients would, too. We've been encouraging patients to be partners in their care, and the tips on asking your doctor questions are really good. The quality scores were really interesting and I'd encourage all patients to take a look at how their doctor's office does.”

Tara DaVee
Patient Advisor, PeaceHealth Medical Group

“If you're trying to figure out what doctor to go to or whether you're getting the kind of care you should, this website is very helpful. For example, my husband has type 2 diabetes and goes to the doctor every year like he should, and I always assume he's getting the right care. Now I can look at the *Partner for Quality Care* website and see what he's supposed to get and ask him whether he got it or remind him to ask his doctor.”

Linda Eaton, M.P.H.
Retired Lane County Health & Human Services Employee

“The *Partner for Quality Care* website is great. I can look up my doctor's office and see how it compares to others, and I can also see what I should be doing to get quality health care. This is what I've wanted for a long time so I can make informed choices about my health care.”

Al Youse
Member, AARP Oregon

HOW OREGON MEASURES UP TO THE NATION: WHERE WE ARE TODAY

How does primary care in Oregon compare to the rest of the nation? In this section, Oregon's average scores for primary care performance are compared to national benchmarks from the voluntary HEDIS (Health Effectiveness Data and Information Set) reporting system for health plans that is produced by the National Committee for Quality Assurance (*State of Health Care Quality*, 2010). The tables in this section also provide the Oregon Achievable Benchmark of Care (ABC), which is used to compare care against performance levels already achieved by “best-in-class” clinics in our state. More information about these national and state benchmarks is available in the *Partner for Quality Care Technical Appendix* at www.PartnerForQualityCare.org.

DIABETES CARE

About one out of 15 Oregon adults has been diagnosed with diabetes. People living with the disease are at an increased risk for heart disease, blindness, kidney disease and amputations. Patients with diabetes can avoid these complications and maintain their quality of life with proper disease management that includes recommended screenings. *Partner for Quality Care* measures primary care performance on four recommendations for managing diabetes:

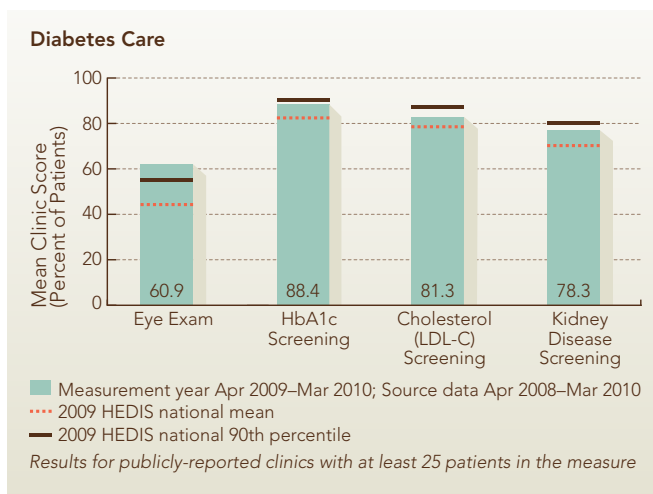
Blood Sugar Control (HbA1c) Screening Measures the percentage of patients with diabetes ages 18 to 75 whose blood sugar control was tested (HbA1c test) between April 2009 and March 2010.

Cholesterol (LDL-C) Screening Measures the percentage of patients with diabetes ages 18 to 75 who received a cholesterol test between April 2009 and March 2010.

Eye Exam Measures the percentage of patients with diabetes ages 18 to 75 who received a dilated eye exam by an eye care professional between April 2009 and March 2010.

Kidney Disease Screening Measures the percentage of patients with diabetes ages 18 to 75 who received a kidney screening or were treated for kidney disease, or who had already been diagnosed with kidney disease between April 2009 and March 2010.

On average, Oregon’s clinics and providers are performing above the national means for all of these screening measures. Oregon’s score for performing eye exams is above the national 90th percentile. These results are consistent with the first statewide report that showed Oregon’s performance in diabetes care to be above many of the national benchmarks. The concerted efforts of the Oregon health care community to improve diabetes care are evident in the relatively strong performance on these measures. However, the variation in scores from highest to lowest also demonstrates that some clinics still have opportunities for improvement in this area.



Diabetes Care

Measure	Oregon Mean Score	95% Confidence Interval	Number of Patients	Number of Clinics	Low Score	High Score	2009 HEDIS National Mean	2009 HEDIS National 90th Percentile	Oregon ABC Benchmark
Eye Exam	60.9	(59.2-62.5)	37,003	195	27.1	86.5	42.6	54.4	78.8
Blood Sugar (HbA1c) Screening	88.4	(87.5-89.3)	37,003	195	59.6	100.0	83.3	89.8	94.6
Cholesterol (LDL-C) Screening	81.3	(80.1-82.6)	37,003	195	45.0	100.0	78.6	86.8	91.6
Kidney Disease Screening	78.3	(76.8-79.8)	37,003	195	39.7	96.9	69.9	80.3	93.6

WOMEN'S PREVENTIVE CARE

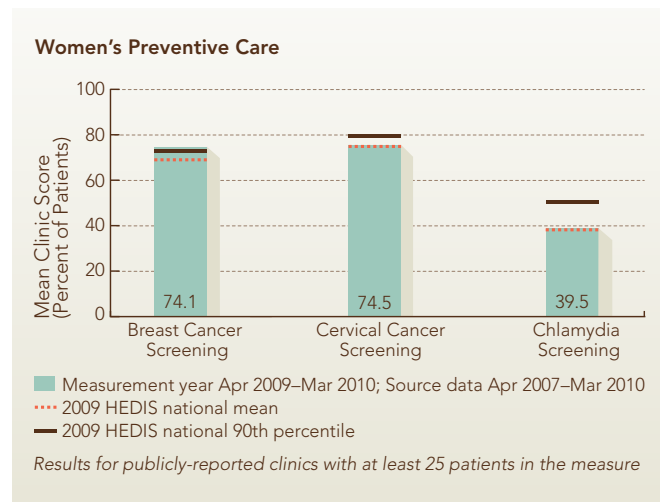
Preventive services include screenings that help find diseases earlier, when they are easier and less costly to treat. For women, important recommendations exist for breast cancer, cervical cancer and Chlamydia screenings. *Partner for Quality Care* measures primary care performance on the following recommendations:

Breast Cancer Screening Measures the percentage of women ages 40 to 69 who had a mammogram between April 2008 and March 2010.

