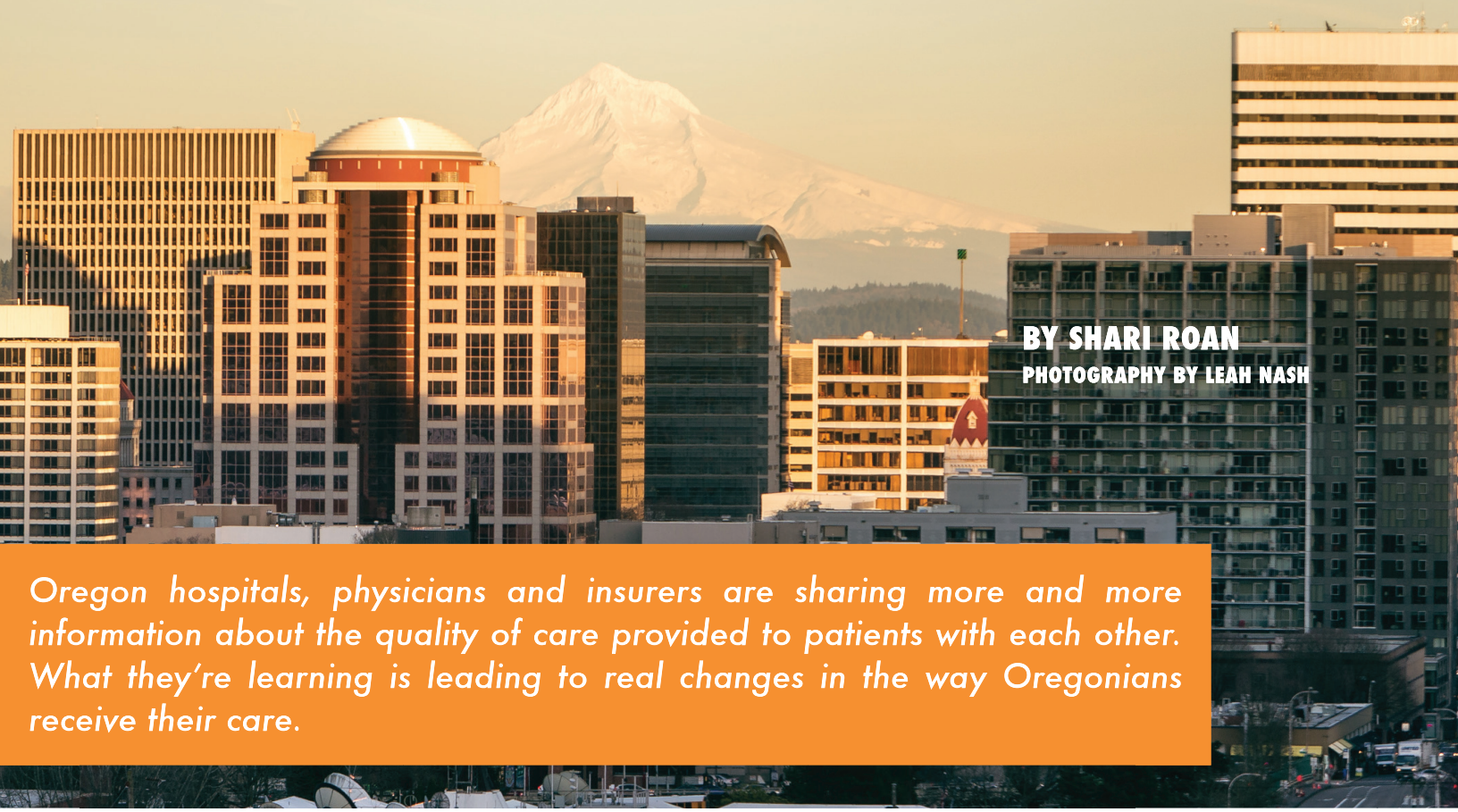
Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Robert Wood Johnson Foundation

How Data Can Boost the Value of Care



BY SHARI ROAN

PHOTOGRAPHY BY LEAH NASH

Oregon hospitals, physicians and insurers are sharing more and more information about the quality of care provided to patients with each other. What they're learning is leading to real changes in the way Oregonians receive their care.

