Embold makes every effort to be as transparent as possible about the methodology we use for the providers we score. This document includes an enormous amount of information, so don't let its length scare you!

What do I need to do to be included?

- You do not need to apply to be in this program. The State of Connecticut's partner, Embold Health, creates statistically modeled scores for the State of Connecticut network providers.

How do I find out if I am a Provider of Distinction?

- Care Compass maintains a comprehensive list of all included providers.

When is the list published?

- Provider data will be reviewed annually and posted on July 1st.

How will the Provider of Distinction program be promoted?

- The state will promote the Provider of Distinction program to its plan members through various marketing campaigns, including this member-facing URL: https://carecompass.ct.gov/providersofdistinction/
- The "Find Provider" tool is also available to the State of Connecticut plan subscribers, helping them find providers as needed. This tool will display providers with a recognition if they are on the Provider of Distinction list. This is the message that will display

Top-performing providers in Gastroenterology, Obstetrics, Orthopedics, and Spine Pain Management. By completing your care with a Provider of Distinction for certain select services, you will be eligible for a cash incentive mailed to you after your service is complete.

What proceduralists and specialists are eligible for the Provider of Distinction program?

Colonoscopy	Pregnancy
Hip Replacement & Hip Revision	Upper GI Endoscopy
Knee Arthroscopy	Lumbar Spine Surgery
Knee Replacement & Knee Revision	Low Back Pain

Are NPs and PAs included and scored, too?

- Advanced Practice Practitioners (APPs) are eligible for scoring in all specialties. However, the specialties and measures of the Provider of Distinction are more procedural care and favor physicians.

How are you designated a Provider of Distinction by the State of CT?

This year, the criteria for designation have been refined. A provider must demonstrate:

- *strong clinical performance* that is 20% better than the market and
- *acceptable cost performance* that is no worse than 12% of the market
- And surpass a confidence **threshold**

What score do I need to be 20% or better than the market?

- You must have a It is a Focus Area/Subspecialty score of ≥75 along with a cost score of ≥ 35
- The Providers of Distinction use the Embold Focus Area Score which is a subset of all of the measures pertinent to episode of care (see the list of measures by focus area later in this document)
- The base on Embold Scoring is relative, that is, how much you vary

What is the market to which providers are compared?

- Embold uses a national benchmark in scoring to add precision by incorporating thousands of data points from similar practices. The distribution of scores in CT and the nation were evaluated and found to be very similar.

Are costs based on the State of CT contracted prices?

- No, costs are based on a standard fee, CMS fee schedule, and, therefore, are a measure of utilization. An entity's contract does not influence the scores.
- Cost Scores are most influenced by provider decisions and management, such as the site of service, inpatient stays, high-cost diagnostics, and procedures.

What is the data source and population for the Provider of Distinction program?

- The scoring for all SoCT Embold Scoring is based on a claims set of both SoCT Anthem and the Embold commercial data source. The data period used for

scoring is a 4-year data period ending 9/30/24, but extra claim years are used for look-back periods.

Measures used in each Provider of Distinction Evaluation

Colonoscopy and Upper Endoscopy

- ED visit within 7 days after colonoscopy
- Adenoma detection rate in screening colonoscopy
- ED visit within 7 days after upper endoscopy
- Admission within 7 days after upper endoscopy
- Repeat screening colonoscopy within 1 year.
- Upper and lower endoscopy on separate days
- Upper endoscopy overuse in GERO patients without alarm symptoms
- Upper endoscopy use in GERO patients with alarm symptoms

Maternity Care

- Cesarean delivery rate in low-risk delivery
- Percent of stays of 3 days or less
- Transfusion after delivery in low-risk pregnancy
- ICU admission within 30 days after delivery in low-risk pregnancy
- Infection after delivery in low-risk pregnancy
- ED visit or readmission within 30 days after delivery in low-risk pregnancy
- Overly frequent use of ultrasounds in low-risk pregnancy
- Receipt of appropriate prenatal testing
- Overly frequent use of forceps or vacuum in low-risk pregnancy.
- Overly frequent use of episiotomy in low-risk pregnancy
- Follow-up for behavioral health diagnosis

