Comagine Health

Oregon Data Collaborative Frequently Asked Questions

This document addresses the most common questions about Comagine Health's Oregon Data Collaborative.

- Who is Comagine Health?
- What is Comagine Health's Oregon Data Collaborative?
- How is the Oregon Data Collaborative funded?
- Who has submitted data?
- How were measures selected?
- What data are publicly reported?
- How are data publicly reported?
- Can my practice be excluded from public reporting?
- Why does the Oregon Data Collaborative base measurement on administrative claims data?
- How can quality of care be measured using administrative claims data?
- How are data privately reported?
- Why are these scores different than the scores from my EHR/data system?
- Why is the number of patient cases so small for some of these measures?
- Why are the reported data so old?
- How does this program comply with HIPAA privacy and security standards?

Who is Comagine Health?

Comagine Health is a national, nonprofit, health care consulting firm. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system. Visit comagine.org to learn more about us.

What is Comagine Health's Oregon Data Collaborative?

Comagine Health coordinates the Oregon Data Collaborative, a statewide initiative that brings together consumers, providers, employers, policymakers and health insurers to provide actionable data and analysis to improve the quality and affordability of health care in Oregon and beyond. The goal of this measurement and reporting initiative is to improve patient care by coordinating and consolidating quality, utilization and expenditure information.

Comagine Health produces reports for primary care and women's health provider organizations across the state. Reporting has expanded over time and now includes measures on chronic disease care, women's preventive services, utilization, well-child visits, potentially avoidable emergency department visits and hospital admissions.

Some measure results are publicly reported once per year on Compare Your Care, Comagine Health's consumer website, at http://q-corp.org/compare-your-care. These results are produced independently by Comagine Health and represent insured populations, including commercial, Medicaid and Medicare.

How is the Oregon Data Collaborative funded?

Funding for the Oregon Data Collaborative, including Compare Your Care, Data Connect and regular publications comes from voluntary financial contributions from health plans who also supply data.

Who has submitted data?

The following health plan partners voluntarily supply data to the Oregon Data Collaborative:

- BridgeSpan Health
- CareOregon
- Centers for Medicare and Medicaid Services (Qualified Entity Program)
- Health Net of Oregon
- Kaiser Permanente
- Moda Health
- Oregon Health Authority
- PacificSource Health Plans
- Providence Health Plans
- Regence BlueCross BlueShield of Oregon

How were measures selected?

To ensure the Oregon Data Collaborative is delivering measures of value and support to Oregon partners, Comagine Health engages its Analytics Advisory Committee, composed of providers, employers, policymakers, health insurers and consumers, to inform the Oregon Data Collaborative measure set, alignment with state needs and initiatives, measure specifications and other technical decisions. Measures and reports are refined, added or removed as the needs of the Oregon Data Collaborative's community partners evolve.

Earlier versions of this committee identified principles for measure selection and the first set of Oregon Data Collaborative measures. To ensure measures adhered to national standards set by the National Quality Forum (NQF), the committee primarily chose measures from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS), a subset of the measures endorsed by NQF and the most widely used set of measures for ambulatory care.

What data are publicly reported?

Data are publicly reported through Comagine Health's Compare Your Care initiative at http://q-corp.org/compare-your-care. It is updated annually. Public reporting is limited to provider organizations with three or more practicing primary care providers (based on provider rosters located in Data Connect) and at least 30 patients included in a measure, or those provider organizations that opt in to public reporting. Provider organizations must have at least one round of data reported in Data Connect before their data will be considered for public reporting. Provider organizations with fewer than three primary care providers will not have their scores reported on the Compare Your Care website, though they will continue to receive measure results in Data Connect and may opt in to public reporting by contacting Comagine Health at OregonData@comagine.org.

For each measurement period, the following criteria are used to determine eligibility for public reporting:

- Provider organization must have three or more active primary care providers on their roster in Data Connect
- There must be at least 30 patients included in a measure
- Provider organization must have at least one round of data reported in Data Connect

How are data publicly reported?

