

Physician Measurement Analysis

August 1, 2008

Introduction

Purpose Explanation of processes and methodologies used in the CareFirst BlueCross BlueShield (CareFirst) and CareFirst BlueChoice, Inc. (CareFirst BlueChoice) HEDIS based Physician Measurement Analysis.

Background The National Committee for Quality Assurance (NCQA) established a set of measures used for health plan evaluations and comparisons: Healthcare Effectiveness Data and Information Set (HEDIS®) is a tool that measures quality of healthcare delivered. In 2007 NCQA established a set of measures for physicians: HEDIS – Physician Measurement.

Note: Further information on HEDIS can be found on the NCQA web site at <http://www.ncqa.org/>.

In this document This document contains the following topics.

Topic	See Page
Explanation <i>MedStat Advantage Suite® System*</i>	2
Methodology	4
Appendices	16

* *MedStat Advantage Suite* is a registered trademark of Thomson MedStat.

MedStat Advantage Suite®*

Introduction *MedStat Advantage Suite®* is a medical decision support system comprised of an integrated data warehouse of medical claims data, eligibility information, provider information and performance measures.

Claims Data Claims Data are currently being pulled into *MedStat Advantage Suite®* on a monthly basis from the following systems:

- Flexx (DC-based business)
- CARE (Maryland-based business)
- NASCO
- FEP
- LabCorp Encounter Data

Claim types within *MedStat Advantage Suite®* include but are not limited to:

- Inpatient
- Outpatient (including office visits)
- Durable Medical Equipment
- Laboratory
- Radiology

All Lines of Business are included for the purposes of the provider analysis used for the Variable Reimbursement Programs.

Note: While Pharmacy claims are pulled into Advantage Suite, they are not included in the provider analysis used to generate report cards.

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MedStat Advantage Suite[®], Continued

Eligibility Data Membership data are currently being pulled into *MedStat Advantage Suite[®]* on a monthly basis from the following systems:

- EAB (Maryland business)
 - FACETS (DC business)
 - FEP
 - NASCO MD & DC
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Provider Data Provider information is being pulled on a monthly basis from the following systems:

- PA&R (DC provider)
 - PIMS (Maryland provider)
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Exclusions The following information is not a part of *MedStat Advantage Suite[®]*:

- Eligibility – Catastrophic Members with Catastrophic Coverage only
 - Eligibility – BlueCard[®] Host Members (Members with other Blues Plans using medical services in our service area)
 - Claims – Fully denied and denied rows of partially denied claims (F2 claims).
 - Claims – Claims for members with Catastrophic coverage only.
 - Claims – BlueCard[®] Host Claims (Note: All Home claims are included)
 - All duplicates between NASCO MD and NASCO DC (claims are processed in both systems.)
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Methodology

Analysis Level Analysis reports and corresponding scores are completed at the practice level, rather than for each individual physician for the following reasons:

- Contracting and network selection are performed at practice level.
 - Difficult to assign responsibility to individual physicians within group practice.
 - Patients may be seen and treated by multiple physicians within a group.
 - Data analysis at the practice level creates larger sample sizes, allowing for statistically meaningful results.
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Peer Groups CareFirst and CareFirst BlueChoice recognizes different specialties have different practice patterns and should be compared to their “peers” or providers in the same specialty, rather than averages across all specialties.

Multiple specialty groups are divided into individual or peer specialty for analysis. For example, a practice that consists of Family Practice, Internal Medicine and Pediatrics will be divided into three separate peer specialties for reporting purposes.

In addition, this methodology requires us to group some smaller specialties, e.g. pediatric cardiology into larger peer groups in order to improve statistical validity. In this example, pediatric cardiology would be placed into Cardiovascular Disease/Cardiology.

Practices which are contracted as “Multispecialty” (with no specific specialties defined) are not currently included in the provider analysis.

Note: See Appendix for Peer Group Specialty Map.

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Methodology, Continued

Measures

Carefirst is using the HEDIS® Based Physician Measures to provide information to practices. The measures being used are outlined below.