Hip Care and Hip Replacement

- PT within 4 months prior to hip or knee replacement
- Overly frequent use of preoperative stress testing
- MRI within 4 months prior to hip or knee replacement
- OT within 4 months prior to elective hip or knee arthroscopy
- SNF admission after hip or knee replacement
- Surgical revision after hip or knee replacement
- Hip or knee replacement within 1 year of new osteoarthritis diagnosis.
- MRI in the first year after diagnosis of hip or knee pain
- PT in the first 4 months of new hip or knee pain
- Opioid prescribing within 28 days in patients with new joint pain
- Complication rate after hip or knee replacement

Knee Care and Knee Replacement

- PT within 4 months prior to hip or knee replacement

- Overly frequent use of preoperative stress testing
- MRI within 4 months prior to hip or knee replacement
- PT within 4 months prior to elective hip or knee arthroscopy
- SNF admission after hip or knee replacement
- Surgical revision after hip or knee replacement
- Arthroscopy overuse in patients with new osteoarthritis
- Hip or knee replacement within 1 year of new osteoarthritis diagnosis.
- MRI in the first year after diagnosis of hip or knee pain
- PT in the first 4 months of new hip or knee pain
- Opioid prescribing within 28 days in patients with new joint pain
- Complication rate after hip or knee replacement

Spine Pain Management

- PT within 4 months prior to cervical spine surgery
- PT within 4 months prior to lumbar spine surgery
- Surgery within 1 year for new lumbar degenerative disc disease
- Surgery within 1 year for new cervical degenerative disc disease
- Surgery within 1 year for new lumbar pain
- Surgery within 1 year for new cervical pain
- PT in the first 4 months of new lumbar spine pain
- PT in the first 4 months of new cervical spine pain
- Opioid prescribing in patients with new lumbar spine pain
- Opioid prescribing in patients with new cervical spine pain.

Lumbar Spine Surgery

- PT within 4 months prior to lumbar spine surgery
- Skilled nursing facility admission after lumbar spine surgery
- Complication rate after lumbar spinal surgery
- Hardware removal after lumbar spine surgery
- Surgery within 1 year for spondylolisthesis
- Surgery within 1 year for new lumbar degenerative disc disease
- Surgery within 1 year for new lumbar pain
- PT in the first 4 months of new lumbar spine pain
- Opioid prescribing in patients with new lumbar spine pain

Details of each measure are available here.

General Scoring FAQs for Viewing and Using Embold Data.

Who is Embold?

- Embold Health was founded by a physician to measure provider performance around what really matters—those practice patterns have been shown to produce better care time and again. With the input of physicians and data scientists from leading academic institutions, we identify the quality measures that have the highest clinical impact and apply them across one of the largest and most diverse datasets in the country—providing unparalleled insight into what's working with health care. And when existing measures fail to capture the most important elements of quality, we build new measures to measure what matters – including appropriateness of care.
- Our methodology was peer-reviewed, and results were discussed in the JAMA Network article: Physician Pattern Variations in Common Clinical Scenarios Within 5 US Metropolitan Areas.

What other specialties are scored by Embold and used by other clients?

- Cardiology, Dermatology, Endocrinology, Gastroenterology, Neurology, OB/GYN, Ophthalmology, Orthopedics, Pediatrics, Primary Care, Podiatry, Pulmonary, General Surgery, Bariatric Surgery, Lung Cancer Surgery, Breast Cancer Surgery, Urology. Allergy, Oncology, ENT, and Rheumatology were added this year.
    - While these full specialty measure set scores are not displayed, they are created for SoCT and can be obtained by requesting an Embold Provider Report.

Are APP like PAs and NPs scored too?

- APPS are eligible for scoring by Embold. However, the taxonomy for APPS does not offer the same options for detailed specialty codes as physicians do, making it challenging to obtain a precise taxonomy for their current specialty. This results in a lower number of APPs scored than in prior years.

