

Physician Designation Program

NC Chapter of the American College
of Cardiology
Leadership Retreat

Eugenie Komives, MD
May 7, 2011





Agenda

- + Background and Vision
- + Project Design
- + Project Timeline
- + Patient Charter & NCQA: 2008 PHQ Standards and Guidelines
- + Methodology Overview
- + Reconsideration Process Overview
- + Q&A



Physician Designation Program

- + Development of a specialist designation program which differentiates identified specialty practices into specific levels based on the quality and cost efficiency data of the practice.
 - Development of Methodology - including choosing quality measures for specialty groups.
 - Development of specific benefit products to steer members to providers who have been designated as higher tier providers based on the quality and cost efficiency data of the practice or facility.
 - Collaboration with physicians/physician organizations to provide input on the program including the methods used to determine performance strata.



What is in scope for the Physician Designation Program?

- Defining of Physician Scoring Criteria (Quality / Efficiency).
- Add posting of methodology to bcbsnc.com or Blue-e for providers.
- Gathering of Physician Scoring Data.
- Create process for providers to appeal their designation level.
- Creating and providing means for updates of provider designation levels.
- Communicating with providers and provider organizations.
- Processing requests for physician reconsideration.
- Creating and providing means for update of BCBSNC Provider Directory.
- Configuring Physician Designation Benefits.
- Creating and providing means for update of provider designation levels within the claims adjudication system.
- Updating Booklets to reflect Physician Designation Program.
- Developing appeals process to address member issues specific to physician designation program.
- Create the ability to display designation levels to appropriate members.

Program Timelines



Deliverables	Start date	End date
Develop methodology and reconsideration process	5/1/2011	5/1/2012
Run measures to determine designated network; run geo-access reports	6/1/2012	6/30/2012
Offer to sales	Mid Summer 2012	
60 day notification of methodology and designation status for physicians	7/18/2012	9/15/2012
45 day period to work initial reconsiderations	9/1/2012	10/15/2012
Post Designated Network	11/1/2012	
Go Live	1/1/2013	



Standards and Guidelines

1. *2008 Physician and Hospital Quality Standards and Guidelines . NCQA effective October 1,2008*
 - <http://www.ncqa.org>
2. *Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs:Ensuring Transparency, Fairness, and Independent Review. April 1,2008*
 - <http://healthcaredisclosure.org/docs/files/PatientCharter.pdf>



Criteria for Physician Performance Measurement, Reporting and Tiering programs

Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs: Ensuring Transparency, Fairness, and Independent Review. April 1, 2008

1. Measures should be meaningful to consumers and reflect a diverse array of physician clinical activities.
2. Those being measured should be actively involved.
3. Measures and methodology should be transparent and valid.
4. Measures should be based on national standards to the greatest extent possible.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



- A. Measuring Quality of Care by Physicians**
- B. Measuring Physician Cost**
- C. Measurement Methodology**
- D. Verifying Accuracy**
- E. Frequency**
- F. Working with Physicians**
- G. Requests for Corrections or Changes**
- H. Principles for use of Results**
- I. Reporting Methodology to Customers**
- J. Making Information Available**
- K. Feedback on Reports**
- L. Policies and Procedures for Complaints**
- M. Handling Complaints**
- N. Collaborating on Physician Measurement**
- O. Using Physician Measurement Activities**
- P. Seeking Input During Development**

