



Performance Reporting

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Performance Reporting

Overview: The goal of the initiative is to implement reporting technology that will allow providers to evaluate how effectively they are delivering services and treatment to their chronic care population. The measurement tools will generate data detailing patterns of care, and provide actionable data that will help providers to set goals, implement solutions, and improve performance.

These Blue Cross Blue Shield of Michigan criteria pertain to the performance reporting initiative:

Criteria

Met 

- 3.1 Performance reports that allow tracking and comparison of results at a specific point in time across the population of patients are generated for: Diabetes
- 3.2 Performance reports are generated at the PO, individual provider and clinic or practice unit level
- 3.3 Performance reports include all patients defined in 2.13
- 3.4 Data contained in performance reports has been fully validated and reconciled to ensure accuracy
- 3.5 Trend reports are generated, enabling physicians to track, compare and manage performance results for their population of patients over time
- 3.6 Performance reports are generated for both adult and pediatric patients, if applicable
- 3.7 Performance reports include all patients defined in 2.14
- 3.8 Performance reports include all patient information defined in 2.2
- 3.9 Performance reports include information on services provided by specialists
- 3.10 Performance reports are generated for the population of patients with: Asthma
- 3.11 Performance reports are generated for the population of patients with: Coronary Artery Disease *[not applicable to pediatric practices]*
- 3.12 Performance reports are generated for the population of patients with: Congestive Heart Failure *[not applicable to pediatric practices]*

3.0 Performance Reporting

Guidelines:

- Performance reports are systematic, routine reports that provide current, clinically meaningful health care information on the entire population of patients of all ages that are included in the registry (e.g., all diabetics, regardless of payor and including Medicare patients), allowing comparison across the population of patients, at a single point in time.
- The performance reports may be produced and distributed on a regular basis by the PO or sub-PO, as long as the practice units have the capability to request and receive reports on a timely basis.
- Eight of the Performance Reporting capabilities identify the population(s) of patients included in the reports. The other five Performance Reporting capabilities pertain to report attributes. All capabilities pertaining to report attributes that are marked as in place must be in place for each population of patients marked as included in the reports.
-

3.1

Performance reports that allow tracking and comparison of results at a specific point in time across the population of patients are generated for: Diabetes

3.2

Performance reports are generated at the PO/Sub-PO, Practice Unit , and individual provider level

Guidelines:

- Performance reports provide information and allow comparison at the PO/ Sub-PO, practice unit, and individual provider level for all patients currently in the registry, regardless of insurance coverage and including Medicare patients

3.3

Performance reports include patients with at least 2 other chronic conditions for which there are evidence-based guidelines and the need for ongoing population and patient management, and which are sufficiently prevalent in the practice to warrant inclusion in the registry based on the judgment of the practice leaders

Guidelines:

- Reference 2.13
- Performance reports are being generated on the population of patients with at least 2 **other chronic conditions** for which there are evidence-based guidelines and the need for ongoing population and patient management, and which are sufficiently prevalent in the practice to warrant inclusion in the registry based on the judgment of the practice leaders (regardless of insurance coverage and including Medicare patients).

3.4

Data contained in performance reports has been fully validated and reconciled to ensure accuracy

3.5

Trend reports are generated, enabling physicians and their POs/sub-POs to track, compare and manage performance results for their population of patients over time

Guidelines:

- Performance reports include both current and past health care information for the population of patients currently in the registry (regardless of insurance coverage and including Medicare patients), allowing analysis and comparison of results across time (e.g., quarter to quarter, year to year).
- Trend reports must be generated by the PO/sub-PO at the individual provider, practice unit, and sub-PO/PO level

3.6

Performance reports are generated for the population of patients with: Pediatric Obesity

Guidelines:

- Reference Guidelines under 3.0

3.7

Performance reports include all current patients in the practice, including well patients, and include data on preventive services

Guidelines:

- Performance reports include all current patients in the practice, including well patients, as defined in 2.13.
- Reports include preventive services information

3.8

Performance reports include patient clinical information for a substantial majority of health care services received at other sites that are necessary to manage chronic care and preventive services for the population

Guidelines:

- Reference guidelines for Capability 2.2
- For all established patients in the registry, the performance reports are expected to include treatment information pertinent to standard quality metrics (e.g., use of beta blockers following AMI) but are not expected to contain comprehensive treatment information as this level of information is often contained in detailed narrative text in clinical notes.
- Reportable items could include diagnosis, and associated labs, physiologic parameters such as blood pressure, medications or diagnostic services provided during the encounter.

