

Transparency – The Public Reporting of Physician Performance **(The Evaluation of the Impact of Physician Self-Reporting Administrative Data)**

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BlueCross BlueShield of Tennessee

- For more than 60 years, BlueCross BlueShield of Tennessee has been centered on the health and well being of Tennesseans. BlueCross BlueShield of Tennessee is the largest health benefit plan in the state with more than 2.3 million people turning to us for health plan coverage and insurance products.
- BlueCross BlueShield of Tennessee is a not-for-profit, locally governed health plan company, and a part of the BlueCross BlueShield Association, a nationwide association of health care plans.

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BCBST's Goals for Transparency

- Transparency Initiative
 - Response to consumer demand for information related to health care quality and cost
 - Improve the quality and cost of care for our members
 - Process
 - Follow State law
 - Physician Advisory Panel
 - Consumer focus groups
 - Claim data extract (2003-2007) and validation
 - Data computation and summation
 - Quality HEDIS based – HBI
 - Cost ETG based with risk adjustment - BCBST
 - Validation – Internal and External
 - Provider review period with feedback
 - Provider self-report function
 - Consumer release

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Gathering Input from Stakeholders

- 7 Member/consumer focus group meetings
- 3 Statewide Physician Advisory Panels
- 3 Physician practice conference calls
- 5 Multi-specialty group meetings
- 13 All-Blue Workshops
- 2 TDCI Meetings
- 3 TN Medical Association Meetings
- 7 Communications provided to physicians
- 11 Substantial changes made based on physician input

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Our Process for Transparency

Members

- Commercial only
- BCBST the sole insurance carrier for the measurement year

Providers

- Specialties providing board certification with American Board of Medical Specialties (AMBS) or American Osteopathic Association (AOA)
- Hospital Based and Urgent Care providers excluded

External Partner

- Unbiased results – third party vendor (Health Benchmarks Inc.)
 - compiled administrative claims data
 - scored provider performance

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Our Process for Transparency

- Administrative claims data - measurement year and 4 years prior.
- Member attribution - a non facility face to face encounter.
- 30 member minimum per provider-measure before reporting.
- 30 provider minimum per specialty before reporting.
- Quality measures reported on 2,518 providers out of 13,011
- Provider rates compared to peers
 - categorized as “Below Average”, “Average” or “Above Average”
 - based on the state-wide average rate for specialty.

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Provider Review Period

- In accordance to Tennessee State Law providers were given 45 days to review data that would be released to the public.
- Providers were able to utilize a self-report function at the website in order to supplement our administrative claims data with information from the patient's medical record.

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Provider Review Website

Composite Quality Measure	Number of BlueCross Patients Treated				Rating	
- Diabetes Care Measures	33					
Clinical Quality Indicator	Admin Rate	Hybrid Rate	Statewide Avg.	HEDIS Avg.	Rating	Report
Diabetic Retinal Exam • Members Who Did Not Receive the Service • Identified Members	21.2 % 7 / 33	No Data Submitted	42.8 %	54.7 %		
Glycosylated Hemoglobin (HbA1c) Tests For Diabetics • Members Who Did Not Receive the Service • Identified Members	87.9 % 29 / 33	No Data Submitted	90.5 %	87.5 %		
Lipid Panel For Diabetics • Members Who Did Not Receive the Service • Identified Members	97.0 % 32 / 33	No Data Submitted	85.3 %	83.4 %		
Monitoring For Diabetic Nephropathy • Members Who Did Not Receive the Service • Identified Members	39.4 % 13 / 33	No Data Submitted	69.0 %	79.7 %		

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Patient Level Detail

Members that did not receive the service - Diabetic Retinal Exam

■ [Members who received the service](#) | ■ [Members that did not receive the service](#) | ■ [Total Members Eligible for Service](#) 

Member ID	Date Of Birth	First Name	Last Name	
4266293	05/09/1957			Add Self Report Data
4640682	03/11/1960			Add Self Report Data
4266418	07/17/1946			Add Self Report Data
1916598	10/02/1980			Add Self Report Data
4265735	04/13/1958			Add Self Report Data
1341422	08/19/1950			Add Self Report Data
227803	10/11/1943			Add Self Report Data
3775766	02/27/1954			Add Self Report Data
48044	08/31/1943			Add Self Report Data
1346756	12/24/1950			Add Self Report Data

[Quality Information](#) | [Cost Information](#) | [FAQ](#)

[Self Report Guide](#) | [Feedback](#) | Powered by [HBI Online](#)(Patent Pending)

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Self-Report – Verify DOB

Confirm Denominator: Date of Birth - Diabetic Retinal Exam

■ Provider Name:

■ Provider ID

DOB	First Name	Last Name
05/09/1957	<input type="text"/>	<input type="text"/>

→ Is the date of birth on record for this member correct?

