Information for a Healthy Oregon

Statewide Report on Health Care Quality

2012

OREGON HEALTH CARE

QUALITY

CORPORATION

Welcome

Letter from the Board Chair and Executive Director

For the many Oregonians who have supported the work of the Oregon Health Care Quality Corporation, we've together experienced a tremendous movement toward setting new standards of quality and accountability in health care. Not long after our organization was founded, the Institute of Medicine's ground breaking report, *Crossing the Quality Chasm*, issued an urgent call for greater transparency and information that enables informed decisions by patients and their families. Today that call for transparency and information has resulted in a greater demand for metrics that will support efforts to improve the quality, affordability and patient experience of health care.

In Oregon, quality measurement and reporting will be used to assess coordinated care organizations and patient-centered medical homes, evaluate new public and private payment reform initiatives, support consumers in comparing health plans offered by the health insurance exchange, help providers better coordinate care for patients across settings, and more. Indeed, quality measurement and resource use reporting has become an integral part of reforming health care.

To help support this work we're bringing our community together to align measurements, aggregate data from multiple sources, and develop innovative ways for delivering information that truly enables informed decisions by everyone who has a stake in improving health outcomes and affordability.

This report, *Information for a Healthy Oregon: Statewide Report on Health Care Quality*, is just one example of how we're providing independent and unbiased information in response to health care reform. Inside this report you'll find more than just data and measures. You'll see a snapshot of where Oregon is providing first class care—and where we have important opportunities to improve health care. In this third edition of *Information for a Healthy Oregon* you'll also find examples of how we're working to expand our quality and resource use reporting to ensure that all stakeholders have the information needed for meaningful and sustainable health care transformation.

And that's our promise to our community. As we work together to meet the Triple Aim goals of improving overall health, enhancing the patient experience of care and reducing costs, we will continue to lead community collaborations around quality and cost issues and enhance the information we provide to produce data and analytics that address the rapidly changing state and federal environment. We thank you for your ongoing support as we work to improve the health of all Oregonians.

Pam Mariea-Nason, RN, MBA
Board Chair

Mylia Christensen
Executive Director

Quality Corp hosted a *Reducing Readmissions in Oregon* conference in October 2011. **See page 10 for more information.**

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Measuring the quality and utilization of care in Oregon

Across the nation communities are coming together to better understand and improve the quality and affordability of health care. *Information for a Healthy Oregon: Statewide Report on Health Care Quality* is the product of a collaborative effort and provides a snapshot of the quality and utilization of care across Oregon. With this information, our community can benchmark and compare care so that high performance can be identified and spread.

The goal of this report is to support health care reform efforts aimed at advancing the Institute for Healthcare Improvement's Triple Aim: improve the health of the population; enhance patient experience; and reduce the cost of care.

Overview

Data in this report come from administrative (billing) claims from eight of Oregon's largest health plans, two managed Medicaid organizations and the Oregon Health Authority Division of Medical Assistance Programs (Medicaid), representing 2 million members. The Oregon Health Care Quality Corporation's (Quality Corp) dataset covers 75 percent of the commercially insured population, 71 percent of the Medicaid population and 38 percent of the Medicare Advantage population in Oregon. Claims data in the Quality Corp database is aggregated to produce quality and resource use scores for Oregon. This report covers the measurement year from July 2010 to June 2011. More information about Quality Corp data sources, including efforts to expand and enhance these sources, can be found on page 22 of this report. A detailed Technical Appendix is also available at Q-Corp.org.

In addition to scores for Oregon's primary care clinics on a number of quality and resource use metrics, this third edition of *Information for a Healthy Oregon* also includes aggregated information on new measures of emergency department (ED) visits and hospital admissions. Some key findings include:

- For children, one out of six visits to the ED is potentially avoidable. Of the avoidable visits, over 90 percent result from 10 primary diagnoses, such as ear pain/infections or colds. Children on Medicaid also have approximately double the rate of potentially avoidable visits, compared to children on commercial plans.
- County rates of potentially avoidable hospital admissions vary widely throughout Oregon. The lowest rate is achieved by Hood River County at 786 potentially avoidable admissions per 100,000 patients, compared to Wheeler County's high rate of 5,075. The difference in rates between the highest and lowest performing counties is over six fold.
- For the first time, Quality Corp's dataset includes information for five rounds of measurement. Over this time period, notable improvements have occurred in diabetes care, cholesterol tests for people with heart disease, and antidepressant medication management. One-third of Oregon clinics have improved their comprehensive diabetes care as demonstrated by achieving higher rates on four screening measures since the first round of reporting. For long-term (6 months) antidepressant medication management, the average clinic rate has improved by 12.5 percentage points, surpassing the national average.

Appropriate use of hospital resources

Safely avoiding the inappropriate and excessive use of care, including potentially avoidable ED visits and hospital admissions, is an essential component of efforts to improve the quality, affordability and patient experience of health care. Most people would prefer to avoid hospitalization and spending time in a hospital puts patients at higher risk of harm. Hospital care is also more expensive than care delivered in a primary care setting. The measures in this section of the report examine ED visits and hospital admissions in Oregon that could have been potentially avoided with access to appropriate care outside the hospital.

Potentially avoidable emergency department visits

This section examines the percentage of ED visits for clinical problems that could have been managed in a more appropriate care setting. The average cost of an ED visit in the U.S. is $580 more than the cost of an office visit (National Priorities Partnership, 2010). Eliminating the 46,000 potentially avoidable ED visits identified in the Quality Corp dataset could reduce health care costs in Oregon by at least $26.8 million a year.

The measures in this section were developed by the Medi-Cal Managed Care Division of the California Department of Health Care Services and are an effective tool for measuring ED use for non-urgent care. A list of diagnosis codes that are typically treated by a primary care provider in an outpatient setting (for example colds) is used to identify potentially avoidable ED visits. The conservative list of diagnosis codes includes common medical conditions but does not include mental health, dental care or exacerbation of chronic conditions—meaning even more potential exists to reduce inappropriate ED use.

Overview of key findings

Potentially avoidable ED visits occur for both adults and children and can result from many factors, including lack of access to primary care and a need for improved care coordination and better consumer education about appropriate care alternatives. Social demographics also play an important role in potentially avoidable ED visits. In the Quality Corp dataset, females account for 70 percent of potentially avoidable ED visits for adults 18 years and older. Children have a significantly higher percentage of potentially avoidable ED visits than adults, at 16.8 percent versus 11.0 percent.