3.9

Performance reports include information on services provided by specialists

Guidelines:

- Reference Guidelines under 3.0
- Information on key preventive or disease specific services provided by specialists (e.g., ob-gyn, ophthalmologists, podiatrists, endocrinologists) is incorporated into performance reports.

3.10

Performance reports are generated for the population of patients with: Asthma

Guidelines:

- Reference Guidelines under 3.0

3.11

Performance reports are generated for the population of patients with: Coronary Artery Disease [not applicable to pediatric practices]

Guidelines:

- Reference Guidelines under 3.0

3.12

Performance reports are generated for the population of patients with: Congestive Heart Failure [not applicable to pediatric practices]

Guidelines:

- Reference Guidelines under 3.0

3.13

Performance reports are generated for the population of patients with: Pediatric ADHD

Guidelines:

- Reference Guidelines under 3.0

Performance reporting

Members of Northern Physicians Organization can track performance on _____ with a comprehensive set of cost and utilization reports. Reports are designed to track trends in performance over time and identify areas where targeted actions can have the most effect. Ad-hoc, drill down reports also allow physicians to view claim specific service activity at the patient level.

Providing physician performance information is just one way NPO helps physicians create better health care outcomes. Also, the report metrics align with the requirements of the pay-for-performance programs, enhancing physician success. For login information, email a request to _____

Login to View Quarterly Reports

These steps explain how to login to the NPO site so you can view your quarterly reports, along with other vital pieces of information. Begin by going to _____ Click the “Login” button on the top right hand side of the screen.

1. Enter your email and password. If you do not already have this information, fill out the “register now” section and you will be sent login information.
2. Once logged in, select your name and the time period you want to view
3. Under the pharmacy reports tab you can see:
 - Generic dispensing rate ingredient cost for anti-depressants, NSAs, PPIs and statins
 - The number of patients that have a prescription and the total number of prescriptions you have written for anti-depressants, NSAs, PPIs and statins
 - Click on any unlined data to view a trend report
 - Click on the link at the bottom of the page to see the top 10 prescriptions you write and the top 10 prescriptions by cost
 -
5. Under the EBC (Evidence based care) reports tab you can choose the drop down box on the left side to view your individual scores for the following:
 - Diabetes
 - Asthma
 - Congestive heart failure
 - Coronary artery disease

Physician level performance report for diabetes measures by patient

Health Center BCBSM PGIP									
, MD Diabetes Patient Profile: Q3 2008							Internal Medicine		
Patient	HbA1c Testing	LDL C Screening	Monitor for Nephropathy	Lipid Lowering Drug Rate	Statin Use	Use with Comorbidity CHF	Use with Comorbidity Nephropathy	Use with Comorbidity Hypertension	
*** No Name Given ***	YES	YES	NO	N/A	N/A	N/A	N/A	N/A	N/A
*** No Name Given ***	YES	YES	NO	N/A	N/A	N/A	N/A	N/A	N/A
*** No Name Given ***	YES	YES	YES	N/A	N/A	N/A	N/A	N/A	N/A
*** No Name Given ***	YES	YES	NO	NO	NO	N/A	N/A	N/A	N/A
*** No Name Given ***	YES	YES	YES	YES	YES	N/A	N/A	N/A	YES
*** No Name Given ***	YES	NO	YES	N/A	N/A	N/A	N/A	N/A	N/A
*** No Name Given ***	YES	YES	NO	NO	NO	N/A	N/A	N/A	NC
*** No Name Given ***	YES	YES	YES	YES	YES	N/A	N/A	N/A	YES
*** No Name Given ***	YES	YES	YES	N/A	N/A	N/A	N/A	N/A	N/A
*** No Name Given ***	YES	YES	YES	N/A	N/A	N/A	N/A	N/A	N/A

Physician performance measures overall for diabetes Data also available for asthma, CAD and CHF

