

# Physician Performance Insights Report User Guide August 2024

# **Physician Performance Insights Reports**

As part of our **Physician Efficiency, Appropriateness, & Quality**<sup>SM</sup> program, you may receive a PPI report. The PPI report shows how you compare to peers in your working specialty. **PEAQ**<sup>SM</sup> results help our members find care.

This guide has details on reading your PPI report. See our <u>PEAQ page</u> for the program's methodology.

#### **Options for Accessing Your Report**

- Sign in to <u>Availity® Essentials</u>.
  - Select Payer Spaces from the navigation menu.
  - Under Applications, select **PEAQ Report**.
  - If you don't yet have an Availity account, <u>register here</u> at no cost.
- Contact your Network Consultant with Blue Cross and Blue Shield of Illinois.

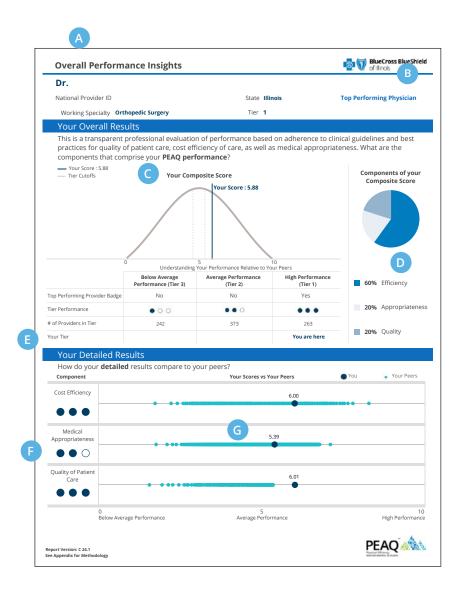
If you have questions about PEAQ, email PEAQ Inquiries.

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#### **Composite Summary**

- A If you have questions about the header demographics or would like to report an error, email PEAQ Inquiries.
  A representative will respond.
- B A **Top Performing Physician** designation means you've received high composite scores. The designation appears in Provider Finder<sup>®</sup>.
- This section shows **Your Composite Score** related to **Tier Performance**. Dotted vertical lines indicate approximate tier cutoffs. The blue line shows your individual ranking.
- D Composite Scores are based on a weighted average of the PEAQ components you were scored on during the reporting period.
  - If you haven't met the minimum criteria for a component, you won't receive a report for that component.
- This row indicates **Your Tier**. This may impact cost-sharing for members in employer groups participating in a tiered benefit option.
- F The blue dots on the left indicate how Provider Finder summarizes your performance. Only you have access to the evaluation details in this report.
- G This section summarizes your performance among peers in PEAQ components. Details about these results are in the following pages of the PPI report.

The dark blue dot represents your individual ranking among your peer group. The aqua dots represent where peers rank among the group.



#### **Efficiency Summary**

- A This section indicates how Provider Finder summarizes your **Efficiency** performance.
- B The dark blue dot represents your individual ranking among your peer group. The smaller aqua dots represent where peers rank among the group.
- There are three performance tiers. Each physician within the peer group is assigned to one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.
- D Attributed Cost is the allowed amount from claims attributed to you, weighted by the proportion of Relative Value Units you contributed to each of the measured episodes.

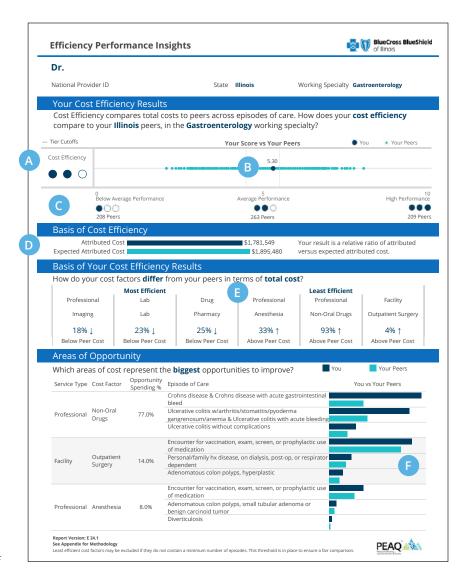
**Expected Attributed Cost** is the peer group's average. It assumes the same mix of diagnostic groups and episode counts, adjusted for the physicians' patients' risk and the proportion of RVUs the physicians contributed to each measured episode.

- E All medical and pharmaceutical services for Episodes of Care attributed to you are grouped into 27 cost factors based on procedure code and place of treatment.

