FAQs

Frequently Asked Questions
About The California Physician Performance Initiative (CPPI)

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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 being conducted by the California Cooperative Healthcare Reporting Initiative (CCHRI), which is a statewide collaborative of physician groups and organizations, health plans, purchasers and consumers that are working collectively to help consumers and purchasers make informed health care purchasing 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 UnitedHealthcare. This combined data will be 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. Members of the CCHRI Executive Committee represent physician organizations, health plans, purchasers and consumers.
- The first set of performance results was shared with 17,000 physicians in October 2008.
- The second set of performance results was shared with over 13,000 physicians on July 24, 2009.
- Performance results for individual physicians will be shared with the three participating health plans (Anthem Blue Cross, Blue Shield of California and United Healthcare) in late October 2009.

- 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 being evaluated and for what patients?

- Individual physician performance is being 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 UnitedHealthcare may be evaluated. Physicians will be included if they have reportable results for one or more of the quality measures.
- CPPI has measured and provided results to over 13,000 primary care and specialty physicians on July 24, 2009. Physicians will receive Physician Performance Reports that address performance results for measures that are clinically appropriate for their primary specialty.
- These quality results concern adult care generally provided by primary care physicians, cardiologists, endocrinologists, ob/gyn, allergy/immunologists, colorectal surgery, pulmonologists, gastroenterologists and rheumatologists.
- The evaluation includes patients who were commercially insured with one of the three participating health plans during October 2007 through September 2008 and who qualified for one or more of the quality measures.

4. What clinical quality measures will be reported?

- CPPI assessed 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. The measures were reviewed and approved by the CPPI Physician Advisory Group.

- The 16 measures listed below are relevant to the commercial population and can be scored using the administrative claims data available in California. 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.

- 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 clinical quality measures used in the report 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. Results are displayed graphically in the report only for measures with a patient count of 10 or more. If too few patients were attributed to a physician to reliable estimate a score for a measure, a lightly shaded bar is displayed graphically in the report.

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. We use a minimum reliability of 0.70 (on a 0.0 to a 1.0 scale) as the threshold to determine that the patients attributed to the physician are reporting consistent results. Regardless of a measure's reliability level, physicians' scores are only displayed graphically if 10 or more patients were attribted to the physician for that measure.

How are physician scores compared?

- Physician scores are ranked relative to other California physicians who saw similar types of patients in 2008. The highest ranking 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. Results are displayed graphically in the report only for measures with a patient count of ten or more. If too few patients were

attributed to a physician to reliable estimate a score for a measure, a lightly shaded bar is displayed graphically in the report.

7. **Will scores be reported by medical practice?**

- In late September 2009, 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 will be done after the physician corrections period. The results will be provided to the participating health plans and will be available to the physicians through the CCHRI website in October 2009.

8. **Which physician specialties are included in reporting?**

- All of the CPPI measures apply to internal medicine and family/general practice physicians. In addition to primary care, some CPPI measures apply to nine physician specialties including cardiology, endocrinology, obstetric and gynecology, gastroenterology, colorectal surgery, nephrology, allergy/immunology, pulmonology and rheumatology. The relevant specialties by measure are: a) internal medicine and family/general practice for all measures; b) cardiology for the six cardiovascular measures, the monitoring medications measure, and the diabetes LDL screening test measure; c) endocrinology for the three diabetes measures and the two coronary artery disease measures; d) obstetrics and gynecology for the breast cancer screening measures e) gastroenterology and colorectal surgery for the colorectal cancer screening measure; f) nephrology for the diabetes nephropathy measure; g) allergy/immunology and pulmonology for the pharmacotherapy management of COPD and spirometry measures; and h) allergy/immunology and rheumatology for the disease modifying anti-rheumatic drug therapy for rheumatoid arthritis measure.

9. Will composite scores be calculated this year?

- Yes. Following the physician corrections period, the quality measures also will be organized into four categories - preventive care, diabetes care, cardiovascular care and respiratory care - and scores will be producede 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 four categories.