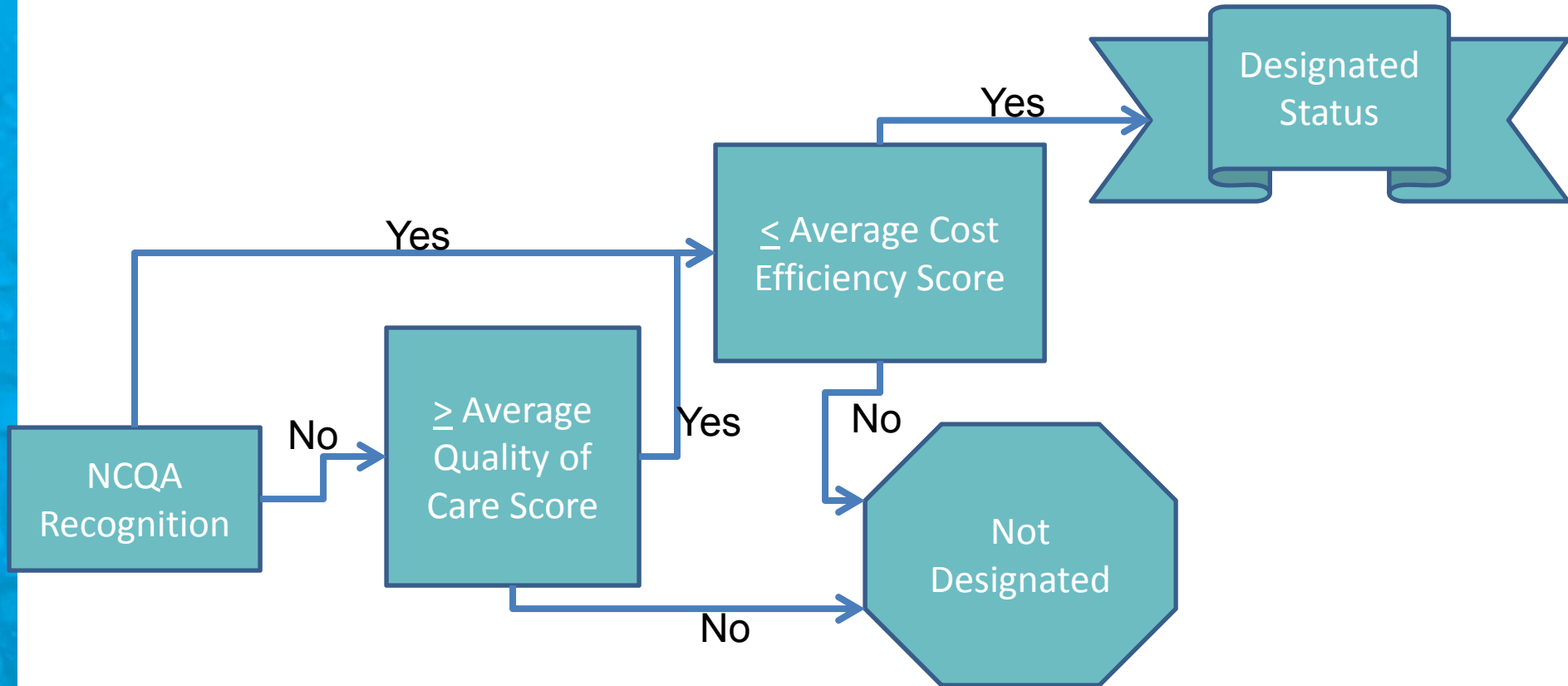
See Appendix for details



Methodology



Specialty Methodology: Overview





Specialty Methodology

- + Quality scores will be computed using Med-Vantage quality measures based on EBM* guidelines endorsed by NCQA** and NQF***
- + Efficiency scores will be computed using Ingenix Symmetry Episode Treatment Group v7.6 software

* EBM (Evidence Based Medicine)

** NCQA (National Committee for Quality Assurance)

*** NQF (National Quality Forum)



Specialty Methodology Continued

- + Scoring methodology similar to standard marketplace methods
 - minor differences to account for factors unique to BCBSNC data (e.g., products, Rx benefits, region)
- + Scoring compares practices to their peers to see if they were statistically significantly different from their peers with ≥90% confidence level

* EBM (Evidence Based Medicine)

** NCQA (National Committee for Quality Assurance)

*** NQF (National Quality Forum)



Current Designated Specialties

Cardiology

Orthopedics

Gastroenterology





Proposed Quality Criteria

+ Cardiology

- NCQA recognition in heart-stroke program (at least 75% of providers in a practice must be recognized) OR
- Meeting a specific threshold on a set of evidence based medicine (EBM) quality measures.