  Up to three factors depict where you are Most Efficient compared to peers. Up to
  - **Most Efficient** compared to peers. Up to three depict where you are **Least Efficient**. If you are a highly efficient physician, you will see up to six of your Most Efficient factors.
- F The Episodes of Care associated with your Least Efficient Service Types and Cost Factors are reported as **Areas of Opportunity**. The dark blue bar on top depicts total costs for the episodes attributed to you.

**Your Peers'** total cost is case-mix adjusted to reflect the same count and combination of episodes of care attributed to you to ensure fair comparisons.

The **Opportunity Spending %** represents the proportion of allowed dollars that could be saved if your costs were at the peer amount.

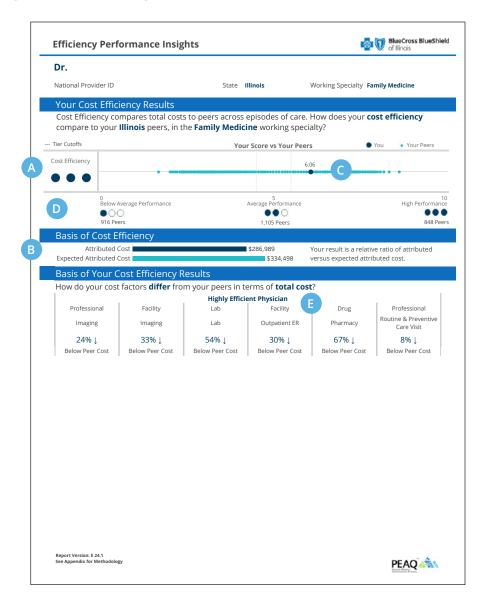


### **Efficiency Summary - Highly Efficient Physician**

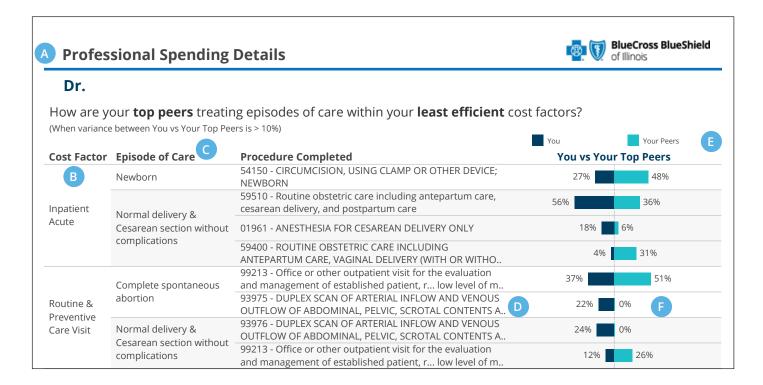
- A This section indicates how Provider Finder summarizes your **Efficiency** performance.
- B Attributed Cost is the allowed amount from claims attributed to you weighted by the proportion of RVUs you contributed to each of the measured episodes.

**Expected Attributed Cost** is your peer group's average, assuming the same mix of diagnostic groups and episode counts adjusted for the physicians' patients' risk and the proportion of RVUs the physicians contributed to each measured episode.

- The dark blue dot represents your individual ranking among your peer group. The smaller aqua dots represent where peers rank among the group.
- D There are three performance tiers.
  Each physician within the peer group is assigned to one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.
- E All medical and pharmaceutical services for Episodes of Care attributed to you are grouped into 27 cost factors based on procedure code and place of treatment. As a highly efficient physician, you will see up to six Most Efficient factors.



#### **Efficiency Summary - Professional Spending**



- A If any of your Areas of Opportunity include the Professional Service Type, the PPI report includes a **Professional Spending Details** page.
- B The Least Efficient Cost Factors within Professional Spending are carried over from the first page of the Efficiency report, along with **Episodes of Care** where spending was most different from your peers. **Procedure Completed** represents services delivered to patients.
- **Episodes of Care** are based on a proprietary episode grouping methodology. Patients are grouped into one of over 500 clinical categories based on their diagnosis. Categories are further segmented by severity and disease stage progression.
- Procedures depicted are those accounting for at least 10% of your or your peers' costs within each Episode of Care.

- Your Top Peers is comprised of the top 50th percentile within your peer group treating the same Episodes of Care.
  - This shows the differences in treatment decisions for your patients as compared to peers. Reviewing how top peers are treating the same Episodes of Care may reveal cost-saving opportunities. The percentages represent the proportion of spend within an Episode of Care.
- F The percentages represent the proportion of spend within an Episode of Care.