Measure	Oregon Score (Potentially Avoidable ED Visits/ Total Visits)	95% Confidence Interval	N (Total ED Visits)	Oregon Aggregate Rate per 100,000 Patients
Potentially Avoidable ED Visits Child (age 1–17)	16.80%	(16.5% –17.0%)	98,280	3,404
Potentially Avoidable ED Visits Adult (age 18+)	11.00%	(10.9% – 11.1%)	270,641	2,044

Appropriate use of hospital resources

Key findings by types of coverage

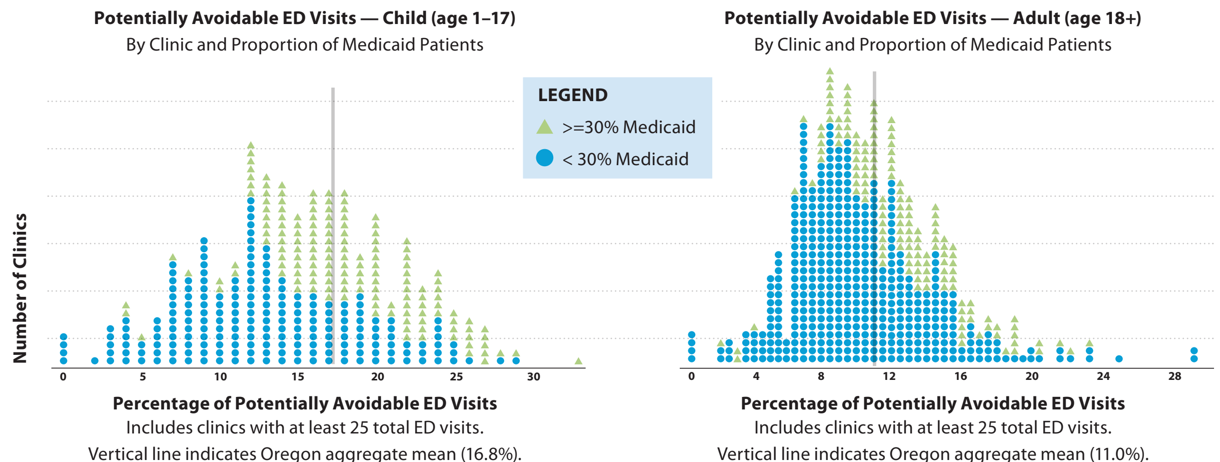
Potentially avoidable ED visits occur across types of coverage for patients of all ages. There are significant differences among potentially avoidable ED visit rates for Medicaid versus commercial plans, particularly among children. As compared to children on commercial plans, children covered by Medicaid have approximately double the rate of potentially avoidable visits. Further study is needed to better understand the difference in potentially avoidable ED visits by type of coverage as this could provide an important opportunity to improve care for large numbers of Oregonians.

	COMMERCIAL		MEDICAID		MEDICARE	
Measure	**Score (Potentially Avoidable ED Visits/ Total Visits)**	**N (Total ED Visits)**	**Score (Potentially Avoidable ED Visits/ Total Visits)**	**N (Total ED Visits)**	**Score (Potentially Avoidable ED Visits/ Total Visits)**	**N (Total ED Visits)**
Potentially Avoidable ED Visits Child (age 1–17)	9.5% (9.1% – 9.8%)	25,630	19.4% (19.1% – 19.6%)	71,681	*	*
Potentially Avoidable ED Visits Adult (age 18+)	10.0% (9.8% – 10.2%)	82,108	12.7% (12.5% – 12.8%)	134,492	8.4% (8.2% – 8.7%)	54,041

*Dataset includes a small number of Medicare patients under 18 years of age. Under certain conditions, Oregon Health Plan members under 18 may receive Medicare benefits.

Key findings by primary care clinics

Receiving appropriate care in a clinic setting is critical to reducing inappropriate ED visits. Examining Quality Corp's dataset at the clinic level reveals wide variation in potentially avoidable ED visits. In particular, clinics with at least 30 percent of their patients covered by Medicaid show higher rates of potentially avoidable ED visits. Even so, the plots below demonstrate that some clinics with high populations of Medicaid patients are successfully achieving low rates of potentially avoidable ED visits. This finding reveals an important opportunity to improve care and identify best practices for all clinics.



Percentage of Potentially Avoidable ED Visits
Includes clinics with at least 25 total ED visits.
Vertical line indicates Oregon aggregate mean (16.8%).

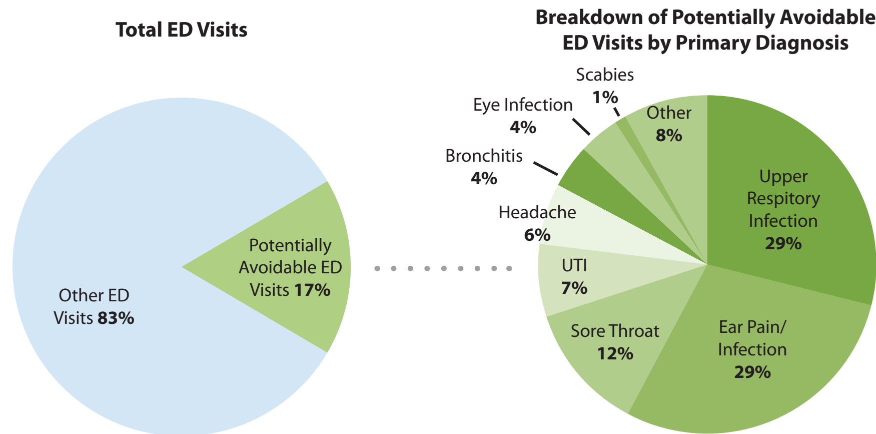
Percentage of Potentially Avoidable ED Visits
Includes clinics with at least 25 total ED visits.
Vertical line indicates Oregon aggregate mean (11.0%).

Appropriate use of hospital resources

Key findings by diagnosis

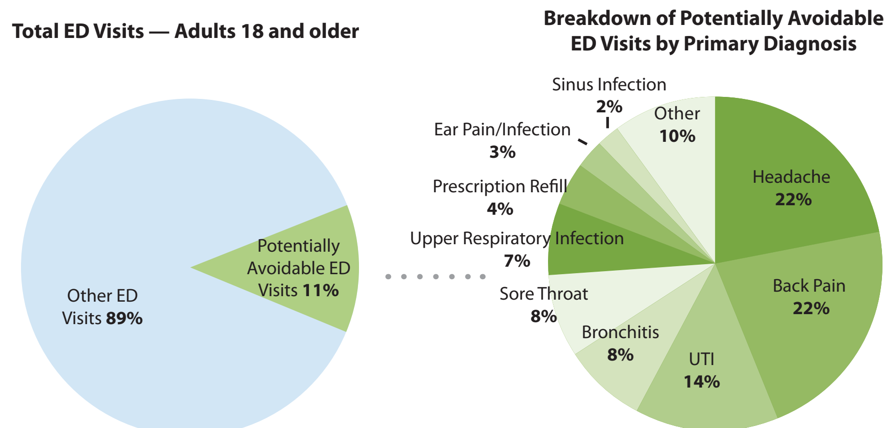
Potentially Avoidable ED Visits — Children 1–17 Years

Seventeen percent of all ED visits for children in Quality Corp's dataset are potentially avoidable. Of these, over 90 percent result from 10 primary diagnoses and, of those 10, nearly 75 percent are for respiratory tract infections and ear pain/infections. Urinary tract infections (UTIs) compose a substantial share of potentially avoidable ED visits for both children (7 percent) and adults (14 percent).



Potentially Avoidable ED Visits — Adults 18 Years and Older

Eleven percent of all ED visits for adults in Quality Corp's dataset are potentially avoidable. Of these, 90 percent result from 10 primary diagnoses. Headaches and back pain are tied as the leading causes of potentially avoidable ED visits, each responsible for 22 percent of all avoidable visits. Among ED visits for back pain, the majority of cases are for low back pain. (To learn more about Quality Corp's program to improve care for low back pain, see page 15 of this report.) These conditions, as well as others identified in the pie chart below, can usually be treated in an outpatient setting, saving money and time, and improving patient experience.