Cervical Cancer Screening Measures the percentage of women ages 21 to 64 who received one or more Pap tests between April 2007 and March 2010.

Chlamydia Screening Measures the percentage of sexually active women ages 16 to 24 who had at least one test for Chlamydia infection between April 2009 and March 2010.

On average, Oregon's clinics and providers are at or above the national means for all three of the women's preventive care measures. Oregon is particularly strong at performing breast cancer screenings, with a score that exceeds the national 90th percentile. An important opportunity for improving women's health can be seen in the Chlamydia screening rates, where the score for the lowest performing clinic in Oregon is 12.5 percent. In contrast, another Oregon primary care clinic had a score of 79 percent, which demonstrates the ability to achieve a high rate of screening for the disease.



Women's Preventive Care

Measure	Oregon Mean Score	95% Confidence Interval	Number of Patients	Number of Clinics	Low Score	High Score	2009 HEDIS National Mean	2009 HEDIS National 90th Percentile	Oregon ABC Benchmark
Breast Cancer Screening	74.1	(73.0 - 75.2)	135,442	217	53.1	93.3	67.1	72.5	86.1
Cervical Cancer Screening	74.5	(73.4 - 75.7)	136,848	218	52.8	92.0	74.6	79.5	87.6
Chlamydia Screening	39.5	(37.3 - 41.7)	16,201	161	12.5	79.0	39.5	50.7	73.0

OTHER CHRONIC DISEASE CARE

Asthma, depression and heart disease affect many Oregonians. When managed with the appropriate medications and recommended tests, patients with these conditions can maintain their quality of life longer by preventing associated complications. *Partner for Quality Care* measures primary care performance on the following recommendations:

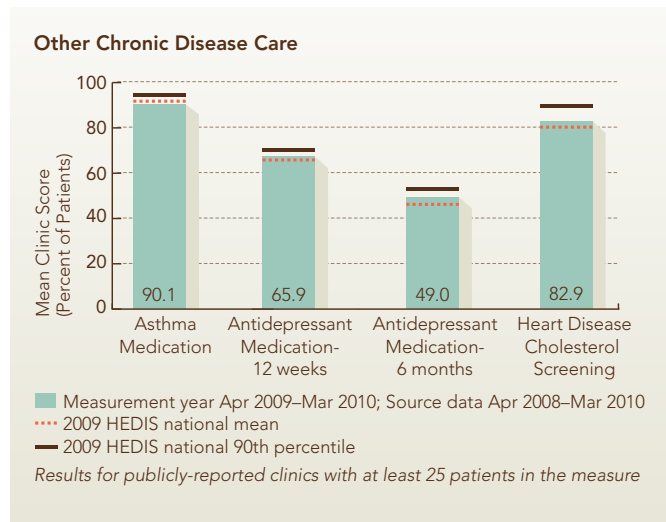
Asthma Medication Measures the percentage of patients ages 5 to 50 with persistent asthma who were appropriately prescribed and who filled long-term controller medication between April 2009 and March 2010.

Antidepressant Medication (Short Term – 12 Weeks) Measures the percentage of patients ages 18 and older diagnosed with a new episode of major depression between August 2008 and July 2009 who were prescribed and filled an antidepressant medication, and who remained on the medication for 12 weeks after the diagnosis.

Antidepressant Medication (Long Term – 6 Months) Similar to the short term antidepressant medication measure, but the time for remaining on the medication after diagnosis is at least 180 days (6 months).

Cholesterol Test for People with Heart Disease Measures the percentage of patients ages 18 to 75 who had at least one LDL cholesterol test in the year after they were discharged from the hospital for a heart condition or procedure (list available in the *Technical Appendix*) that occurred between April 2008 and February 2009.

On average, Oregon is performing above the national means but below the national 90th percentiles in cholesterol testing for people with heart disease and appropriate use of antidepressant medications. The score for appropriate use of asthma medication is below both national benchmarks; however, the distribution of scores shows small variation between the national mean and 90th percentile. Still, opportunities exist for health care stakeholders to work together to ensure that patients receive appropriate medications.



Other Chronic Disease Care

Measure	Oregon Mean Score	95% Confidence Interval	Number of Patients	Number of Clinics	Low Score	High Score	2009 HEDIS National Mean	2009 HEDIS National 90th Percentile	Oregon ABC Benchmark
Asthma Medication	90.1	(87.6 - 92.5)	2,471	42	64.3	100.0	92.8	95.5	98.0
Antidepressant Medication (short term - 12 weeks)	65.9	(64.0 - 67.8)	5,973	70	46.2	87.1	63.2	69.6	78.3
Antidepressant Medication (long term - 6 months)	49.0	(46.8 - 51.2)	5,973	70	27.5	67.5	46.4	54.3	65.8
Cholesterol Test for People with Heart Disease	82.9	(80.4 - 85.5)	5,222	60	50.0	100.0	80.2	89.0	93.0

How Clinics and Providers Use *Partner for Quality Care* Information

“We were able to use a list generated from the *Partner for Quality Care* data as a starting point for contacting women who needed mammogram screening. When they called patients in for service, they got a very positive response and were thanked for calling. This has been helpful for giving us a broad view of our patient population and has helped us monitor it.”

