**Attachment D: Composite SCORE Options**

The *Annual Wellness Assessment (AWA): Preventive Care* measure is a composite of individual measures that focuses on preventive services (that is, screenings and immunizations). We will define eligible clinician (EC)-level performance by summarizing information across individual measure components into a single composite score. This document summarizes proposed methodologies for calculating the composite score. The proposed methods are based on prior work on this measure, including discussions with an expert in measurement science and with a technical expert panel.

Four composite methods are under consideration: (1) all-or-none, (2) patient-level linear combination, (3) component-level linear combination, and (4) opportunity scoring. Below we describe the four methods:

* *All-or-none scoring* gives an EC numerator credit for a patient only if the patient satisfies all components (that is, receives all preventive services for which the patient is eligible). This method is the highest threshold for quality. However, performance on the composite would be correlated with the lowest-performing component. That is, clinicians’ performance might tend toward a low score since patients will not be counted in the numerator unless they receive all eligible preventive services.
* *Patient-level linear combination scoring* gives an EC numerator credit for the proportion of patients who received appropriate preventive services. Patient-level aggregation might align better with how ECs think about providing care. This composite score is relatively easy to interpret and therefore may be most usable for ECs. However, this composite method assumes that individual components are independent.
* *Component-level linear combination scoring* gives an EC numerator credit for the proportion of appropriate preventive services that were completed in the population. Component-level aggregation might better highlight missing preventive services. This composite score is relatively easy to interpret and therefore may be most usable for ECs. However, this composite method assumes that individual components are independent.
* *Opportunity scoring* gives an EC numerator credit for the proportion of opportunities to provide a preventive service that were met. Some screening or management activities will be more common for particular ECs based on their patient populations. Under opportunity scoring, more common activities have a greater impact on ECs’ scores; the linear combination approach may be more comparable across ECs.

Figures 1 to 4 present example patients and calculations for the EC-level composite produced by these methods.

**Figure 1. All-or-none method**

*Interpretation:* For each EC, percentage of patients who received all preventive services for which they were eligible within the specified time interval. Gives EC numerator credit only if a patient meets the criteria for all of the components of the measure for which the patient is eligible.

*Example:* X% of an EC’s patients received all preventive services for which they were eligible.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Individual measure\* | Patient | | | | |  |
| A | B | C | D | E |
| Screening for breast cancer |  | N/A |  |  |  |
| Screening for colorectal cancer |  |  |  |  |  |
| Pneumococcal vaccination |  |  |  |  |  |

**Figure 2. Patient-level linear combination method**

*Interpretation:* For each EC, percentage of completed preventive services, which gives EC partial numerator credit for meeting the criteria for some but not all components of the measure.

*Example:* On average, each patient was provided X% of services for which the patient was eligible.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Individual measure \* | Patient | | | | |  |
| A | B | C | D | E |
| Screening for breast cancer |  | N/A |  |  |  |
| Screening for colorectal cancer |  |  |  |  |  |
| Pneumococcal vaccination |  |  |  |  |  |

**Figure 3. Component-level linear combination method**

*Interpretation:* For each EC, percentage of patients who received preventive services, which gives EC partial numerator credit for meeting the criteria for some but not all components of the measure.

*Example:* On average, each preventive service was provided to X% of patients.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Individual measure \* | Patient | | | | |  |
| A | B | C | D | E |
| Screening for breast cancer |  | N/A |  |  |  |
| Screening for colorectal cancer |  |  |  |  |  |
| Pneumococcal vaccination |  |  |  |  |  |

**Figure 4. Opportunity scoring method**

*Interpretation:* For each EC, percentage of opportunities to provide preventive services that were completed.

*Example:* X% of preventive service opportunities for the EC were completed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Individual measure \* | Patient | | | | |  |
| A | B | C | D | E |
| Screening for breast cancer |  | N/A |  |  |  |
| Screening for colorectal cancer |  |  |  |  |  |
| Pneumococcal vaccination |  |  |  |  |  |

\*Note that this example does not include all individual measures from the overall composite measure.