Appropriate use of hospital resources

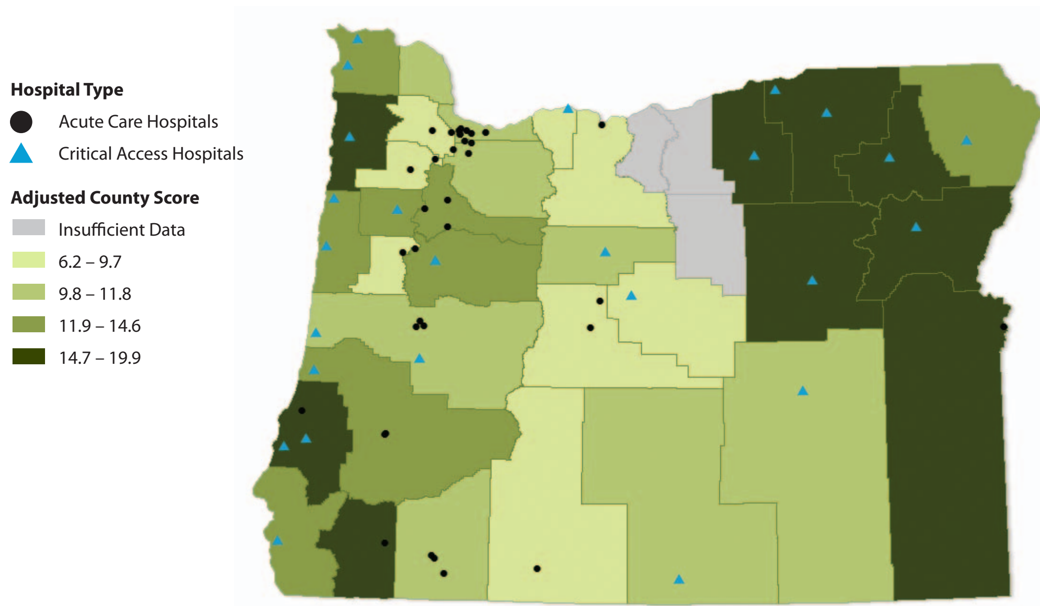
Regional variation in potentially avoidable emergency department visits

County rates of potentially avoidable ED visits for children appear to generally follow three regional patterns across the state. Eastern Oregon demonstrates high rates of potentially avoidable ED visits, including Morrow County where nearly one in five visits to the ED were potentially avoidable with care in an outpatient setting. Central Oregon has some of the lowest rates in the state, including Hood River County at one in 16 visits. The difference in rates between the highest and lowest performing counties is three fold. Meanwhile, coastal counties and the I-5 corridor exhibit more variation, with the majority of county rates falling in the middle range. Counties with the most hospitals do not exhibit the highest rates of potentially avoidable ED visits. Additionally, according to a 2011 report by the Oregon Office for Health Policy and Research (OHPR), 16 counties in Oregon (including Morrow County) are identified as geographic areas that have a shortage of primary care health professionals.

County rates of potentially avoidable ED visits for the adult population follow a similar pattern as that for children, with the exception of a few Central Oregon counties having higher rates of avoidable visits relative to surrounding regions. Many communities are working on increasing appropriate ED use through improved access to primary care, coordination planning, patient-centered medical homes, enhanced systems of care, CCO planning and other initiatives.

Map of Oregon Counties: Potentially Avoidable ED Visits — Children 1–17 Years

Rates have been risk-adjusted by commercial plans and Medicaid.



NOTE: The adjusted Oregon score for children's potentially avoidable ED visits is 11.8%, which is lower than the unadjusted Oregon score of 16.8%. The unadjusted score is heavily influenced by a high number of Medicaid patients with potentially avoidable ED visits. The adjusted score attributes additional weight to commercial patients, which produces the lower results.

Data Sources: Oregon Geospatial Enterprise Office Geospatial Library, Oregon Health Care Quality Corporation. Prepared by Northwest Economic Research Center. www.pdx.edu/nerc

Appropriate use of hospital resources

Potentially avoidable hospital admissions

Ambulatory-sensitive conditions are those for which appropriate outpatient care and early intervention can potentially prevent the need for hospitalization. Using measures from the Agency for Healthcare Research and Quality (AHRQ), this section of the report examines the rate of hospital admissions that could have been avoided, at least in part, through better outpatient care. The measures in this section examine potentially avoidable hospital admissions for nine chronic indicators and three acute indicators.

Overview of key findings

In the Quality Corp dataset the rate of potentially avoidable hospital admissions for chronic conditions is 5 percent higher than the national observed rate published by AHRQ in 2011, at 1,134 versus 1,081 admits per 100,000 patients. The rate of potentially avoidable hospital admissions for acute conditions is nearly 15 percent less than the national rate at 635 versus 744 admits per 100,000 patients.

Measure	Oregon Aggregate Rate per 100,000 Patients	95% Confidence Interval	N (Total Patients)	AHRQ National Observed Rate per 100,000 Patients
Potentially Avoidable Hospital Admissions Overall (age 18+)	1,769	(1,746 – 1,793)	1,202,367	1,825
Potentially Avoidable Conditions Acute (age 18+)	635	(621 – 649)	1,202,367	744
Potentially Avoidable Conditions Chronic (age 18+)	1,134	(1,115 – 1,153)	1,202,367	1,081

Appropriate use of hospital resources

Key findings by type of coverage

Medicaid and Medicare rates of overall potentially avoidable admissions are more than nine and 15 times commercial rates, respectively. AHRQ notes similar national trends for Medicaid and Medicare on potentially avoidable hospital admissions. This information can help to identify people at the highest risk of hospital admissions to prevent complications before they arise. This information can also help identify opportunities to better coordinate patient care across settings.

Reducing readmissions in Oregon

As part of the Robert Wood Johnson Foundation's *Aligning Forces for Quality* initiative, Quality Corp worked with partners across the state to develop a new program to reduce hospital readmissions for people with congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). We launched the program with a *Reducing Readmissions in Oregon* conference in the fall of 2011, where more than 100 stakeholders discussed activities aimed at preventing hospital readmissions and improving transitions of care. Quality Corp's steering committee for this program is using the recommendations from the conference to continue this work, including a survey of Oregon hospitals to assess current activities aimed at improving transitions of care. We will also be measuring the total utilization of care for CHF and COPD to help identify areas where care could be better coordinated. For more information, visit Q-Corp.org.