Tom Ewing, M.D.
Chief Medical Officer, PeaceHealth Medical Group

“Sometimes you just don’t know what you don’t know. I was able to use the data from *Partner for Quality Care* and compare it to my own patient registry. I discovered that I have patients with asthma and didn’t even know it. The bottom line is that the *Partner for Quality Care* data picked up patients that truly do have asthma that we’re managing inappropriately and were missed by our data pull. Our office has already instituted a change in our phone advice protocol that affects how asthma medication refills are handled.”

RJ Gillespie, M.D., F.A.A.P.
Medical Director, Oregon Pediatric Improvement Partnership, Pediatrician at the Children’s Clinic

“We’ve looked at the data and what we’ve found is that the data points out system-wide issues. We spotted a clinic that wasn’t doing as well on one of the metrics and we didn’t know that. Now we have a way to start a conversation and see what about the work flow is a barrier to providing better care.”

Pete Johnson
Chief Executive Officer, North Bend Medical Group

“Before we looked at our reports from *Partner for Quality Care*, we assumed our care for women’s health was good. Four years ago we stopped doing mammography screening in-house. As a result, we did not follow up as closely with our patients to ensure they received the service as ordered by their clinician. After seeing our scores, we have set an internal goal with nursing staff to find out who is due for mammography, and each nurse calls ten patients a week to get them in for service.”

Amanda Trujillo
Site Manager/Quality Management, Northwest Primary Group, PC

“I find the data reports helpful to my organization because they provide information we don’t have. We find this very useful because we can investigate where variation exists, where the care differences exist, where the best care is delivered and how, and roll those findings out to the rest of the group. When the *Partner for Quality Care* data came out, my first reaction was ‘finally we’ll have a benchmark to measure our internal data and either justify our work to date, or guide our efforts of improvement.’”

Todd Wise, M.D.
Chief Medical Director, Adventist Health Medical Group

DATA ACROSS THREE YEARS: WHERE WE ARE GOING

For the first time, *Partner for Quality Care* can report on multiple years of data submissions, beginning in calendar year 2007 through the first quarter of 2010. The analyses in this section can help indicate where Oregon is headed in its primary care quality improvement efforts. In order to make comparisons over time, a linear trend analysis was performed on only those clinics for which data from eight common health plans was recorded in all three measurement rounds. Additionally, all clinics must have had at least 25 patients in the measure denominator in each round and at least four primary care practitioners in Round 3 to ensure adequate sample size.

Where Oregon Has Improved

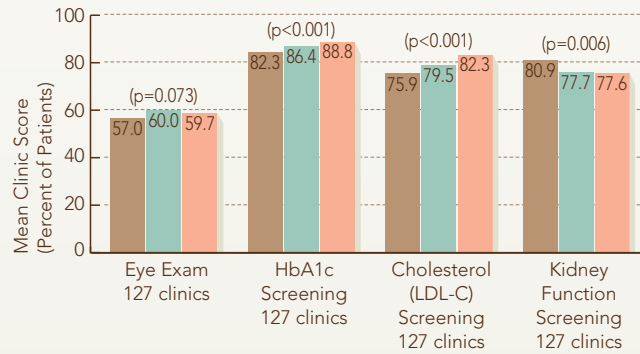
Scores for Chlamydia screening rates, blood sugar control and cholesterol screening rates for patients with diabetes, and cholesterol screening rates for patients with heart disease have all shown statistically significant improvements ($p < 0.05$). The improvement in Chlamydia screening rates is especially important, as the disease is the most commonly reported sexually transmitted disease in Oregon and the screening rate in 2007 was below the national average.

Where Oregon Is Holding Steady

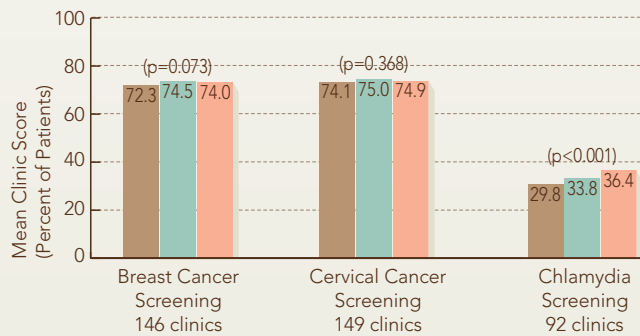
For many of the measures, including breast cancer and cervical cancer screenings, eye exam screening for patients with diabetes, and appropriate use of asthma and antidepressant medications, scores for Oregon's clinics and providers have remained steady. Kidney function screening for patients with diabetes is the only measure that has shown a statistically significant decline. However, the decline occurs between the first two years of measurement; rates have remained steady over the most recent two measurement years.

Three-year trends across eight common health plans

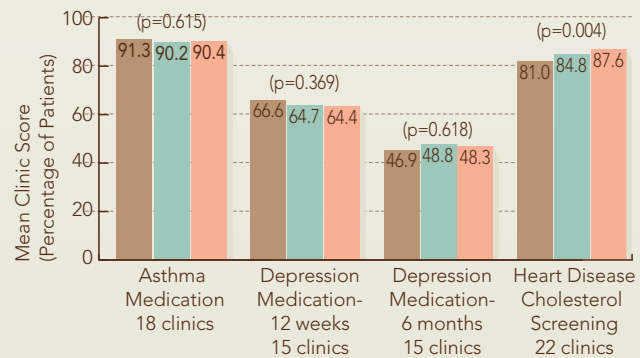
Diabetes Care



Women's Preventive Care



Other Chronic Disease Care



■ Round 1 based on the measurement year Jan 1, 2007-Dec 31, 2007
 ■ Round 2 based on the measurement year Apr 1, 2008-Mar 31, 2009
 ■ Round 3 based on the measurement year Apr 1, 2009-Mar 31, 2010

Means and linear trend analysis based on clinics with at least 25 patients in the measure denominator during Rounds 1-3, and publicly-reported in Round 3.

