

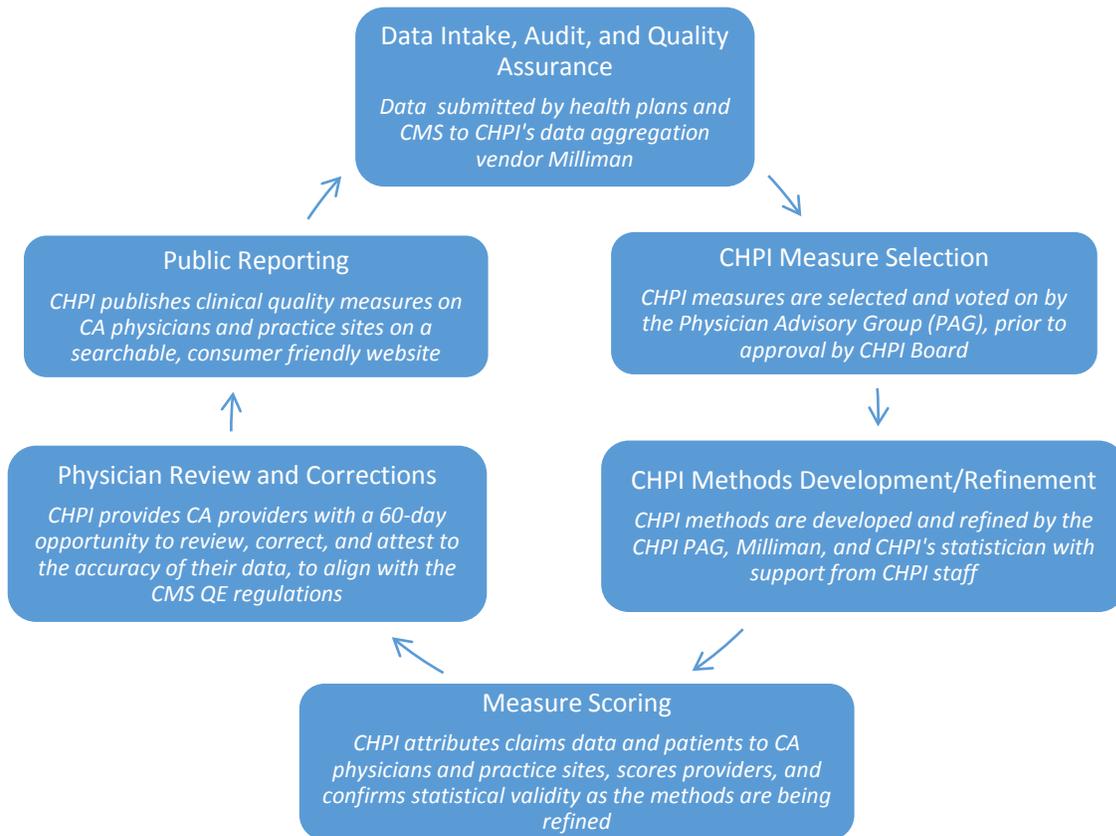
About CHPI

CHPI is a multi-stakeholder non-profit entity whose mission is to serve as a trusted source of healthcare information by accurately measuring the quality and cost of care; producing health care provider performance ratings; educating the public about healthcare value; and helping drive improvements in California’s health care delivery system. Building on a history of prior physician performance measurement programs, CHPI produces both clinical quality ratings of providers, through its claims database, and patient experience ratings, through its annual Patient Assessment Survey (PAS). In 2015, CHPI will report physician and practice site clinical quality ratings to the public for its first cycle of work. CHPI is a public benefit corporation (501(c)4) that is governed by an independent board of stakeholder representatives from health plans, providers, purchasers, and consumers, including a physician advisory board which informs what and how information is publicly reported. More information about CHPI can be found on <http://www.chpis.org/about/>.

Methodology for Public Reporting

What is CHPI’s overall process for collecting, analyzing, and reporting data?

CHPI’s operations consist of the following key activities:



Where does CHPI get its data?

CHPI administers the only Multi-Payer Claims Database (MPCD) currently in operation in California. CHPI consists of claims from the state's three largest health plans—Blue Shield, Anthem, and UnitedHealthcare, as well as the Medicare fee-for-service (FFS) program. CHPI is designated by the Centers for Medicare & Medicaid Services (CMS) Medicare Data Sharing Program as a Qualified Entity (QE).

In all, CHPI is aggregating administrative claims (allowed amount and provider fee schedule data are not included at this time) and eligibility data for approximately 12 million lives across California, representing approximately 60% of statewide commercial non-Kaiser enrollment across the following products: commercial HMO, POS, and PPO; Medicare Advantage; and Medicare Fee-for-Service. For Cycle 1, CHPI used data from measurement years (MY) 2010-2012 to assess patients' eligibility for inclusion in measures, and will generally report results that pertain to care received in MY 2012.