	COMMERCIAL		MEDICAID		MEDICARE	
Measure	**Rate per 100,000 Patients**	**N (Total Patients)**	**Rate per 100,000 Patients**	**N (Total Patients)**	**Rate per 100,000 Patients**	**N (Total Patients)**
Potentially Avoidable Hospital Admissions Overall (age 18+)	407 (393 – 421)	851,446	3,795 (3,707 – 3,883)	181,147	6,442 (6,325 – 6,559)	169,774
Potentially Avoidable Conditions Acute (age 18+)	149 (141 – 157)	851,446	1,339 (1,286 – 1,392)	181,147	2,320 (2,248 – 2,392)	169,774
Potentially Avoidable Conditions Chronic (age 18+)	257 (246 – 268)	851,446	2,457 (2,386 – 2,528)	181,147	4,122 (4,027 – 4,217)	169,774

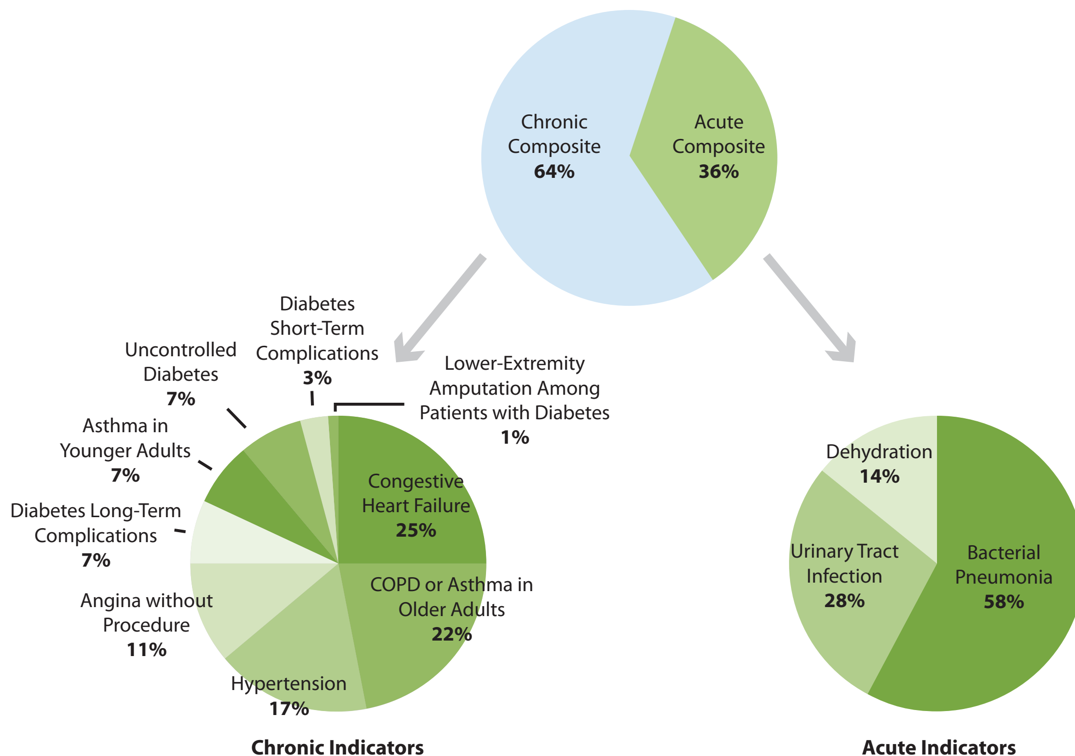
Appropriate use of hospital resources

Key findings by selected indicators

Among the nine chronic indicators used in this measure, congestive heart failure (CHF) and asthma/chronic obstructive pulmonary disease (COPD) in older adults account for nearly half of the potentially avoidable hospital admissions in Quality Corp's dataset. Twenty-five percent of the total potentially avoidable admissions are for CHF, with a rate of 579 admissions per 100,000 patients compared to AHRQ's national rate of 400. Quality Corp is currently using this data to inform work on a special project to keep people with CHF and COPD from returning to the hospital once they have been discharged. As part of this program, Quality Corp is working to measure the total utilization of care for CHF and COPD in Oregon and survey local hospitals about activities aimed at improving transitions of care. (See *Reducing Readmissions in Oregon* sidebar.)

Also notable among the nine chronic indicators, admissions for hypertension account for nearly 17 percent of potentially avoidable admissions in the Quality Corp dataset, with a rate that is six times higher than the national rate (378 versus 62 admissions per 100,000 patients). Diabetes-related admissions also account for 18 percent of potentially avoidable admissions.

Among the three acute indicators, bacterial pneumonia is the cause for more than half of potentially avoidable hospital admissions in the Quality Corp dataset.



Appropriate use of hospital resources

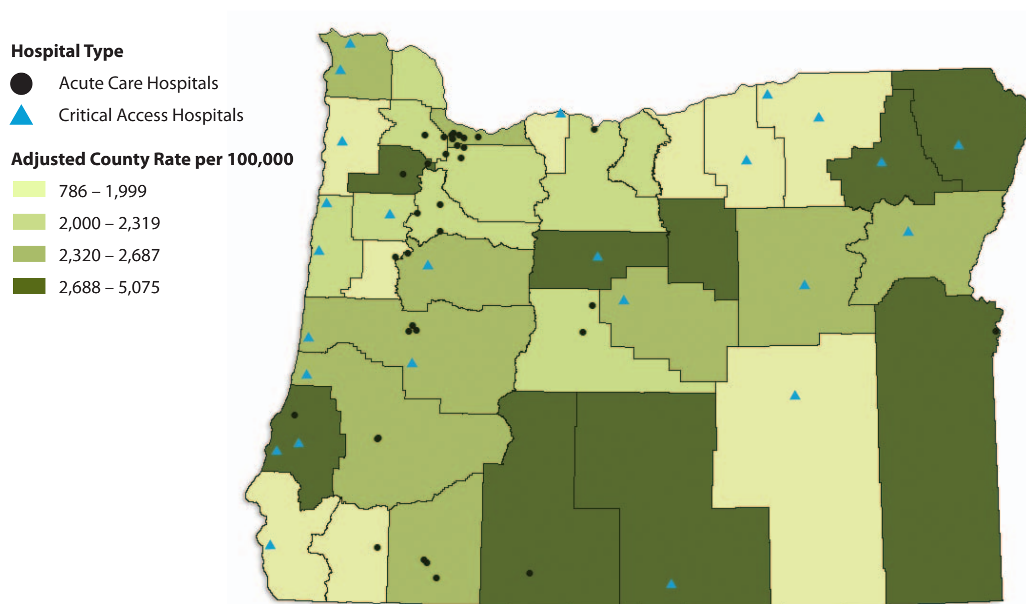
Regional variation in potentially avoidable hospital visits

County rates of potentially avoidable hospital admissions vary widely throughout Oregon. The lowest rate is achieved by Hood River County at 786 potentially avoidable admissions per 100,000 patients, compared to Wheeler County's high rate of 5,075. Wheeler County is included in OHPR's list of 16 counties identified as geographic areas that have a shortage of primary care health professionals. The difference in rates between the highest and lowest performing counties is over six fold, and the counties with the lowest rates are located throughout the state. In addition, most of the counties with the lowest rates of avoidable admissions do not have an acute care hospital.

Though access to primary care does play a role in avoidable hospital admissions, a number of different drivers may influence a county's rate on this measure. This includes effectiveness of outpatient management and a hospital's threshold criteria for admitting patients. This map provides useful baseline data as CCOs, patient-centered medical homes and other efforts to improve systems of care begin to emerge.

Map of Oregon Counties: Potentially Avoidable Hospital Admissions

Acute and chronic conditions; rates have been risk-adjusted by commercial plans, Medicaid and Medicare Advantage.



Data Sources: Oregon Geospatial Enterprise Office Geospatial Library, Oregon Health Care Quality Corporation. Prepared by Northwest Economic Research Center. www.pdx.edu/nerc

Measuring health care quality at Oregon's primary care clinics

Since 2009, Quality Corp has tracked the quality of primary care provided by clinics across Oregon. In this section, average scores for Oregon's clinics on certain measures of health care quality and resource use are compared to national benchmarks from the Healthcare Effectiveness Data and Information Set (HEDIS®). Quality Corp also calculates the Oregon Achievable Benchmark of Care (ABC) to compare care to performance levels already achieved by "best-in-class" clinics in the state (defined as the aggregate rate of the best performing clinics providing care to at least 10 percent of the population). The clinics included in this report must have at least 25 patients who meet specified criteria for a given measure. Unlike the previous section of this report, a higher rate on the 19 measures in this section indicates a higher level of performance.