10. What data sources are used to measure my performance?

- CPPI used administrative claims data from the three participating health plans to generate the performance rates for patients enrolled October 2007 through September 2008. Sutter Medical Group data are not included as they were not made available.
- The data largely are drawn from ambulatory visits, lab and other screening services, and pharmacy claims. 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).

11. How are those data obtained and how is patient confidentiality protected?

- The three health plans voluntarily provided the data, which were standardized and combined by Thomson Reuters, a vendor to CCHRI, in strict compliance with HIPAA regulations and the California Civil Code. Legal agreements were executed by all of the parties to safeguard data confidentiality.

12. How is the 2009 Physician Performance Report be reported?

- See this example of the 2009 Physician Performance Report. CPPI staff prepared the content and format of the Physician Performance Reports with considerable input and feedback from the CPPI Physician Advisory Group. Additionally, the report templates were pilot tested among the medical directors of a large sample of physician organizations in California. Each of these medical directors, who actively sees patients, was sent a report containing their own performance results. Based on the comments received, CCHRI modified the text and format.

13. Will physicians have an opportunity to correct missing or incorrect information?

- Beginning in May 2009, physicians or their staff were encouraged to confirm or correct their name, primary specialty, and address via this website. Any corrections that were provided by June 12, 2009 were incorporated in this 2009 cycle of performance reporting. Any corrections that were provided by June 12, 2009 were incorporated in the 2009 cycle of performance reporting.
- Physicians or their staff were also encouraged to confirm or correct their name, primary specialty, and address. Any corrections that were provided by August 27, 2009 were incorporated in the practice-site and physician-level scores to be sent to the participating health plans in late October 2009.
- Physicians who received quality performance reports were also encouraged to self-validate their scores by requesting a list of patients attributed to the physician and the relevant services recorded for those patients The deadline to request a patient list is September 4, 2009**. Any corrections that are provided by September 18, 2009 will be applied to correct the quality results before the information is provided to health plans.**

14. How are patients attributed to a physician?

Each patient who was eligible for a measure was attributed to the physician(s) of the relevant specialties who had at least one evaluation and management visit with the patient during the time specified for that measure. The relevant specialties are:

- Internal medicine and family/general practice for all measures
- Cardiology for the six cardiovascular measures, the monitoring medications measure, and the diabetes LDL screening test measure;
- Endocrinology for the three diabetes measures and the two coronary artery disease measures;
- Obstetrics and gynecology for the breast cancer screening and cervical cancer screening measures
- Gastroenterology and colorectal surgery for the colorectal cancer screening measure;
- Nephrology for the diabetes nephropathy measure;
- Allergy/immunology and pulmonology for the pharmacotherapy management of COPD and spirometry measures; and
- Allergy immunology and rheumatology for the disease modifying anti-rheumatic drug therapy for rheumatoid arthritis measure.

15. How will the performance results be used?

- Later in 2009, composite scores will be generated based on scored results. Both physician-level and practice-site level composites will be generated for preventive care, cardiovascular care, diabetes care and respiratory care. These scores combine the results of all patients who are attributed to the physicians for the quality measures that are clustered within each of the four categories. Physicians will be required to have a minimum number of patients and have observed rates for at least half of the individual measures comprising each composite.
- The composite site information is not included in the Physician Performance Report as this composite measure calculation will be done after the corrections period.
- After physicians have had an opportunity to review and validate their results over the summer of 2009, the three participating health plans will receive physician-specific results in late October 2009. While health plans may choose to publicly release these data at that time. CCHRI has no plans at this time to release this data to the public.
- In October 2009, physician-identifiable results for physicians who contract with the CPPI participating health plans will be reported to the health plans. The 3 CPPI participating health plans will determine how these results will be used with their clients, members and participating providers upon receipt of the information in the fall 2009.
- Blue Shield has stated its intention to post statistically significant report results on www.blueshieldca.com, beginning November 2009.
- 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.
- CCHRI has made no plans to publicly release these physician performance reports at this time.

16. Will the 2009 Physician Performance Report include Medicare patients?

- No, the 2009 Physician Performance Report will 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. In California, CCHRI aggregated data from the three largest commercial PPO plans (Anthem/Blue Cross, Blue Shield of California and United Healthcare) and Medicare, and used this combined data to score

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

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