

# Provider Peer Grouping Monthly Updates

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# What is Provider Peer Grouping?

- **A system for publicly comparing provider performance on cost and quality**
  - ...a uniform method of calculating providers' relative cost of care, defined as a measure of health care spending including resource use and unit prices, and relative quality of care... (M.S. §62U.04, Subd. 2)
  - a combined measure that incorporates both provider risk-adjusted cost of care and quality of care... (M.S. §62U.04, Subd. 3)

# What Types of Provider Peer Grouping Needs to be Developed?

## 1. Total Care

## 2. Care for Specific Conditions

The commissioner shall develop a peer grouping system for providers based on a combined measure that incorporates **both** provider risk-adjusted cost of care and quality of care, **and** for specific conditions...

(M.S. §62U.04, Subd. 3)

# Methodological Update

# Linking Claims to Providers

- Inpatient facility hospital claims are generally clear; claims have a hospital name on them.
- Physician claims are more complicated because physician claims are connected to individual physicians, rather than to a physician clinic. We need to first link physicians with clinics in order to tie claims to clinics.

# What is a Physician Clinic?

“Any location where primary or specialty care ambulatory services are provided for a fee by one or more physicians in the state of Minnesota. [A] physician clinic includes...hospital-based outpatient locations that provide...ambulatory services for a fee...”

-- Minnesota Rules Chapter 4654

# What is a Physician Clinic (cont'd)

“...Multiple clinic locations may be considered a single physician clinic when the multiple locations have common ownership and a majority of common clinical staff working across the multiple locations, and the total clinical staff across all locations is no greater than 20 full-time equivalent employees.” -- Minnesota Rules Ch. 4654

# Linking Physicians with Physician Clinics

- Physician clinics are required to annually register as part of the Minnesota Statewide Quality Reporting and Measurement System (Minnesota Rules Chapter 4654)
- The registration process is facilitated by MN Community Measurement under contract with MDH
- MDH is primarily using information gathered during this process to link individual physicians and other clinical staff with clinics at which they practice

# Clinics Required to Provide Critical Information

- Name, mailing address, and clinic NPI
- Clinical staff information for previous calendar year: name, NPI, board certifications for all clinical staff
- Medical group affiliation
- Contact information for person submitting quality data
- Contact information for physician clinic general contact

# What Providers are Included in the Registry?

- Clinical staff includes:
  - Physicians
  - Advanced Practice Registered Nurses
  - Physician Assistants
- Hospitals are not required to register

# Physician Clinic Registry

- 1212 Minnesota clinics registered
- Clinics that did not register were added based on other information sources
  - MDH added 38 clinics

# Physician Clinic Registry

- There are 15,312 unique providers in the Registry
  - 11,662 (76%) were registered at one clinic
  - 3,650 (24%) were registered at multiple clinics

# Providers at Multiple Clinics

- MDH is using information from a Board of Medical Practice licensing file to determine which location is the physician's primary location
  - If no clinic is designated as primary, MDH assumes providers share time equally across clinics

# MDH Strategies for Filling Gaps in and Verifying Information

- MDH verified NPI numbers with national database and web-based resources
- MDH used NPI numbers to verify or identify physician specialties
- MDH conducted web searches for provider directories when needed and added them to the registry

# Tips for Registration Process

- Ensure unique and correct NPI numbers are filled in for each clinical staff
- Ensure clinical staff within a medical group are linked to each specific clinic location (can choose up to three clinics) rather than clustered in one clinic
- Ensure clinical staff names are spelled correctly

# Progress Update and New Developments

# Updated Dates for PPG Results

	<b>Disseminate to Hospitals</b>	<b>Disseminate to Physician Clinics</b>	<b>Publicly Report Results</b>
<b>Total Care: Hospitals</b>	June 15, 2011	---	September 15, 2011
<b>Total Care: Clinics</b>	---	August 15, 2011	November 15, 2011
<b>Condition-Specific</b>	September 15, 2011	September 15, 2011	December 15, 2011

# Stakeholder Involvement

# Stakeholder Involvement: Rapid Response Team

- MDH convened this group to provide input on critical issues
  - Approach for specific condition analysis
  - Methodology for attributing patients to providers
  - Benchmarking and determination of peer groups
  - Risk adjustment
  - Design and weighting of individual quality measures into composite quality score
  - Design of composite cost and quality measure

# Stakeholder Involvement: Reliability Workgroup

- MDH convened first meeting of this group in December
  - Explored characteristics of reliable data
  - Discussed ways of assessing reliability
- Next meeting will focus on data and options related to hospital analysis, likely in March

For more information, see  
[www.health.state.mn.us/  
healthreform/peer/index.html](http://www.health.state.mn.us/healthreform/peer/index.html)

# Next call

**Monday, February 14, 2011**

**7:30-8:30 am**