Executive Summary

Introduction

HEDIS is the most widely used set of inpatient and ambulatory performance measures in the health care industry. HEDIS is developed and maintained by the National Committee for Quality Assurance (NCQA), a private, nonprofit organization dedicated to improving health care quality through measurement, transparency and accountability.

*HEDIS 2007 Technical Specifications for Physician Measurement* (referred to in this publication as HEDIS Physician Measurement) is the newest addition to NCQA’s suite of HEDIS publications. Since its introduction in late 2006, this publication’s scope has expanded, with the addition of 25 Quality of Care measures and 48 indicators. This release provides options for quality-of-care data collection, which takes into account user organizations’ access to different data sources, such as data abstracted from paper or electronic medical records (EMR).

For the first time, this release contains standards and recommendations for episode grouping and population risk adjustment software commonly used by health insurers and purchasers for physician cost-of-care measurement.

Measurement in Context

Measuring physician and hospital care is a subject of intense interest and vigorous discussion among health care and policy leaders. With the advent of consumer-directed health plans, employers and consumers have taken a strong interest in expanded quality and cost measurement and reporting.

Numerous efforts by health plans to measure and report physician and hospital performance have matured over the past few years, but relatively few health plans, systems or purchasers measure or reward quality at the physician practice level. This stems from a number of technical measurement issues pertaining to physician-specific quality measurement, which, along with other barriers, have contributed to the relative paucity of physician-specific measurement efforts among health plans and other organizations.

Physician-specific measurement is currently conducted using a wide array of different methods and measures. A single, nationally standardized set of performance measures and detailed implementation rules would provide physicians with actionable feedback and allow benchmarking across health plans or geographic regions. Joint efforts to develop standardized measures have recently matured; notable among them is NCQA’s work with the AQA and the National Quality Forum (NQF) on standardized measures, and its work with several physician specialty societies to encourage quality measurement.

NCQA has collaborated with leading software vendors to develop standards for cost-of-care physician measurement. With the increasing use of episode grouping and population risk adjustment software for applications such as physician cost-of-care evaluation and network tiering, software vendors and users of these technology solutions agree that method standardization represents an important step toward reducing confusion in the marketplace about multiple measurement approaches.
Measurement’s Purpose and Use

HEDIS Physician Measurement is the culmination of NCQA’s collaboration with many partners over the past decade. Its purpose is to support standardized measurement by providing the technical specifications necessary to enable reliable, equitable and valid measurement and reporting of physician performance.

This publication applies to measurement of individual physicians, practice sites or medical groups. Quality of Care measures included in this publication are for use in physician-specific reporting, and in most cases, were adapted from HEDIS measures commonly reported at the health plan level. Many measures included in this publication were endorsed by the NQF and approved by the AQA. This publication also contains NCQA Physician Recognition Program measures and additional NCQA-developed measurement implementation rules necessary for standardized use and reporting of the measures.

NCQA anticipates that the standards put forth for the use of commonly used episode grouping and population risk adjustment software will lead the industry toward more consistent, transparent development of physician cost of care measurement and network tiering models. Further, NCQA believes that cost of care measurement must be linked to quality of care measurement in order to estimate a physician’s efficiency at providing care.

While this publication provides guidance and standards for physician cost of care measurement in episode grouping and population risk adjustment software, NCQA strongly encourages users of these software approaches to understand and disclose their implementation decisions, as well as the inherent limitations these approaches may have in aiding cost of care measurement.

Some reported limitations about measurement methods include concerns that an episode perspective alone may not sufficiently account for the total morbidity of a patient and the related cost of care that may exist across episodes. In addition, concerns remain about the adequacy of various risk adjustment approaches, whether an implicit or explicit feature of physician profiling methodologies. While leading market vendors of software solutions continue to improve the reliability and validity of their underlying algorithms, results must always be interpreted with these limitations in mind.

About This Publication

This publication contains 35 Quality of Care measure specifications, with a total of 65 indicators and associated implementation rules for data collection and reporting. In addition to expanded measure sets, this publication contains an initial set of standardized implementation rules for episode grouping and population risk adjustment software, including data requirements and methodological standards.

To ensure consistency among other NCQA measurement programs, there will be ongoing updates to this publication and future versions of HEDIS Physician Measurement. While there is overlap between this publication and other programs, participants in NCQA Physician Recognition or IHA Pay-for-Performance (P4P) should follow measure specifications and guidelines developed for those programs.

Key Standards

The HEDIS Physician Measurement quality of care guidelines address key questions for prospective users. Since different physician performance measurement programs have widely varying access to relevant data and resources, NCQA does not prescribe a single method to address many measurement issues encountered in physician performance measurement. Rather, this publication offers guidance and sets of options to help users determine what will work best in their specific quality performance measurement program.

On the other hand, standards and rules have been put forth in this publication for episode grouping and population risk adjustment software commonly used by cost of care performance measurement programs. NCQA can be more prescriptive with cost of care measurement than with quality of care because common ground is more easily attained with a limited number of software solutions, analytical methodologies and relevant data sources.
Key physician performance measurement issues addressed in this publication include the following.

- Intent of measurement
- Reporting implications and options
- Stakeholder engagement
- Electronic and medical record data requirements and considerations
- Electronic data pooling collaborations
- Accuracy of performance results
- Integrating cost and quality of care measurement
- Risk adjustment
- Auditing
- Benchmarking
- Categorizing physicians
- Defining peer group comparisons
- Physician specialties to measure
- Physician attribution
- Requisite number of observations
- Patient inclusion options
- Analysis time periods
- Data collection and sampling methods
- Composite scoring for quality measures
- Methods for evaluating physician cost of care performance
- Specifications for quality of care measures
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