The data on the computer screen of Susan Clack, MD, took her by surprise. Pacific Medical Group, the primary care practice she worked with near Portland, Ore., prided itself on delivering high-quality care, in line with national standards and preventive care guidelines.

While the report showed many of the performance scores ranked at or above average, there were a few decidedly subpar areas. For example, most of the region's primary care practices scored poorly on screening for chlamydia.

"We were at the bottom, although the entire region did poorly on that, not just our group," Clack recalls, with a rueful smile. "There was a lot of questioning about who was appropriate to screen."

Clack and her colleagues re-checked the data but didn't dispute it. Instead, the practice began working to increase chlamydia screening among a defined group of patients and adding an automatic reminder that popped up on electronic health records. The clinic's rates of appropriate chlamydia screening have risen significantly.

"I actually found two patients who came up positive that I probably wouldn't have known about had I not had that statistical information," she says.

The statistics represented a first-of-its-kind statewide analysis of primary care practices based on insurance claims data, and had been gathered and processed by the Oregon Health Care Quality Corporation, or Q Corp, an independent organization dedicated to improving health care by leading community collaborations and producing unbiased information. The project received a major boost when Q Corp, founded in 2000, was named as a recipient of the Robert Wood

Johnson Foundation's *Aligning Forces for Quality* grant in 2007.

Today, the use of statistics to measure health care quality and utilization, and public reporting of the scores, is an accepted way of life among the state's primary care clinics, insurers and hospitals. Even clinics, hospitals and insurance companies that compete have largely bought into the system, because they have been assured they have a voice in guiding the process in partnership with Q Corp.

More people are being screened for chlamydia in Oregon than before. Emergency room visits have also declined. These trends owe, at least in part, to the sometimes painful exercise underway across the state to gather, analyze, report and compare data on health care quality.

"I think it's become more and more the working method across organizations in Oregon now," says Ralph Prows, MD, a Q Corp board member and president and chief executive officer of Oregon's Health Co-Op, a nonprofit health insurance company. "You have to raise people to different principles when you have these conversations; to ask what is good for the commons and not necessarily what is good for you. The best way to do that is to create that open, level table where people with different interests come together and share to find solutions."

BREAKING THE ICE IN DATA COLLECTION

More than a decade ago, Prows says, there was growing recognition in Oregon that the American health care system was operating at suboptimal levels of quality and efficiency, and that accurate data was needed to create a better system. Q Corp took the bold step of asking for claims data from health insurers and Medicaid organizations. The idea was that such data could be used to create scores based on how clinics performed. Do they meet nationally accepted benchmarks for quality of care, such as adherence to guidelines and appropriate use of services?