Yes

No, member date of birth should be corrected to: / / MM/DD/YYYY

Next

Cancel

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Self-Report – Report Numerator Inclusion

[Home](#) | [Clinical Quality Report](#) | [Member List](#) | Self Report

Confirm Numerator - Diabetic Retinal Exam

■ Provider Name:

■ Provider ID:

DOB	First Name	Last Name
05/09/1957	<input type="text"/>	<input type="text"/>

→ Did this member have at least 1 screening exam for diabetic retinal disease by an eye-care professional on or between 1/1/2007 and 12/31/2007, at least 1 office visit with an ophthalmologist or optometrist on or between 1/1/2007 and 12/31/2007, or had a previous retinal exam conducted that did not show evidence of retinopathy?

Yes, this member had at least one screening exam for diabetic retinal disease conducted by an eye care professional (i.e. ophthalmologist or optometrist) on or between 1/1/2007 and 12/31/2007.

Date of Service: / / MM/DD/YYYY

Yes, this member had at least one office visit with an ophthalmologist or optometrist on or between 1/1/2007 and 12/31/2007.

Date of Service: / / MM/DD/YYYY

If member had more than one, enter information for the most recent date of service.

Yes, this member received a retinal exam conducted by an ophthalmologist or optometrist in the year prior (1/1/2006 and 12/31/2006) which showed no evidence of retinopathy.

Date of Service: / / MM/DD/YYYY

If member had more than one, enter information for the most recent date of service.

No, this member did not receive any of the above services.

Next

Cancel

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Self-Report – Report Denominator Exclusion

[Home](#) | [Clinical Quality Report](#) | [Member List](#) | [Self Report](#)

Confirm Exclusion - Diabetic Retinal Exam

■ Provider Name:

■ Provider ID:

DOB

First Name

Last Name

05/09/1957

This member did not receive the recommended service on or between 1/1/2007 and 12/31/2007 because (check one):

- This member was diagnosed with polycystic ovaries on or before 12/31/2007.
Date of Diagnosis: / / MM/DD/YYYY
- This member was diagnosed with steroid induced or gestational diabetes between 1/1/2006 and 12/31/2007.
Date of Diagnosis: / / MM/DD/YYYY
If member had more than one, enter information for the most recent date of service.
- This member does not have diabetes, steroid induce diabetes, gestational diabetes or polycystic ovaries.
- This member was deceased on or before 12/31/2007.
- Other:

Please note that this entry is reserved for provider comment and does not automatically result in a change in the member's outcome for this measure.

Exit

Cancel

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Results from the Provider Self-Report Period

- 232(9.2%) of reported providers utilized the self-report function
- 207 providers submitted data that directly impacted a measure rate.
- 197 providers submitted data that had no impact on a measure rate.
- 716 providers had rates impacted due to the self-report data.
- On average a member is attributed to 3.5 providers.
- The measure rate numerators were increased by 2,140 and denominators were reduced by 1,402.
- The composite rate for all individual quality measures increased by 3.5%.

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Impact of Self-Report at the Measure Level

Quality Measure	Pre-Self-Report Data			Post-Self-Report Data		
	Total Numerator Pre Self-Report	Total Denominator Pre Self-Report	Composite Rate Pre Self-Report	Total Numerator Post Self-Report	Total Denominator Post Self-Report	Composite Rate Post Self-Report
Chlamydia Screening for Women	368	1,307	28.2%	410	1,303	31.5%
Colorectal Cancer Screening	20,813	38,412	54.2%	22,118	38,396	57.6%
(HBA1C) test for Diabetes	1,791	1,993	89.9%	1,802	1,964	91.8%
LDL Monitoring for Diabetics	1,347	1,586	84.9%	1,365	1,570	86.9%
Mammography Screening	19,831	25,780	76.9%	20,325	25,710	79.1%
Monitoring for Diabetic Nephropathy	1,572	2,299	68.4%	1,637	2,261	72.4%
Cervical Cancer Screening	45,093	53,803	83.8%	45,257	52,625	86.0%
Diabetic Retinal Exam	970	2,450	39.6%	1,011	2,399	42.1%
TOTAL	91,785	127,630	71.9%	93,925	126,228	74.4%

Quality Measure	Count Change in:		Percent Change in:		
	Change Numerator	Change Denominator	% Change Numerator	% Change Denominator	% Change Composite Rate
Chlamydia Screening for Women	42	(4)	11.41%	-0.31%	11.8%
Colorectal Cancer Screening	1,305	(16)	6.27%	-0.04%	6.3%
(HBA1C) test for Diabetes	11	(29)	0.61%	-1.46%	2.1%
LDL Monitoring for Diabetics	18	(16)	1.34%	-1.01%	2.4%
Mammography Screening	494	(70)	2.49%	-0.27%	2.8%
Monitoring for Diabetic Nephropathy	65	(38)	4.13%	-1.65%	5.9%
Cervical Cancer Screening	164	(1,178)	0.36%	-2.19%	2.6%
Diabetic Retinal Exam	41	(51)	4.23%	-2.08%	6.4%
TOTAL	2,140	(1,402)	30.9%	-9.0%	3.5%

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Impact of Self-Report on Provider Comparisons

- By submitting self-report data to impact their individual quality measure it was possible for the provider's comparison ranking to change also.
- This occurred most for measures where the look back period was greater than 5 years for the numerator and/or denominator.