[Note – only administrative (claims-based) quality measures or national recognitions like NCQA are available at the present time for this purpose.]



Specialty Methodology – Quality of Care

- + Will run for two 12 month periods: CY 2009 & CY 2010
- + Requires at least 30 observations for a practice across any combination of measures and members.
- + It is possible for a member to count more than once for a single provider
 - If they qualify for a single measure in both time periods
 - If they qualify across multiple measures.



Attributing Patients to a Provider.

- + Provider attribution is limited to one provider per specialty and the provider has to be relevant to the measure.
- + Attribution requires a one-to-one match between physician and patient (a physician-centric approach)
- + Generally the physician with the highest medical and surgical costs for a patient during an episode of care is selected as the attributable physician.



Attributing Providers to a Practice.

- + Providers who participate in more than one practice are attributed to the practice associated with the claims in the episode
- + Providers who switch practices do not have episodes from the prior practice contribute to the new practice.
- + If a provider leaves a practice the episodes for that provider stay with the practice.



Specialty Methodology – Quality of Care

- + Indirect standardization is used to create an expected score.

The expected score is a weighted average score based on peer performance for each measure and weighted to reflect the mix of measures the practice has. This creates an expected practice level score that assumed the practice's peers has the same mix of patients.

- + Illness Burden is not adjusted for .
- + A Ratio is computed for actual quality compared to expected quality.

With this ratio a score of 1 indicates that the practice performed exactly as expected compared to peers. A score below 1 indicates lower quality relative to what was expected.



Specialty Methodology – Quality of Care

- + Confidence interval calculation
 - Use the algorithm developed by Med-Vantage which is based on CI for a binomial distribution. Originally developed by Harvard Pilgrim Health Care which is affiliated with Harvard Medical School
 - A 90% confidence interval is computed for provider quality ratio.
 - A 90% confidence level sets a high and low range. If the high end of the range is below 1, then the practice fails to be designated. This threshold shows with 90% certainty, the practice has lower quality than their peers.



Cardiology Quality Results (2010)

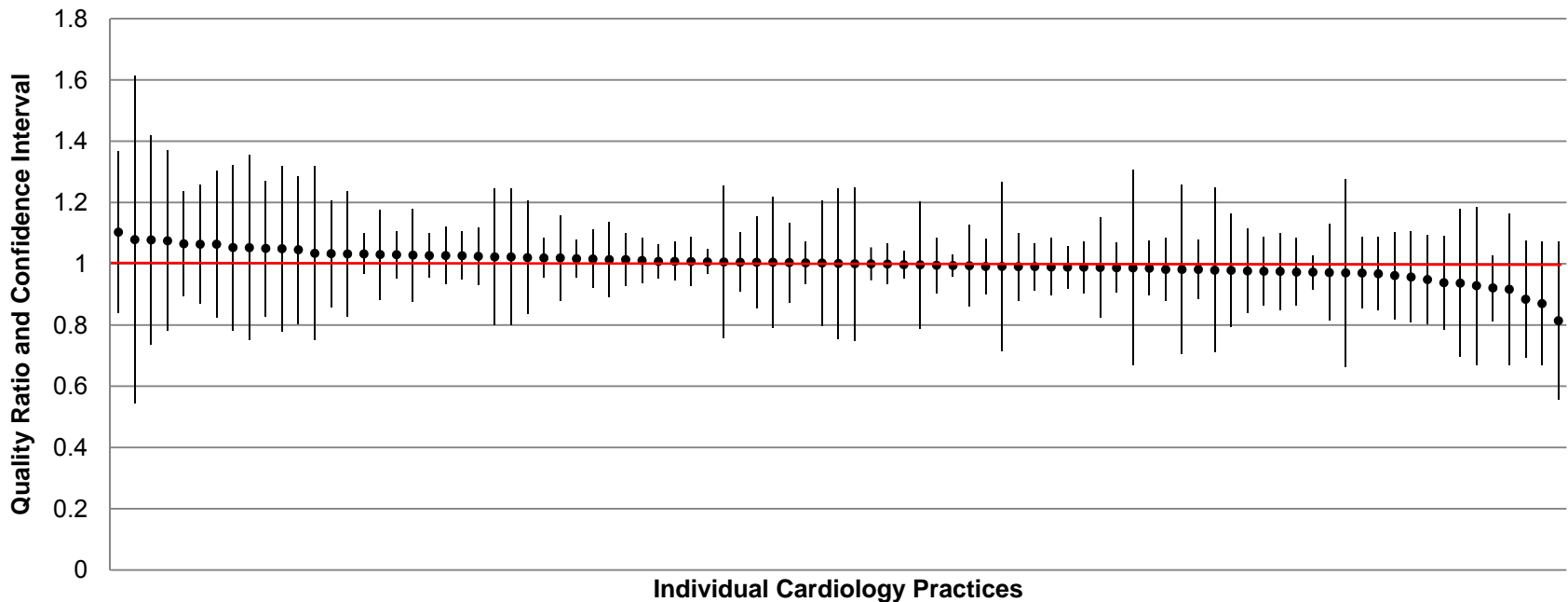
- + Adherence rates for Cardiology practices tend to be very high
- + This shows the quality of care provided in North Carolina is high
- + It is difficult to find poor quality practices based on these measures

