Peer Comparison Reports: Specialty Physician

Methodology

Overview
UnitedHealthcare Peer Comparison Reports (formerly Performance Reports) provide physicians with actionable information to help deliver better care, better health outcomes and better costs to patients by:

- Analyzing claims data to identify variations from risk-adjusted peer benchmarks reflective of specific standards of care and Choosing Wisely® recommendations and alerting physicians whose paid claims data for UnitedHealthcare members over a given period varies from expected practice patterns.
- Leveraging utilization measures or specialty-specific procedural measures.
- Working collaboratively to improve value for UnitedHealthcare members by helping align the services they receive with evidence-based standards of care.
- Identifying focused areas for improvement with suggested actions to reduce variations.

Peer Comparison Reports may include data for certain key measures, as reported from UnitedHealthcare claims data for patients attributed to a physician’s practice. Some measures vary by specialty type. Reports may include utilization measures, procedural measures or both.

Specialties
The following are the specialties included in our analysis.

**Allergy**: includes physicians whose primary specialty is identified as allergy or allergy and immunology.

**Cardiology**: includes physicians whose primary specialty is identified as cardiology, cardiac diagnostic, interventional cardiology, cardiac electrophysiology or cardiovascular diseases.

**Endocrinology**: includes physicians whose primary specialty is identified as endocrinology, diabetes and endocrinology, or diabetes and metabolism.

**ENT**: includes physicians whose primary specialty is identified as ear, nose and throat, including otolaryngology, otology, pediatric otolaryngology, laryngology, rhinology, or head and neck surgery.

**Gastroenterology**: includes physicians whose primary specialty is identified as gastroenterology, endoscopy, hepatology-liver disease and digestive diseases.

**General Surgery**: includes physicians whose primary specialty is identified as general surgery, abdominal surgery, colon and rectal surgery, and proctology.
Nephrology: includes physicians whose primary specialty is identified as nephrology.

Neurology: includes physicians whose primary specialty is identified as neurology, neurology and psychiatry, or neuromuscular disease.

Neurosurgery, Orthopedics & Spine: includes physicians whose primary specialty is identified as neurosurgery, orthopedics and spine (NOS), including neurological surgery, orthopedic surgery, sports medicine, back and spine surgery, shoulder surgery, hand surgery and knee surgery.

Obstetrics/ Gynecology: includes physicians whose primary specialty is identified as obstetrics or gynecology.

Ophthalmology: includes physicians whose primary specialty is identified as ophthalmology.

Pulmonology: includes physicians whose primary specialty is identified as pulmonology or pulmonary medicine.

Rheumatology: includes physicians whose primary specialty is identified as rheumatology.

Urology: includes physicians whose primary specialty is identified as urology.

Utilization Measures

Utilization measures focus on specialty-specific clinical services as reflected in claims data for UnitedHealthcare commercial, Medicare Advantage, and Medicaid members attributed to an individual physician for a 12-month period. Utilization measures may include:

- **Emergency Department (ED) Utilization:** Sum of visits for attributed patients to facility-based emergency departments with subsequent discharge (not admitted as inpatient) relative to your attributed patient count

- **Inpatient Admission Utilization:** Sum of specialty-specific inpatient admissions for attributed patients to acute care hospitals for treatment categorized as medical, surgical or intensive care relative to your attributed patient count

- **Average Length of Stay (ALOS) for Inpatient Admissions:** Sum of days associated with inpatient admissions relative to the sum of inpatient admissions

- **Laboratory/Pathology Utilization:** Sum of specialty-specific 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 the 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 Evaluation and Management (E&M) Visit Rate**: Sum of 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 codes 99201-99205; 99211-99215)

• **Level 4 & 5 Evaluation and Management (E&M) Office Consultation Rate**: Sum of E&M office consultations billed as level 4 or 5 relative to the total of E&M office consultations for attributed patients. This includes utilization of level 4 and level 5 E&M coding (CPT codes 99244, 99245) relative to total E&M office consultations (CPT codes 99241-99245)

• **Modifier Utilization Rate**: Sum of claims submitted with the modifiers 25 and 59 relative to the sum of all claims for your attributed patients

• **Procedure Modifier Utilization Rate**: Sum of claims with the modifiers 24, 50, 51, 58 and 76 relative to the sum of all claims for your attributed patients

• **Non-Advanced Imaging Utilization**: Sum of specialty-specific non-advanced outpatient radiology services (all radiology services except those noted in advanced imaging; includes x-rays, ultrasound, mammogram) provided by both your practice (direct) and other care providers (indirect) for your attributed patients relative to your total number of attributed patients

• **Advanced Imaging Utilization**: Sum of specialty-specific outpatient advanced imaging services, such as magnetic resonance imaging (MRI), computerized tomography (CT), single-photon emission computed tomography (SPECT) or positron emission tomography (PET), provided by both your practice (direct) and other providers (indirect) for your attributed patients relative to your attributed patient count

• **Tier 3 Pharmacy Utilization**: Sum of select high-cost pharmaceutical drugs identified as Tier 3 (highest cost tier) in UnitedHealthcare’s Prescription Drug List (PDL) prescribed by you for your attributed patients relative to your attributed patient count

• **Specialty-Specific Diagnostic Utilization**: Sum of select specialty-specific diagnostic procedures, such as electrocardiogram, nasal endoscopy, upper gastrointestinal endoscopy and colonoscopy, visual field examinations, allergy testing, various respiratory tests and vascular study, relative to total number of attributed patients