Quality Measure	Original Rankings				Rankings w/ Self-Report				Percent Changes in:			
	Below Avg	Avg	Above Avg	Total	Below Avg	Avg	Above Avg	Total	Below Avg	Avg	Above Avg	Total
Chlamydia Screening for Women	1	362	66	429	1	361	67	429	0.00%	-0.28%	1.52%	0.00%
Colorectal Cancer Screening	36	1446	272	1754	33	1409	312	1754	-8.33%	-2.56%	14.71%	0.00%
(HBA1C) test for Diabetes	25	111	470	606	25	108	472	605	0.00%	-2.70%	0.43%	-0.17%
LDL Monitoring for Diabetics	28	276	378	682	28	272	381	681	0.00%	-1.45%	0.79%	-0.15%
Mammography Screening	73	1468	616	2157	69	1444	644	2157	-5.48%	-1.63%	4.55%	0.00%
Monitoring for Diabetic Nephropathy	14	462	129	605	13	459	131	603	-7.14%	-0.65%	1.55%	-0.33%
Cervical Cancer Screening	69	1213	989	2271	66	1154	1048	2268	-4.35%	-4.86%	5.97%	-0.13%
Diabetic Retinal Exam	11	502	92	605	11	495	96	602	0.00%	-1.39%	4.35%	-0.50%
TOTALS	257	5840	3012	9109	246	5702	3151	9099	-4.28%	-2.36%	4.61%	-0.11%

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Impact of Self-Report on Provider Inclusion

- Provider inclusion criteria is a minimum of 30 attributed patients for a given measure.
- The impact of the Self-Report and the Attribution Multiplier allowed for the reduction of the total number of providers who met the inclusion criteria.

Quality Measure	Original Rankings				Rankings w/ Self-Report Data				Count Changes from:		
	Below Avg	Avg	Above Avg	Total	Below Avg	Avg	Above Avg	Total	Below Avg to Avg	Avg to Above Avg	Below Avg to Above Avg
Chlamydia Screening for Women	1	362	66	429	1	361	67	429	0	1	0
Colorectal Cancer Screening	36	1446	272	1754	33	1409	312	1754	3	40	0
(HBA1C) test for Diabetes	25	111	470	606	25	108	472	605	0	3	0
LDL Monitoring for Diabetics	28	276	378	682	28	272	381	681	0	3	0
Mammography Screening	73	1468	616	2157	69	1444	644	2157	4	28	0
Monitoring for Diabetic Nephropathy	14	462	129	605	13	459	131	603	1	2	0
Cervical Cancer Screening	69	1213	989	2271	66	1154	1048	2268	2	57	1
Diabetic Retinal Exam	11	502	92	605	11	495	96	602	0	4	0
TOTALS	257	5840	3012	9109	246	5702	3151	9099	10	138	1

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Impact of Self-Report on Provider Rankings

Provider specialties where rankings were impacted by self-report data directly or through attribution.				
Update Reason	Specialty	Provider Changes by Update Reason	Percent Change by Update Reason	Provider Changes by Specialty
Attribution	Endocrinology, Diabetes And Metabolism	1	50.0%	2
Self-Reported	Endocrinology, Diabetes And Metabolism	1	50.0%	
Attribution	Family Medicine	18	40.0%	45
Self-Reported	Family Medicine	27	60.0%	
Attribution	Internal Medicine	18	26.9%	67
Self-Reported	Internal Medicine	49	73.1%	
Self-Reported	Obstetrics And Gynecology	15	100.0%	15

Provider Specialty	Number of Quality Measure Rank Changes
Endocrinology Diabetes & Metabolism	2
Family Medicine	54
Internal Medicine	76
Obstetrics & Gynecology	17

The attribution methodology used allowed patients to be assigned to more than one provider.

When a provider submits self-report data it can change the rates and subsequent rankings of a provider that did not submit self-report data.

Conclusions and Recommendations

- The self reporting capability is a critical component of Transparency
- Small number of providers taking advantage of the self-report function (232 Distinct Providers)
- Self-report function provides a feedback mechanism for the provider community
- Approximately 7.9% (197) of the 2,518 providers submitted data via the self-reporting function that did not result in a change to the member record
- Rankings for 1.6% (149) of the 9,099 reported quality measures increased due to self-report
- Self-Report impacted the ranking of 5.1% (129) of the 2,518 reported providers
- Resulting hybrid rates (self report and administrative data) for the affected providers were at a composite level only 3.4% higher than those based on administrative data only
- Meets the requirements as part of the PHQ Certification