# **Efficiency Summary - Facility Spending**

Facility	Spending Details A		BlueCross BlueShield of Illinois	
Dr.				
Which <b>si</b>	tes of service present cost efficient of	opportunities?		
Cost Factor	Episode of Care	Site Of Service	Site Average Per Episode	•
Inpatient Acute	Normal delivery & Caesarean section with some complications	NORTHWESTERN MEMORIAL HEALTHCARE	\$8,657	96%
		NORTHSHORE UNIVERSITY HEALTHSYSTEM	\$7,422	4%
	Normal delivery & Cesarean section without complications	NORTHWESTERN MEMORIAL HEALTHCARE	\$16,624	98%
		ELMHURST MEMORIAL HOSPITAL	\$5,434	2%
	Postmaturity with intrauterine growth retardation & Postmaturity with hypoglycemia	NORTHWESTERN MEMORIAL HEALTHCARE	\$5,264	100%

- A If any of your Areas of Opportunity include the Facility Service Type, the PPI report includes a **Facility Spending Details** page.
- B The Least Efficient Cost Factors within Facility Spending are carried over from the first page of the Efficiency report, along with **Episodes of Care** where spending was most different from your peers. The **Site of Service** highlights the facilities where your patients received care.
- C Episodes of Care are based on a proprietary episode grouping methodology. Patients are grouped into one of over 500 clinical categories based on their diagnosis. Categories are further segmented by severity and disease stage progression.
- **Site Proportion of Cost** is the percentage of spend for each Site of Service for the Episode of Care.

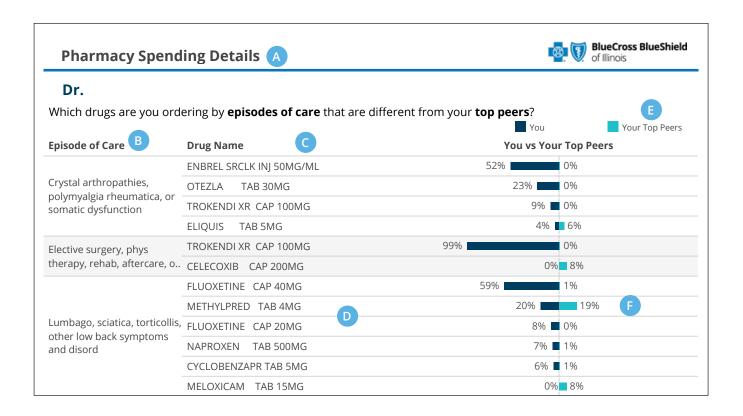
#### **Efficiency Summary - Lab Spending**

Lab Spending Det	BlueCross BlueShield of Illinois		
Dr.			E
Which labs are ordered	d by your <b>top peers</b> that are more <b>cost efficient</b> ?	You	Your Top Peers
Episode of Care B	Lab Panel Completed	You vs You	Top Peers
Encounter for vaccination, exam, screen, or prophylaction use of medication	80050 - general health panel. this panel must include the following: comprehensive metabolic panel (tomated and autom	4%	18%
	target and signal amplification of 1and bmp3) and fecal hemogl	23%	13%
	88305 - level iv - surgical pathology, gross and microscopic examination abortion - spontaneous/missed artery, biopsy bone	16%	8%
Euthyroid goiter	10005 - fine needle aspiration biopsy, including ultrasound guidance; first lesion	28%	0%
	81546 - oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as	50%	0%
	84443 - thyroid stimulating hormone (tsh)	2%	24%
	88173 - evaluation of fine needle aspirate with or without preparation of smears; interpretation and report	4%	11%
Hypertension, minimal	80053 - comprehensive metabolic panel	2%	13% <b>F</b>
	80061 - lipid panel. this panel must include the following; cholesterol, serum, total (82465) lipoprotein, direct measurement	3%	15%
	93880 - duplex scan of extracranial arteries; complete bilaterial study	49%	1%
	93970 - duplex scan of extremity veins including responses to compression and othe maneuvers; complete bilateral study	19%	1%

- A If any of your Areas of Opportunity include the Lab Service Type, the PPI report includes a **Lab Spending Details** page.
- B Episodes of Care are based on a proprietary episode grouping methodology. Patients are grouped into one of over 500 clinical categories based on their diagnosis. Categories are further segmented by severity and disease stage progression.
- The Least Efficient Cost Factors within Lab Spending are carried over from the first page of the Efficiency report, along with **Episodes of Care** where spending was most different from your peers. The **Lab Panel Completed** column shows services delivered to patients.
- D Labs depicted are those accounting for at least 10% of your or your peers' costs within each Episode of Care.

- Your Top Peers is comprised of the top 50th percentile within your peer group treating the same Episodes of Care.
  - This shows the differences in treatment decisions for your patients as compared to peers. Reviewing how top peers are treating the same Episodes of Care may reveal cost-saving opportunities.
- The percentages represent the proportion of spend within an Episode of Care.

