Overview of CPC efficiency metrics

■ Informational only for performance year 2017

Metric	Rationale
Generic dispensing rate[1]	▪ Strong correlation with total cost of care for large practices ▪ Limited range of year over year variability for smaller panel sizes ▪ Aligned with change in providers' behavior that the program wants to incentivize
Ambulatory care-sensitive inpatient admits per 1,000	▪ Strong correlation with total cost of care for large practices ▪ Metric that PCPs have stronger ability to influence, compared to all IP admissions
Emergency room visits per 1,000	▪ Limited range of year over year variability for smaller panel sizes ▪ Aligned with change in providers' behavior that the program wants to incentivize
Behavioral health-related[2] inpatient admits per 1,000	▪ Reinforces desired provider practice patterns, with focus on the behavioral health population ▪ Relevant for a significant number of smaller practices ▪ Stronger correlation to total cost of care than other BH-related metrics
Episodes-related metric	▪ Links CPC program to episode-based payments ▪ Incentivizes primary care providers to refer their patients to higher-performing providers

1 Includes all drug classes
2 Defined using HEDIS logic- Mental Health Utilization

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Generic Dispensing Rate

Description

Percentage of drug scripts prescribed which are generic

Numerator

Number of scripts with an NDC code classified as generic, defined as generic name indicator = 1 according to a First Databank data extract (specifies whether a product is a brand named product or a generically named product using the product name as the criteria. Generically named drug products are products without a proprietary name)

Denominator

All scripts written for patients attributed to the practice during the measurement year, by both the PCP and other physicians

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Ambulatory care-sensitive inpatient admits/1,000

Description

Prevention Quality Indicators (PQI) overall composite per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection

Numerator

Discharges, for patients ages 18 years and older, that meet the inclusion and exclusion rules for the numerator in any of the following PQIs:

- PQI #1 Diabetes Short-Term Complications Admission Rate
- PQI #3 Diabetes Long-Term Complications Admission Rate
- PQI #5 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults
- Admission Rate
- PQI #7 Hypertension Admission Rate
- PQI #8 Heart Failure Admission Rate
- PQI #10 Dehydration Admission Rate
- PQI #11 Bacterial Pneumonia Admission Rate
- PQI #12 Urinary Tract Infection Admission Rate
- PQI #13 Angina Without Procedure Admission Rate
- PQI #14 Uncontrolled Diabetes Admission Rate
- PQI #15 Asthma in Younger Adults Admission Rate
- PQI #16 Lower-Extremity Amputation among Patients with Diabetes Rate

Discharges that meet the inclusion and exclusion rules for the numerator in more than one of the above PQIs are counted only once in the composite numerator

Denominator

- Population ages 18 years and older

Emergency department visits/1,000

Description

This measure summarizes utilization of ambulatory care in the ED visit category

Member months

Report all member months for the measurement year

Events and Calculation

- Count each visit to an ED that does not result in an inpatient encounter once, regardless of the intensity or duration of the visit
- Count multiple ED visits on the same date of service as one visit
- Report ED visits as a rate per 1,000 annualized members

Exclusions

Claims and encounters that indicate the encounter was for mental health or chemical dependency, defined as meeting any of the following criteria

- A principal diagnosis of mental health or chemical dependency
- Psychiatry.
- Electroconvulsive therapy.
- Alcohol or drug rehabilitation or detoxification.

Behavioral health-related inpatient admits/1,000

Description

This measure summarizes utilization of mental health services in the inpatient setting

Member months

Report all member months for the measurement year

Events and Calculation

- Count all acute and non-acute inpatient discharges from either a hospital or a treatment facility with a mental health principal diagnosis
- Report BH-related IP admits as a rate per 1,000 annualized members

Exclusions

None

1 Derived from the HEDIS mental health utilization metric; inpatient subset only; rate per thousand rather than percentage of members

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Episode-based metric

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Description

% attributed member visits to PAPs who are above the acceptable threshold and meet quality metrics - % attributed member visits to PAPs who are below the acceptable threshold

Threshold definition

Acceptable threshold for episode PAPs is identical to the threshold used in the episodes program; equivalent roughly to the highest 10% decile based on cost

Included episodes

- Asthma
- COPD
- Perinatal
- Colonoscopy
- Esophagogastroduodenoscopy (EGD)
- Gastrointestinal hemorrhage (GIH)
- Cholecystectomy