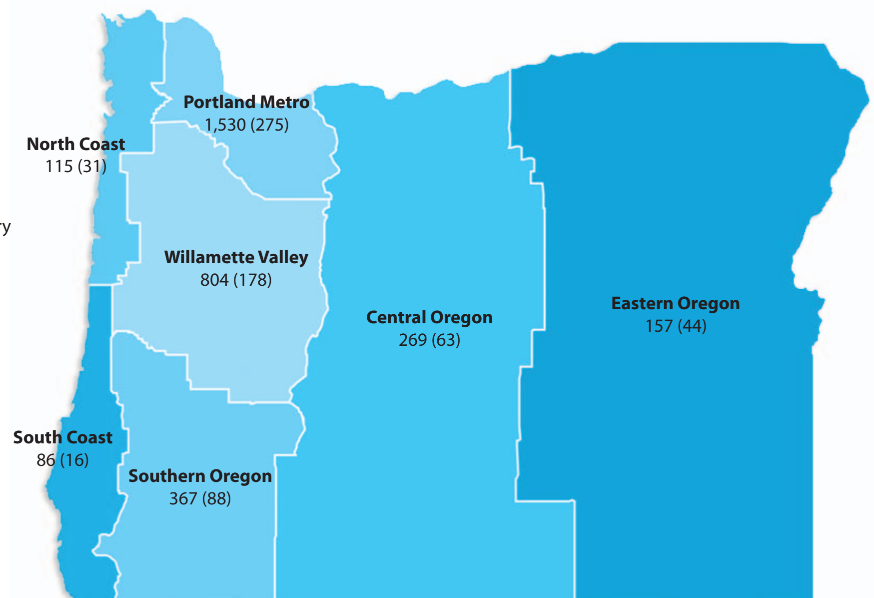
Directory includes 81 percent of Oregon's primary care providers

Quality Corp maintains the most comprehensive provider directory in Oregon that links practicing primary care providers with the clinics and medical groups where they work. This information is used to assign patients in Quality Corp's database to the appropriate provider and clinic for reporting.

In 2011, Quality Corp expanded its provider directory to include smaller clinics (less than four providers). With this expansion, the provider directory now includes information for 3,328 providers in 696 clinics in Oregon, which represents nearly 81 percent of all practicing primary care providers in the state. Providers in the directory include adult and family primary care physicians (63 percent), pediatricians (15 percent), and nurse practitioners and physician assistants (22 percent). The map below illustrates the regional distribution of clinics and providers in the provider directory. More information can be found in the Technical Appendix available online at Q-Corp.org.

Geographic Distribution of Primary Care Providers and Clinics Included in Quality Corp's Provider Directory — July 2012

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



Ambulatory resource use

Measuring the appropriate use of medical resources provides important information to help reduce costs from overuse and decrease harms from misuse. In the primary care setting, this includes the appropriate use of antibiotics, imaging tests and generic drugs.

Key findings

Oregon's mean clinic score for appropriate use of antibiotics for children with sore throats (75.3 percent) is close to the national mean (76.6 percent) but more than 10 percentage points below the national 90th percentile (88.3 percent). The Oregon Alliance Working for Antibiotic Resistance Education (AWARE) estimates that nine out of 10 sore throats are caused by viruses, which do not respond to antibiotics. A strep test can help prevent the unnecessary use of antibiotics, which can have harmful side effects. Avoiding antibiotics when they are not needed also helps to ensure that these medications continue to work when they are needed.

Oregon's mean clinic scores for generic prescription fill rates are relatively high for some medication classes (NSAIDS and PPIs), though variation exists between drug classes and between the lowest and highest performing clinics within each class. For example, the clinic scores for generic statin fills range from 22.1 percent to 100 percent.

While the mean clinic score for appropriate low back pain imaging (84.9 percent) is above both the national mean (73.3 percent) and the national 90th percentile (80.6 percent), over 2,200 patients (15.1 percent) in the Quality Corp dataset received unneeded imaging tests within the first month of having uncomplicated low back pain from July 2010 to June 2011. This suggests that opportunities exist in Oregon to improve care and reduce waste when treating conditions such as low back pain. Quality Corp is currently working on a special project to raise awareness of evidence-based treatment of low back pain. (See *Improving Care for Low Back Pain* box.)

Quality Corp measures primary care performance for ambulatory resource use using the following definitions:

Appropriate use of antibiotics for children with sore throats:

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

Appropriate low back pain imaging:

Measures the percentage of patients ages 18 to 50 who did not have an imaging study conducted within the 28 days following a new episode of low back pain.

Generic prescriptions:

Measures the percentage of all prescription fills between July 2010 and June 2011 for patients ages 18 and above that was filled with a generic drug, among the following classes of medications:

1) Non-steroidal anti-inflammatory drugs (NSAIDs)
2) Proton pump inhibitors (PPIs)
3) Selective serotonin reuptake inhibitors (SSRIs) and other second generation antidepressants
4) Statins

Measuring health care quality at Oregon's primary care clinics

Measure	Oregon Mean Clinic Score	95% Confidence Interval	Number of Patients/ Total Prescriptions Filled	Number of Clinics	Low Clinic Score	High Clinic Score	2010 HEDIS National Mean	2010 HEDIS National 90th Percentile	Oregon ABC Benchmark
Appropriate Use of Antibiotics for Sore Throats	75.3	(71.5 – 79.1)	8,863	118	8.3	97.5	76.6	88.3	96.3
Appropriate Low Back Pain Imaging	84.9	(84.0 – 85.7)	15,011	200	66.7	100.0	73.3	80.6	93.7
Generic Prescription Fills NSAIDs	90.2	(89.5 – 91.0)	210,285	563	46.3	100.0	n/a	n/a	99.5
Generic Prescription Fills PPIs	87.4	(86.6 – 88.2)	413,819	596	40.7	100.0	n/a	n/a	97.8
Generic Prescription Fills SSRIs, SNRIs & DNRIs	80.9	(80.2 – 81.5)	944,615	654	36.5	100.0	n/a	n/a	93.5
Generic Prescription Fills Statins	75.5	(74.7 – 76.4)	840,400	595	22.1	100.0	n/a	n/a	92.4

Improving care for low back pain

In 2011, Quality Corp launched a new program to improve care for low back pain, supported by the Robert Wood Johnson Foundation's *Aligning Forces for Quality* initiative. We worked with the Oregon Health Authority, Oregon Health Leadership Council and the Center for Evidence-based Policy at Oregon Health and Science University to develop a guideline for treating the most common type of low back pain. As we work to distribute the guideline to providers, we are also helping to raise awareness of appropriate care for low back pain through our consumer campaign available at PartnerforQualityCare.org/lowbackpain. As this work continues, we are also measuring the utilization of services for low back pain to see how the care provided for this condition compares to guideline recommendations. In 2010, our data shows that approximately 15 percent of Oregonians who received care for a new episode of low back pain filled prescriptions for narcotic pain relievers and 25 percent received an imaging test within 90 days of diagnosis. Plain film X-ray imaging was particularly higher than expected, with 20 percent of all new low back pain patients receiving this type of image within the first 90 days of diagnosis. For more information, visit Q-Corp.org.