Diabetes Evidence Based Care Report: Q3 2008												
All Specialties												
Physician	Total Members in PCP Panel	Total Members with Diabetes	% of Panel With Diabetes	HbA1c Testing	Diabetes: LDL C Screening	Monitor For Nephropathy	Diabetes: Lipid Lowering Drug Rate	Diabetes: Statin Use	ACE/ARB Use with Comorbidity CHF	ACE/ARB Use with Comorbidity Nephropathy	ACE/ARB Use with Comorbidity Hypertension	Diabetes Evidence Based Care Score
Marquerite Saith, MD	17	06	35.3%	83.3%	66.7%	50.0%	75.0%	50.0%	N/A	N/A	66.7%	65.5%
Organization Average	76	06	7.9%	83.3%	66.7%	50.0%	75.0%	50.0%	N/A	N/A	66.7%	65.5%
CPA Average	438,908	19,779	4.5%	78.4%	74.5%	66.3%	67.5%	61.1%	80.1%	79.8%	72.9%	71.0%

Pharmacy report tab



Navigation bar with buttons: Return Home, Pharmacy Reports, EBC Reports. A Print icon is also visible.

[Physician Group Prescribing Overview](#) > [Physician Prescribing Overview](#) Williams, MD Physician Overview:

Christa Williams, MD Physician Overview: Q1 2009

GDR/Ingredient Cost

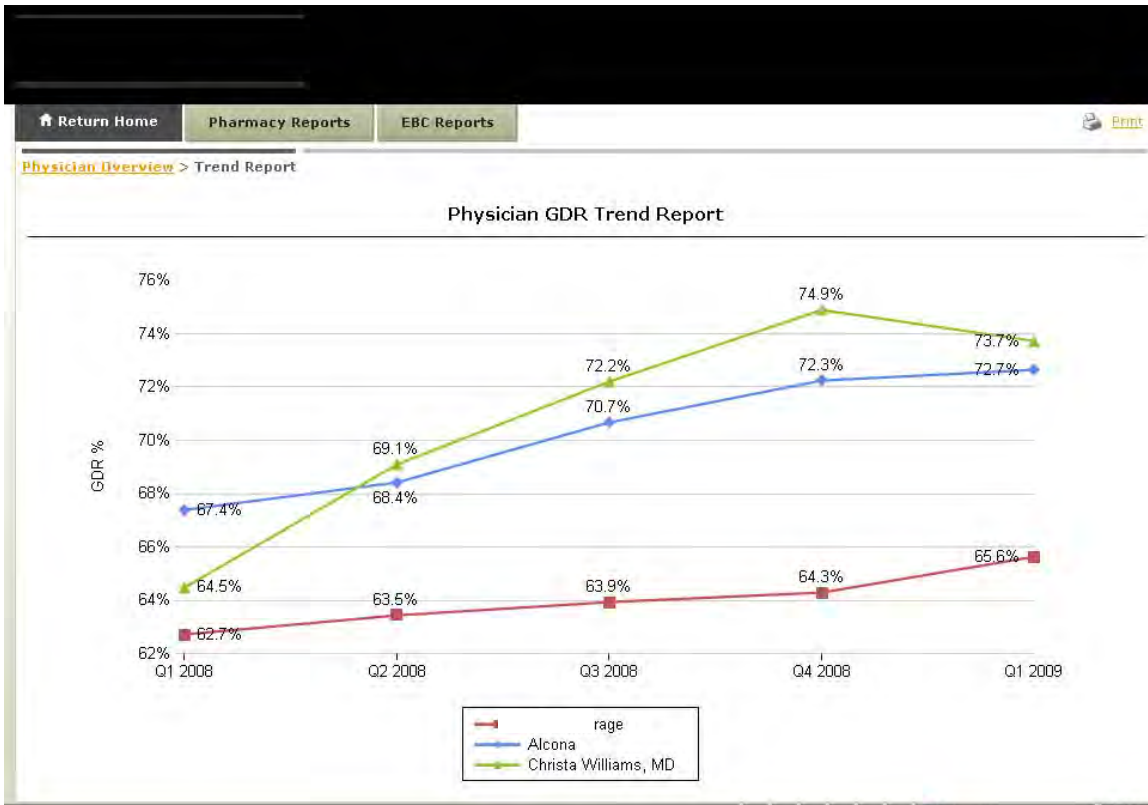
Volume/Number of Prescriptions

Quarter	Overall	PUMPH Anti-Depressant	PMPM NSA	PMPM PPI	PUMPH Statin	Rx Members	Total Prescriptions	Total Anti-Depressants Written	Total NSAs Written	Total PPIs Written	Total Statins Written
Q4 2008	74.9%	\$26.51	\$0.00	\$0.92	\$30.75	121	273	41	0	17	37
Q1 2009	73.7%	\$30.62	\$0.00	\$0.90	\$30.61	154	286	63	0	23	30
PCP Specialty Average	72.7%	\$23.53	\$0.10	\$0.92	\$41.53						
CIPA Average	65.6%	\$32.39	\$0.33	\$2.25	\$45.55						

* Specialty averages are based on Q1 2009

[View the Top 10 Drug Report for this physician](#)
[View the Top 10 Patient Report for this physician](#)

Double click on underlined date to get a trend report (overall GDR in this example)



Reading and interpreting performance reports

Performance reports are measurement tools that enable physicians and physician organizations to see patterns of care. These reports generate data that allow you to see which actions would improve performance. Use the reports to clarify goal setting and to target solutions. Here are some tips for looking at reports in general to help you quickly hone in on which data are significant.

1. Start by asking broad questions about the data:
 - What is the purpose of the report?
 - What is it measuring?
 - What does it mean?
