

The Blue Compare Physician Distinction Program

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The Blue Compare Physician Designation Program, continued

The Blue Compare Physician Designation Program

Continuing escalation of health care costs has driven premiums and medical expenses to higher and higher levels each year, motivating employers and consumers to search for information about the value (quality and cost) they receive for their health care dollars. These stakeholders are asking Blue Cross and Blue Shield of Texas (BCBSTX) to support their purchasing decisions by identifying the providers who offer the best quality and cost. BCBSTX must pay attention to the needs of its employers and members.

BCBSTX understands the complexities of measuring provider quality and cost performance. Fortunately, state and nationally published guidelines and requirements for provider transparency methodologies and programs are now available. BCBSTX has taken care to incorporate these guidelines and requirements into a redesigned BlueCompare Physician Designation program to meet the demand for provider performance information. See Appendix A for more information on national guidelines.

BCBSTX's redesigned BlueCompare Physician Designation program will measure physicians on both quality-related performance and cost-efficiency:

- The quality-related assessment will utilize Evidence-Based Measures (EBMs) from nationally recognized entities such as the National Quality Forum (NQF), the Ambulatory Care Quality Alliance (AQA), and the National Committee for Quality Assurance (NCQA).
 - BCBSTX has implemented a Bridges to Excellence® program to recognize and reward health care providers who demonstrate implementation of sound management of complex patients and deliver safe, timely, effective and efficient patient-centered care. Physicians in the BlueCompare - measured Working Specialties that are recognized by the Bridges to Excellence® program's Diabetes Care Link or Cardiac Care Link programs, will be recognized and display a BlueCompare Blue Ribbon.
 - The cost-efficiency assessment will be based on an **Episodes of Care** methodology.
 - Both the quality-related and cost-efficiency performance measurement will utilize two years of BCBSTX PPO incurred claims data
 - The BlueCompare program will adhere to nationally recognized transparency methodology and program standards and guidelines (NCQA Standards and Guidelines for the Certification of Physician and Hospital Quality) and will comply with Texas Insurance Code Chapter 1460.
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The Blue Compare Physician Designation Program, continued

Measured Specialties and Eligibility

The new BlueCompare Physician Designation Program will apply to the Working Specialties for which both quality-related performance and cost-efficiency can be measured. Physicians must practice in one of the measurable Working Specialties and be a contracted physician in good standing with the BCBSTX BlueChoice® provider network to be eligible for participation in the BlueCompare Physician Designation Program.

There are a select number of available EBMs for quality-related measurement that meet nationally recognized standards (e.g. NQF, AQA and NCQA) and methodology adherence for quality measurement. BCBSTX will only measure cost-efficiency on those Working Specialties where it can also measure quality-related performance.

BCBSTX will apply quality-related measurement and the cost-efficiency assessment to the following 14 Working Specialties:

Allergy-Immunology	Nephrology
Cardiovascular Disease – Interventional	Neurology
Cardiovascular Disease – Non-Interventional	Obstetrics-Gynecology
Endocrinology	Pediatric Allergy- Immunology
Family Practice	Pediatric Pulmonary Disease
Geriatric Medicine	Pediatrics
Internal Medicine	Pulmonary Disease

The Blue Compare Physician Designation Program, continued

BlueCompare Evidence- Based Measures (EBMs) Assessment

BCBSTX will use claims and enrollment data to assess a physician's adherence to nationally recognized EBMs when treating his/her qualifying patients. These measures cover significant areas of preventive care such as diabetes, cardiovascular disease and other health care services. A complete list of the EBMs used in the evaluation, along with the clinical intent and sponsoring organizations, is contained in Appendix B at the following link - <http://www.bcbstx.com/provider/training/bluecompare2011.html>.

Physicians will be evaluated using only the EBMs that are considered relevant to their Working Specialty and relative to their specialty peers in Texas. All physicians within a common Practice Evaluation ID (typically the Tax Identification Number) and Working Specialty will be evaluated together, regardless of the level of individual physician contribution, and will be given the same BlueCompare EBM designation. For example, a group of physicians practicing under a common Tax Identification Number that is comprised of Internal Medicine, Family Practice, and Obstetrics-Gynecology specialties would receive three distinct evaluations and BlueCompare designations. A physician who practices under multiple Tax Identification Numbers can achieve different EBM evaluation results for each group and Working Specialty in which the physician is evaluated.