Measuring health care quality at Oregon's primary care clinics

Pediatric care

Childhood is a time of rapid growth and change. Routine pediatric visits, often called "well-child" visits, help to keep children healthy. Each visit is an opportunity to check on a child's growth and development and get preventive care.

Key findings

Oregon's performance falls below the national benchmarks on both well-child visit measures. In particular, for children ages three to six years Oregon's mean clinic score (56 percent) is more than 10 percentage points below the national mean (67.8 percent). Wide variation also exists between the lowest and highest performing clinics, particularly for well-child visits in the first 15 months of life, where scores range from 5.8 percent to 100 percent.

This variation shows that high performance is achievable and happening in Oregon and that there are important opportunities to identify and spread the best practices of high performers to other clinics.

Quality Corp measures pediatric performance using the following definitions:

Well-child visits in the first 15 months of life:

Measures the percentage of children who turned 15 months of age between July 2010 and June 2011 and had six or more well-child visits with a primary care provider during their first 15 months of life.

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 between July 2010 and June 2011.

Measure	Oregon Mean Clinic Score	95% Confidence Interval	Number of Patients	Number of Clinics	Low Clinic Score	High Clinic Score	2010 HEDIS National Mean	2010 HEDIS National 90th Percentile	Oregon ABC Benchmark
Well-Child Visits in the First 15 Months of Life, 6 or more	69.6	(67.4 – 71.8)	13,887	135	5.8	100.0	72.8	82.7	88.9
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	56.0	(54.2 – 57.9)	69,367	301	17.2	88.2	67.8	82.5	83.4

Measuring health care quality at Oregon's primary care clinics

Women's preventive care

Preventive care includes 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.

Key findings

For breast cancer screenings, Oregon's mean clinic score (69.2 percent) is above the national mean (67 percent) but still below the national 90th percentile (72.5 percent). Note that in 2009 the U.S. Preventive Services Task Force updated the age range for the breast cancer screening recommendation to once every other year for women ages 50 and older. Though this change in the recommendation occurred prior to the measurement year for this report, the change has not been reflected in the HEDIS breast cancer screening measure definition. Should HEDIS redefine the age range for this measure, there may be an improvement in these scores in subsequent years.

Cervical cancer screening scores are below the national mean and Chlamydia screening scores are at the national mean. For both of these measures there is wide variation between the lowest and highest performing clinics (67.9 and 72.9 percentage point differences, respectively). Less than 40 percent of women at highest risk for Chlamydia are screened in Oregon. These findings are consistent with the previous two editions of *Information for a Healthy Oregon*. The test for Chlamydia, which is the most commonly reported sexually transmitted disease in the country, can help identify women who have the infection and are in need of treatment. With proper treatment, Chlamydia can be cured, sparing women from the harmful effects of a prolonged infection. Similarly, cervical cancer screenings can help find potentially precancerous conditions that can be treated, preventing cervical cancer.

Quality Corp measures primary care performance for women's preventive care using the following definitions:

Breast cancer screenings:

Measures the percentage of women ages 40 to 69 who had a mammogram between July 2009 and June 2011.

Cervical cancer screenings:

Measures the percentage of women ages 21 to 64 who received one or more Pap tests between July 2008 and June 2011.

Chlamydia screenings:

Measures the percentage of sexually active women ages 16 to 24 who had a test for Chlamydia infection between July 2010 and June 2011.

Measure	Oregon Mean Clinic Score	95% Confidence Interval	Number of Patients	Number of Clinics	Low Clinic Score	High Clinic Score	2010 HEDIS National Mean	2010 HEDIS National 90th Percentile	Oregon ABC Benchmark
Breast Cancer Screening	69.2	(68.3 – 70.1)	170,948	546	34.4	93.7	67.0	72.5	85.3
Cervical Cancer Screening	71.0	(70.1 – 71.9)	186,971	554	28.2	96.1	74.5	79.0	89.6
Chlamydia Screening	38.5	(36.9 – 40.0)	27,056	300	5.4	78.3	40.0	51.0	74.6

Measuring health care quality at Oregon's primary care clinics

Diabetes care

Diabetes can cause serious complications, such as heart disease, blindness, kidney disease and amputations. People with diabetes can avoid these complications and maintain their quality of life with proper disease management that includes recommended screenings.

Key findings

Oregon's mean clinic scores are above the national means on two of the four diabetes measures, eye exams and kidney disease screenings. The mean clinic score for cholesterol screenings (78.4 percent) falls slightly below the national mean (79.9 percent).

While the score for eye exams is the only diabetes measure for which Oregon achieves the national 90th percentile, the score (59.2 percent) is low relative to the scores for the other diabetes care measures. This is an area of care where health care stakeholders in Oregon can collaborate to ensure that people with diabetes have access to high quality care.

Quality Corp measures primary care performance for diabetes care using the following definitions:

Blood sugar screenings:

Measures the percentage of patients with diabetes ages 18 to 75 who received a blood sugar (HbA1c) screening between July 2010 and June 2011.

Cholesterol screenings:

Measures the percentage of patients with diabetes ages 18 to 75 who received a cholesterol (LDL-C) screening between July 2010 and June 2011.

Eye exams:

Measures the percentage of patients with diabetes ages 18 to 75 who received a dilated eye exam by an eye care professional between July 2010 and June 2011.

Kidney disease screenings:

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 July 2010 and June 2011.

Measure	Oregon Mean Clinic Score	95% Confidence Interval	Number of Patients	Number of Clinics	Low Clinic Score	High Clinic Score	2010 HEDIS National Mean	2010 HEDIS National 90th Percentile	Oregon ABC Benchmark
Eye Exam	59.2	(58.1 – 60.4)	56,331	416	27.6	87.7	45.5	59.0	79.9
Blood Sugar (HbA1c) Screening	86.1	(85.2 – 87.1)	56,331	416	34.4	100.0	85.2	91.0	95.7
Cholesterol (LDL-C) Screening	78.4	(77.2 – 79.5)	56,331	416	30.8	100.0	79.9	87.1	93.3
Kidney Disease Screening	77.1	(76.1 – 78.2)	56,331	416	39.5	100.0	74.4	84.4	93.9

Measuring health care quality at Oregon's primary care clinics

Other chronic disease care

Asthma, depression and heart disease are among the leading chronic diseases affecting 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.

Key findings

For appropriate asthma medications, Oregon's mean clinic score (90 percent) falls below the national mean (93 percent). Long-term controller medications are an important part of managing asthma. These medications are used to prevent asthma attacks and serious long-term damage to airways.

For the other three chronic disease care measures, Oregon's mean clinic scores are above the national means. The high scores for individual clinics on these measures, particularly for appropriate asthma medications and cholesterol tests for people with heart disease, demonstrate that incredibly high performance is achievable in Oregon.

Quality Corp measures primary care performance for chronic disease care using the following definitions:

Appropriate asthma medications:

Measures the percentage of patients ages 5 to 50 with persistent asthma who were appropriately prescribed and who filled long-term controller medications between July 2010 and June 2011.

Cholesterol test for people with heart disease:

Measures the percentage of patients ages 18 to 75 with a heart condition who had at least one cholesterol test (LDL-C) between July 2010 and June 2011.