PROFILE

Using Data to Improve Care: Susan Clack, M.D., Pacific Medical Group

When Susan Clack, M.D., first heard about *Partner for Quality Care*, she felt “ambivalent because we didn’t know exactly what was going to happen. But we felt we had good systems in place and really wanted to see how we compare with others in the community.”

Today, Dr. Clack believes the initiative is helpful for improving patient care in her medical group. “It allows us to compare the data that we gather internally with external data, and it actually helps us identify areas where we have some care gaps and areas where we can provide better education,” she says.

Women’s health care is one example. Dr. Clack points to Chlamydia screening as an area where “providers just didn’t realize that it was a U.S. Preventive Services Task Force recommendation. I think *Partner for Quality Care* raised awareness that it actually is a preventive measure and that we are lagging behind other parts of the country. We did education and we saw improvement – and the community saw improvement.” Dr. Clack also changed her own personal practice in this area of care. “I did two screenings that I would have never done before and both were positive for Chlamydia. So it actually did change my practice,” she says.

“I did two screenings that I would have never done before and both were positive for Chlamydia. So it actually did change my practice.”

In addition to reporting scores for clinics and providers, *Partner for Quality Care* also allows practitioners to view information for individual patients. As a result of comparing their internal charts to *Partner for Quality Care* data, Dr. Clack and her team were able to identify patients with diabetes who were not receiving recommended care. “We take diabetes patients off our registry if they are getting care from an endocrinologist. And so we weren’t able to identify patients that weren’t getting this care until we got the *Partner for Quality Care* reports,” she says. “We were able to send that information to the primary care provider and reestablish that care.”

Pacific Medical Group has a long history of having processes and programs in place for diabetes care – and its scores reflect those efforts. “The first year we looked at diabetes and when we reviewed the scores, we did well. So that wasn’t an area where we needed to focus as much as others,” she says. *Partner for Quality Care* data continues to help Dr. Clack and her team identify focus areas for quality improvement. “This year we’re working on mammogram tracking,” she says. “The *Partner for Quality Care* data confirmed that this is an area that we need to work on.”

In speaking about the *Partner for Quality Care* data, Dr. Clack says, “I think it’s really important to be open for feedback and *Partner for Quality Care* has been really good at that. The data improves each time that we look at it.” She adds that quality measurement and reporting are important for improving health care, and that “It’s good to get the feedback, and good to see the community and where we are in it. I hope that together, we actually move the community curve.”

NEW MEASURES, NEW OPPORTUNITIES FOR IMPROVEMENT

To achieve our goal of providing multiple stakeholders with the information they need to improve primary care delivery, *Partner for Quality Care* is continually evaluating the accuracy and usefulness of the measures. Our Measurement and Reporting Team actively engages physicians, nurses, health plans, employers, policymakers and consumers in our work to refine existing methodologies while also selecting new measures that have the potential to open important avenues toward quality improvement.

In this most recent round of reporting, *Partner for Quality Care* has added nine new measures to track data on utilization and pediatric care. The new measures are being evaluated for public reporting in 2012 and include the following:

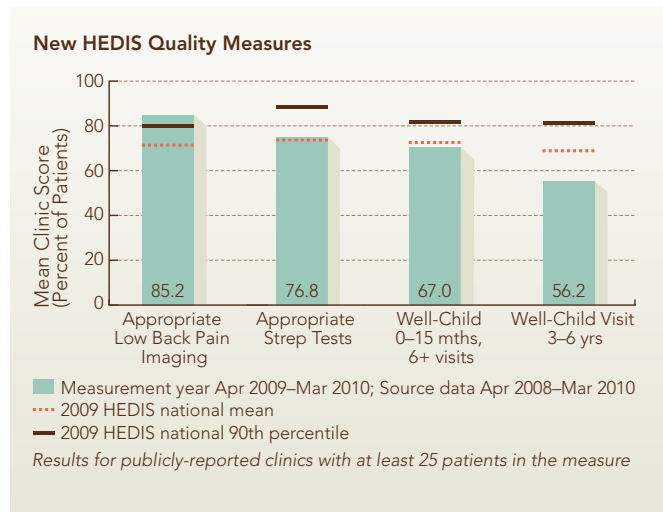
Appropriate Low Back Pain Imaging Measures the percentage of patients on whom an imaging study was not conducted within the 28 days following a new episode of low back pain.

Generic Prescriptions, Statins (Cholesterol-Lowering) Measures the percentage of all prescriptions for statins that were filled with a generic drug.

Generic Prescriptions, SSRIs and Other Second Generation Antidepressants Measures the percentage of all prescriptions for SSRIs (selective serotonin reuptake inhibitor) and other second generation antidepressants that were filled with a generic drug.

Generic Prescriptions, Proton Pump Inhibitors (Antacids) Measures the percentage of all prescriptions for proton pump inhibitors (PPIs) that were filled with a generic drug.

Generic Prescriptions, Non-Steroidal Anti-Inflammatory Drugs Measures the percentage of all prescriptions for non-steroidal anti-inflammatory drugs (NSAIDs) that were filled with a generic drug.



Appropriate Strep Tests for Children with Pharyngitis Measures the percentage of children ages 2 to 18 who had a group A streptococcus test within three days of prescribing antibiotics to treat pharyngitis (sore throat).

Well-Child Visits in the First 15 Months of Life 1) Measures the percentage of children who had five or more well-child visits with a primary care provider during their first 15 months of life. 2) Measures the percentage of children who had six or more well-child visits with a primary care provider during their first 15 months of life (this is the standard HEDIS measure).

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life Measures the percentage of children ages 3, 4, 5 or 6 years who had at least one well-child visit with a primary care provider during the measurement year.