Effectiveness of Preventive Care

- Colorectal Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Glaucoma Screening in Older Adults

Physician Use of Services

- Well Child Visits Age 3 to 6
- Well Adolescent Visits

Effectiveness of Acute Care

- Use of Imaging Studies for Low Back Pain

Effectiveness of Chronic Care

- Comprehensive Adult Diabetes Care
 - HbA1c Testing
 - LDL-C Screening
 - Eye Exam (Retinal)
 - Medical Attention to Nephropathy (Proteinuria Screening Test)
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Attribution Methodology

Patient is attributed to a practice when the patient has at least one encounter, with the practice, during the measurement year.

Continued on next page

Methodology, Continued

Effectiveness of Preventive Care

Colorectal Cancer Screening The percentage of adults 50 – 80 years of age who had appropriate screening for colorectal cancer based on administrative data only.

	Description
Age	50 – 80 years as of December 31 of the measurement year.
Enrollment	Continuous medical enrollment for the measurement year and the year prior, with no more than one gap of up to 45 days. Patient must be enrolled on December 31 of the measurement year. <i>Note: Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment.</i>
Denominator	All members meeting Age, Enrollment and Exclusion Criteria.
Numerator	One or more of the following screenings for Colorectal Cancer as noted below. <ol style="list-style-type: none"> 1. Fecal occult blood test during the measurement year 2. Flexible sigmoidoscopy during the measurement year or four years prior 3. Double contrast barium enema during the measurement or four years prior 4. Colonoscopy during the measurement year or nine years prior <i>Note: Due to system constraints within Advantage Suite, cannot look back any further than three years total using claims data.</i>
Peer Groups	<ul style="list-style-type: none"> • Internal Medicine • Family Practice • Gastroenterology • Obstetrics/Gynecology
Attribution Period	Three year assessment period for patient compliance.
Exclusion Criteria	Patients with a diagnosis of colorectal cancer or total colectomy.

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Methodology, Continued

Effectiveness of Preventive Care, Continued

Breast Cancer Screening The percentage of women 42 – 69 years of age who had a mammogram to screen for breast cancer based on administrative data only.

	Description
Age	Women 42 – 69 years as of December 31 of the measurement year.
Enrollment	Continuous medical enrollment for the measurement year and the year prior, with no more than one gap of up to 45 days. Patient must be enrolled on December 31 of the measurement year. <i>Note:</i> <ul style="list-style-type: none"> – Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment. – Given the measurement look back period, women 40-69 will be captured in this measurement
Denominator	All female members meeting Age, Enrollment and Exclusion Criteria.
Numerator	One or more screening mammograms during the measurement year or the year prior.
Peer Groups	<ul style="list-style-type: none"> • Internal Medicine • Family Practice • Obstetrics/Gynecology
Attribution Period	Two year assessment period for patient compliance.
Exclusion Criteria	Women who had a bilateral mastectomy and for whom claims data do not indicate that a mammogram was performed.

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Methodology, Continued

Effectiveness of Preventive Care, Continued

**Cervical
Cancer
Screening**

The percentage of women 24 – 64 years of age who received one or more Pap tests to screen for cervical cancer based on administrative data only.

	Description
Age	Women 24 – 64 years as of December 31 of the measurement year.
Enrollment	Continuous medical enrollment for the measurement year and the year prior, with no more than one gap of up to 45 days. Patient must be enrolled on December 31 of the measurement year. <i>Note:</i> – Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment. – Given the measurement look-back period, women 21-64 will be captured in this measure.
Denominator	All female members meeting Age, Enrollment and Exclusion Criteria.
Numerator	One or more Pap tests during the measurement year or the year prior.
Peer Groups	<ul style="list-style-type: none"> • Internal Medicine • Family Practice • Obstetrics/Gynecology
Attribution Period	Two year assessment period for patient compliance.
Exclusion Criteria	Women who had a hysterectomy with no residual cervix. <i>Note: HEDIS-PM recommends looking for evidence of hysterectomy as far back as possible. Due to system constraints within Advantage Suite, cannot look back any further than three years total using claims data.</i>

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Methodology, Continued

Effectiveness of Preventive Care, Continued

Chlamydia Screening The percentage of women 16 – 25 years of age who were identified as sexually active using claims data and who had at least one test for Chlamydia during the measurement year.

