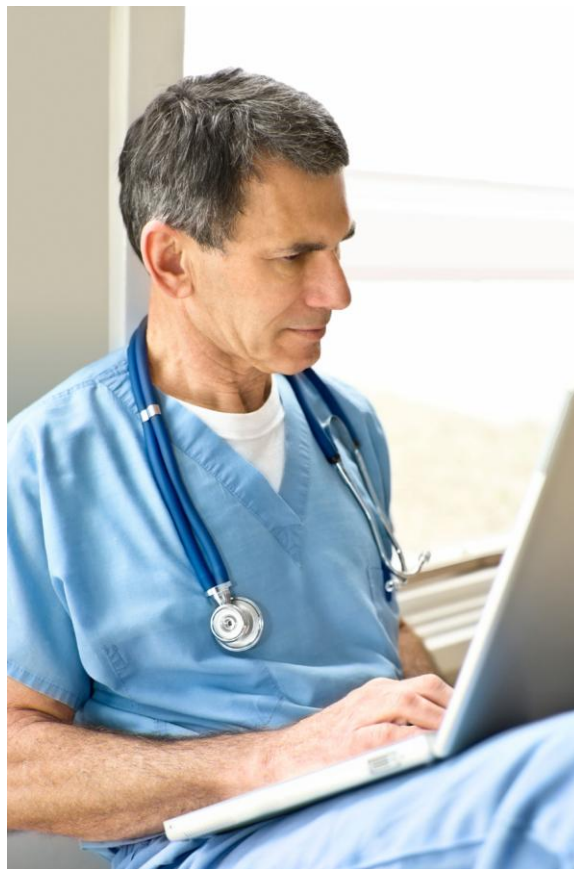


Quality Health First[®] Program

Public Reporting Overview



Brought to you by: Indiana Health Information Exchange

Overview

The quality measure reports published here provide information on the quarterly performance of practices/doctor's offices/clinics which are affiliated with the Quality Health First[®] Program (QHF[®]) of the Indiana Health Information Exchange (IHIE) in the state of Indiana on the selected HEDIS[®] measures and other nationally recognized organizations.

Providers are listed on the reports alphabetically by office name arranged within the IHIE defined state regions and geographic county in which they are located. The reports only include practice sites that are participating in the Quality Health First[®] Program which have given permission to publicly report their scores.

To be included in the IHIE public reports, medical practices must have a minimum of 30 patients in any measure. Medical Practices may be composed of several physicians, including internists, family practitioners, and pediatricians, as well as nurse practitioners, and physician assistants.

The clinical quality information on doctors/providers who are not associated with any publicly reported practice is only included in the overall QHF[®] average measure scores.

Data Sources

One of the features of the QHF[®] program that sets it apart is the broad range of data available for developing the quality-of-care performance reports. The combination of data from multiple payers, multiple hospitals, multiple physician groups, laboratories, and other clinical providers means that QHF[®] can offer physicians comprehensive quality reports that represent most of the patients in their practices. The types of data used for QHF[®] reports include:

- Claims data – commercial claims from Anthem and United Healthcare; Medicaid claims from the State of Indiana, MDwise, and WellPoint; and Medicare claims for beneficiaries treated by physicians with practices located in the nine-county area included in the Medicare HCQ Demonstration.
- Clinical data – inpatient and outpatient encounters from hospitals and integrated delivery systems, as well as ambulatory care data from physician groups and physician offices.
- Pharmaceutical data – claims data and direct data feeds to Indiana Network for Patient Care (INPC) from pharmacy benefits managers.
- Laboratory data – claims and direct data feeds to INPC from laboratory companies.
- Other data – information from physicians' offices, including point-of-care laboratory testing data and reconciliation data.

These diverse sources of data make the quality-of-care performance reports especially robust and a more comprehensive and accurate reflection of care provided than would be provided by claims data alone.



Review of the Reports Prior to Publication

The entire report production process is validated multiple times internally at IHIE prior to releasing the reports for provider review. The provider group review process is an additional step for reviewing the scores and correcting for any major inconsistencies.

Reports consisting of healthcare quality performance results are provided to each practice site that has opted in for public reporting 30 days prior to publication to the IHIE website. Practice sites review the reports with awareness of the factors involved in the generation of performance results, including but not limited to, data sources, provider patient attribution, and payer mix adjustment.

IHIE will exert every effort to respond to the practice site's queries that are made within a reasonable time period. The scores in the confidential report may be modified by IHIE prior to publicly reporting on the website only if there is a gross mathematical error in payer mix adjustment calculations. No adjustments will be made due to queries regarding data sources, measure definitions, programmatic calculations or attribution processes.

Limitations

The physician clinics identified in these reports do not represent all medical practices in Indiana. IHIE has aligned with consensus based established minimum thresholds for public reporting. Only medical practices that meet these thresholds are reported. For all the measures, a minimum threshold of 30 patients per medical practice/office per measure is required. It should also be noted that medical practice's reported for some measures may not be reported for all measures. Also, data used to calculate rates for these measures reflect patients insured through 3 private health plans and 2 government plans: Medicare (for select practices in the Central Indiana Region) and Medicaid. Medical practice's with patients who are insured through other health plans, who are uninsured, who self pay, or who are served by a fee-for-service program are not reflected in these results. Therefore, the data for these measures don't necessarily represent a medical practice's entire patient population.

Finally, while IHIE is reporting these healthcare quality performance results at the practice site level, readers should be aware that these results reflect the performance of all the providers in the clinic/practice rather than individual provider's performance. IHIE chose to report these results at the clinic/Practice level in order to present information in a more consumer-friendly manner.

Caution is recommended when making comparisons over time. Yearly rate differences can occur due to natural variation, changes in measurement specifications, changes in data sources and other factors.

Disclaimer

Performance results reported by IHIE represent a select few aspects of care given by providers in relation to evidence based standards. They are not clinical guidelines and by no means establish overall standard of care.



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