CLINICAL PROCESS IMPROVEMENT INITIATIVE (CPII)
EFFICIENCY REPORT EXPLANATION
January 4, 2016

WHAT IS AN "EPISODE OF CARE"?

An "episode of care" is a grouping of a patient's health care claims for a unique occurrence of a particular illness or injury, or a year of claims for a chronic condition. The claims that are grouped include the medical, ancillary, ambulatory surgical, other hospital, emergency, inpatient, and pharmacy services that are involved in diagnosing and treating the patient's condition. The diagnosis codes on these claims also describe a patient's underlying clinical conditions related to the episode and complications and comorbidities. The services within an episode may be provided by more than one physician; the episode is attributed to a single provider based on an evaluation of the claims data to determine which provider was responsible for the overall management of the care that the patient received during the course of his or her treatment for that illness, injury, or chronic condition.

WHAT IS AN "EPISODE TREATMENT GROUP" (ETG)?

ETGs are a clinical condition classification methodology that categorizes clinically homogeneous episodes into groups. Each episode is assigned to a unique group (an episode treatment group) and its severity level is assessed (reflecting the primary clinical condition for the episode and the complications, comorbidities and patient characteristics that impact treatment).

For more information see the white paper written by Optum, who developed the Symmetry ETG Grouper used by CPII, by going to www.mass.gov/GIC/CPIIDetails >> "Information For Providers" >> "Scoring Methodology" and access the link under "Efficiency Score".

EFFICIENCY REPORTS

There may be up to three (3) different Efficiency Reports included in your reporting package. You will receive a **Summary of Episode Treatment Groups (ETGs)** report (Report A) that summarizes the top ten (10) ETGs that contribute to your overall Efficiency Score. If you were less efficient than you peers in any of your top five (5) ETGs shown on this report, you will also receive an **ETG Summary** report (Report B) and an **ETG Detail** report (Report C). The flow chart included in this package shows how these reports relate to each other. An explanation of each report including some key terms follows.

A. Summary of Episode Treatment Groups (ETGs)

This report summarizes the **ETGs** that contribute to your **Efficiency Score**. At the top of the report you will see your overall Efficiency Score. In the middle of the report are two (2) charts. The pie chart displays your top five (5) ETGs in terms of cost relative to all other ETGs contributing to your

Efficiency Score. The bar chart displays these same top five (5) ETGs in terms of your Proxy Cost as compared to peer Proxy Costs for the same ETG. At the bottom of the report, you will see your top ten (10) ETGs having the highest Proxy Cost, broken out and compared to the Proxy Costs of your peers for the same number of ETGs. Also shown is your performance relative to your peers in the form of an "abacus chart". Using Total Unweighted Proxy Cost, these abacus charts show your percentile rank within your specialty, where the middle of the chart represents the median cost for the ETG.

B. ETG Summary

If you receive an ETG Summary report, it is because you scored as less efficient than your peers for the particular ETG. This report focuses on six (6) service categories: Medical/Professional, Ambulatory Surgery, Outpatient, Emergency, Inpatient and Pharmacy. There are two (2) charts on this report. The first chart displays your total Proxy Cost in each service category for the ETG and compares to peer Proxy Costs. The second chart shows how much more or less your Proxy Costs were than those of your peers in each of these service categories for this ETG.

C. ETG Detail

If you receive an ETG Detail report, it is because you were scored as less efficient than your peers for the particular ETG. This report focuses on the Medical/Professional Services category for the ETG. At the top of the report you will see your overall Efficiency Score and the count of this ETG that was attributed to you. In the middle of the report are two (2) charts. The pie chart displays the top five (5) procedures in terms of Proxy Cost relative to all other procedures contributing to the Medical/Professional Services total. The bar chart displays these same top five (5) procedures in terms of your Proxy Cost as compared to peer Proxy Cost. At the bottom, you will see your top ten (10) procedures having the highest Proxy Cost, broken out and compared to the Proxy Costs of your peers. Also shown is your performance relative to your peers in the form of an "abacus chart". Using Total Unweighted Proxy Cost, these abacus charts show your percentile rank within your specialty, where the middle of the chart represents the median cost for the same service.

The claims data that we analyze for this project include the most recent three years of commercial claims data from the GIC's six health plans. Occasionally, a procedure code is "retired" and is deleted from the current CPT-ICD9 manual, but, because we are still using this data, the procedure code appears as "del_12345". Since the report includes the top procedures by frequency impacting that specific episode, a procedure with a retired code may appear on the report. Additionally, the procedure code and/or Procedure Description may be unavailable as well, resulting in a blank space.

Definition of Terms Used In Efficiency Reports:

Medical/Professional:
The total proxy price amount for claims identified as professional, supplemental or auxiliary services based on CPT/HCPCS codes for a particular episode type.

Ambulatory Surgery:

The total proxy price amount for claims identified for surgical or related purposes primarily based on revenue codes for a particular episode type.

Outpatient:

The total proxy price amount for claims identified for hospital services based on revenue codes, but not categorized as Inpatient, Ambulatory Surgery or Emergency for a particular episode type.

Emergency:

The total proxy price amount for claims identified for emergency room services based on revenue codes for a particular episode type

Inpatient:

The total proxy price amount for claims identified for inpatient services based on revenue codes for a particular episode type.

Pharmacy:

The total proxy price amount for claims submitted for prescription drugs for a particular episode type

Efficiency Score

Your Efficiency Score is created by comparing the consumption of resources (office visits, labs, medications, etc.) used in treating your patients to that of your peers treating patients with similar clinical conditions, adjusted for the severity of your patient case mix. Resource use is measured by Proxy Cost (see explanation below). The most efficient providers have lower Efficiency Scores; less-efficient providers have higher scores.

Proxy Cost

The unweighted costs shown for each ETG are derived using standardized costs (or proxy values) for each service included in the ETG, rather than the actual amount paid. This "proxy value" removes the influence of differing contract terms across health plans. The proxy values shown in these reports are not severity-adjusted (see "Unweighted Total Cost" below); however, each provider's ETGs are severity-adjusted as part of the process of calculating the Efficiency Score.

Unweighted Total Cost

When determining a provider's Efficiency Score, up to three (3) years of historical data are used and the most recent year is weighted the most heavily. Additionally, a provider's raw score is adjusted for the severity of their patient case mix. Unweighted Total Cost represents the data where each year receives the same weighting and there is no severity adjustment.