EBM performance will be attributed to physicians based upon their involvement in treating the BCBSTX PPO members who qualify for the measures, according to Health Care Effectiveness Data and Information Set (HEDIS) standards. The number of members who qualify for the EBMs (denominator) will be compared to the number of members who were provided services satisfying the EBM criteria (numerator). A minimum of 30 denominator events must be attributed to the physician or specialty group to qualify for an evaluation. Although two calendar years of PPO claims data will be used, some EBMs will use five years of claims data. The methods for determining the specific denominators and numerators differ by measure. More details are available at the following link - <http://www.bcbstx.com/provider/training/bluecompare2011.html>

EBM Performance Scoring Details

A physician group's performance score is derived from the following factors:

- A count of qualifying events, which defines a denominator. An example is the continuously enrolled diabetic patients for whom a specified test or other service is expected.
- A count of the clinical responses to the qualifying events, which defines the numerator. An example is the number of diabetic patients in the denominator who receive the expected test or service.

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The Blue Compare Physician Designation Program, continued

BlueCompare Evidence- Based Measures (EBMs) Assessment, cont'd

- The weighting associated with the applicable indicator. This is determined by the statistical reliability of a measure, as determined by its variance.

The composite performance score for a physician group is derived by applying and aggregating the above factors. This score is used to assess the group's performance relative to its peers. The composite score will be considered valid only if a physician group has a minimum of 30 denominator events across all indicators.

Performance will be aggregated across all relevant EBMs. Each EBM will be *weighted by the inverse of the variance* of the measure, resulting in a weighted average that reflects both the total number of denominator events and the variability of performance by peers. This methodology decreases the impact of differences in the number of denominators that occur from practice to practice, and summarizes performance on individual measures into a single EBM score.

The practice EBM scores are distributed for a specialty-wide comparison of performance. A system based on statistical methods is used to identify a performance threshold within this distribution. Practices with scores that are at or above the performance threshold will be recognized. Practices with a score more than two standard deviations from the mean, compared to the peer average, are considered outliers.

An external statistician, with extensive experience in biostatistics, reviewed and validated the EBM scoring methodology for appropriateness. A more detailed explanation of the scoring methodology can be found in Appendix C.

Where there are no measures present for a specialty, insufficient data is available, or threshold performance on the EBMs is not met, an appropriate designation will be assigned to the physician. For more information on the *Episode Grouping Logic example*, go to the following link – <http://www.bcbstx.com/provider/training/bluecompare2011.html>

This EBM measurement is the quality-related component of the BlueCompare Physician Designation Program. It must be satisfied for a physician to be eligible for the cost-efficiency evaluation.

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The Blue Compare Physician Designation Program,

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BlueCompare Physician Cost Assessment (PCA)

Consistent with national guidelines (NCQA PHQ), BCBSTX will first assess a physician for performance on quality-related measures. Pending that outcome, BCBSTX will review the physician for cost-efficiency. A cost-efficiency assessment will only be performed if the specialty-specific quality-related criteria are met. BCBSTX engaged physicians currently in clinical practice to assist in developing the new PCA methodology described below.

To assess a physician's cost-efficiency, BCBSTX will analyze Episodes of Care that are attributable to the physician. Thompson Reuters Medical Episode Grouper (MEG) software will be used for the Episode of Care analysis.

PCAs are created using two incurred years of outlier-trimmed claims data. Similar to the BlueCompare quality-related assessment, the PCA will be calculated at the Practice Evaluation ID/Working Specialty level. PCA Peer Comparisons will take into account the disparate costs in the geographic area in which the physician practices. BCBSTX has 22 Peer Comparison areas for which physician cost-efficiency can be Assessed.

For more information, go to the following link –

<http://www.bcbstx.com/provider/training/bluecompare2011.html>

Episodes of Care

An Episode of Care will be built by linking sets of health care services provided to a patient over time to treat a specific disease or health status, and can be comprised of one or more encounters or visits, procedures or inpatient admissions. The episode continues as long as there is relatively continuous contact with the health care system for the same basic diagnosis, disease or health status.

For more information on the *Episode Grouping Logic*, go to the following link – <http://www.bcbstx.com/provider/training/bluecompare2011.html>

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The Blue Compare Physician Designation Program, continued

BlueCompare Physician Cost Assessment (PCA), cont'd

Physician Episode of Care Attribution

Only one physician per episode will be considered to be the responsible physician. The responsible physician is assigned as follows:

- Physician who performs procedures with the highest total Relative Value Units (RVUs) billed; if none, then
- Physician with the greatest number of Evaluation and Management (E&M) services billed; if none; then
- Physician with the highest allowed dollars

This logic helps to ensure that primary care physicians are not inappropriately attributed high cost cases for which they are not primarily responsible. The responsible physician will be determined without regard to the physician's contract status with BCBSTX.

