



**Peer Comparison Reports:
Methodology for Primary Care Providers
Resources**
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Overview

Peer comparison reports give an analysis of how a physician's claims data compares with that of others in the same specialty for certain key measures over a given period of time. Network physicians receive a report when their paid claims show trends that do not align with expected practice patterns. National risk-adjusted peer benchmarks that reflect specific standards of care and Choosing Wisely® recommendations are used to determine expected practice patterns. Choosing Wisely is an initiative of the American Board of Internal Medicine Foundation that promotes patient-physician conversations about unnecessary medical tests and procedures.

The measures analyzed vary by specialty type. Following is some information on our analysis for physicians whose primary specialty is identified as family practice, internal medicine or pediatrics. We hope this information will help you improve utilization efficiencies in your medical practice.

Methodology

The reports may include data for patients associated with your practice. The data is used to measure utilization and pharmacy measures.

Utilization measures focus on clinical services as reflected in UnitedHealthcare commercial, Medicare Advantage and Medicaid member claims data attributed to an individual physician, over a 12-month period. They include:

- **Average Cost Per Patient** – Sum of costs for services provided by you (direct) for your attributed patients relative to your attributed patient count.
- **Emergency Department (ED) Utilization** – Sum of visits by attributed patients to facility-based EDs with subsequent discharge (not admitted as inpatient) relative to your attributed patient count.
- **Inpatient Admission Utilization** – Sum of inpatient admissions to acute care hospitals for treatment categorized as medical, surgical or intensive care relative to your attributed patient count.
- **Average Length of Stay** – Total days associated with inpatient admissions, relative to total inpatient admissions (risk-adjusted for number of patients).
- **Laboratory/Pathology Utilization** – Sum of laboratory and pathology procedures for attributed patients, whether services were provided by you or other health care professionals, relative to your attributed patient count.
- **Out-of-Network (OON) Laboratory/Pathology Utilization** – Sum of OON laboratory and pathology procedures relative to total number of laboratory and pathology procedures for

attributed patients, whether services were provided by you or other health care professionals.

- **Level 4 and 5 Visit Rate** – Sum of evaluation and management (E&M) office visits billed as level 4 or 5, relative to the total of E&M office visits for attributed patients. This includes utilization of level 4 E&M coding (CPT® codes 99204, 99214) and level 5 E&M coding (CPT codes 99205, 99215), relative to total E&M office visits (CPT 99201-99205 and 99211-99215).
- **Modifier Utilization Rate** – Sum of all claims with modifier 25, which indicates additional significant E&M service was provided by the same physician on the same day as another service or E&M visit, and modifier 59, which denotes additional procedure or services commonly bundled together but reported separately, relative to the sum of all claims for the physician’s attributed patients.
- **Out-of-Network Utilization** – Total costs for out-of-network care for your attributed patients, excluding emergency and ambulance services relative to your attributed patient count.
- **Specialist Physician Utilization** – The number of specialist visits, as a proportion of all physician visits, for your attributed patients. It includes claims data from all other physicians who submitted office visit claims for your attributed patients. For the purpose of this measure:
 - **Primary Care Provider (PCP) Visit Rate** is defined as the total number of office visits to your practice for your attributed patients.
 - **Specialist Visit Rate** is defined as the total number of specialist office visits for your attributed patients.
- **Non-UnitedHealth Premium Care Specialist Visit Rate** – Number of visits your attributed patients had with physicians who did not meet UnitedHealth Premium® program’s Premium Care Physician designation criteria relative to all visits your attributed patients had with Premium-eligible specialists, regardless of their Premium designation. Specialists are categorized as Premium Care Physicians based on their UnitedHealth Premium Physician designation results (i.e., meets quality and cost-efficiency criteria).
- **Advanced Imaging Utilization** – Sum of outpatient advanced imaging services provided by both your practice (direct) and all other providers (indirect) for your attributed patients relative to your attributed patient count.
- **Non-Advanced Imaging Radiology Utilization** – Sum of outpatient non-advanced imaging radiology services provided by both your practice (direct) and all other care providers (indirect) for your attributed patients relative to your attributed patient count.

Pharmacy Measures

Opioid prescription measures address your prescribing patterns of opioid medications for UnitedHealthcare commercial, Medicare Advantage and Medicaid members who are 18 and older. Members with cancer diagnoses and in hospice care were excluded. The following opioid measures were selected for primary care, over a six- to 12-month period:

- **Prescribing Rate of High-Dose Opioids** – Sum of patients with opioid prescription claims with a total daily cumulative dose greater than 120 morphine milligram equivalent (MME) relative to the sum of patients with two or more opioid prescription claims for a

12-month period.