	Description
Age	Women 16 – 25 years as of December 31 of the measurement year.
Enrollment	Continuous medical enrollment for the measurement year and the year prior, with no more than one gap of up to 45 days. Patient must be enrolled on December 31 of the measurement year. <i>Note: Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment.</i>
Denominator	All female members meeting Age, Enrollment and Exclusion Criteria.
Numerator	At least one Chlamydia test during the measurement year.
Peer Group	<ul style="list-style-type: none"> • Internal Medicine • Family Practice • Obstetrics/Gynecology
Attribution Period	One year assessment period for patient compliance.
Exclusion Criteria	Patients who had a pregnancy test during the measurement year, followed by either a prescription for Accutane (isotretinoin) or an x-ray within seven days (inclusive).

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Methodology, Continued

Effectiveness of Preventive Care, Continued

Glaucoma Screening in Older Adults

The percentage of patients 67 years and older without a prior diagnosis of glaucoma or glaucoma suspect who received a glaucoma eye exam during the measurement year or the year prior, by an eye care professional.

	Description
Age	Adults age 67 years and older as of December 31 of the measurement year.
Enrollment	Continuous medical enrollment for the measurement year and the year prior, with no more than one gap of up to 45 days. Patient must be enrolled on December 31 of the measurement year. <i>Note:</i> <ul style="list-style-type: none"> - Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment. - Given the measurement look-back period, patients 65 and older will be captured in this measure.
Denominator	All members meeting Age, Enrollment and Exclusion Criteria.
Numerator	At least one eye exam for glaucoma by an eye care professional during the measurement year.
Peer Group	<ul style="list-style-type: none"> • Internal Medicine • Family Practice
Attribution Period	Two year assessment period for patient compliance.
Exclusion Criteria	Members with a diagnosis of glaucoma or glaucoma suspect.

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Physician Use of Services

Well Child Visits The percentage of patients 3-6 years of age who received one or more well-child visits with a PCP during the measurement year.
Age 3 to 6

	Description
Age	3–6 years as of December 31 of the measurement year.
Enrollment	Continuous medical enrollment for the measurement year with no more than one gap of up to 45 days. <i>Note: Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment.</i>
Denominator	All members meeting Age, Enrollment and Exclusion Criteria.
Numerator	At least one well child visit with a PCP during the measurement year. <i>Note: The practitioner does not have to be the PCP of record for the child.</i>
Peer Group	<ul style="list-style-type: none"> • Family Practice • Pediatrics
Attribution Period	One year assessment period for patient compliance.
Exclusion Criteria	None

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Methodology, Continued

Physician Use of Services

Adolescent Well-Care Visits The percentage of patients who were 12–21 years of age and had at least one comprehensive well care visit with a PCP or OB/GYN during the measurement year.

	Description
Age	12 – 21 years as of December 31 of the measurement year.
Enrollment	Continuous medical enrollment for the measurement year with no more than one gap of up to 45 days. <i>Note: Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment.</i>
Denominator	All members meeting Age, Enrollment and Exclusion Criteria.
Numerator	At least one comprehensive well care visit with a primary care or OB/GYN practitioner during the measurement year. <i>Note: The practitioner does not have to be the PCP of record for the child.</i>
Peer Group	<ul style="list-style-type: none"> • Family Practice • Pediatrics • Obstetrics/Gynecology
Attribution Period	One year assessment period for patient compliance.
Exclusion Criteria	None

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Methodology, Continued

Effectiveness of Acute Care

Use of Imaging for Low Back Pain The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

	Description
Age	18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year.
Enrollment	Continuous medical enrollment for the measurement year and the year prior, with no more than one gap of up to 45 days. <i>Note: Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment.</i>
Denominator	All members with low back pain meeting Age, Enrollment and Exclusion Criteria.
Numerator	Patients with an imaging study conducted within 28 days of the episode start date.
Peer Group	<ul style="list-style-type: none"> • Internal Medicine • Family Practice • Orthopedics
Attribution Period	One year assessment period.
Exclusion Criteria	Any members with low back pain during the 180 days prior to the episode start date or any member with a diagnosis of cancer, recent trauma, intravenous drug use or neurological impairment.