Provider organizations with rates that are above or below one standard deviation from the statewide average rate are reported as "Better" or "Below," respectively. As a result, approximately two-thirds of Oregon practices are reported as "Average."

Although results for individual providers have not been publicly reported to date, they are reported in Data Connect for practice/provider use and quality improvement purposes. In addition, health plans receive unblinded data on clinic and provider performance for their insured members.

Can my practice be excluded from public reporting?

If your practice or medical group does not meet the criteria for public reporting or if you have other reasons why your organization should not be included in public reporting, please review the Public Reporting Provider Exclusion Policy and Request Form available at https://comagine.org/resource/2701.

Why does the Oregon Data Collaborative base measurement on administrative claims data?

For accurate measurement and comparison across the community, large data sets are essential. Currently, claims data is the only type of high-volume data readily available in electronic format. In the future, we hope to expand the reports to reflect data from other sources, such as electronic health records (EHRs) and Health Information Exchanges (HIEs).

How can quality of care be measured using administrative claims data?

Claims data reflect information submitted by primary care and other providers to payers as a part of the billing process. While not all medical care shows up in billing data, they do include useful information about diagnoses and services provided. Using claims data, for example, one can measure care processes such as "What percentage of patients with diabetes were given an HbA1c test at least once during the measurement period?" Claims data will also let providers know whether patients have, in fact, received a service or filled a prescription. Use of claims data assumes practices are billing accurately and comprehensively for services rendered.

How are data privately reported?

Comagine Health delivers reports through its secure online portal, Data Connect, where authorized users from provider organizations can view their measure results down to the patient level. Data Connect offers data trending, comparisons and filtering options to help users retrieve actionable data on their organization's performance.

Why are these scores different than the scores from my EHR/data system?

Scores in the Oregon Data Collaborative's private and public reports may differ from those based on your EHR/data system for any of the following reasons:

- The claims data used for these scores only represent a subset of your actual patient population. Not all of Oregon's health plans participate in the initiative. Also not included are denied claims and self-insured or uninsured visits.
- Evidence of services is not always captured in claims; this may be due to coding issues.
- To maintain the integrity of the measures, strict inclusion criteria are imposed to ensure that everyone included in a measure is truly in need of the service. As a result, the number of patients included in a particular measure may be fewer than the number identified in your medical record as having a particular condition.

Why is the number of patient cases so small for some of these measures?

Despite the large number of claims in the dataset, some providers and practices may have only a small number of patients for some measures. In the aggregation process, patients are "lost" (about 33%) because only patients who were continuously enrolled in health plans during the measurement period are counted. Additionally, some patients are not captured in the measures because: 1) their condition may not have been coded in a claim, 2)

they are not members of a participating health plan, 3) they don't meet extremely strict inclusion criteria or 4) they were assigned to a different provider.

Why are the reported data so old?

The Oregon Data Collaborative delivers reports to provider organizations in Data Connect using claims that have had at least three months to be adjudicated by the health plans. This delay ensures that the measure results reported are mostly complete. When coupled with the time required for health plans to submit the data, data cleaning and aggregation time, and our extensive quality control processes, the data reported in Data Connect are from claims incurred approximately nine months prior to reporting.

Additionally, the broad categories ("Average," "Below" or "Better") reported on Compare Your Care minimize how frequently practices' results change. For these reasons, Compare Your Care is updated annually, usually in December, with the previous year's results.

How does this program comply with HIPAA privacy and security standards?

Health plans' communications to providers about population- and patient-level information are permitted as treatment and operations under Health Insurance Portability and Accountability Act (HIPAA). Comagine Health coordinates this communication in order to make it more useful to medical groups, practices and providers. Participation agreements, business associate agreements and multiple levels of security for technical processes are in place to assure the security and protection of patients' privacy. Any breach in a patient's protected health information should be reported to Comagine Health staff immediately. A form is also available for patients who may want to opt out of inclusion in the Oregon Data Collaborative's measurement and reporting initiatives.