

# Peer Comparison Reports Oncology

## Frequently Asked Questions

### Key Points

- Peer comparison reports show how a physician group's performance compares to other groups in our network. The report includes a variety of measures that focus on emergency department utilization, inpatient hospital admissions and the timing of hospice admissions.
- Reports show the areas where the group practice is doing well and where there may be some room for improvement.
- The goal is to work with the group practice to understand why they vary from their peers in certain areas and offer practice improvement suggestions.

### Overview

The Peer Comparison Report program is part of our commitment to improving health care services, health outcomes and overall cost of care for our members. These reports show group practices how their practice compares to other practices in our network. Our analysis is based on measures that are endorsed by the National Quality Forum (NQF) and used in the Oncology Care Model<sup>1</sup>. Some of these measures have benchmarks that are nationally adjusted by line of business and cancer types. The report shows the areas where a group's performance is better than the benchmark and in other areas where there may be opportunity for improvement. Practices can refer to our [practice recommendations](#) for help on closing relevant care gaps.

### Frequently Asked Questions and Answers

#### Program Overview

#### Who receives peer comparison reports?

Peer comparison reports are sent to all oncology group practices. Our analysis is based on national peer level benchmarks that are adjusted by line of business and cancer type. Physicians must also:

- Practice in a primary oncology specialty.
- Meet the minimum threshold of patients and paid claims data.
- Have an active participation agreement with UnitedHealthcare.

#### Accessing Reports

#### How will I receive my peer comparison report?

For 2019, we'll mail the peer comparison report to the group's practice manager.



## Measures and Data Analysis

### What measures are included in the reports and how are they chosen?

Reports include performance measures that focus on emergency department utilization, inpatient hospital admissions and timing of hospice admissions. We chose these measures because they are endorsed by the National Quality Forum (NQF) and used in the Oncology Care Model. Go to [UHCprovider.com/peer](https://UHCprovider.com/peer) for more information about specific measures.

### What data is used to create the reports?

We analyze paid claims data for UnitedHealthcare members who had a sufficient window of coverage to satisfy the criteria for a particular measure, even if they no longer have coverage at the time the report is generated. Claims data provides detailed information about the type, quantity and cost of services patients receive.

### How are benchmarks determined?

For the emergency department and hospital admission measures, our analysis is based on national peer-level benchmarks, adjusted by line of business and cancer types, to account for variables that might affect expected practice patterns such as the health status of a physician's patients. For the hospice measure, benchmarks are based on our national data set. This measure was not risk adjusted (per NQF specifications).

### What specialties were used to identify oncology providers?

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

### What complications were included in the emergency department and hospital admissions measures?

Complications are defined as symptoms or conditions that may be experienced following chemotherapy treatment. Complications may include: anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia or sepsis. The "all cause" versions of the emergency department and hospital admissions measures include symptoms or conditions with no diagnosis filter or criteria.

## Attributed Patients

### How are patients attributed or assigned to physicians?

For the hospice measure, providers are attributed to the care episode if the patient has at least two office visits during the episode period with that provider. Patients can be attributed to more than one eligible physician using this attribution algorithm.

For the emergency department and inpatient hospital admission measures, attribution is assigned based on which oncology provider had the most office or hospital outpatient evaluation and management visits with the patient.

### Does my report include data from patients who are no longer in my care?



Because peer comparison reports rely on historical claims data, there's a chance that some of the data included may be for former patients.

### **Does the analysis take into account higher utilization due to more complex patients?**

Yes. We understand that some patients have medical complexities that require more health care resources. Patient data for the emergency department and hospital admission measures are risk-adjusted using the Optum® Symmetry Episode Risk Groups® (ERGs®) retrospective risk score. This tool predicts current and future health care usage for patients based on illness burden and risk using medical and pharmacy claims information and demographic variables. Benchmarks are established based on health plan data, physician specialty and patient risk level based on ERGs (mean risk = 1.0), and presence or absence of pharmacy benefits.

## **Program Benefits**

### **What are the benefits of the peer comparison report program?**

The program is part of our commitment to improving health care services, health outcomes and overall cost of care for both our members and our care providers. Each report has information about areas where a group's practice is doing well and where there may be opportunity for improvement, as well as how a practice compares to other practices in our network. Physicians can refer to our [practice recommendations](#) for help closing those gaps.

### **What happens after I receive my report?**

We'll continue to monitor claims data and may send you updated reports. You can refer to our [practice recommendations](#) for help closing any care gaps. We're also available to talk with you about ways we can support you and your practice.

### **What happens if my variations don't improve?**

We'll work with you and your practice manager(s) to understand and support your efforts to improve health care services, health outcomes and overall cost of care for our members.

## **Contact Information**

### **Who do I contact if I think the data in my report is incorrect?**

If you'd like to discuss the specific data in your peer comparison report you can email [physician\\_engagement@uhc.com](mailto:physician_engagement@uhc.com).

### **Who do I contact if I have questions?**

Email [physician\\_engagement@uhc.com](mailto:physician_engagement@uhc.com) if you have questions about your peer comparison report.

<sup>1</sup> Source: Oncology Care Model: Key Drivers and Change Package; Published June 1, 2018

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