Episode of Care Data Trims

A trim is an exclusion to the data set done prior to calculation of the PCA. BCBSTX will make several data trims to the base episode of care data to help ensure that the results are not influenced by patient severity, case mix or burden of illness. BCBSTX will use only complete Episodes of Care that are risk and severity adjusted. Listed below is a summary of the trims that will be made to the data before the PCA calculation is performed.

Episodes will be removed if they:

- are incomplete
- are high or low cost outliers
- are attributed to members with fewer than nine member months for the time period of the episode
- belong to a MEG/Sub stage with low volume
- represent an episode where the responsible physician has less than 80 percent of the RVUs driving utilization
- contain emergency room revenue codes or place of service
- are for preventive care
- are in MEG categories not typically provided by a particular Working Specialty

After these data trims are complete, the result is a set of qualified episodes, which will be used in calculating the PCA.

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The Blue Compare Physician Designation Program, continued

BlueCompare Physician Cost Assessment (PCA), cont'd

Physician Cost Assessment Calculation

The PCA will be calculated based on the average cost of qualified episodes partitioned by:

- episode group
- severity of illness for the episode
- relative risk of the patient
- time period of the episode
- Working Specialty of the physician
- geographic area of the physician

The PCA will be calculated by comparing the actual allowed cost of the physician's Episodes of Care to an expected allowed cost for the physician's episodes of care in their Working Specialty.

Sum across episodes: Actual Allowed Cost

PCA =

Sum across episodes: Expected Allowed Cost

To learn more, go to the BCBSTX Provider website at
bcbstx.com/provider/training/bluecompare2011.html




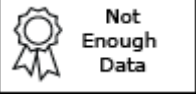

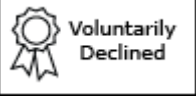
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The Blue Compare Physician Designation Program, continued

BlueCompare Designations

Results of the BlueCompare Physician Designation Program will be displayed by using the online **Provider Finder®** tool at bcbstx.com. When members search for providers in the PPO network, search results will include one of the following symbols/designations next to the physician's name:

	Meets or exceeds expected quality-related performance compared to other doctors.
	Meets or exceeds expected quality-related performance and cost-efficiency performance compared to other doctors.
	Performance measures are not available for this specialty.
	There is not enough data to measure performance or this doctor is new to the network. Re-evaluations are conducted periodically.
	Meets or exceeds expected quality-related performance compared to other doctors, but there is not enough BCBSTX claims data to measure cost-efficiency performance.
	This doctor requested to not participate in the BlueCompare program.

Physicians that are in a measured Working Specialty but do not meet the required quality-related and cost-efficiency recognition threshold will not have a symbol in Provider Finder.

The BlueCompare tool is provided for informational purposes only. Physician selection is a personal choice, and consumers are informed that they should not base decisions solely on information displayed in BlueCompare. BlueCompare designations are based on claims from BCBSTX PPO membership records and may not be indicative of the physician's overall practice.

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The Blue Compare Physician Designation Program, continued

The Review Process

Affected physicians who are dissatisfied with their BlueCompare results have the right to request a review in writing. In addition to the written fair review reconsideration process, BCBSTX also provides a fair reconsideration proceeding as described below:

- When a physician requests a review, BCBSTX will provide a fair reconsideration proceeding. This proceeding will be conducted by teleconference or in person, whichever the physician prefers.
- A physician requesting a review has the right to provide information, to have a representative participate and to submit a written statement at the conclusion of the reconsideration proceeding.
- BCBSTX will communicate the outcome of the reconsideration proceeding in writing, including the specific reason(s) for the final determination.

For more information on the Review Process, go to the BCBSTX Provider website at bcbstx.com/provider/training/bluecompare2011.html.

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The Blue Compare Physician Designation Program, continued

National Guidelines

1. NCQA Standards and Guidelines for the Certification of Physician and Hospital Quality: <http://www.ncqa.org/tabid/740/Default.aspx>
 2. Ambulatory Care Quality Alliance
<http://www.aqaalliance.org/performancewg.htm>
 3. National Quality Forum
http://www.qualityforum.org/Measuring_Performance/Measuring_Performance.aspx
 4. Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs: Ensuring Transparency, Fairness and Independent Review
<http://healthcaresdisclosure.org/docs/files/PatientCharter040108.pdf>
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Evidence- Based Measures

For information on the Evidence-Based Measures that will be used in the BlueCompare quality-related assessment, go to the BCBSTX provider website at bcbstx.com/provider/training/bluecompare2011.html.