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What is the data source and population for Embold?

- Unless otherwise stated, Embold uses multiple sources of claims data to create a large dataset that includes commercial, Medicare Advantage, and Medicare data. Coverage ranges vary from 60-90% from state to state, and the dataset is representative of the national demographic distribution.
- Using these combined sources, across four years of data, there are over 230 million individual lives with Medical Coverage

What is the data period?

- For this release, the data period for scoring is 4 years ending 9/30/23.

How do you know by claims when, clinically, someone needs the test or procedure?

- It is important to note that Embold Health does not measure case-level appropriateness, as individual medical necessity can only be assessed through an evaluation of a particular patient's history, symptoms, and diagnoses. Embold employs a relative scoring methodology that evaluates a provider's performance in comparison to their peers. Using relative scoring can reduce the impact of certain conditions, as they are observed uniformly across the cohort, such as flu season and patient refusal of testing.

Are the measures or years weighted if the data period is 4 years?

- Performance is not a measure of how you performed during a period but how likely you are to continue that trend based on past performance. Bayesian **statistical modeling is** used throughout the process and is a measure of confidence that the practice will continue. Recent data impacts probability more.

Is this data risk-adjusted?

- Adjustments are made for risk, socioeconomic status, specific conditions that indicate a more complicated case, and temporary COVID-19. Embold utilizes the HSS-HCC prospective risk model and the AHRQ model for socioeconomic status (SES) analysis, incorporating zip-code-level social determinants of health. Condition-specific adjustments and control-related variables, such as radiculopathy in spinal measures, are controlled through statistical adjustment.

To view your scores on specific measures, go to For Physicians » Solutions » Embold Health**.**

How do you define this measure? What patients does this measure include and exclude?

- The Embold Quality Performance Measures document covers that information. For a copy of this document, use this link.

How are cases/observations attributed?

- While attribution differs slightly between specialties and some measures, general management and decision-making observations are attributed to the managing physician who had the most office visits, with ties attributed to the most recent visit.

    - Decision-making measures for a procedure are not necessarily proceduralist; they are attributed to the provider who had the most office visits and managed them before the procedure.
- Post-procedure observations are attributed to the surgeon or proceduralist.
    - C-sections and subsequent care are typically attributed to the provider listed on the majority of claims during delivery.

Why am I scored in only some of the measures?

- You must have at least ten observations (cases) that meet the definition of the denominator to be scored in a measure.

Does Embold score all providers?

- Not all providers produce an overall score and an Individual Provider Report. For confidence, all providers must meet certain minimums to be scored:
    - Meet the taxonomy requirement (e.g., cardiology) and algorithm.
    - 10 cases in the denominator to be scored in a measure.
    - One measure in each quality domain (appropriateness and effectiveness) with at least four Quality measures at a minimum and one Cost measure.

I have a lot more volume than that. Are you missing some of my cases?

- This data may not include all cases:
    - Not all cases will meet the denominator for the measure. We refine the denominator to elective, uncomplicated cases that are most similar to each other.
    - We only use closed, final, post-adjudicated claims with an industry standard three-month run out and do not necessarily have all claims.

May I review the patient cases?

- We collaborate with large data vendors to analyze de-identified patient claims data for millions of care journeys spanning many years. Since the data is de-identified, we cannot provide patient-level data for review.

Am I penalized for a low volume of cases?

- Data is adjusted using partial pooling with the cohort average to ensure physicians aren't unfairly penalized or advantaged when assessing relatively few patients.

Does this only include data since I moved to this area?

- If claims submitted before moving to their current area are included in our claims set and within the data period, they will be included in the evaluation**.**

Can I score in 2 specialties? How do you decide which specialty?

- If a primary care provider also qualifies to be measured in a specialty (except obstetrics), the provider's published score will be reported in that specialty.
- For clinicians whose taxonomies make them eligible to be measured in multiple specialties, including OB (for example, Joint/Spine, OB/Peds, or OB/Primary Care), the specialty with the greatest number of measures relative to the cohort is published.

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