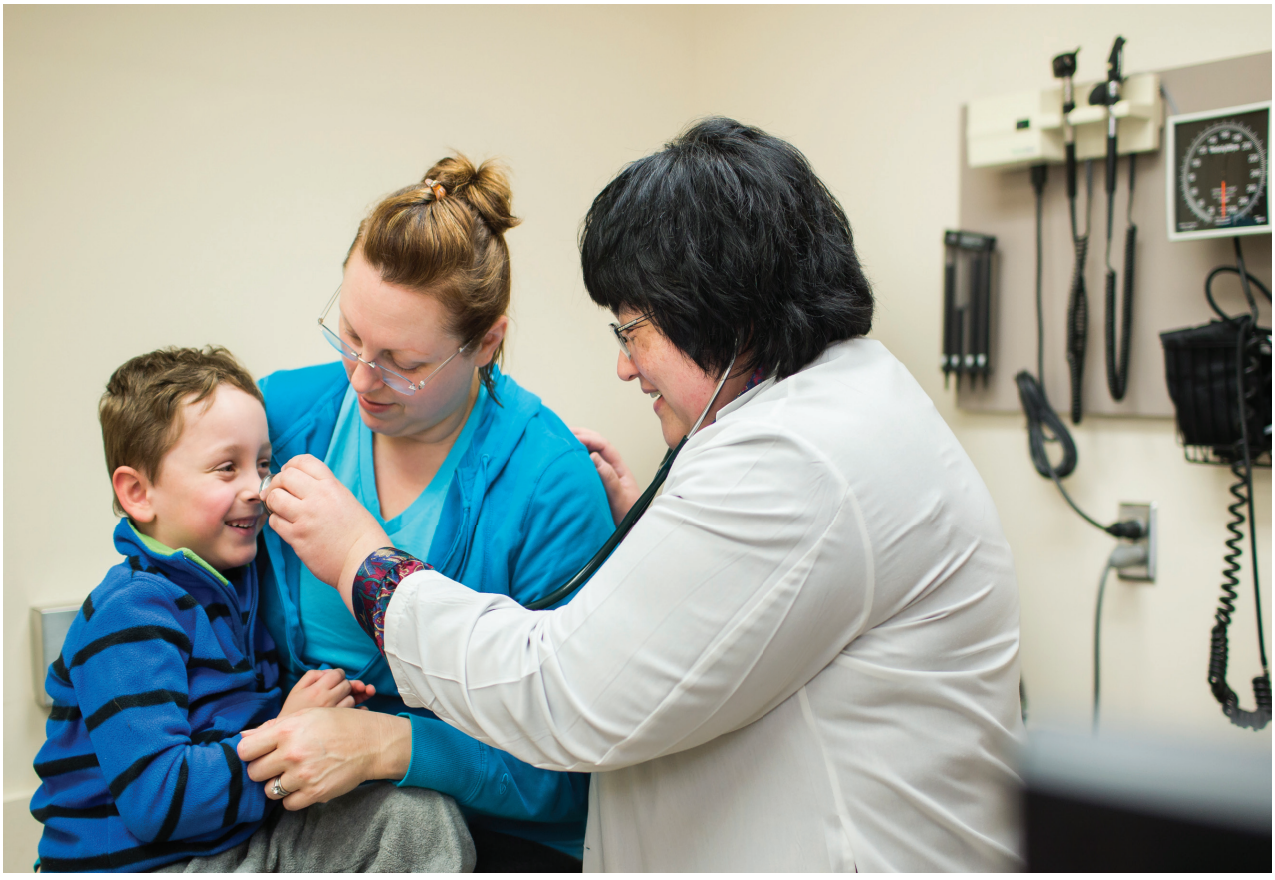
"No one else in the state was trying to do that—assimilate that data and put it out there for the providers to compare and contrast themselves with their peers," says Steve Marks, MD, chairman of Q Corp's board of directors, who retired in 2012 as chief medical officer of PacificSource Health Plans in Oregon.

Q Corp leaders were able to persuade a handful of insurers to step forward, and received access to state Medicaid data.