**Procedural Measures**

Procedural measures focus on specialty-specific clinical services performed by physicians. Procedural data include claims for a one- to two-year period. Procedural measures may include:

• **Pre-Cardiac Catheterization Diagnostic Testing Rate**: Sum of cardiac catheterizations with three or more prior diagnostic tests, including at least one test in each of the following three categories: cardiac echocardiograms, stress tests and advanced imaging, relative to the sum of all cardiac catheterizations with and without prior diagnostic tests for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.
• **Negative Cardiac Catheterization Rate**: Sum of cardiac catheterizations without subsequent revascularization or valve interventions relative to the sum of all cardiac catheterizations with and without intervention for UnitedHealthcare commercial, Medicare Advantage and Medicaid members. Cardiac catheterizations with ablation procedures are excluded.

• **Cardiac Stent Rate**: Sum of cardiac catheterizations with subsequent stent intervention relative to the sum of all cardiac catheterizations with and without intervention for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

• **Post-Operative Complication Rate**: Sum of specialty-specific surgical procedures with an associated post-operative complication within 30 days relative to all specialty-specific surgical procedures, compared to a corresponding rate for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

• **Post Procedural Unplanned Admission Rate**: Sum of specialty-specific procedures with subsequent inpatient admission, within 14 days of the primary procedure, relative to the sum of all procedures for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

• **Post Procedural Unplanned Emergency Department Visit Rate**: Sum of specialty-specific procedures with a subsequent emergency department visit, within 14 days of the primary procedure, relative to the sum of all procedures for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

• **Redo Rate**: Sum of specialty-specific procedures resulting in a subsequent performance of the same or similar procedure relative to all procedures for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

• **Spine Fusion Rate**: Sum of all spinal fusions relative to the sum of spinal fusions and spinal laminectomies for UnitedHealthcare commercial and Medicare Advantage members.

• **Cesarean Section Rate**: Sum of all non-high risk cesarean deliveries relative to all non-high risk deliveries (cesarean and vaginal) for UnitedHealthcare commercial and Medicaid members.

• **Vaginal Hysterectomy Rate**: Sum of all vaginal hysterectomies relative to the sum of all hysterectomies for UnitedHealthcare commercial and Medicare Advantage members.

• **Clinically-Appropriate ENT Procedures Rate (Adenoidectomy, Tonsillectomy, Tonsillectomy and Adenoidectomy - TAD)**: Sum of clinically appropriate TAD procedures relative to all select TAD procedures for UnitedHealthcare commercial and Medicaid members.

• **Clinically Appropriate Tympanostomy Rate**: Sum of clinically appropriate tympanostomies relative to all tympanostomies for UnitedHealthcare commercial and Medicaid members.

• **CT Scan Frequency Rate for Adult Chronic Sinusitis**: Sum of adult chronic sinusitis episodes with more than 1 sinus CT scan within 90 days relative to the sum of all adult chronic sinusitis episodes for UnitedHealthcare commercial members.
- **Assistant Surgeon Utilization Rate**: Sum of procedures with assistant surgeon utilization relative to the sum of select procedures for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

- **Assistant Surgeon Out of Network (OON) Utilization Rate**: Sum of procedures with OON assistant surgeon utilization relative to the sum of all procedures with assistant surgeon utilization for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

- **Outpatient Hospital (OPH) to Ambulatory Surgical Center (ASC)**: Sum of ASC-appropriate surgical procedures performed in the OPH setting relative to the sum of select ASC-appropriate surgical procedures performed for UnitedHealthcare commercial and Medicare Advantage members.

- **Prescribing Rate of High Dose Opioids**: Sum of members with opioid prescription claims with a total daily cumulative dose greater than 120 morphine milligram equivalent (MME) relative to the sum of members with two or more opioid prescription claims for a twelve-month period for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

- **Prescribing Rate of Opioids for an Extended Duration**: Sum of members with opioid prescription claims of at least a 135-days’ supply for a six month period relative to the sum of members with opioid prescription claims of at least a 15-day or greater supply for a six-month period for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

- **Prescribing Rate of Opioids in Combination with Benzodiazepines**: Sum of members with both opioid and benzodiazepine prescription claims with 30 or more days overlap for a twelve-month period relative to the sum of members with two or more opioid prescription claims for a twelve-month period for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

- **Attended Sleep Studies for Uncomplicated Sleep Apnea**: Sum of attended sleep studies for uncomplicated sleep apnea members relative to the sum of all attended and unattended sleep studies for uncomplicated sleep apnea members for UnitedHealthcare commercial, Medicare Advantage and Medicaid members.

**Physician Criteria**

Our analysis focuses on physicians of certain specialties who are currently contracted with UnitedHealthcare and have a minimum threshold of claims data and UnitedHealthcare members in their care.

**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 procedural measures**, patients are assigned to the physician identified in the claims data as the responsible physician for the procedures included in the analysis.

**Practice Improvement Suggestions**
We’ve compiled a list of possible actions physicians may want to consider to help improve specific measures. We hope that physicians find these suggestions helpful and that they inspire proactive 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**. You can also call our Health Care Measurement Resource Center at **866-270-5588** to speak with representatives who have been specially trained to respond to inquiries about performance data.

**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.

**Questions?**
Email **physician_engagement@uhc.com** or call **866-270-5588**.

* This measure includes one year of claims data.
**This measure includes two years of claims data.


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