



High Performance Network Quality Criteria for Designation

AvMed has selected certain National Quality Forum approved measures to determine HPN designation.

- Through the combined efforts of Medical Management and Quality Improvement departments, AvMed determined that certain approved quality measures were relevant for particular HPN selected specialties.
- For the upcoming year's HPN designation, AvMed has selected to use quality measure data received from the prior calendar year through the first quarter of the current year.
 - This ensures that an appropriate number of care opportunities is assigned to the provider groups being measured.
- Provider groups are assigned care opportunities if they encounter an AvMed member that falls into the population for a particular quality measure (i.e. denominator population).
 - Provider groups are marked as achieving care opportunities for that population if they fulfill the care opportunity particular to that measure (i.e. numerator population).

Selected quality measures include:

Specialty	Measure	Description
Endocrinology	Diabetes Eye Exam Rate	Diabetes Eye Exam Rate {QM} is the number of patients with type 1 or type 2 diabetes, aged 18 to 75 years, who had an eye exam done, expressed as a percentage of the total number of patients, aged 18 to 75 years, with type 1 or type 2 diabetes.
	Diabetes HbA1c LT 8% Rate	Diabetes HbA1c LT 8% Rate {QM} is the number of patients with type 1 or type 2 diabetes, aged 18 to 75 years, who had at least one non-zero HbA1c lab result record in the database during the measurement year and the most recent result value was less than 8%, expressed as a percentage of the total number of patients with type 1 or type 2 diabetes, aged 18 to 75 years, who had at least one non-zero HbA1c lab result record in the database during the measurement year.
	Diabetes HbA1c GT 9% Rate	Diabetes HbA1c GT 9% Rate {QM} is the percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose latest hemoglobin A1c (HbA1c) test result was > 9%. [Note: A lower rate indicates better performance.] Excludes patients diagnosed with gestational or steroid-induced diabetes during the measurement year or the year prior to the measurement year, and had no encounters for diabetes during that time period, and those patients who used hospice services anytime during the measurement year.
	Diabetes HbA1c Test	Diabetes HbA1c Test {QM} indicates whether a patient with type 1 or type 2 diabetes, aged 18 to 75 years, had a hemoglobin A1c test performed. This excludes patients with a previous diagnosis of polycystic ovaries, gestational diabetes, or steroid-induced diabetes. This measure is based on the HEDIS measure Comprehensive Adult Diabetes Care (CDC).

Endocrinology (continued)	Diabetes Microalbumin Rate	Diabetes Microalbumin Rate {QM} is the number of patients with type 1 or type 2 diabetes, aged 18 to 75 years, who had a microalbumin test done or had evidence of treatment for nephropathy, expressed as a percentage of the total number of patients, aged 18 to 75 years, with type 1 or type 2 diabetes.
OB/GYN	Breast Cancer Screen Rate	Breast Cancer Screen Rate {QM} is the number of women members, aged 42 to 69 years, who had a mammogram done during the measurement year or the year prior to the measurement year, expressed as a percentage of the total number of women members, aged 42 to 69 years at the end of the measurement period.
	Osteoporosis Post Fx Mgt	Osteoporosis Post Fx Mgt {QM} is the number of women who suffered a fracture, aged 67 years and older, and received either a bone mineral density test (BMD) or a prescription for a drug to treat or prevent osteoporosis within 6 months of the fracture, expressed as a percentage of the total number of women, aged 67 years and older, who suffered a fracture.
Pulmonology	COPD Spirometry Eval Rate	COPD Spirometry Eval Rate {QM} is the number of patients with chronic obstructive pulmonary disease (COPD), aged 18 years and older, who had a spirometry evaluation done, expressed as a percentage of the total number of patients, aged 18 years and older, with chronic obstructive pulmonary disease (COPD).
Rheumatology	Rheum Arthritis DMARD Rate	Rheum Arthritis DMARD Rate {QM} is the number of patients with rheumatoid arthritis, aged 18 years and older, who had at least one ambulatory prescription dispensed for a disease-modifying anti-rheumatic drug (DMARD), expressed as a percentage of the total number of patients, aged 18 years and older, with rheumatoid arthritis.

Criteria for Volume Requirements, Scoring Criteria, and Provider Group Definitions

Calculating HPN Performance for selected quality measures

- A provider group’s performance on quality is based on the number of achieved care opportunities they received compared to the number achieved by the overall peer group.
 - The peer group is defined as like specialists for all combined products.

Example Quality Measure Calculation:

Per Specialty - Combined Products	Quality Measure # 1			Quality Measure # 2			Quality Measure # 3				
	Total Care Opps	Actual Care Opps Met	Rate	Total Care Opps	Actual Care Opps Met	Rate	Total Care Opps	Actual Care Opps Met	Rate		
Peer Group	100	40	40.0%	530	250	47.2%	1000	600	60.0%		
	Quality Measure # 1			Quality Measure # 2			Quality Measure # 3			QM Combined	
Results	Total Care Opps	Actual Care Opps Met	Expected Opps Met	Total Care Opps	Actual Care Opps Met	Expected Opps Met	Total Care Opps	Actual Care Opps Met	Expected Opps Met	Actual Care Opps Met	Expected Opps Met
Provider Group # 1	23	10	9	75	23	35	323	125	194	158	238
Provider Group # 2	15	7	6	60	31	28	221	135	133	173	167
Provider Group # 1's achieved care opportunities were below the peer group average so they did not met the HPN criteria											
Provider Group # 2's achieved care opportunities were above the peer group average so they met the HPN criteria											

- Expected opportunities met (Expected Opps Met) is calculated as the peer group rate for that particular quality measure multiplied against the total care opportunities for that particular provider group.
 - For Quality Measure #1 being applied to Provider Group #1 above, this would be calculated as $40\% * 23 = 9$
- The final QM score sums the total expected care opportunities met and compares against the actual care opportunities met for that particular provider group for the relevant quality measures.
 - A provider group must have at least 20 total care opportunities to be considered for measurement.

Quality was measured for solo practitioners, single specialty group practices, and multi-specialty group practices. In general, to meet the HPN quality criteria, a provider group must have:

- Total Care Opportunities = 20 or greater
 - Have a care opportunities met equal to or greater than the expected care opportunities met
- Solo Practitioners – Defined as one physician, who will meet the quality criteria when the physician has 20 or more total care opportunities and has care opportunities met that are equal to or greater than the expected care opportunities met during the measuring period.
 - Single specialty groups – Defined as having more than one physician practicing in the same specialty and billing with the same tax id number. The practice receives designation in the High Performance Network when the group has 20 or more total care opportunities, and has care opportunities met that are equal to or greater than the expected care opportunities met during the measuring period.

If the group practice has fewer than 20 total care opportunities or has care opportunities met that are below the expected opportunities met, the group will not receive the High Performance Network designation based on that measuring period.

- Multi-specialty groups – Defined as having more than one physician practicing in more than one HPN selected specialty and billing with the same tax id.
 - Each specialty is evaluated separately and will receive designation in the High Performance Network when that particular specialty has 20 or more total care opportunities, and has care opportunities met that are equal to or greater than the expected care opportunities met during the measuring period.
 - If the specialty group has fewer than 20 total care opportunities or has care opportunities met that are below the expected opportunities met, the group will not receive the High Performance Network designation based on that measuring period.