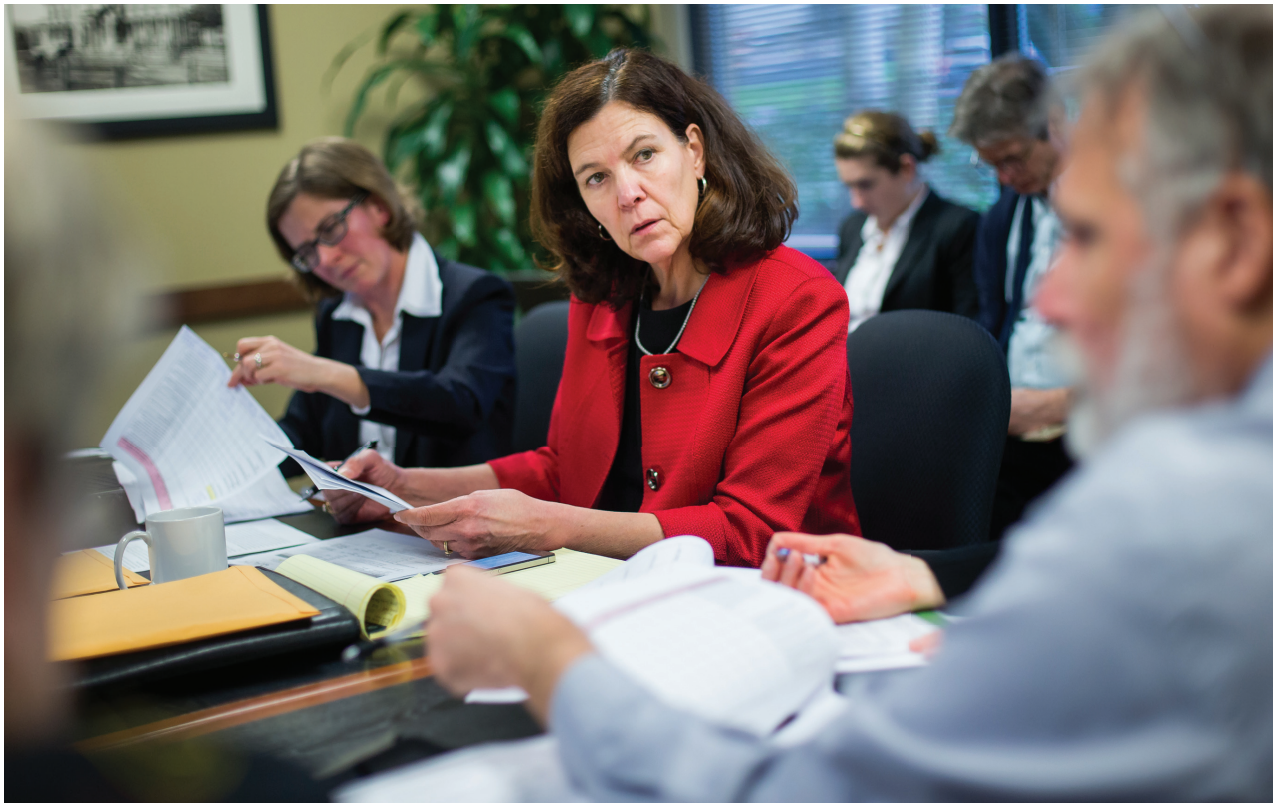
"It happened in part due to the creation of a shared vision," says Mylia Christensen, executive director of Q Corp. "Everybody's collective and individual needs could be served by having this information. Getting people to look at a common good that could benefit the community as a whole was a big issue."

But some incentives were on the table, too. A few years ago, the group representing the largest employer in the state, the Public Employees Benefit Board, announced that any vendor in the state seeking to bid on services with the group would need to join the Q Corp collaborative.

Today, 15 health plans and the Oregon Health Authority Division of Medical Assistance Programs contribute data to Q Corp, which represents 83 percent of the commercially insured



(Right to Left) Family Physician Susan Clack, MD, with patients Cheryl and Aidan Stawicki at the Pacific Medical Group in Portland.



Mylia Christensen (center), executive director of Oregon Health Care Quality Corporation (Q Corp), participates in a meeting of the Oregon Perinatal Collaborative at Q Corp's Portland offices.

population, 100 percent of the Medicaid population and more than 90 percent of the Medicare population. Overall, the data collected by Q Corp covers about 3.1 million of the state's 4 million residents.

Before Q Corp's attempt to pool data, there was no way to analyze patient care regardless of which health plans the patients were in, or the doctors they saw.

"One particular health system would know what happened to a patient in their system but not what happened when that patient changed to a different employer-based health plan," Christensen says. "But at Q Corp, we could look at that patient over time. It helped identify gaps in care and prevent duplicative work."

The data was also designed to be contrasted with state and national health care quality benchmarks, such as adherence to mammography screening guidelines.

Still, convincing doctors and insurers that they could trust the data was an uphill battle, Q Corp's leaders recall.

"There are reasons to be concerned about quality measures," Prows notes. "It has not always been well done. The methodology around quality measurements has been evolving for a long time. Claims data aren't 100 percent accurate. All of these things create difficulties when you talk to doctors and hospitals."

Before the first release of the data, Q Corp staffers drove around the state to meet with physicians, explain the benefits of the project, and reassure them that they could review the data and correct mistakes before it was released publicly. The data vetting process was instrumental in gaining physician support, says Pamela Mariea-Nason, a Q Corp board member and community health executive for Providence Health & Services in Oregon.

"That has been huge in earning their trust," she says. "It takes longer to do the upfront work than you ever imagined. There is no substitute to building the relationships and building the trust. But it pays dividends years later."

A major component of the program is asking all stakeholders—from insurers to health professionals to patients—to participate in running the program. Today, there are 11 working committees involving about 150 people.