Antidepressant medication management:

Measures the percentage of patients ages 18 and older diagnosed with a new episode of major depression between July 2010 and June 2011 who were prescribed and filled an antidepressant medication, and who remained on the medication for the following time intervals:

1) Short term: At least 12 weeks after the diagnosis.
2) Long term: At least 180 days (6 months) after the diagnosis.

Measure	Oregon Mean Clinic Score	95% Confidence Interval	Number of Patients	Number of Clinics	Low Clinic Score	High Clinic Score	2010 HEDIS National Mean	2010 HEDIS National 90th Percentile	Oregon ABC Benchmark
Appropriate Asthma Medications	90.0	(88.5 – 91.5)	4,389	80	64.5	100.0	93.0	95.4	98.1
Antidepressant Medication Mgmt (short term – 12 weeks)	69.1	(67.1 – 71.2)	5,851	77	47.2	92.6	64.3	69.6	84.3
Antidepressant Medication Mgmt (long term – 6 months)	53.7	(51.0 – 56.3)	5,851	77	28.6	85.2	48.1	54.8	74.7
Cholesterol Test for People with Heart Disease	85.2	(83.3 – 87.1)	6,549	89	57.5	100.0	81.3	89.9	96.3

Measuring primary care over time

For the first time, Quality Corp's dataset includes information for five rounds of measurement and reporting. Over this time period, Oregon clinics have achieved significant improvements on several measures of care. The most notable improvements occurred in three areas: diabetes care, cholesterol tests for people with heart disease, and short- and long-term antidepressant medication management. Though not shown in the graphs on this page, Chlamydia screening scores have also improved.

Diabetes care

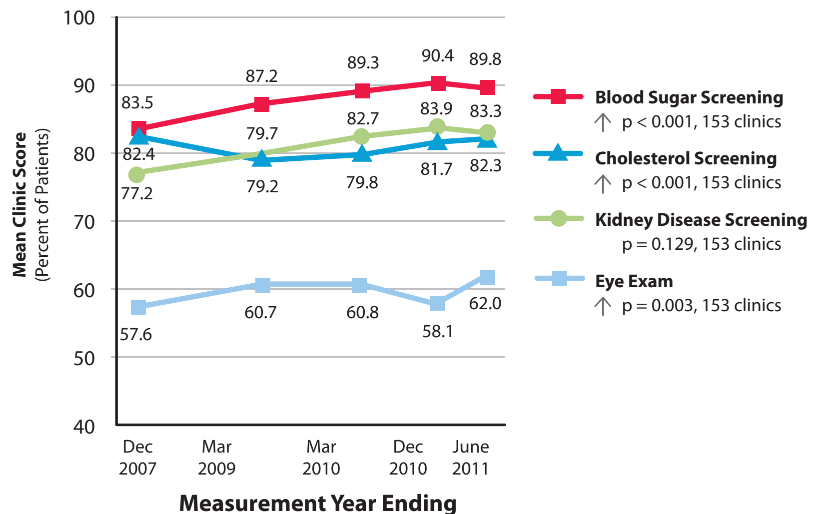
The two diabetes measures for which Oregon clinic scores are not above the national mean—blood sugar and cholesterol screenings—are also the measures for which the state has demonstrated the greatest improvements in diabetes care. On both of these measures, more than 80 percent of Oregon clinics have higher scores three and a half years after baseline measurements. In addition, one-third of Oregon clinics have improved their comprehensive diabetes care as demonstrated by achieving higher scores on all four measures over the five rounds of reports.

Other chronic disease care

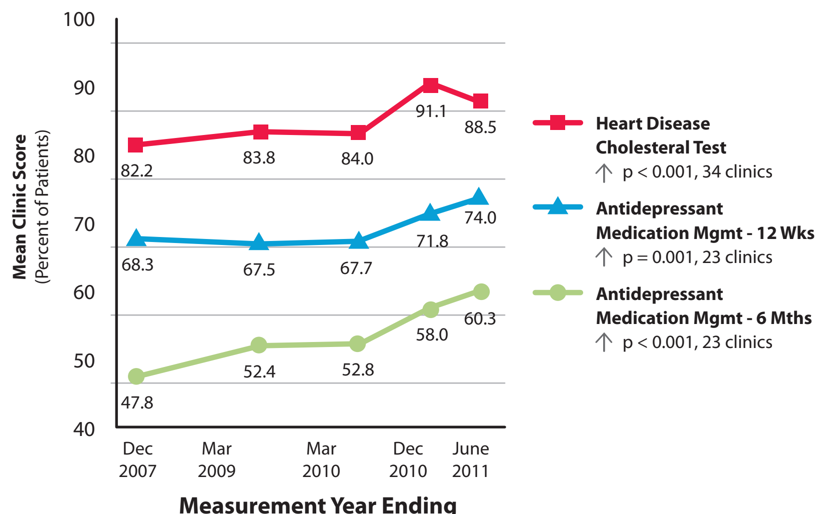
The 23 clinics with at least 25 patients in the antidepressant medication measures during each round of measurement have demonstrated significant improvement on long-term (6 months) management of patients' antidepressant medications. The average clinic score has improved by 12.5 percentage points after three and a half years of measurement, surpassing the national mean.

