

Peer Comparison Reports: Oncology Measures Methodology

Overview

UnitedHealthcare Peer Comparison Reports provides physician practices with actionable information to help deliver better care, better health outcomes and improved cost-efficiency of care to patients by:

- Analyzing claims data to identify variations from peer benchmarks. The variations will alert physicians whose paid claims data for UnitedHealthcare members over a given period varies from expected practice patterns.
- Leveraging performance measures endorsed by the National Quality Forum and used in the Oncology Care Model.
- Collaborating to improve value for UnitedHealthcare members by helping align their services with evidence-based standards of care.
- Identifying areas for improvement with suggested actions to reduce variations.

Peer Comparison Reports include data for certain key measures as reported from UnitedHealthcare claims data for patients attributed to a physician's practice. Where applicable, measures were risk-adjusted to account for patient factors that may influence them.

Oncology Specialty

The oncology specialty includes physicians whose primary specialty is identified as radiation oncology, medical oncology, pediatric hematology/oncology, hematology, gynecologic oncology, hematology/oncology, or surgical oncology.

Performance Measures

Performance measures focus on oncology-specific clinical services performed by oncologists. Performance data includes claims for a one- to two-year period. The measures may include:

- **Admissions to Hospice for Three Days or Less Rate****: Sum of oncology hospice admissions with duration of three days or less, during which the member died relative to the sum of all oncology hospice admissions, regardless of duration, that culminated in a member's death for UnitedHealthcare commercial, Medicare Advantage and Community Plan members.
- **Post-Chemotherapy Treatment Emergency Department (ED) Visit Rate***: Sum of outpatient chemotherapy treatments associated with a subsequent oncology complication-related ED visit within 30 days of the outpatient chemotherapy treatment relative to the sum of all outpatient chemotherapy treatments for UnitedHealthcare commercial, Medicare Advantage and Community Plan members.
- **Post-Chemotherapy Treatment Hospital Admission Rate***: Sum of outpatient chemotherapy treatments associated with a subsequent oncology complication-related hospital admission within 30 days of the outpatient chemotherapy treatment relative to the sum of all outpatient chemotherapy treatments for UnitedHealthcare commercial, Medicare Advantage and Community Plan members.

*This measure includes one year of claims data.

**This measure includes two years of claims data.

- **Post-Chemotherapy Treatment All Cause Emergency Department (ED) Visit Rate***: Sum of outpatient chemotherapy treatments associated with a subsequent all-cause ED visit within 30 days of the outpatient chemotherapy treatment relative to the sum of all outpatient chemotherapy treatments for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.
- **Post-Chemotherapy Treatment All Cause Hospital Admission Rate***: Sum of outpatient chemotherapy treatments associated with a subsequent all-cause hospital admission within 30 days of the outpatient chemotherapy treatment relative to the sum of all outpatient chemotherapy treatments for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

Physician Criteria

Our analysis focuses on oncology practices that are currently contracted with UnitedHealthcare and have a minimum threshold of claims data and UnitedHealthcare members in their care.

Patient Attribution

- **For hospice measures**, care provider attribution for the episode occurs if the patient has at least two office visits during the episode period with that oncology provider. These are office visits that occurred between the first cancer diagnosis and the member's death in hospice care.
- **For emergency department and hospital admission measures**, patient attribution is based on which oncology care provider had the most office or hospital outpatient evaluation and management visits with the member's cancer diagnosis.

Practice Improvement Suggestions

We've compiled a list of possible actions physicians can consider to help improve specific measures. We hope they are helpful and inspire steps toward enhancing value for UnitedHealthcare members.

We welcome the opportunity to talk with physicians and practice managers about individual peer comparison reports and how we might further support your efforts in reducing unwarranted variations. Our dedicated email address for peer comparison reports is physician_engagement@uhc.com.

Important Information

UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments.

As with any analysis of a sample, there is a risk of error. There is a risk of error in the claims data used in the evaluation, the calculations used in the evaluation and the method by which it is determined that an individual physician was responsible for the treatment of the patient's condition.

UnitedHealthcare uses statistical testing to compare a physician's results to expected or normative results. There is a risk of error in statistical tests when applied to the data, and a result based on statistical testing is not a guarantee of correct inference or classification.

**This measure includes two years of claims data.

Questions?

Email physician_engagement@uhc.com.

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PCA-1-19-00950-UHN-LTR_10082019

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