Measure	Number of Members Eligible for Measure	NC Network Rate for Cardiology Practices
1. Received persistent beta-blocker treatment for six months after discharge following an MI	170	89.41%
2. Diagnoses of CAD or cardiac procedure with prescription for lipid-lowering therapy during measurement year	11,833	90.25%
3. Diagnosis of CAD or cardiac procedure with at least one lipid profile during the measurement year.	11,382	95.52%
4. Beta blockers and (ACEI or ARBs) prescribed after most recent MI	554	74.73%
5. Diagnosis of heart failure and left ventricular systolic dysfunction with prescription for beta blocker therapy	681	47.43%
6. Diagnosis of heart failure with a measurement of LV function prior to end of measurement year.	2,183	92.44%
7. Diagnoses of heart failure and atrial fibrillation with warfarin prescription	276	90.58%

Cardiology Quality Results (2010)

- On average, each practice that qualified had 300 data points for the quality ratio
- Result is that no Cardiology practices are to be excluded from Designated Tier based upon quality score alone, but potentially 39 practices are to be excluded due to a low volume of services

Quality Ratios and Confidence Intervals for Cardiology Practices





Specialty Methodology – Cost Efficiency

- + Use Symmetry's ETG v7.6 claims grouper to create episodes of care
- + Choose ETG's relevant to each specialty
- + Three years of claims data is used to compute efficiency, however only claims assigned to an episode of care relevant to the specialty will be used.



Cost Efficiency- Practice Attribution

- + Episodes are attributed to only one practice
- + Choose practice with the greatest amount of professional costs (but has to be $\geq 30\%$ of episode total professional costs)
- + After assigning practice, drop any episodes with assigned practice not in specialty
- + Efficiency is scored at the practice level. The same rules apply for efficiency as for quality when deciding which providers to include in a practice.
- + A practice receives a score on efficiency only if they have at least 30 episodes attributed to them during the 36 month window across all ETGs related to that specialty.
- + Any practice with fewer than 30 episodes is not given designation.