#### **Efficiency Summary - Pharmacy Spending**



- A If any of your Areas of Opportunity include the Pharmacy Service Type, the PPI report includes a **Pharmacy Spending Details** page.
- B Episodes of Care are based on a proprietary episode grouping methodology. Patients are grouped into one of over 500 clinical categories based on their diagnosis. Categories are further segmented by severity and disease stage progression.
- C The Least Efficient Cost Factors within Pharmacy Spending are carried over from the first page of the Efficiency report, along with **Episodes of Care** where spending was most different from your peers. The **Drug Name** represents services delivered to patients.
- D Drugs depicted are those accounting for at least 5% of your or your peers' cost within each Episode of Care.

- Your Top Peers is comprised of the top 50th percentile within your peer group treating the same Episodes of Care.
  - This shows the differences in treatment decisions for your patients as compared to peers. Reviewing how top peers are treating the same Episodes of Care may reveal cost-saving opportunities.
- The percentages represent the proportion of spend within an Episode of Care.

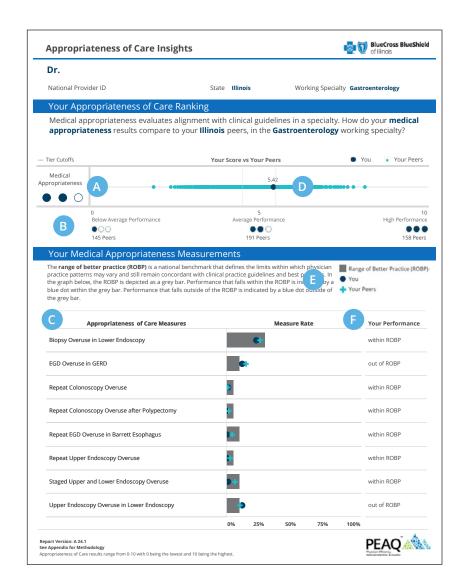
#### **Appropriateness Summary**

- A This section indicates how Provider Finder summarizes your **Appropriateness** performance.
- B There are three performance tiers. Each physician within the peer group is assigned to one of the performance tier groups based on the calculated result and its relationship to the peer group's mean.
- C BCBSIL selected a subset of appropriateness measures representative of your working specialty.
- D The dark blue dot represents your individual ranking among your peer group. The smaller aqua dots represent where peers rank among the group.
- Range of Better Practice: This is the variation in performance that may reasonably occur among physicians within the same specialty. The area within the gray bar indicates appropriate practice.

**You:** Your performance within the measure is depicted with a dark blue dot.

**Your Peers:** Your peer group's performance within the measure is depicted with a plus sign.

F The **Your Performance** column indicates if performance is within or outside the ROBP. Performance outside of ROBP does not always equate to inappropriate behavior.



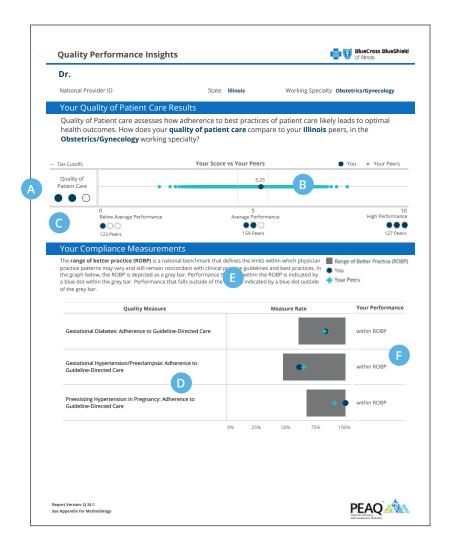
#### **Quality Summary**

- A This section shows how Provider Finder summarizes your **Quality** performance.
- B The dark blue dot represents your individual ranking among your peer group. The smaller aqua dots represent where peers rank among the group.
- C There are three performance tiers. Each physician within the peer group is assigned to one of the tiers based on the calculated result and its relationship to the peer group's mean.
- D BCBSIL selected a subset of Quality measures representative of working specialty.
- E Range of Better Practice: This is the variation in performance that may reasonably occur among physicians within the same specialty. The area within the gray bar indicates appropriate practice.

**You:** Your performance within the measure is depicted with a dark blue dot.

**Your Peers:** Your peer group's performance within the measure is depicted with a plus sign.

F The **Your Performance** column indicates if performance is within or outside the ROBP. Performance outside of ROBP does not always equate to inappropriate behavior.



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