 - How are the calculations performed? What makes up the numerator/denominator? Please note that health plans have different ways of calculating generic dispensing rates. Also check the types of services classified as high-tech radiology as they typically vary among plans.
2. Once you have a good understanding of the report, ask:
 - What is the purpose of the goal or benchmark?
 - Is the measurement for a group or an individual?
 - What is the timeliness of the data and the frequency of the data?
3. Look at the results in comparison to the benchmark or goal. Remember the 80-20 rule, which states that, for many events, roughly 80% of the effects come from 20% of the causes. You will want to focus on the numbers that are most below the goal and with the most patients.
 - Where are the biggest differences?
 - In which categories do you have the most patients, diabetes, COPD, CHF etc.?
4. Compare the quantity of patients with the contribution toward the goal. The most significant changes can be made where you have the most patients and the biggest difference from the goal. Is the biggest patient group below the goal those with diabetes? Is the HbA1c measure significantly lower than the average?
5. Now you are ready to decide what to do. Create an action plan and put it into effect. You might contact diabetic patients and have them come in for testing. Or develop standing orders that any diabetic patient seen in the office would have the HbA1c test or foot exam if they were due.
6. Set a timeframe of 3 to 6 months to check your results. Compare the trends of data over time to see if your plan is working.

Reading performance reports

If you follow steps 1 through 5, the areas to focus on should become more apparent

IPA	Members with diabetes	HbA1c Testing	LDL_C Screening	Monitor for Nephrop.	Members with asthma	Asthma medication use	Members with CHF	LDL_C Screening	Beta blocker Rx 12 months
Xxx, MD	89	65.4	65.4	59.3	8	87.5	92	67.4	86.8
Xxx, MD	32	78.1	60.0	53.3	5	80.0	7	85.7	66.7
Xxx, MD	36	86.1	77.8	44.4	8	75.0	9	77.8	60.0
Xxx, DO	16	80.0	66.7	86.7	1	100.0	15	86.7	100.0
Xxx, MD	4	20.0	40.0	40.0	1	100.0	48	60.9	90.3
Xxx, MD	59	68.0	63.0	75.9	3	100.0	1	100.0	100.0
Xxx, DO	42	73.8	78.0	70.7	10	80.0	4	50.0	75.0
Xxx, MD	20	80.0	55.0	60.0	2	50.0	12	75.0	100.0
Xxx, MD	24	83.3	66.7	75.0	1	100.0	2	50.0	100.0
Xxx, DO	31	77.4	83.9	77.4	4	100.0	19	42.1	100.0
IPA Avg.	353	74.6	69.9	63.7	43	90.8	209	66.6	88.9
Benchmark		88.0	92.0	55.0		96.3		64.0	86.0

Create an action plan for those measures below the benchmark that have a higher number of patients with that condition.

