Important Notes and Considerations for Using These Data
Last updated: October 31, 2008

The downloadable data files posted on this website (Excel and comma-separated-value, or CSV, files) are comprised of measurement results generated by pilot communities as part of the Better Quality Information for Medicare Beneficiaries (BQI) Pilot Project.

Results are presented for physician groups (as defined by the community). Table 1 describes the measures for each pilot community. Measurement results are only available for IHIE, MHQP, MNCM, and WCHQ.

Table 1: Measures by Pilot Community, 2005-2007 Measurement Years

Measure	Indiana Health Information Exchange (IHIE)	Massachusetts Health Quality Partners (MHQP)	Minnesota Community Measurement (MNCM)	Wisconsin Collaborative for Healthcare Quality (WCHQ)
Measurement Year(s)	2006, 2007	2006, 2007	2006, 2007	2005-2007
Breast Cancer Screening	✓	✓ 2006 only	✓	✓
Colorectal cancer screening	✓ 2007 only		✓ 2007 only	✓
Pneumonia vaccination in 65+ yrs pop				✓ 2007 only
Diabetes LDL testing	✓	✓	✓	✓
Diabetes LDL cholesterol control	✓ 2007 only		✓ 2007 only	✓ 2006 & 2007 only
Diabetes HbA1c testing	✓	✓	✓ (1)	✓
Diabetes HbA1c control	✓ 2007 only		✓ 2007 only	✓
Diabetes Nephropathy testing	✓		✓	✓ 2006 & 2007 only
Diabetes eye exam	✓ 2007 only	✓ 2007 only	✓	
Blood pressure control			✓ 2007 only	✓ 2006 & 2007 only
Optimal diabetes care			✓ 2007 only	
Diabetes – Tobacco use			✓ 2007 only	
Diabetes – aspirin use			✓ 2007 only	
Cardiovascular – LDL testing	✓	✓ 2007 only		✓ 2007 only
Cardiovascular – LDL control	✓ 2007 only			✓
Use of Spirometry Testing in Assessment and Diagnosis of COPD		✓ 2007 only		
Hypertension – blood pressure control				✓ 2006 & 2007 only

(1) Note: The HgA1c Testing Measure Result (Blood Sugar Testing) is reflective of one or more tests being administered during the measurement period.

Table 2 presents the data element dictionary for the files. Row 1 in the Excel file contains the column names; in the comma-separated-value (CSV) file, the column names are contained in the first record.

Table 2: Data Element Dictionary, Pilot Community Files

Column	Description	Notes, Valid Values
Pilot	Pilot community name	IHIE, MHQP, MNCM, WCHQ
Year	Measurement year	2005, 2006, 2007
MeasureDesc	Measure Description	See Table 1
GrpID	Physician Group Identifier	Unique for group, assigned by pilot community
GrpName	Physician Group Name	As provided by pilot community
GrpAddress	Physician Group Address	As provided by pilot community
GrpCity	Physician Group City	As provided by pilot community
GrpZip	Physician Group Zip	As provided by pilot community
Rate	Measure rate, in percent	Calculated as (numerator/denominator)*100 0.00-100.00%
Denom	Measure denominator	See Table 3
Num	Measure numerator	See Table 3

Users of these data should be aware of the limitations with using the data, including but not limited to the variations across the communities in measurement specifications as well as data sources used to calculate the measures and attribution characteristics. For these reasons, the ability to make any comparisons across communities is severely limited.

Table 3 presents the differences in specifications and data sources across the communities.

Table 3: Measurement Specifications and Data Sources, by Pilot Community

Pilot Community	Measurement Specifications	Data Sources / Populations Included	Attribution Specifications
Indiana Health Information Exchange (IHIE)	HEDIS® 2007	Commercial (HMO, POS, PPO); Medicare FFS; Medicare Managed Care; Medicaid FFS	In order to attribute the patient to a provider, IHIE created an algorithm that creates a rank ordered list of physician associations with the patient. IHIE then uses data about the providers including their specialty to identify the primary care providers (versus the oncologist who may be seeing the patient weekly to administer and monitor chemotherapy). Patients fall into one of several categories: A. Patients who have not had interactions with any providers B. Patients who have had interactions with only one provider that meets criteria to be a PCP C. Patients who have had interactions with multiple providers that meet criteria to be PCPs.
Massachusetts Health Quality Partners (MHQP)	HEDIS® 2005, HEDIS® 2006, HEDIS® 2007, PCPI	Commercial (HMO, POS, PPO); Medicare FFS. Administrative claims and health plan reported HEDIS results	Attribution to MDs and DOs (PCPs), except where the patient did not see any primary care physician for a preventive or routine visit in the measurement period. For relevant measures, endocrinologists, gynecologists, cardiologists and pulmonologists are included as PCPs where they are the only physician that has been seen for routine care. Other specialists to be included as PCPs if a plan had so designated them.

Pilot Community	Measurement Specifications	Data Sources / Populations Included	Attribution Specifications
Minnesota Community Measurement (MNCM)	2006: HEDIS® 2007. Hybrid data collection for diabetes measures. 2007: MNCM Direct Data Submission (see MNCM "Read Me" document found in the MNCM Data File), HEDIS® 2007	Commercial (HMO, POS, PPO); Medicare FFS; Medicare Managed Care; Medicaid FFS. Aggregated claims data by medical group for administrative measures, patient level medical record data attributed to each medical group for hybrid measures, FFS claims. All patients as per direct data submission specifications.	All specialties and all provider types as appropriate.
Wisconsin Collaborative for Healthcare Quality (WCHQ)	WCHQ - Medical groups/providers determine denominators as per WCHQ methodology, and then provide numerator information.	All payers - membership organizations measure results (numerators and denominators))	Attribution to Medical Doctors, Doctors of Osteopathy, Physician Assistants, and Nurse Practitioners

Important Notes:

- The measure results have been calculated based on multiple, varying data sources.
- This report is based on 2005 through 2007 claims data and may not reflect today's practice. In addition, provider submitted data has been included where available (MNCM, WCHQ).
- The claims data may not reflect all of the services provided by the physician groups/individual physicians.
- These measures may not provide a comprehensive picture of physician groups/individual physicians, as they are limited to treatments for a few health conditions and/or some preventive exams.
- Each performance measure is calculated by determining the number of people who should have received a health care service (the denominator) and the number of people in the denominator who actually received a recommended health care service (the numerator).
- Differences in measures for physician groups/individual physicians may not indicate actual differences in the quality of care provided by the physician groups/individual physicians.
- These results have not yet been fully validated; we continue to work on validating the accuracy of the methods used to calculate the measures.
- Merging commercial and Medicare data results in loss of detail that might be important, as for many measures, groups performing well for commercial members do not always perform equally well for Medicare members and vice versa.
- The addresses contained in the data files may pertain to a practice's billing address and not necessarily a practice office address.