STATEWIDE REPORT ON HEALTH CARE QUALITY

Utilization

The utilization measures, including the appropriate use of imaging studies for low back pain, appropriate testing (strep tests) for children with pharyngitis (sore throats), and generic prescription fill rates, provide an opportunity to learn how medical resources are being used in Oregon – a first step in improving value and reducing costs associated with overuse and decreasing harm from misuse. Initial assessment of generic prescribing rates shows variation by drug class and between clinics.

Measure	Oregon Mean Score	95% Confidence Interval	Number of Patients/ Total Prescriptions Filled	Number of Clinics	Low Score	High Score	2009 HEDIS National Mean	2009 HEDIS National 90th Percentile	Oregon ABC Benchmark
Appropriate Strep Tests for Children with Pharyngitis	76.8	(72.3 - 81.2)	7,681	84	7.4	96.9	75.5	87.1	96.0
Appropriate Low Back Pain Imaging	85.2	(84.2 - 86.2)	12,486	149	63.4	100.0	72.7	79.9	93.2
Generic Drug Prescriptions- NSAIDs	87.7	(86.7 - 88.7)	89,718	213	62.8	100.0	n/a	n/a	98.7
Generic Drug Prescriptions- PPIs	78.2	(76.8 - 79.6)	132,667	216	48.3	100.0	n/a	n/a	95.5
Generic Drug Prescriptions- SSRIs	66.7	(65.1 - 68.4)	149,475	226	14.4	94.3	n/a	n/a	84.1
Generic Drug Prescriptions- Statins	70.4	(69.1 - 71.6)	936,473	224	15.4	100.0	n/a	n/a	80.9

Pediatric Care

The pediatric measures provide a snapshot of how well Oregon clinics are performing in children's primary care using *Partner for Quality Care's* comprehensive measurement system. Oregon's mean rate of annual well-child visits for children ages 3 through 6 is significantly lower than the national mean, demonstrating an area where health plans, practitioners, employers and consumers can work together to improve care for children in Oregon.

Measure	Oregon Mean Score	95% Confidence Interval	Number of Patients	Number of Clinics	Low Score	High Score	2009 HEDIS National Mean	2009 HEDIS National 90th Percentile	Oregon ABC Benchmark
Well-Child Visits in the First 15 Months of Life, 5 or more	85.2	(83.8 - 86.6)	11,544	95	64.3	97.5	n/a	n/a	94.9
Well-Child Visits in the First 15 Months of Life, 6 or more	67.0	(64.0 - 69.9)	11,544	95	10.7	92.2	71.9	82.5	87.4
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	56.2	(53.8 - 58.6)	48,691	169	15.4	90.2	66.0	81.7	82.9

PROFILE

Barbara Prowe, Executive Director, Oregon Coalition of Health Care Purchasers

At the helm of the Oregon Coalition of Health Care Purchasers (OCHCP), Barbara Prowe works to improve the ability of employers to contract for high-quality and cost-effective health care. For the past six years, Prowe has served on the Board of Directors of Quality Corp, which was started by OCHCP to focus exclusively on quality improvement.

“*Partner for Quality Care* is a means toward better health care decision-making.”

“The work of Quality Corp is very integrated into the mission of the Purchasers Coalition,” says Prowe. “*Partner for Quality Care* is a means toward better health care decision-making.”

Employers use *Partner for Quality Care* information to encourage employees to be more engaged in their own health and well-being. “The information provided

by *Partner for Quality Care* helps people learn how to best utilize the health care dollars that they’re spending and how to get as much information as they can about their health situation,” says Prowe. “Employers use the *Partner for Quality Care* information in their newsletters and during open enrollment. We really want people to be accountable for their health and informed about their care and their care providers.”

Ultimately, as *Partner for Quality Care* gears up to include new measures, such as resource use, the initiative has potential to help support a value-based purchasing agenda. According to Prowe, that agenda “includes preferred status to high-quality providers.”

Looking to the future, Prowe sees an opportunity for *Partner for Quality Care* to provide consumers with more information about hospitals and specialists. “We would like everyone to have a strong relationship with a primary care provider that’s meeting basic quality standards,” she says. “And when a specialty provider or a hospital is needed, we would like data available on those providers to support the selection by the patient and/or their primary care provider.”

What Employers Are Saying About *Partner for Quality Care*

“We require health plans we contract with to participate in *Partner for Quality Care* because we are committed to making health care better, and the way to get there is by working together. We sent information to all of our members about the *Partner for Quality Care* website because we want them to make informed decisions about where they go for their care.”

Joan Kapowich, Administrator, Public Employees’ Benefit Board

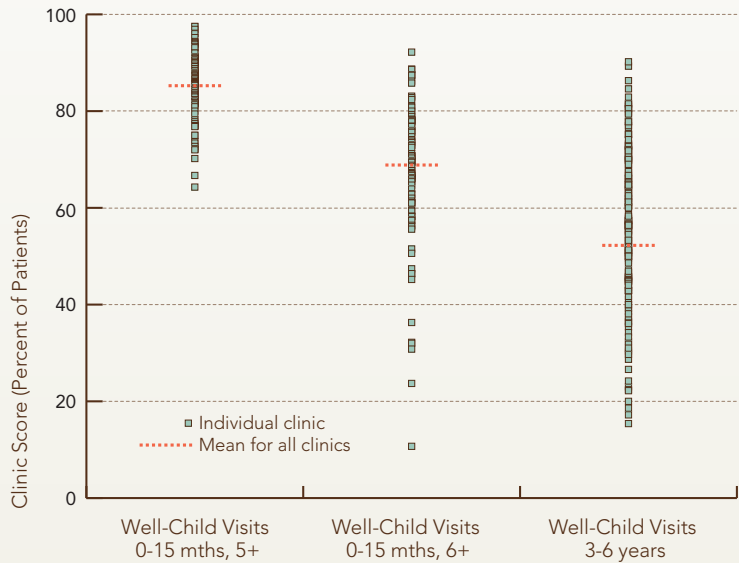
“As an employer, ensuring quality health care is available for our employees is critical, as is partnering with providers who can help us develop a benefit package that supports good quality care. Thus, the collaborative nature of *Partner for Quality Care* is an important component in educating our employees, as consumers, and engaging them in understanding how better information can translate to improvements in the overall quality of care that they have the right to demand.”