Input from everyone is crucial, says Mike Bragg, who served for several years as a member of the measurement and reporting committee and recently became Q Corp's senior director of informatics. For example, doctors might explain that redness around a wound doesn't necessarily mean the wound is infected and should not be used to measure wound infection rates.

MEASURE FOR MEASURE

It's a rainy, February afternoon in Portland. About a dozen people—"stakeholders" in the parlance of the AF4Q initiative—have gathered in the spacious board room of the Oregon Association of Hospitals and Health Systems in Lake Oswego, Ore. The stakeholders include physicians, public health experts and other health professionals from various health organizations, representatives from the Oregon Health Authority, insurance company executives and a few people representing consumers.

All are voluntary members of the Oregon Perinatal

Collaborative's subcommittee on data for measurement and improvement. Today they are beginning the painstaking process of identifying how to assess perinatal health care quality, winnowing a list of 42 measures down to about a dozen.

The committees function best when their members are passionate about the issues, Christensen says.

"They all have their day jobs," she says. "But they get to come here and think more as a community, about all Oregonians, as opposed to maybe their individual piece."

Today, committee members will begin to rate each measure today using previously developed metrics, including repeat teen births, effective contraceptive use, preconception counseling, HIV testing for pregnant women and pregnancy weight gain recommendations.

The committee grapples with questions: How do the measures relate to each other? Are some duplicative or irrelevant or impractical?

It's critical that all stakeholders at the table feel as empowered as the person next to them, Christensen says. If the process doesn't work for everyone, it doesn't work for anyone.

"One of my favorite quotes is 'information flows at the speed of trust,'" Christensen says. "I do think that every milestone of success for this organization has been built on trust and the reputation of the organization. Stakeholder engagement is done really well. We take it seriously."

BEYOND CLAIMS DATA: COST, OUTCOMES AND PATIENT SATISFACTION

Six years into the measurement and reporting initiative, Q Corp and its board of directors are looking into developing products to complement insurance claims data, such as statistics on cost, clinical outcomes and long-term care. The continued improvement in electronic health records opens the door for more robust analytics and assessment of real-time data.

"We haven't compared [data] based on efficiency or cost," Prows says. "We're just now getting into how we would measure and express cost in a way that's important to know."

Cost and quality are both important to measure, Marks notes. Nationwide, there is growing interest in understanding how much money physicians and hospitals spend based on the outcomes they achieve.

"The big issue these days has evolved from the quality outcome to the value equation. How much quality are we getting per dollar we're spending—to be sure that we understand the value equation very well," he explains.

Other measures are in the works as well. Ten clinics recently volunteered to survey patients' satisfaction with care and to publicly report that data. The measures include communication with doctors, access to timely care and being treated with courtesy.

To be sure, what Oregon is doing reflects the national conversation about the quality of health care by providing neutral, transparent information and statistics to patients, health care professionals and insurers. But can the rest of the nation learn from the experience of a decidedly maverick state whose motto is "She Flies With Her Own Wings"?

The data reporting initiative in Oregon was clearly aided by the fact that health care competition is nonexistent in some parts of the state, Prows says. Many of the major insurance companies in Oregon are not national behemoths but instead are home-grown organizations.

"Those insurance companies were kind of used to talking to each other," he explains. "They weren't collaborative, but there was no cutthroat kind of competition going on among them. They were content enough not to be threatened by talking to each other."

Moreover, discussions about improving health care had been taking place in the state as far back as the 1980s. Several other significant health care improvement initiatives are currently underway in the state, including a project spearheaded by Gov. John Kitzhaber to dramatically reform Medicaid services and reimbursement.

"Oregon has a tradition of being a pace-setter in some areas," Marks says. "I think we aren't shy about stepping onto new frontiers."

A strong desire for change is essential to moving the project forward, Christensen says. The data, programs and projects that have emerged from the *Aligning Forces for Quality* initiative were willed into reality.

"No one should underestimate the degree of difficulty for the kind of work that we do, both in terms of human dynamics and in terms of data," she says. "It's not for the frail of heart. It is work that requires a lot of energy and a lot of steady, constant focus, patience and tenacity."□

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> Steve Marks, MD
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> Chairman of Oregon Health Care Quality Corporation Board of Directors

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