



FAQs

Frequently Asked Questions

About The California Physician Performance Initiative (CPPI)

1. What is the California Physician Performance Initiative (CPPI)?

- CPPI is a multi-stakeholder initiative to measure and report on the performance of physicians throughout California. This work is conducted by the California Cooperative Healthcare Reporting Initiative (CCHRI), www.cchri.org, which is a statewide collaborative of physician organizations, health plans, purchasers and consumers that are working to help consumers and purchasers make informed health care decisions.
- The California Physician Performance Initiative (CPPI), begun in 2006, has developed a system to measure and report the quality of patient care that is provided by individual physicians in California.
- CPPI has aggregated data from three health plans in California (Anthem Blue Cross, Blue Shield of California and United Healthcare). The aggregated data includes five commercial products: HMO and PPO products for Anthem Blue Cross and Blue Shield of California; and the PPO product for United Healthcare. This combined data is used to score physicians on a set of quality of care performance measures.
- CPPI has a [Physician Advisory Group](#) that provides clinical review and guidance related to the design of the program, selection of measures, review of findings, and presentation of results to physicians. Additionally, the [CCHRI Executive Committee](#) provides project oversight and guidance.
- The first set of performance results was shared with 17,000 physicians in October 2008; a second set of performance results was shared with 13,000 physicians July 2009.
- After physicians review their results and have an opportunity to correct missing or inaccurate data, performance results are shared with the three participating health plans (Anthem Blue Cross, Blue Shield of California and United Healthcare).
- More information about CPPI and details about the methods used to measure performance can be found at www.cchri.org/cppi.



2. What are the CPPI goals?

CPPI's goal is to improve patient care and its affordability by:

- Reporting results to physicians to help them gauge how well care for their patients meets national standards of care.
- Applying the performance results in ways to help consumers and purchasers get better value when they choose and use health care.
- Adopting performance measures and reporting methods using the best available science to set performance standards.

3. Whose performance is evaluated and for which patients?

Individual physician performance is evaluated.

- Physicians who participate in the commercial HMO and PPO products for Anthem Blue Cross or Blue Shield of California; or the PPO product for United Healthcare may be evaluated.
- These quality results concern adult care generally provided by primary care physicians, cardiologists, endocrinologists, ob/gyn, allergy/immunologists, , pulmonologists, gastroenterologists and rheumatologists.
- Physicians are included if they have reportable results for one or more of the quality measures.

4. What clinical quality measures are reported?

CPPI assesses physician performance using clinical quality measures that are evidence-based, nationally standardized, and endorsed by major standard-setting bodies (i.e., the [National Quality Forum](#) and the [AMA's Physician Consortium on Performance Improvement](#)). The measures address preventive care and chronic condition management.

- CPPI uses measure specifications from the [National Committee for Quality Assurance \(NCQA\)](#) Healthcare Effectiveness Data and Information Set (HEDIS), and the [Physician Consortium for Performance Improvement](#) measurement systems.
- The 16 measures reported in 2009, which are listed below, are relevant to the commercial population and can be scored using the administrative claims data available in California.



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Adult Diagnostic and Preventive Care

- Breast cancer screening
- Colorectal cancer screening
- Cervical cancer screening

Diabetes Care for Adults

- Diabetes care - LDL screening
- Diabetes care - HbA1c screening
- Diabetes care - nephropathy screening

Cardiovascular Disease Care

- Cardiovascular care - LDL monitoring for cardiovascular disease patients
- Cardiovascular care - beta blocker therapy at six months after a heart attack
- Coronary artery disease - LDL drug therapy
- Coronary artery disease - LDL drug therapy for CAD patients who also have diabetes
- Heart failure patients - left ventricular ejection fraction testing
- Heart failure patients - warfarin therapy for patients with atrial fibrillation

Medication Management

- Monitoring patients on persistent medications

Chronic Obstructive Pulmonary Disease Care (COPD)

- COPD care - pharmacotherapy management of COPD exacerbation
- COPD care - use of spirometry testing

Musculoskeleton Conditions

- Disease modifying anti-rheumatic drug therapy (DMARD) for rheumatoid arthritis

A table of the quality measures reported in 2009 may be found [here](#).



5. How are the measures scored?

Each measure score is the percentage of patients in the physician sample who received the designated service for that measure. The measure denominator represents all patients who should receive a particular service and the numerator is the number of patients who actually received the service based on insurance claims records.

6. How reliable are the scores?

A reliability statistic is used to affirm that the results for a physician's sample of patients are representative of the true results if all of a physician's patients were included. CPPI uses a minimum reliability of 0.70 (0.0 to a 1.0 scale) as the threshold to determine that the patients attributed to the physician are reporting consistent results. Reliability also is a measure of the extent of performance differences among physicians.

7. How are physician scores compared?

Physician scores are ranked relative to other California physicians who saw similar types of patients. The highest scoring doctor is placed at the 100th percentile; the lowest scoring physician is placed at the zero percentile.

- Primary care physicians are compared with other primary care physicians. Specialists are compared to all physicians of the specialties relevant to each particular measure - a mix of primary and specialty care physicians.