Specialty Methodology – Cost Efficiency

- + Indirect standardization
 - Use the peer benchmark as the standard cost for each ETG x Severity Level x Funding Arrangement
 - Compute the ratio between the expected cost (weighted by the mix of measures a practice had) to the aggregate actual cost for the practice

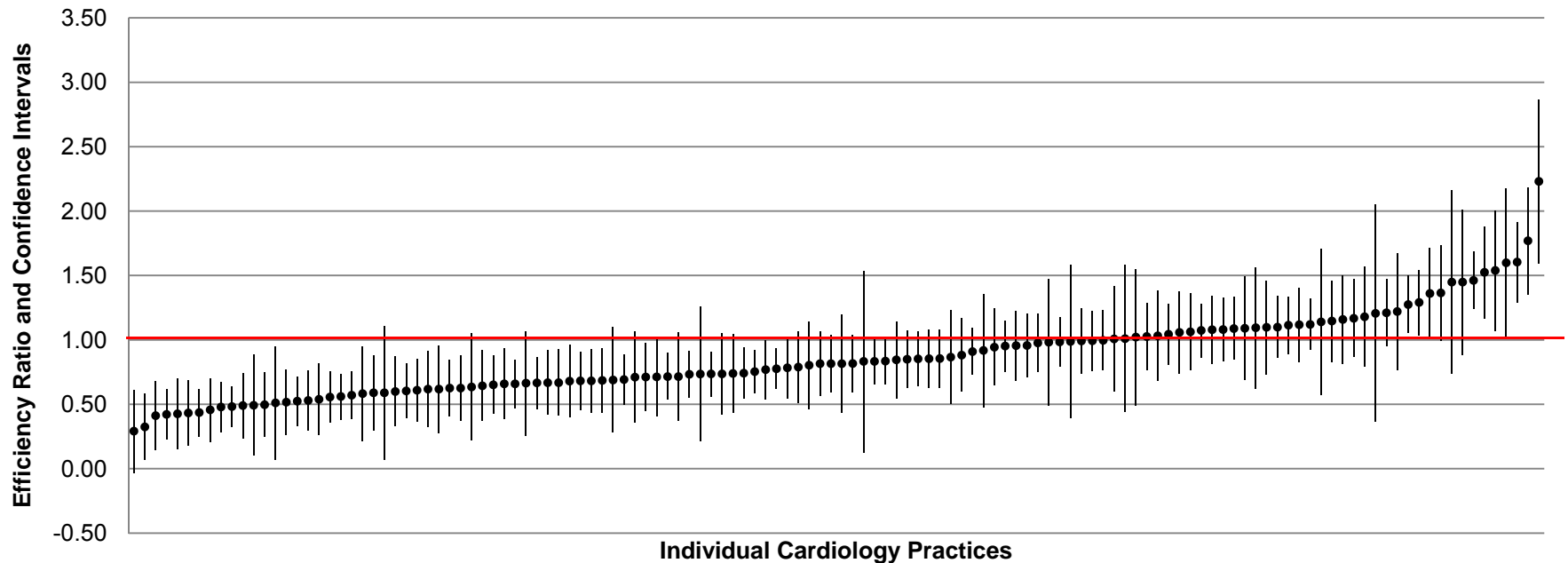
- + Confidence interval calculation
 - Use an equation for a weighted mean as published by Bland & Kerry (1998)¹ for a 90% confidence interval around the weighted mean
 - If confidence interval for ratio is inclusive of or below 1 then they have met or exceeded the cost efficiency standard

¹ JM Bland & SM Kerry (1998). “Weighted comparison of means”. British Medical Journal, 316, p129.

Cardiology Efficiency Results (2010)

- On average, each practice had 1,031 data points for the efficiency ratio
- Result is that 6 Cardiology practices are to be excluded from Designated Tier based upon efficiency score
- Collectively, the non-designated practices represent about 10% of the volume for BCBSNC network and about 11% of total costs for Cardiology practices

Efficiency Ratios with Confidence Intervals for Cardiologists





Data Transparency

- + Quality and Cost Efficiency reports will be accessible by physicians on a secure location on **Blue e**
- + For groups who have purchased this benefit design, the methodology and designation status will be available on employer specific web pages.
- + Methodology will be available online and can be mailed upon request to both physicians and members.



