

Peer Specialty: General surgery
Quality of Care

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Condition/procedure	Measure	Compliance criteria	Measure type	Attribution method	Source
Appendectomy, without Rupture	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Cholecystectomy, Laparoscopic	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Cholecystectomy, Open	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Colonoscopy, Diagnostic	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
Concurrent Use of Opioids and Benzodiazepines	Patient(s) did not have concurrent use of prescription opioids and benzodiazepines	Patient did not have prescription opioid and benzodiazepine medications concurrently dispensed	Safety	Prescribing	Contact Partnership for Quality Measurement
Lower Gastrointestinal Endoscopy with Treatment	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis

Condition/procedure	Measure	Compliance criteria	Measure type	Attribution method	Source
Lower Gastrointestinal Endoscopy with Treatment	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Lower GI Removal	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Patient did not have advanced imaging (e.g., CT, MRI) or colonoscopy within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Repair, Abdominal Hernia (Incisional, Ventral or Umbilical), Initial Procedure	Patient(s) without post-procedure complications within 30 days of the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Repair, Abdominal Hernia (Incisional, Ventral or Umbilical), Revision	Patient(s) without post-procedure complications within 30 days of the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis

Condition/procedure	Measure	Compliance criteria	Measure type	Attribution method	Source
Repair, Abdominal Hernia (Incisional, Ventral or Umbilical), Revision	Patient(s) without redo procedure within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Repair, Inguinal Hernia	Patient(s) without post-procedure complications within 30 days of the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without redo procedure between 181 to 365 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have a redo procedure within 181 and 365 days after the assessed procedure	Outcomes	Rendering	Synopsis
	Patient(s) without advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure (Note: evaluation for single-side and bilateral procedures is performed separately)	Patient did not have advanced imaging (e.g., CT, MRI) within 180 days after the assessed procedure	Outcomes	Rendering	Synopsis
Risk of Continued Opioid Use	Patient(s) age 18-64 years who were opioid-naive and were not prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation	Patient did not have opioid medication for 15 or more days during the first 30 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance

Condition/procedure	Measure	Compliance criteria	Measure type	Attribution method	Source
Risk of Continued Opioid Use	Patient(s) age 65 years and older who were opioid-naive and were not prescribed access to opioid medication for 15 or more days during the first 30 days following first opioid treatment initiation	Patient did not have opioid medication for 15 or more days during the first 30 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 18-64 years who were opioid-naive and were not prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation	Patient did not have opioid medication for 31 or more days during the first 62 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
	Patient(s) age 65 years and older who were opioid-naive and were not prescribed access to opioid medication for 31 or more days during the first 62 days following first opioid treatment initiation	Patient did not have opioid medication for 31 or more days during the first 62 days following initial opioid treatment	Safety	Prescribing	Contact National Committee for Quality Assurance
Thyroidectomy - Bilateral	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Thyroidectomy - Single Side	Patient(s) without post-procedure complications within 30 days of the assessed procedure	Patient did not have a complication related to the assessed procedure	Outcomes	Rendering	Synopsis
Use of Contrast Material in CT	Patient(s) with an abdomen CT test performed that did not have "combined studies" (with and without contrast material)	Patient did not have an abdomen CT test using combined studies (with and without contrast material)	Low Value Care	Ordering	Contact Centers for Medicare & Medicaid Services
Use of Opioid Medications	Patient(s) 18 years or older without an average morphine milligram equivalent (MME) \geq 90mg/day during the treatment period	Patient did not have an average morphine equivalent dose \geq 90 mg/day	Safety	Prescribing	Contact National Committee for Quality Assurance
Use of Opioids from Multiple Providers	Patient(s) 18 years or older that did not fill opioid prescriptions from four or more different prescribers	Patient did not have opioid medications from four or more different prescribers dispensed	Safety	Prescribing	Contact National Committee for Quality Assurance

Important notes about UnitedHealth Premium®

The information from UnitedHealth Premium is not an endorsement of a particular physician or health care professional's suitability for the health care needs of any member. UnitedHealthcare does not practice medicine nor provide health care services. Physicians are solely responsible for medical judgments and treatments.

A Premium Care Physician designation does not guarantee the quality or the outcome of any health care services members receive. The fact that a physician does not have a Premium Care Physician designation does not mean the physician does not provide quality health care services.

All physicians in the UnitedHealthcare Network have met certain minimum credentialing requirements. Regardless of whether a physician has received a Premium Care Physician designation, members have access to all physicians in the UnitedHealthcare Network as described in the member's benefit plan.

There are various reasons why a physician may not be designated as a Premium Care Physician. A physician may not receive a designation because that physician has not been evaluated. This occurs when a physician does not practice in a specialty or market that is evaluated by Premium, or the physician's evaluation is in process. This also occurs when there are not enough measures, patients, and/or episodes attributed to the physician for evaluation. This is not an indicator of the total number of patients treated by the physician, or the number of procedures performed by the physician.

UnitedHealthcare informs members that designations are intended only as a guide when choosing a physician and should not be the sole factor in selecting a physician. Members are encouraged to discuss designations with a physician before choosing them or consult with their current physician(s) for advice on selecting other physicians.

As with all programs that evaluate performance based on evaluation of a sample, there is a risk of error. There is a risk of error in the claims data used and in the way patient care is attributed to physicians. UnitedHealth Premium uses statistical testing to compare a physician's performance to benchmarks. 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. Physicians have the opportunity to review the data and evaluation results and may submit requests for changes and/or corrections.

The information contained in this document is subject to change.