

Regional Quality Improvement (RQI) Initiative Data Collection and Reporting Overview

RQI Site	Data Collection Strategy To Date	Patient- Physician Attribution	Public Reporting/ Use by Consumers	Other issues of Interest
<p>Arkansas</p> <p><u>Level of Performance Measurement:</u> County/zip code</p> <p><u>Data Source:</u> Claims</p>	<ul style="list-style-type: none"> ▪ Measures selected include composite diabetes measure; percentage of women receiving pap smears; Well-Child visits for 3,4,5,6 yrs; adult wellness ▪ Stakeholders have signed Business Associate Agreement and Data Use Agreements ▪ Team has received first data submission from plans/ payers ▪ Team is reviewing aggregated reports internally 	<ul style="list-style-type: none"> ▪ Have data at the county and zip code level ▪ Can identify to the individual consumer, but not provider 	<ul style="list-style-type: none"> ▪ Will report at regional/ county level as some payers prohibit identifying specific physicians 	<ul style="list-style-type: none"> ▪ How to link providers across payers, given that some insurers won't report individual provider data
<p>North Carolina</p> <p><u>Level of Performance Measurement:</u> Practice site or individual provider</p> <p><u>Data Source:</u> claims, chart audits</p>	<ul style="list-style-type: none"> ▪ Measures selected: diabetes, asthma, congestive heart failure, hypertension, and post-MI care ▪ Collecting data through claims, chart audits and QI work at the individual practice site ▪ Claims data identified eligible patients ▪ Random selection of charts for audit from eligible patients ▪ Data warehouse will hold aggregated data 	<ul style="list-style-type: none"> ▪ For Medicaid, state assigns a medical home ▪ Will be more difficult for commercial payers in PPO environments 	<ul style="list-style-type: none"> ▪ Will report at community level 	<ul style="list-style-type: none"> ▪ How to pull point-of-care data in physician offices –data systems are difficult ▪ How to bundle providers into practices so that data is comparative across payers ▪ How Medicare is attributing patients to providers ▪ What is a “good measure”, i.e., desirable qualities

Regional Quality Improvement (RQI) Initiative Data Collection and Reporting Matrix

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<p>Rhode Island</p> <p><u>Level of Performance Measurement:</u> Individual provider and practice site</p> <p><u>Data Source:</u> self-reported PPC data; clinical data from medical record reviews; claims data</p>	<ul style="list-style-type: none"> ▪ Measures selected: coronary artery disease, diabetes, depression, pediatric asthma ▪ Data will be collected from EMRs and registries ▪ Will use NCQA PPC standard ▪ Have not chosen data aggregator yet 	<ul style="list-style-type: none"> ▪ Currently working out a patient attribution methodology with plans 	<ul style="list-style-type: none"> ▪ No plans as of yet for public reporting ▪ Communication subcommittee forming to focus on using data with consumers 	<ul style="list-style-type: none"> ▪ How to pull the right data from EMRs ▪ How to help practices pull their own data
<p>Rochester, New York</p> <p><u>Level of Performance Measurement:</u> Individual provider and practice site</p> <p><u>Data Source:</u> claims, self-reported chart audits</p>	<ul style="list-style-type: none"> ▪ Measures selected: NCQA Diabetes Provider Recognition Program ▪ Payers submit claims data to third party; third party develops single report of aggregated data; and report is sent to practice sites at the physician level ▪ Physicians self-assess diabetes performance through pulling data from chart reviews 	<ul style="list-style-type: none"> ▪ HMO model links patient to physician ▪ Payers have primary care physician flagged 	<ul style="list-style-type: none"> ▪ Recognition on NCQA website for providers achieving DPRP recognition ▪ Plans will coordinate to publicly publicize those providers achieving DPRP recognition 	