Reconsideration Process

- + Reconsideration is a process that allows a practice to request a change to the quality or cost data used in their designation assessment. During reconsideration, the practice may submit additional information which can contribute to the accuracy of the measurement process. If reconsideration requests result in a change, the measurement methodology will be reapplied and a new designation result is determined.
- + Designation is at the practice level- not at the physician level. Therefore reconsideration will be at the practice level.
- + Requests for reconsideration will be processed within 45 days of receipt. Any change that occurs as a result of the reconsideration (positive or negative) will be updated on the physician designation website(s) at that time.



What would not be considered eligible for Physician reconsideration?

- + **Access Issues:** Since this is not a closed access network, there is no requirement that all members will be seen by designated providers. BCBSNC will inform members that designations are intended only as a guide when choosing a physician and should not be the sole factor in selecting a practice.
- + **Continuity of Care Concerns:** There is no expectation that a member will be seen only by designated providers. Should a member be under the care of a physician whose designation status changes during the course of a treatment episode, the member may continue receiving care with this provider but at the new designation-driven benefit level.



Appendix



*2008 Physician and Hospital Quality
Standards and Guidelines .
NCQA effective October 1,2008*

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



- A. Measuring Quality of Care by Physicians:** The organization measures the quality of its individual physicians, practices or medical groups choosing measures first from those endorsed by the National Quality Forum (NQF) and second from those accepted by the Ambulatory Quality Alliance (AQA) or developed by national accreditors, American Medical Association's Physician Consortium for Performance improvement (AMA's PCPI), specialty medical boards or government agencies.
- B. Measuring Physician Cost:** The Organization measures cost, resource use or utilization of physicians, practices or medical groups by measuring:
1. Cost of care, resource use or utilization for all patients attributed to the physician, practice or medical group over a period of time.
 2. Cost resource use or utilization for at least one clinical condition.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



C. Measurement Methodology: The organization's methodology addresses:

1. For quality and cost, resource use or utilization: the physicians measured, including which specialties and geographic areas.
2. For quality and cost, resource use or utilization: the specifications used to calculate each performance measure.
3. For quality and cost, resource use or utilization: how it attributes patients to physicians, practices or medical groups.
4. For quality: the minimum number of observations for each measure for assessment of physicians, practices or medical groups.
5. For quality and cost, resource use or utilization: how it considers measurement error and measure reliability in reporting actual performance differences among physicians, practices or medical groups.
6. For quality and cost, resource use or utilization: the definition of peer groups used for comparison.
7. For quality: how it employed or considered risk adjustment to make fair comparisons.
8. For cost, resource use or utilization: how it employs risk adjustment to make fair comparisons.
9. For cost, resource use or utilization: how it handles outlier cases in the measurement.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



- D. Verifying Accuracy:** The organization employs a process that includes the following to verify that its measurement methodology is accurately applied when it conducts measurement.
1. How it verified or audits the measurement process, including the accuracy of the application of specifications and data completeness across those being measured.
 2. Who verified the measurement process.
 3. How it makes corrections.
 4. How it updates any reports it makes available to physicians or customers.
- E. Frequency:** The organization takes action using measurement results that reflect recent physician performance by measuring at least every two years.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



F. Working with Physicians: The organization works with its physicians, practices, or medical groups on quality and cost, resource use or utilization measurement activities, including:

1. At the time of initial contracting, providing physicians, practices or medical groups its chosen measures, measurement methodology and information on how it uses results.
2. At least 45 days prior to acting on measure results, providing its chosen measures and the measurement methodology to physicians, practices or medical groups.
3. At least 45 days prior to acting on measure results, providing results and estimates of statistical reliability for comparative information to each physician, practice or medical group.
4. At least 45 days prior to acting on measure results, providing physicians, practices, or medical groups the opportunity to obtain a full explanation of their individual results before they are used.
5. At least 45 days prior to acting on measure results, providing physicians, practices or medical groups information on how it uses the results.
6. Having an ongoing process by which physicians, practices or medical groups can provide additional information or data to request corrections or changes prior to taking action on measure results.
7. Having an ongoing mechanism that considers requests for corrections or changes and additional information and communicates the outcome with explanation of the reasons back to physicians, practices or medical groups prior to taking action on the results.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