- **Prescribing Rate of Opioids for an Extended Duration** – Sum of patients with opioid prescription claims of at least a 135-day supply for a six-month period relative to the sum of patients with opioid prescription claims of at least a 15-day or greater supply for a six-month period.
- **Prescribing Rate of Opioids in Combination with Benzodiazepines** – Sum of patients with both opioid and benzodiazepine prescription claims with 30 or more days' overlap for a three-month period relative to the sum of patients with two or more opioid prescription claims for a 12-month period.

Antibiotic utilization measures address your antibiotic prescribing patterns compared to evidence-based best practices for antibiotic utilization for UnitedHealthcare commercial, Medicare Advantage and Medicaid members. The following antibiotic measures were selected for primary care over a two-year time period:

- **Antibiotic Utilization for Adult Acute Bronchitis** – Sum of adult patients with a diagnosis of acute bronchitis who receive a prescription for an antibiotic within three days after the initiating visit relative to all adult patients with acute bronchitis.
- **Antibiotic Utilization for Acute Otitis Externa** – Sum of patients, ages 2 and older, with a diagnosis of acute otitis externa who receive a prescription for systemic antimicrobial therapy relative to all patients with acute otitis externa.
- **Antibiotic Utilization for Pediatric Upper Respiratory Infection (URI)** – Sum of pediatric patients with a diagnosis of URI who receive a prescription for an antibiotic within three days after the initiating visit relative to all pediatric patients with upper respiratory infection.

Medication adherence measures address your patient's compliance with your prescribed medication regimens for select diabetes medications, renin angiotensin system (RAS) antagonist medications and statins. This measure includes UnitedHealthcare commercial, Medicare Advantage and Medicaid members. The following medication adherence measures were selected for primary care over a one-year time period:

- **Medication Adherence to Prescribed Diabetes Medications** – Sum of diabetic patients with **less than 80% compliance** to the prescribed medication treatment regimen for select diabetes medications relative to all patients prescribed select diabetes medications.
 - Medications are inclusive of drugs within the following classes:
sodium-glucose cotransporter-2 inhibitors, dipeptidyl peptidase-4 (DPP-4) inhibitors, glucagon-like peptide 1 receptor agonists, biguanides, sulfonylureas and thiazolidinediones.
- **Medication Adherence to Biguanide-Containing Diabetes Medications** – Sum of diabetic patients **with less than 80% compliance** to the prescribed medication treatment regimen for biguanide class diabetes medications relative to all patients prescribed biguanide-class medications.
- **Medication Adherence to Sulfonylurea-Containing Medications** – Sum of patients **with less than 80% compliance** to the prescribed medication treatment regimen for

sulfonylurea class medications relative to all patients prescribed sulfonylurea-class medications.

- **Medication Adherence to Thiazolidinedione-Containing Medications** – Sum of patients **with less than 80% compliance** to the prescribed medication treatment regimen for thiazolidinedione class medications relative to all patients prescribed thiazolidinedione class medications.
- **Medication Adherence to Renin Angiotensin System (RAS) Antagonist Medications** – Sum of patients **with less than 80% compliance** to the prescribed medication treatment regimen for RAS class medications relative to all patients prescribed RAS class medications.
- **Medication Adherence to Statin Medications** – Sum of patients **with less than 80% compliance** to the prescribed medication treatment regimen for statin medications relative to all patients prescribed statin medications.

Physician Criteria

Our analysis focuses on physicians of certain specialties who have active contracts with UnitedHealthcare, a minimum threshold of claims data and UnitedHealthcare members in their care. Our analysis for primary care providers includes physicians whose primary specialty is family practice, internal medicine or pediatrics.

Patient Attribution

- For **utilization measures**, patients are attributed through an algorithm designed to select the most probable physician responsible for the patient's care. The report reflects claims data for members attributed to your practice, including claims filed when they were treated by other physicians, to capture overall utilization patterns for your attributed patients.
- For **opioid prescription measures**, patients are assigned to the physician identified in the claims data as the prescribing physician for the opioid pharmaceutical drugs included in the analysis.
- For **antibiotic utilization measures**, patients are assigned to the physician identified in the claims data as the physician responsible for the treatment of the patient for the noted condition (e.g., acute bronchitis, acute otitis externa and upper respiratory infection).
- For **medication adherence measures**, patients are assigned to the physician identified in the claims data as the physician who prescribed the medications (diabetes medications and statins).

Practice Improvement Recommendations

You can view practice improvement suggestions at [UHCprovider.com/peer](https://uhcprovider.com/peer) for the areas where your practice differs the most from other practices. If you have questions, just let us know. 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. If you have questions, please email [**physician_engagement@uhc.com**](mailto:physician_engagement@uhc.com).

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