Nancy L. Helseth, Vice President of Human Resources, The Collins Companies

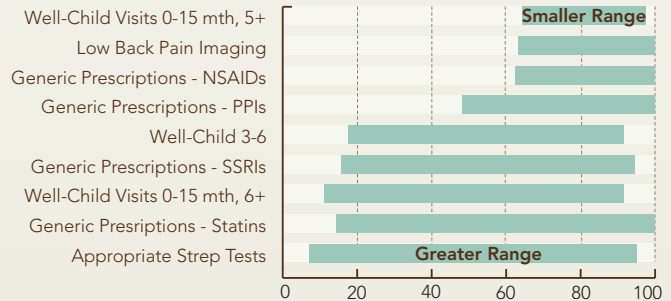
QUALITY OF CARE VARIES

For some measures, there are large differences in the scores for the lowest and highest performing clinics. In the top graph, clinic scores for the pediatric measures provide an example of the degree of variability (both high and low) that can exist. Although there are many reasons for variation, including socio-economic status, patient preference and insurance benefits, the observed variation in care underscores the opportunity for improving the quality of health care in Oregon. Top performing clinics show that high-quality care is achievable; identifying the processes that lead to their success and helping other clinics implement changes are fundamental to quality improvement efforts.

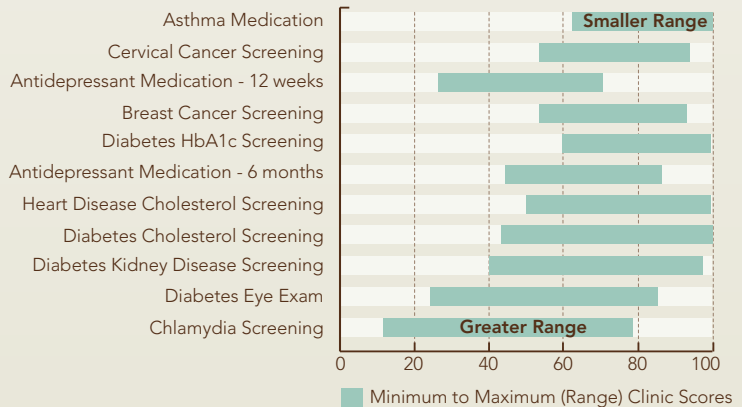
Variation in Pediatric Care Performance By Clinics



New Quality Measures: Range of Clinic* Scores



Existing Quality Measures: Range of Clinic* Scores



*Includes publicly-reported clinics with at least 25 patients for the measure

PROFILE

Engaging Partners in Quality Improvement: Jeanene Smith, M.D., M.P.H., Oregon Health Policy and Research

Jeanene Smith, M.D., M.P.H., joined the Board of Directors of Quality Corp in 2003, when the organization was in the early stages of planning for statewide measurement of health care quality. At that time, Dr. Smith recalls, “we were thinking about how we were doing as a state. But as we got more into the project, it also became about how to feed information to providers to help drive quality improvement by changing practice patterns.”

“The work of Quality Corp has been a great way to bring together the community to collaborate around quality and transparency.”

According to Dr. Smith, engaging providers in quality improvement and providing them with useful information is a key role for *Partner for Quality Care*, which works collectively with health plans to provide a statewide look at health care across similar measures of quality. “It used to be that providers would get one report from one health plan, then another from another health plan using different metrics, and it was really hard to put it all together. Now it’s simplified,” she says.

Consumer engagement is another key role for *Partner for Quality Care*. In addition to providing quality information to medical groups and practitioners, Dr. Smith adds, “communicating this information back to the consumer is a role that the government isn’t always able to do. Consumer education and awareness of this information is a really important area for *Partner for Quality Care*.”

With health care reform activities underway in Oregon, Dr. Smith sees another role for *Partner for Quality Care* in helping to evaluate the effectiveness of quality improvement and payment reform projects. “For example, if we start paying differently for medical homes, do we see an improvement in quality measures? And as *Partner for Quality Care* moves toward measuring utilization, do we see an improvement in efficiency? There is a great opportunity for public-private partnerships to collectively evaluate and improve health care,” says Dr. Smith.