Trends over time by Oregon clinics

Diabetes Care



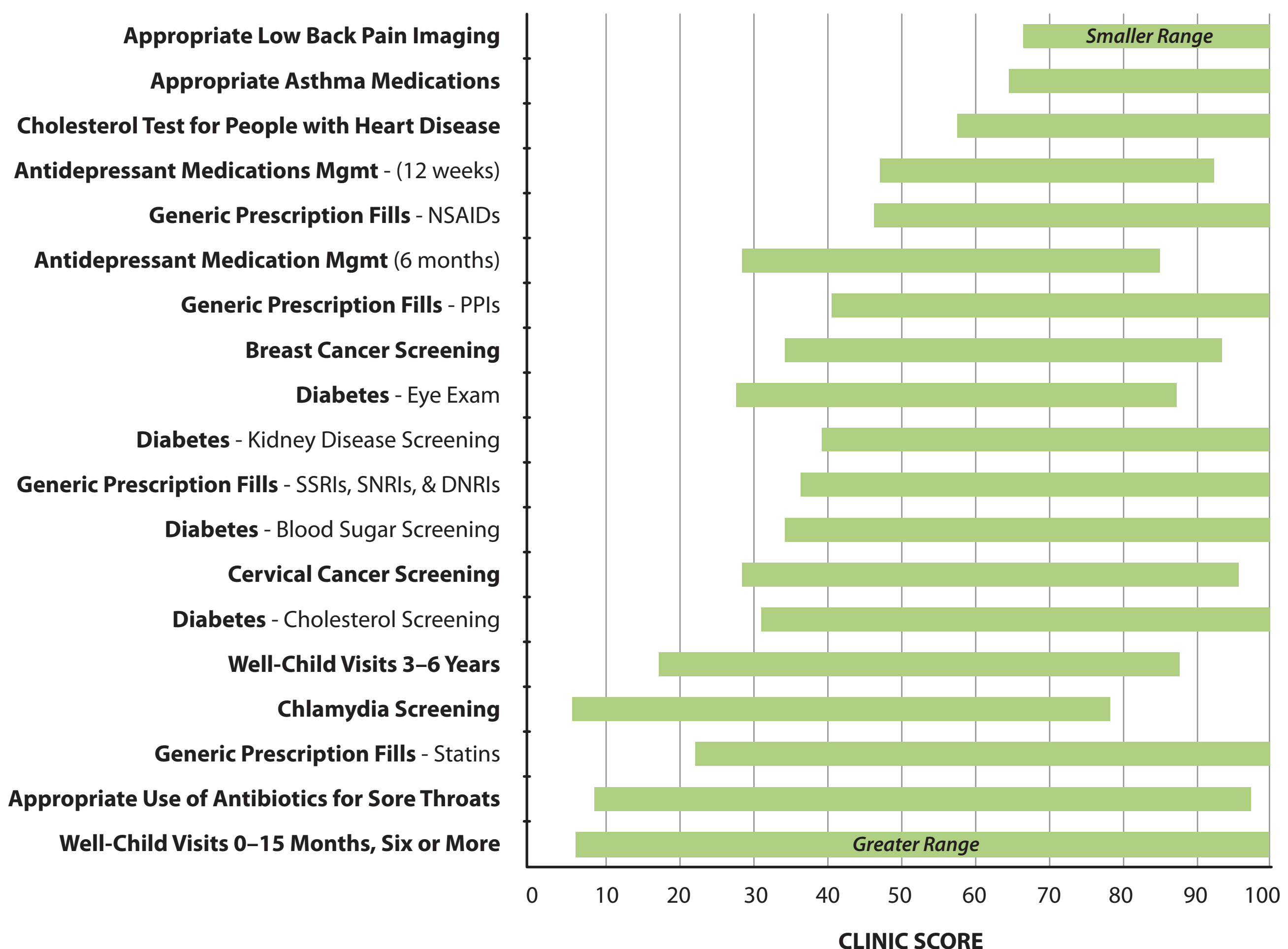
Other Chronic Disease Care



Clinic means and linear trend analysis based on data from eight common health plans and clinics with at least 25 patients in the measure denominator during each round of measurement.

Quality of primary care varies

For some measures, there are large differences between the scores for the lowest and highest performing clinics. The range graphs on this page demonstrate the degree of variability, both high and low, that can exist. Well-child visits in the first 15 months of life, appropriate use of antibiotics for children with sore throats, and generic prescription fills for statins demonstrate the greatest differences between low and high clinic scores. For each of these measures, the highest performing clinics provided recommended care more than 95 percent of the time. Indeed for 11 of the 19 quality and ambulatory resource use measures, the highest performing clinics provided recommended care 100 percent of the time, demonstrating that incredibly high performance is achievable in Oregon. Identifying the processes that lead to success and spreading lessons learned to other clinics are fundamental to improving the quality and value of health care in Oregon.



Using claims data

The information in this report comes from administrative (billing) claims. Claims data reflects information submitted by providers to payers as a part of the billing process. While claims data has limitations, it provides useful information about services provided by a very large segment of the Oregon health care delivery network.

Use of claims data assumes clinics and practices are billing accurately and comprehensively for services rendered. Limitations of claims data include timeliness and completeness of the information. For example, data in this report does not include uninsured patients, patients who pay for their own health care services, Medicare fee-for-service patients, or patients served by a health plan that is not providing data to Quality Corp. More information about claims data is available in the Technical Appendix, available online at Q-Corp.org.

Quality Corp continues to work to expand its data sources. In 2012 Quality Corp launched a project to enhance its claims database with information from electronic medical records. Quality Corp is also working with the Centers for Medicare and Medicaid Services to become a qualified entity to receive, for the first time, Medicare fee-for-service claims. With these new sources of information, Quality Corp and its partners will take health care quality reporting to the next level and continue to make significant progress toward measuring and reporting intermediate health outcomes.

2011–2012 Funding partners*

CareOregon

Center for Health Care Strategies

FamilyCare

Health Net of Oregon

Kaiser Permanente

LifeWise Health Plan of Oregon

ODS Health Plans

Oregon Health Authority Division of Medical Assistance Programs

PacificSource Health Plans

Providence Health Plans

Regence BlueCross BlueShield of Oregon

Robert Wood Johnson Foundation

Tuality Health Alliance

UnitedHealthcare

***Data suppliers for this report appear in bold. Quality Corp's partnership with Oregon's largest health plans and Medicaid fee-for-service allows for more reliable and useful information than any single data supplier can provide on its own.**

Engaging stakeholders in health care quality and affordability

In partnership with our network of stakeholders, Quality Corp has developed the most comprehensive system for measuring primary care quality and health care resource use in Oregon. Since 2009, Quality Corp has been aggregating claims data from multiple payers to produce quality and resource use reports for consumers, providers, health plans, policymakers and employers. To be notified when new reports are available, send your email address to info@q-corp.org.

Provider reports

Quality Corp produces reports for providers that are available over a secure online portal. Aggregate scores for over 20 primary care measures are included at the provider, clinic and medical group levels, with comparisons to Oregon and national benchmarks. Individual patient level data is also available, helping providers to identify patients with chronic conditions and gaps in patient care. More than 80 percent of primary care providers in Oregon are eligible to receive these reports, allowing them to compare their performance to benchmarks and implement systems for improving health care quality.

Data supplier reports

Data suppliers that contribute to Quality Corp's database receive individual quality and resource use reports. With these reports, data suppliers can identify where performance is low and help eliminate barriers to getting recommended care. Eight of Oregon's largest health plans, two Medicaid managed care plans and the Oregon Health Authority Division of Medical Assistance Programs received data supplier reports in 2011.

Public reports

For consumers and employers Quality Corp publishes public reports of health care quality on the website PartnerforQualityCare.org. In addition to quality scores for clinics and hospitals across the state, Oregonians can also learn more about recommended and appropriate care for a variety of conditions. In combination with our public reporting program, Quality Corp also supports consumer engagement activities through its *Patients and Families as Leaders* program. This program works with health care organizations to embed patients and families at every level of decision-making.

Custom reports

In addition to the reports above, Quality Corp also works with health care stakeholders to provide data and reports for projects aimed at improving the quality and affordability of health care in Oregon. For example, Quality Corp developed a report on Pap test rates by zip code as part of a project on Human Papilloma Virus (HPV) prevention.

About the Oregon Health Care Quality Corporation

The Oregon Health Care Quality Corporation is an independent, nonprofit organization dedicated to improving the quality and affordability of health care in Oregon by leading community collaborations and producing unbiased information. We work with the members of our community—including consumers, providers, employers, policymakers and health insurers—to improve the health of all Oregonians.

Quality Corp's work is nationally recognized. In 2007, Quality Corp became one of 16 organizations nationwide selected to participate in *Aligning Forces for Quality*, the Robert Wood Johnson Foundation's signature effort to improve the overall quality of health care in targeted communities. In 2008, Quality Corp received the Chartered Value Exchange designation from the U.S. Department of Health and Human Services in recognition of its leadership to improve care in Oregon. Quality Corp is also a member of the Network for Regional Healthcare Improvement, a national coalition of regional health improvement collaboratives working to improve the quality and value of health care delivery.

For more information visit Q-Corp.org.

Information for a Healthy Oregon

Quality Corp would like to thank the many members of our committees who contributed to this report, including the members of our Board of Directors, Program Committee, and Measurement and Reporting Committee.

The July 2012 edition of *Information for a Healthy Oregon* is available in pdf format at Q-Corp.org.

Public reports of quality scores are available at PartnerforQualityCare.org.

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