Details on Calculating EBM Scores

For each relevant EBM indicator category, a *physician p-score* is calculated as the ratio of the number of occasions on which the indicated service was provided by the physician to the number of eligible patient encounters.

The *aggregate p-score* for a physician is the weighted average over all relevant indicators of the physician's *p-scores*. Before summing, each *p-score* is multiplied by the inverse of its approximate variance. This weighting factor explicitly takes into account the number of eligible patient encounters within each indicator

for the physician so that *p-scores* based on a large number of encounters are more influential in determining the aggregate score than *p-scores* based on a smaller number of encounters.

The *statewide p-score* for the indicator is the ratio of the total number of occasions in the state on which the indicated service was provided to the total number of eligible patient encounters, all within the indicator category. The same inverse-variance weighting factors are used, so the numbers of eligible patient encounters

within each indicator category are again taken into account. The expected *p-score* for the physician is the weighted sum over all relevant indicators of the statewide *p-scores*.

The *physician EBM score* is the ratio of the physician's aggregate *p-score* to the corresponding statewide *p-score*, divided by the approximate standard deviation of the ratio. The EBM score may be positive or negative, indicating that the physician's overall rate of performance of indicated services falls above or below statewide rate.

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The Blue Compare Physician Designation Program, continued

Details on Calculating EBM Scores, cont'd

To determine the *practice group EBM score*, each member physician's EBM score is weighted by the inverse of its variance and then aggregated across the relevant indicators. This results in a weighted average that reflects both the total number of patient encounters for each physician and the variability of the EBM score. EBM scores based on many patient encounters are weighted more heavily than those based on fewer encounters. This methodology takes into account differences in the numbers of patient encounters for both individual physicians and for practice groups.

The *specialty ratio* for a practice group is the ratio of the number of occasions on which the indicated service was provided to the number of eligible patient encounters, aggregated over all physicians in the group. A physician group is evaluated using only those indicators which are considered relevant to the specialty. Thirty or more patient encounters across all indicators must be attributed to the physician group to be included in the assessment. A group's performance is assessed relative to other physicians in the same specialty within the BCBSTX network.



The Blue Compare Physician Designation Program, continued

Definitions

Actual Allowed Cost: This is the allowed cost (physician payment and patient liability) for all services provided by all physicians, ancillary providers and facilities related to the episodes of care attributed to the physician.

Confidence Interval: The probability at a 90 percent level of confidence that a PCA lies within a specified range.

Expected Allowed Cost: This is based on the average allowed cost of qualified episodes partitioned by MEG, severity, comorbidity group, and time period for a specialty in a geographic region.

Episode of Care: An episode of care is composed of one or more encounters or visits, procedures or inpatient admissions. It is built by linking sets of health care services provided to a patient over time to treat a specific disease or health status. It continues as long as there is relatively continuous contact with the health care system for the same basic diagnosis, disease or health status.

MEG (Medical Episode Group): The Thomson Reuters Medical Episode Group numeric code identifying a clinically homogenous episode of care.
PCA: Total cost of all qualified episodes attributed to the Practice Evaluation ID (for a Working Specialty) divided by the total expected cost for those episodes.

Peer Comparison: All comparisons are made to specialty peers in the same geographic area on episodes in the same Medical Episode Group (MEG) at the same level of severity, in the same comorbidity group and during the same time period.

Practice Evaluation ID: The Tax Identification Number for group providers or other unique identifier for solo providers.

Severity: Indicates the level of severity observed in episodes of a specific clinical condition (Medical Episode Group). Subdivisions (x.xx) indicate more precise classification. For some Medical Episode Groups, severity is further classified using age, gender and type of episode.

Blue Distinction Program

Blue Distinction Program

Blue Cross Blue Shield of Texas, in partnership with the Blue Cross and Blue Shield Association, has developed Blue Distinction Centers. Each Center has been selected through a rigorous evaluation of clinical data that provides insight into the facility's structures, processes and outcomes of care. These nationally established criteria were developed with input from medical experts and organizations and support the consistent, objective assessment of specialty care capabilities.

Blue Distinction is a nationwide program that will create an unprecedented level of healthcare transparency with two goals: engaging consumers to enable more informed healthcare decisions and collaborating with providers to improve quality outcomes and affordability.

Blue Distinction is an evolving, ever-changing program that will grow as the healthcare needs of consumers and employers change.

To learn more – go to bcbstx.com/provider/tools/bluedistinction.html