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Effectiveness of Chronic Care

Comprehensive Adult Diabetes Care The percentage of patients 18 – 75 years of age with diabetes who had each of the following.

- HbA1c Testing
- Eye Exam (retinal)
- LDL-C Screening
- Medical Attention to Nephropathy (Proteinuria Screening Test)

	Description	
Age	18 – 75 as of December 31 of the measurement year.	
Enrollment	Continuous medical enrollment for the measurement year with no more than one gap of up to 45 days. Patient must be enrolled on December 31 of the measurement year. <i>Note: Due to system constraints within Advantage Suite, gap of no more than 30 days in enrollment.</i>	
Denominator	All diabetic members meeting Age, Enrollment, and Exclusion Criteria.	
Numerator	Test	Description
	HbA1c Testing	An HbA1c test performed during the measurement year.
	LDL-C Screening	An LDL-C test performed during the measurement year.
	Eye Exam	An eye screening for diabetic retinal disease during the measurement year.
	Proteinuria Screening	Medical attention for nephropathy/proteinuria screening performed during the measurement year.
Peer Group	<ul style="list-style-type: none"> • Internal Medicine • Family Practice • Endocrinology 	
Attribution Period	One year assessment period for patient compliance.	
Exclusion Criteria	Patients with a diagnosis of polycystic ovaries, gestational diabetes or steroid-induced diabetes who did not have any face-to-face encounters for diabetes within the measurement year or the year preceding the measurement year.	

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Methodology, Continued

Composite Score

Carefirst is using the “Simple Method” as recommended by NCQA in the HEDIS® 2007 Technical Specifications for Physician Measurement manual.

- Minimum sample size is 30 patients per practice.
- Minimum of 2 patients per applicable measure.

Method	Description
1: Simple	<ul style="list-style-type: none"> ▪ Sum all denominators for every measure ▪ Sum all numerators for every measure ▪ Divide the numerator by the denominator for a composite percentage rate.

Continued on next page

Appendix

Measured Peer Groups	<ul style="list-style-type: none"> • Endocrinology and Metabolism • Family Practice • Gastroenterology • Internal Medicine • Obstetrics/Gynecology • Orthopedics • Pediatrics
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Specialty Map Map of specialty to peer group.

<u>Specialty</u>	<u>Peer Group Specialty</u>
Endocrinology	Endocrinology & Metabolism
Pediatric Endocrinology	Endocrinology & Metabolism
Family Practice	Family Practice (General Practice)
Family Practice and Geriatric Medicine	Family Practice (General Practice)
Gastroenterology	Gastroenterology
Gastroenterology Pediatric	Gastroenterology
General Practice	Family Practice (General Practice)
Geriatrics	Internal Medicine (NEC)
Gynecology	Obstetrics & Gynecology
Infertility	Obstetrics & Gynecology
Internal Medicine	Internal Medicine (NEC)
Maternal & Fetal Medicine	Obstetrics & Gynecology
Ob/Gyn and Critical Care Medicine	Obstetrics & Gynecology
Obstetrics	Obstetrics & Gynecology
Obstetrics and Gynecology	Obstetrics & Gynecology
Pediatrics	Pediatrician (NEC)
Reproductive Endocrinology	Obstetrics & Gynecology
Family Practice Sports Medicine	Family Practice (General Practice)
Internal Medicine Sports Medicine	Internal Medicine (NEC)
Surgery Hand	Orthopaedic Surgery
Surgery Hand-Orthopedic	Orthopaedic Surgery
Surgery Hand-Plastic	Orthopaedic Surgery
Surgery Orthopedic	Orthopaedic Surgery
Surgery Pediatric Orthopedic	Orthopaedic Surgery