8. Will scores be reported by medical practice site?

In late 2010, results will be organized and scored by medical practice site - defined as physicians of the same specialty who are practicing in the same office/suite location. The results for patients attributed to all of the physicians in a given practice will be combined for a practice-wide result. The practice site information is not included in the Physician Performance Report as this scoring is done after the physician review and corrections for any missing or inaccurate data.

9. Which physician specialties are included in the performance reporting?

In addition to internal medicine and family/general practice physicians, various CPPI measures apply to the following physician specialties: cardiology, endocrinology, obstetric and gynecology, gastroenterology, nephrology, allergy/immunology, pulmonology and rheumatology



10. Will composite scores be calculated?

Yes. The individual quality measures will be organized into categories such as preventive care, diabetes care, and cardiovascular care and scores will be produced by each of these categories. These scores combine the **results of all** patients who are attributed to the physician for the quality measures that are clustered within each of the categories.

11. What data sources are used to measure physician performance?

CPPI uses administrative claims data from the CPPI participating health plans to generate the performance rates. Sutter Medical Group and Sutter health system data are not included as they were not made available.

- The data are drawn from insurance claims and encounters and include prescription drugs and professional services such as ambulatory visits, lab and other diagnostic and monitoring services,. The measures requiring lab tests reflect only the services provided, not the lab values. The data do not include patients from non-participating health plans or from certain business segments (e.g., some but not all self-insured plan data are included).

12. How are the data obtained and patient confidentiality protected?

The CPPI participating health plans voluntarily provide the data, which are standardized and combined by Thomson Reuters, a vendor to CCHRI, in strict compliance with HIPAA regulations and the California Civil Code. Legal agreements are executed by all of the parties to establish the arrangements that safeguard data confidentiality.

13. Do physicians have an opportunity to confirm or correct their performance results?

Yes, physicians who received quality performance reports are encouraged to validate their scores. The 2010 Physician Performance Reports, which are mailed to each physician with reportable results, will include information for physicians to go online to confirm or correct their patient-level results.

14. How are patients attributed to a physician?

Each patient who is eligible for a measure is attributed to the physician(s) of the relevant specialties based on the number of ambulatory evaluation and management visits during the time specified for that measure. Relevant specialties are designated for each quality measure.



Primary care physicians

A patient is attributed to the single primary care physician who that patient saw most frequently during a 24 month period – the measurement year and the prior year. Primary care must be one of the relevant specialties for a given measure to attribute a patient to the primary care physician.

A PPO patient must have had a minimum of two visits with the primary care physician to be attributed to that physician. An HMO patient must have had a minimum of one visit to be attributed to a primary care physician.

Specialists

A patient can be attributed to one or more specialist physicians who that patient saw during the measurement year. The specialist's primary specialty must be one of the relevant specialties for a given measure to attribute a patient to the specialist.

A patient, whether a PPO or HMO enrollee, must have had a minimum of one visit during the measurement year with the specialist to be attributed to that physician.

For certain measures that are based on a trigger event like a hospitalization, the ambulatory visit must have occurred during a designated period pre/post the trigger event to attribute a patient to a primary care or specialist physician.

15. How will the performance results be used?

After physicians have had an opportunity to review and validate their results in late summer 2010, the CPPI participating health plans will receive physician-specific results in the fall 2010. The health plans will determine how these results will be used with their clients, members and participating providers upon receipt of the information.

- Blue Shield of California launched its physician quality recognition program June 1, 2010. Members can view network physician listings that include physician quality designations for a set of 8 CPPI quality measures that were scored in 2009. A set of physicians, who have sufficient patient samples to be reliably scored, have been designated as higher quality performing physicians for select preventive screening and chronic care measures. The other 2 CPPI participating health plans have not announced plans to use the 2009 CPPI work.
- The [Patient Charter for Physician Performance Measurement, Reporting and Tiering Programs](#) has established criteria for health plans and other organizations for measuring and reporting physician-specific performance. Participating CPPI health plans are encouraged to follow these guidelines for any uses of the CPPI physician performance data.



- The CCHRI collaborative has no plans to publicly release these physician performance results at this time.

16. Do the Physician Performance Reports include Medicare patients?

No, the Physician Performance Report do not include Medicare patients.

- The 2008 Physician Performance Report included Medicare patients as part of a pilot project between CCHRI and the Centers for Medicare & Medicaid Services (CMS) which concluded in October 2008. This Better Quality Information (BQI) Pilot project focused on aggregating data across multiple payers to measure and report on the performance of individual physicians.

17. Who do I contact if I have further questions?

For additional information, please contact cpqi@cchri.org or 714-735-8754.

18. I am interested in participating in future CPPI measurement and reporting work. How can I get involved?

CPPI welcomes your participation. Please let us know by contacting us at cpqi@cchri.org or 714-735-8754.

***Disclaimer:** The California Cooperative Healthcare Reporting Initiative (CCHRI), Pacific Business Group on Health (PBGH), and Thomson Reuters are not responsible for any decisions made based on conclusions drawn from the information presented in the FAQs*