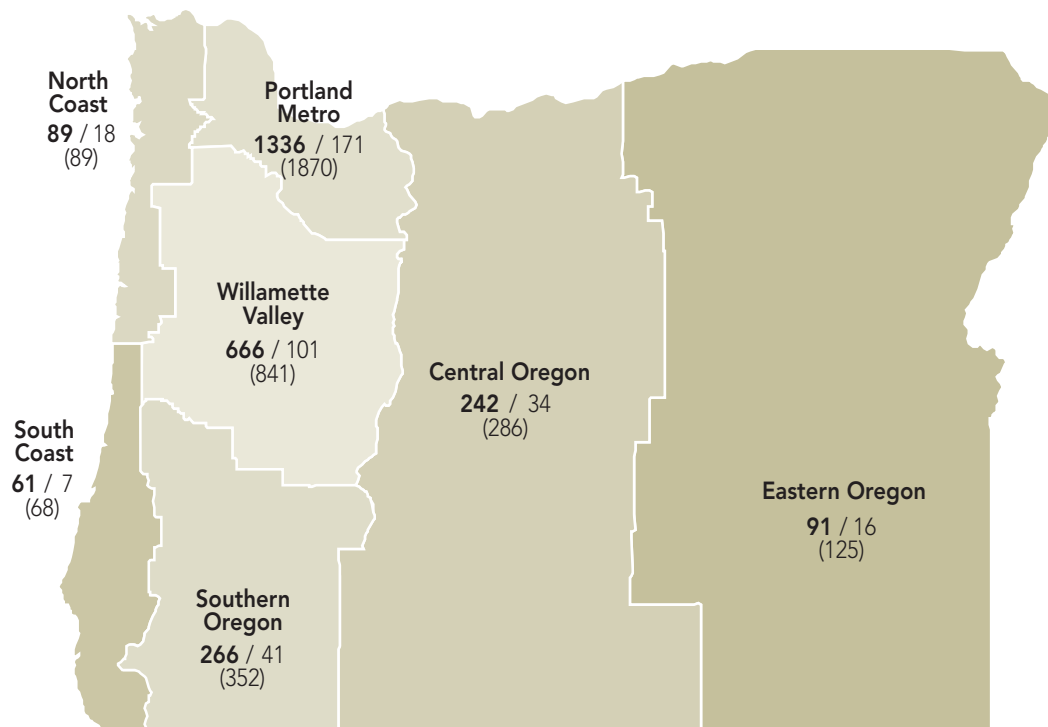
Partnerships are the foundation of Quality Corp and *Partner for Quality Care*. Dr. Smith adds, “The work of Quality Corp has been a great way to bring together the community to collaborate around quality and transparency.”

MEASURING QUALITY ACROSS THE STATE

Data includes 75 percent of primary care practitioners

Quality Corp’s claims database includes information for nearly half of all Oregonians (1,858,687) for the measurement year of April 2009 – March 2010. Data come from administrative claims (188.57 million medical claims and 121.18 million pharmacy claims) submitted by 10 of Oregon’s largest health plans and Medicaid on 20 measures of primary care quality, the majority of which are nationally endorsed. The percentage of patients covered by more than one plan during the measurement year is 31 percent. A total of 2,751 practitioners in 388 adult primary care and pediatric clinics in Oregon are included in Quality Corp’s practitioner directory, which represents approximately 75 percent of all primary care practitioners in the state. The different types of practitioners include adult primary care physicians (64 percent), pediatricians (14 percent), and nurse practitioners or physician assistants (22 percent). The map below illustrates the urban and rural regional distribution of clinics and practitioners reflected in the practitioner directory; approximately 51 percent of clinics are located outside the Portland Metro area. A full technical appendix with specific details about data collection and validation, patient attribution, measurement selection and eligibility, and the advantages and limitations of claims data is available online at www.PartnerForQualityCare.org.

Geographic Distribution of Clinics and Primary Care Practitioners Included in Partner for Quality Care



Primary Care Practitioners / Clinics Included in Practitioner Directory
(Estimated Total Primary Care Practitioners)

USING CLAIMS DATA

Claims data reflects information submitted by practitioners to payers as a part of the billing process. While not all medical care shows up in billing data, it does include useful information about diagnoses and services provided. When Quality Corp provides data derived from claims back to clinics, practitioners are informed whether patients have received a service outside of their practice or filled a prescription. Use of claims data assumes clinics and practices are billing accurately and comprehensively for services rendered.

While administrative claims data has limitations, it provides basic information for a very large segment of the Oregon health care delivery network. Additionally, *Partner for Quality Care* is working to expand quality reports to reflect data from other sources, such as electronic medical records and laboratory values. Limitations of claims data include timelines and completeness of the information. For example, data in this report do not include a clinic’s entire patient population, such as uninsured patients, patients who pay for their own health care services, Medicare patients, or patients served by a health plan or Medicaid provider not participating in *Partner for Quality Care*. Only clinics with four or more practitioners and 25 or more patients for a given measure are included, so the data do not represent small practices. More information about claims data is available in the *Partner for Quality Care Technical Appendix*, available online at www.PartnerForQualityCare.org.

FUNDING PARTNERS*

CareOregon

Center for Health Care Strategies

Medicaid Fee-For-Service (DMAP)

FamilyCare

HealthNet of Oregon

Kaiser Permanente

LifeWise Health Plan of Oregon

Northwest Health Foundation

ODS Health Plans

Oregon Coalition of Health Care Purchasers

PacificSource Health Plans

Providence Health Plans

Public Employees Benefit Board

Regence Foundation

Regence BlueCross/Blue Shield of Oregon

Robert Wood Johnson Foundation

United Healthcare

*Health plans that submitted claims data for this report appear **bold**.

Why Health Plans Participate in *Partner for Quality Care*

“We are committed to collaborative efforts to improve health and reach sustainable costs. Participating in the *Partner for Quality Care* initiative is one way we’re putting that commitment into action by supporting the transparent delivery of meaningful quality information directly to physicians and consumers.”

Majd El-Azma
President and Chief Executive Officer, LifeWise Health Plan of Oregon

“The *Partner for Quality Care* initiative is a remarkable example of collaboration for the greater good. This program encourages health plans to set aside competitive motivations in order to collaborate around a consistent approach to improving health care in Oregon. Thanks to this collaborative effort, practitioners in Oregon now have some meaningful data to guide improvements in the quality of care and consumers are able to make better informed choices about their own care.”

Chris Ellertson
President, Health Net Health Plan of Oregon, Inc.

“Providence Health Plans works to improve quality, affordability and access to health care in the communities we serve. The *Partner for Quality Care* initiative is one way to help improve health outcomes and provide important information to patients.”

Jack Friedman
Chief Executive Officer, Providence Health Plans

“PacificSource Health Plans is privileged to be a partner in the *Partner for Quality Care* initiative, providing data and resource support for quality care reporting. Such actionable data fuels meaningful improvements in care for everyone. We are committed to the continued success of this important collaborative partnership to benefit practices and patients.”

