



Leading health system improvement

Washington Health Alliance Community Checkup

Attribution Methodology

To report performance results at the medical group or clinic level, the Alliance assigns or attributes the care of a patient to a clinician. The clinician is mapped to a clinic (using the Alliance's Provider Roster¹) and clinics are mapped to medical groups as appropriate. If every patient saw only one doctor every year, attribution would be straightforward. However, many patients have several visits to different clinicians over the course of a year. Therefore, the Alliance has developed three methods of attribution to ensure consistent assignment of patients to clinicians across services of interest. During the development process, the Alliance worked extensively with key stakeholders over many months to agree upon methodology and then subsequently with clinics to test several different attribution methods. The final methods selected were (1) the Primary Care Provider (PCP) Attribution, (2) the PCP and Specialist Team Attribution (Team), and (3) the Prescribing Provider Attribution (RxP). Each of these methods is described in the following section. The attribution method used by measure of interest is delineated in Appendix A.

Primary Care Provider (PCP) Attribution:

PCP Attribution is applied to prevention-related measures based on the concept that the PCP is the clinician who is primarily responsible for a patient's preventive care management. The PCP Attribution method assigns each patient to the **single** primary care provider who provided the most Evaluation and Management visits over the most recent 24-month period covered in the report. To receive clinician attribution, patients must have a minimum of one service during the 24-month period.

The following is the ranking hierarchy to be used in selecting the single attributed primary care provider for each patient:

1. Most number of E&M visits
2. Highest sum of RVUs (the "relative value units" associated with the services based on the E&M visits in #1 above; the RVU assigns a weight for the intensity of the service)
3. Most recent service date

The following types of provider specialties are generally considered Primary Care Specialties: Adult Medicine, Family Medicine, General Practice, General Internal Medicine, Homeopathy, Naturopathy, Nurse Practitioner, Obstetrics & Gynecology, Osteopathy, Pediatrics, Physician Assistant, Preventive Medicine, Women's Health.

PCP and Specialist Team Attribution:

The "Team" method is applied to measures related to specific health conditions, based on the belief that patients benefit most when their entire medical team works together to ensure that they receive appropriate care.

¹ The Washington Health Alliance developed and maintains a Provider Roster that is used to map individual clinicians to a clinic. Each year, clinics and medical groups across Washington have the opportunity and are asked to utilize a secure portal to update their provider roster. This ensures that the Provider Roster is kept up-to-date as much as possible given a dynamic industry in which clinicians change their practice location from time to time.

This method assigns each patient to every primary care provider and/or relevant specialist with *any* Evaluation and Management visits over the most recent 24 months covered in the report. To receive clinician attribution, patients must have a minimum of one service during the 24-month period.

In addition to the primary care specialties listed above, the following non-primary care specialties may also be included depending upon the measure of interest: Allergy & Immunology, Cardiology and Cardiovascular Disease, Chiropractor, Endocrinology, Gastroenterology, Orthopedics, Neurology, Physiatry, Psychiatry, Pulmonology, Rheumatology.

Prescribing Provider (RxP) Attribution:

The Prescribing Provider attribution method is used for the generic drug measures. This method assigns filled prescriptions to prescribing providers based on provider identification information on pharmacy claims.

Appendix A: Attribution Methods by Measure

Measure Results Prepared by the Washington Health Alliance	Clinic Results Included in Public Report	Attribution Method	Source of Measure
Adolescent Well-Care Visits	Yes	PCP	NCQA - HEDIS
Adults Access to Preventive/Ambulatory Health Services	No*	See Note*	NCQA – HEDIS
Annual Monitoring for Patients on Persistent Medications – ACE/ARB	Yes	PCP	NCQA – HEDIS
Antidepressant Medication Management	Yes	Team	NCQA – HEDIS
Appropriate Testing for Children with Pharyngitis	Yes	PCP	NCQA – HEDIS
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Yes	PCP	NCQA – HEDIS
Avoiding Antibiotics for Children with Upper Respiratory Infection	Yes	PCP	NCQA – HEDIS
Breast Cancer Screening	Yes	PCP	NCQA – HEDIS
Cervical Cancer Screening	Yes	PCP	NCQA – HEDIS
Children and Adolescents’ Access to Primary Care Practitioners	No*	See note*	NCQA – HEDIS
Chlamydia Screening in Women	Yes	PCP	NCQA – HEDIS
Colorectal Cancer Screening	Yes	PCP	NCQA – HEDIS
Comprehensive Diabetes Care – Eye Exams (Retinal) Performed	Yes	Team	NCQA – HEDIS
Comprehensive Diabetes Care – Hemoglobin A1c (HbA1c) Testing	Yes	Team	NCQA – HEDIS
Comprehensive Diabetes Care – Medical Attention for Nephropathy	Yes	Team	NCQA – HEDIS
Follow-Up Care for Children Prescribed ADHD Medication (30 days)	Yes	PCP	NCQA – HEDIS
Follow-Up Care for Children Prescribed ADHD Medication (9 months)	Yes	PCP	NCQA – HEDIS
Getting Timely Appointments, Care and Information at the Doctor’s Office	Yes	PCP	AHRQ
Helpful, Courteous and Respectful Office Staff at the Doctor’s Office	Yes	PCP	AHRQ
Hospitalization for COPD or Asthma	No	PCP	AHRQ
How Well Providers Communicate with Patients at the Doctor’s Office	Yes	PCP	AHRQ
How Well Providers Coordinate Care at the Doctor’s Office	Yes	PCP	AHRQ
Medication Adherence: Proportion of Days Covered (3 Rates)	Yes	PCP	PQA
Medication Management for People with Asthma	Yes	Team	NCQA – HEDIS
Medications: Generic Prescribing (5 Rates)	Yes	RxP	Alliance
Patient Experience with Primary Care	Yes	See Note**	AHRQ
Patient’s Overall Rating of the Provider at the Doctor’s Office	Yes	PCP	AHRQ
Plan All Cause 30-day Hospital Readmissions	Yes	PCP	NCQA – HEDIS
Potentially Avoidable Use of the Emergency Room	Yes	PCP	Alliance
Statin Therapy for Patients with Cardiovascular Disease	Yes	Team	NCQA – HEDIS
Use of Imaging Studies for Low Back Pain	Yes	Team	NCQA – HEDIS

Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Yes	Team	NCQA – HEDIS
Well Child Visits in the First Fifteen Months of Life	Yes	PCP	NCQA – HEDIS
Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Yes	PCP	NCQA – HEDIS
NOTES:			
*Results available by state, county, and Accountable Community of Health. Results attributed based on residence of individual.			
**Patient Experience: The results for these measures are based on a survey of patients conducted by the Alliance. Patients are asked about their experience with a particular clinician. Clinician results are mapped to clinics using the Alliance’s Provider Roster.			
There are a number of measures in the Community Checkup where results come from a source other than the Alliance, so attribution is not applicable. These measures are not included in the list above.			