Plans and CMS submit data to CHPI on a secure FTP/drive, where CHPI checks the data to confirm that data files match CHPI submission specifications. CHPI then compares relevant numeric fields in the dataset to original numbers in the files from the plans and CMS. Finally, the data is subject to two levels of auditing: Level 1 includes queries to evaluate data accuracy and completeness, and Level 2 (for private plan data only) occurs in a health plan specific portal to validate utilization rates, measure rates, and membership data.

How does CHPI define measures?

CHPI will publicly report on about 20 clinical quality measures, which:

- Are relevant to the Commercial and Medicare populations,
- Have generally been endorsed by the National Quality Forum,
- Could be calculated using the available administrative claims data, and,
- Were reviewed and approved by the CHPI Physician Advisory Group (PAG).

Where does CHPI get physician data?

CHPI maintains demographic information on approximately 85,000 physicians currently engaged in patient care in California. The CPD, which CHPI updates annually, includes cross-referenced physician identifiers which CHPI gathers through application of extensive data cleaning and business rules to ensure accurate, up to date information.

What specialties will CHPI report on?

CHPI assigns a single, primary specialty to each physician in the California Physician Database (CPD) and this specialty is used in the patient attribution step.

CHPI reports on several specialties in California, including pediatrics, obstetrics and gynecology, internal medicine, and cardiology.

How does CHPI attribute patients to physicians?

CHPI assigns a patient to a single physician per specialty by determining which physician had the greatest number of patient-specific ambulatory/outpatient encounters during the measurement year (2012) and year prior and with whom the patient had an encounter within the measurement year.

After attributing patients to physicians, CHPI assigns a patient to all practice sites at which their physician practices.

How does CHPI score the data?

After attributing patients to physicians, CHPI calculates raw physician-level scores by aggregating each physician's attributed patients across all data sources. CHPI calculates practice site raw scores similarly, by aggregating each practice site's attributed patients across all data sources.

How does CHPI ensure that reported results are reliable, and not subject to small samples?

CHPI assesses statistical validity of reported results by reporting only physician and practice site scores that have a reliability score of at least 0.70. Reliability is a key measure of the scientific soundness of a measure and is a ratio of signal-to-noise. The signal in this case is the proportion of the variability in quality that can be explained by real differences in performance. The score runs from 0.00, meaning no signal, to 1.00, which means all signal and no noise in the estimate. The higher the score, the more fidelity present in the measurement.

Additionally, CHPI implements rules at the measure level to ensure that results are only reported where there are a robust number of physicians or practice sites that can be compared to each other. In general, CHPI accomplishes this objective by reporting only on measures that have at least 100 physicians with reportable results.

How does CHPI compare physicians to their peer group?

To calculate reliability scores and star ratings, CHPI compares physicians to each other using specific rules based on specialty:

- If a physician's primary specialty is a primary care physician (Internal Medicine, Family/General Practice), his/her score is compared to the scores of only physicians identified as PCPs.
- If a physician's primary specialty is a non-PCP relevant specialty (e.g. cardiology), his/her score is compared to both PCP and non-PCP specialist scores.
- If a physician's primary specialty is Pediatrics, his/her score is compared to the scores of only physicians identified as Pediatricians.

What results does CHPI calculate, and how does CHPI simplify results for physicians and consumers?

For individual measures, CHPI reports each physician's and practice site's performance rate as a score ranging from 0 to 100%, as well as the physician's or practice site's percentile rank compared to others in the same peer group.

CHPI's public reports simplify information for consumers by displaying a star rating for each physician's or practice site's score on each measure. CHPI assigns star ratings to each physician's results on a given measure by comparing that physician's or practice site's result to others in the same peer group. CHPI compares California physician and practice site scores only to other California physician and practice site scores within CHPI's results.

How does CHPI check its methods and results?

To comply with requirements of the QE program, CHPI has submitted its measures, analytic methods, and reporting methods to CMS for review and approval. Upon approval by CMS, CHPI will allow physicians 60 days to review and correct their results. CHPI will mail reports to physicians containing results and login information to a secure online provider portal, which will allow physicians to view and edit patient-level information (protected health information) that CHPI used to calculate their performance ratings. The mailed reports will not contain beneficiary protected health information.

Physicians will have 60 days from the mailing date of the mailed reports to review their results and request corrections. CHPI will collect submitted requests for corrections, and will ensure the accuracy of those corrections by explicitly asking physicians to attest to the corrections' accuracy and to provide supporting information such as dates of service, where applicable. CHPI will validate and apply corrections just after the end of the 60-day review and corrections period, and before public reporting. At this time, CHPI will re-calculate each step of the process to create physician and practice site scores, reliability, and star ratings for individual measures and composites.

Where will CHPI publish these results, and who will have access?

CHPI will host a website and publish the physician and practice site scores in a searchable, user-friendly interface. The website will launch in summer 2015 and will be available to the general public.