Steve Marks, M.D.
Senior Vice President and Chief Medical Officer, PacificSource Health Plans

“Kaiser Permanente applauds the work of the Oregon Health Care Quality Corporation and is pleased to participate. We value the ability to compare our health care quality to other health systems in a fair way, and Oregonians deserve to see apples-to-apples comparisons between providers.”

Tom Syltebo, M.D.
Clinical Quality Representative, Kaiser Permanente

BETTER TOGETHER

Ten health plans collaborate for better information

More data means better information. To provide useful and reliable information about the quality of care in our state, Oregon's largest health plans collaborate with *Partner for Quality Care* by submitting their claims data to produce quality scores. Since 2009, three new health plans have joined the initiative, providing even more data, especially for Medicaid patients. With this new data, *Partner for Quality Care* can now provide important quality information for some of the most vulnerable citizens in Oregon and the providers who care for them. The ability to provide this essential information is only possible through community-wide collaboration. It takes all of us working together to create a healthy Oregon.

Everyone Has a Role in Improving Quality

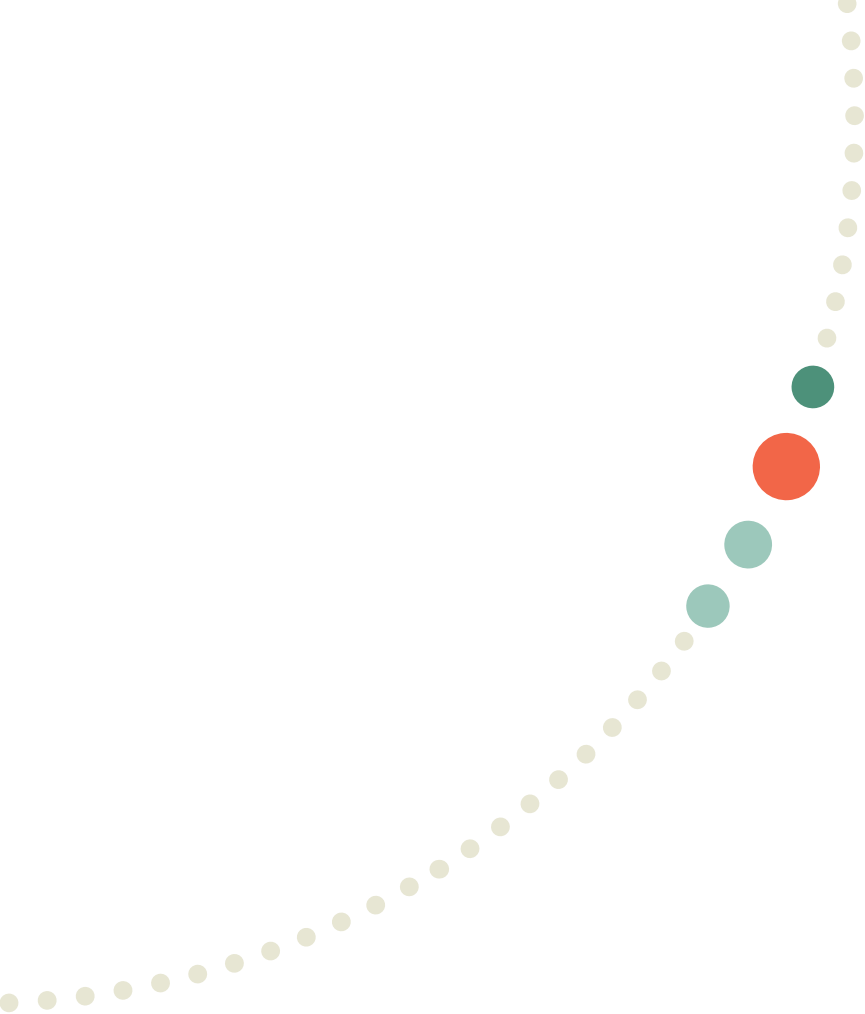
Quality care is the care you need when you need it – no less, no more. This report is one tool for helping providers, health plans, employers, policymakers and patients take action to achieve quality care. Providers can use *Partner for Quality Care* information to compare their clinic to others, identify best practices, and implement systems for improving patient care. Health plans can identify where performance is low and help eliminate barriers to getting recommended care. Employers can promote a work environment that helps employees make good choices about their health. Policymakers can use the report as a guide for health care decisions in our state. And patients can use the data to become informed decision-makers in their own care.

About the Oregon Health Care Quality Corporation

Founded in 2000, the Oregon Health Care Quality Corporation (Quality Corp) is a non-profit organization managed by a balanced Board of Directors, including senior representatives from consumer groups, physician groups, health plans, employers, hospitals and government agencies. Our mission is to improve health care in Oregon through collaboration. Quality Corp provides a neutral forum for sharing information and best practices and identifies strategic projects for improving health care through community-based activities.

The work of Quality Corp is recognized nationally. Quality Corp received the Chartered Value Exchange designation from the U.S. Department of Health and Human Services in 2008 in recognition of leadership to improve care in Oregon. In 2007, Quality Corp became one of 17 organizations nationwide to be awarded a grant from *Aligning Forces for Quality*, a program of the Robert Wood Johnson Foundation. Quality Corp is also a member of the Network for Regional Healthcare Improvement, a national coalition of Regional Health Improvement Collaboratives that are working to improve the quality and value of healthcare delivery in the U.S.

For more information, visit www.q-corp.org.



Partner *for* Quality Care



Information for a Healthy Oregon

A project of the Oregon Health Care Quality Corporation and the Robert Wood Johnson Foundation's *Aligning Forces for Quality* initiative.

www.PartnerForQualityCare.org

619 SW 11th Avenue, Suite 221 • Portland, OR 97205 • Phone: 503.241.3571 • Fax: 503.548.4849