

Tufts Health Plan Blue Ribbon* Value Methodology - Summary Effective July 1, 2006

Background

The Tufts Health Plan Blue Ribbon designation for primary care physician groups was originally developed for Navigator by Tufts Health Plan™ but is now available to all members. This designation is focused explicitly on value. That is, eligible practice groups were objectively measured for the quality of care they provide and the cost efficiency with which the care is provided. The quality and cost efficiency measures were equally weighted and combined to create the value ratings (quality-cost efficiency score) used to identify the physicians who are awarded the Tufts Health Plan Blue Ribbon designation.

The selection of quality measures used in developing the Blue Ribbon methodology was based primarily on the January 2005 recommendations of the Tufts Health Plan Physician Quality Measurement Expert Advisory Panel. This panel was convened to evaluate the measures currently available to assess the quality of primary care physician services.

Data Sources

- The Practice Group list was based on the Massachusetts Health Quality Partners (MHQP) Master Physician Directory.
- The quality rating data sources were Tufts Health Plan's 2005 Health Plan Employer Data and Information Set (HEDIS®) and the MHQP's 2005 Patient Experience Survey.
- The cost efficiency data were derived from Tufts Health Plan's medical and pharmacy claims dated July 2003 - December 2005 as processed through Episode Treatment Group™ (ETG) software.

Methodology

General:

- Z-scores throughout the performance rating methodology were calculated as:

$$z\text{-score} = (x - X) / SD$$

where x = practice group rate

X = network average rate

SD = standard deviation among practice groups' rates

* Formerly "Best Practices"

TUFTS Health Plan

No one does more to keep you healthy.

Cost efficiency performance data were aggregated to the practice group level from data on the individual physicians in each practice group, while quality of care (Tufts Health Plan HEDIS and the MHQP Patient Experience Survey) was analyzed directly at the practice group level.

PCPs included:

- Primary care practice groups as identified in the MHQP Master Physician Directory who are affiliated with a contracted Tufts Health Plan provider unit.

Quality Ratings

- Two domains of quality, HEDIS® 2005 and the 2005 MHQP Patient Experience survey ratings, were used.

Quality Measures

Selected HEDIS® 2005 Quality Measures (7 measures)

Breast Cancer Screening (52-69 years)
Cervical Cancer Screening (21-64 years)
Comprehensive Diabetes Care: HbA1C testing (18-75 years)
Comprehensive Diabetes Care: LDL-C screening (18-75 years)
Comprehensive Diabetes Care: Eye exam (18-75 years)
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (3-6 years)
Adolescent Well-Care Visits (12-21 years)

Selected Patient Experience Survey Measures (7 measures)

Quality of MD-Patient Interactions

- 1) Communication (Composite)
- 2) Knowledge of the Patient (Composite)
- 3) Integration of Care (Composite)

Integration of Care

- 4) Organizational Access (Composite)
- 5) Office Staff (Composite)
- 6) Visit Based Continuity (Q14)

Overall Rating

- 7) Willingness to Recommend (Q36)

Quality Score Calculation

A. HEDIS® 2005

- An adjusted HEDIS® opportunity score¹ was calculated for each eligible practice group to include all of their HEDIS® measures results and to control for HEDIS® indicator type, member age and practice group specialty (i.e., internal medicine, pediatrics, family practice or mixed).
 - A standardized z-score was calculated for the HEDIS® opportunity score for each practice group.

B. Patient Experience Survey Measures²

The MHQP 2005 Patient Experience Survey was conducted in Summer 2005 covering five Massachusetts health plans commercial membership: Blue Cross Blue Shield of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England and Tufts Health Plan.

- MHQP sampled from 557 adult and pediatric practice sites in Massachusetts.
- For a practice site to be included, a practice had to have at least three PCPs.
- MHQP provided information at the practice site level only; therefore, no patient level variables for risk adjustment are available.
- Only measures with reliability ratings grade “A” or “B” are used for this analysis.
- Tufts Health Plan calculated a z-score for each practice group for each composite measure.

C. Aggregation of Quality Measures

To calculate the final quality z-score, the z-scores of the HEDIS® and satisfaction measures were summed and renormalized.

Cost Efficiency Ratings

Data were grouped into Episode (of care) Treatment Groups (ETGs) using software from Symmetry Health Systems, Inc. Only those episodes most specific to primary care practices were included, with the exception of episodes that were high or low outliers. Also excluded were data from patients with severe illness burdens.

¹ www.annals.org/cgi/content/abstract/139/9/740

² For more information regarding the MHQP Patient Experience Survey Measures, go to www.mhqp.org.

Data Source

- Medical and pharmacy claims data
 - Dates of service: July 2003 - December 2005, 60-day lag
 - Products: HMO, POS, PPO
 - Cost data used allowed costs standardized across products

Aggregation of Data for Practice Groups

- The efficiency score for the practice group was the ratio of actual costs (i.e., payments to providers including any copayments and/or deductibles due from the member) to expected costs for all completed episodes attributed to doctors in this practice group.
- For single-specialty groups, the expected cost for each ETG was set by the peer group norms. Total expected cost equaled the expected cost per episode times the number of completed episodes for the practice group across all ETGs.
- For multi-specialty groups, the expected cost was calculated as follows:
Expected cost = $\sum_{\text{ETG } 1-t} [(N_P * X_P) + (N_F * X_F) + (N_A * X_A)]$
Where N=number of episodes in that ETG by all doctors in that peer group
P=pediatric MDs, F=family practice MDs, A=internal Medicine MDs
X=average cost per episode
t = number of ETGs for that practice group
- Actual cost was calculated for all groups by summing total episode costs for all episodes attributed to physicians in the practice group.
- Practice groups with fewer than 65 episodes meeting the selection criteria did not receive a cost efficiency score. Data for physicians with fewer than 5 episodes were not included in the practice group's data.
- Practice group cost efficiency scores were then normalized to z-scores for combining with quality data.

Creating the Value Rating – Integrating the Quality and Cost Efficiency Measures

The quality and cost ratings (z-scores) were added together to produce an equally weighted overall value z-score. Practice groups were selected for Blue Ribbon designation if they had the following:

- A combined z-score in the top 50% of evaluated groups.
- Positive z-scores for both cost efficiency and quality.
- An open panel for at least one physician in the group.
- Sufficient data to calculate their scores for HEDIS®, satisfaction and cost efficiency.

Disclaimer

There are many ways to measure the quality of care provided by practice groups. The reported results do not guarantee the quality of care that a person might receive from a specific physician or practice group. In reviewing the Blue Ribbon information, readers should consider that the composition of practice groups may change throughout the year, and practice groups may be rated differently when other measures of quality or cost are used. The Blue Ribbon information is one aspect of the decision tools available, and a variety of factors should be used when selecting a health care provider.

Filename: blueribbonmethodology.pdf.doc
Directory: C:\DOCUME~1\CM9045\LOCALS~1\Temp\notesEA312
D
Template: C:\Documents and
Settings\CM9045\Templates\Normal.dot
Title: Draft description of Navigator tiering methodology for
GIC/Mercer
Subject:
Author: JF8507
Keywords:
Comments:
Creation Date: 06/28/2006 04:09 PM
Change Number: 3
Last Saved On: 06/28/2006 04:10 PM
Last Saved By: CM9045
Total Editing Time: 1 Minute
Last Printed On: 06/28/2006 04:10 PM
As of Last Complete Printing
Number of Pages: 5
Number of Words: 1,085 (approx.)
Number of Characters: 6,190 (approx.)