G. Requests for Corrections or Changes: The organization's responses to physician requests for corrections or changes contain the following information:

1. Documentation of the substance of the request.
2. Investigation of the request.
3. Notification of the specific reasons for the final decision.
4. Notification of the outcome prior to taking action on measurement results.

H. Principles for use of Results: The organization uses the results of physicians measurement in accordance with the following principles:

1. Taking action where comparisons of performance on quality measures are based on a minimum number of 30 observations or a confidence interval of 90% or where the measure reliability is at least 0.70.
2. Taking action where comparisons of performance on cost, resource use or utilization measures are based on a confidence interval of 90% or where the measures reliability is at least 0.70.
3. Taking action on cost, resource use or utilization results only in conjunction with quality results.
4. Providing customers with information on how it uses results.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



I. Reporting Methodology to Customers: The makes measurement methodology available to the following customer groups:

1. Current and Prospective consumers.
2. Current and Prospective Purchasers

J. Making Information Available: The organization prominently places the following information in clear, understandable language near information it published on physicians:

1. Which physicians, practices or medical groups, including which specialties and geographical areas, are included in the scope of the actions the organization takes.
2. Whether the organization measures and takes action for individual physicians, practices or medical groups and why it has chosen that unit of measure.
3. Where physician, practice or medical group performance ratings are located.
4. That physician performance ratings are only a guide to choosing a physician, practice or medical group: that patients should confer with their existing physicians before making a decision; and that such ratings have a risk of error and should not be the sole basis for selecting a doctor.
5. How the customer may register a complaint about the organization's physician, practice or medical group rating system with the organization.
6. How customers may obtain information on the percentage of the organization's total payments in the aggregate to physicians, practices and medical groups that is based on performance.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



K. Feedback on Reports: With the goal of improving its physician reports, each year the organization:

1. Seeks feedback from current consumers.
2. Seeks feedback from current purchasers on the usefulness of public reports.
3. Seeks feedback on the validity and usefulness of individual and public reports from physicians, practices or medical groups.
4. Makes information about its process for obtaining and using feedback available to physicians and current customers.
5. Analyzes the feedback and identifies opportunities for improvement, if applicable.

L. Policies and Procedures for Complaints: The organization has a process for registering and responding to oral and written consumer complaints about its physician measurement activities that includes:

1. Documentation of the substance of complaints and actions taken.
2. Investigation of the substance of complaints.
3. Notification to consumers of the disposition of complaints and the right to appeal, as appropriate.
4. Standards for timeliness.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



M. Handling Complaints: The organization follows its process for registering and responding to oral and written consumer complaints about its physician measurement activities, including:

1. Documentation of the substance of complaints and actions taken.
2. Investigation of the substance of complaints.
3. Notification to consumers of the disposition of complaints and the right to appeal, as appropriate.
4. Standards for timeliness.

N. Collaborating on Physician Measurement: To make data more representative and to reduce redundant measurement, the organization participates in a multi-payer collaborative for quality or cost, resource use or utilization.

Measuring Physician Performance

*2008 Physician and Hospital Quality Standards and Guidelines .
NCQA effective October 1,2008*



- O. Using Physician Measurement Activities:** To make data more representative and to reduce redundant measurement, the organization uses data for other sources that are representative of a physician's performance.
- P. Seeking Input During Development:** The organization seeks input into the development of its physician measurement and reporting activities, including measure selection, methodology for reporting differences in performance and reporting format, from the following groups:
1. Consumer representatives.
 2. Physicians, practices or medical groups or their representatives.
 3. Purchasers.