PhysicianFocus Information Summary

PhysicianFocus enables you, the practitioner, to review your own practice, including the patients you cared for, the care provided, and clinical and financial outcomes. In addition, you can compare your performance to other practitioners in your facility and peers in external facilities.

Header

Role(s): The role(s) included in the profile. Options include Attending Practitioner, Admitting Practitioner, Consulting Practitioner, Principal Procedure Surgeon, and/or Procedure (All) Surgeon. If more than one role is listed, the profile includes cases where you played at least one or more of the listed roles. If you played more than one role for the same patient in the same visit (for example, you were both the Attending Practitioner and the Principal Procedure Surgeon), the case will be counted only once in the profile.

Risk Method: Selected by the PhysicianFocus Administrator, the risk method determines how risk-adjusted outcomes are calculated. The options are 3M™ APR DRG or CareScience® Analytics.

Internal Peer: The Internal Peer is a group of practitioners with your specialty from your facility or health system that your performance is being measured against. Your data is excluded from the Internal Peer. The header displays a description of the Internal Peer. If an Internal Peer value is blank, the Internal Peer does not have data for that value.

External Peer: The External Peer is a group of practitioners with your specialty from at least 5 peer facilities in the Premier Database that your performance is being measured against. If your facility is part of the External Peer, your cases are included in the External Peer. If an External Peer value is blank, the External Peer does not have data for that value. If the PhysicianFocus Administrator chose not to include an External Peer, the header does not display a description of the External Peer and External Peer values are blank.

Profile Status: The status of the profile: Current, Review, or Final.

- **Current** means that the profile contains the most recent data. Current profiles provide a quick snapshot of performance prior to the next review.
- **Review** means that the profile is officially in review based on the schedule defined by the PhysicianFocus Administrator.
- **Final** and **System Final** means that the profile has been finalized and the content will not change. Final profiles are finalized by your PhysicianFocus Administrator. System Final profiles are finalized by the system. There can only be two profiles with a Review status at one time. If a third profile goes into Review status, the system automatically finalizes the oldest Review profile.

Timeframe: The date range of the data included in the profile. The only exception is the trended chart, which goes back two years from the last month of the timeframe.

For comparative purposes, the Role(s), Timeframe, and Risk Method displayed in the header are the same for you, the Internal Peer, and the External Peer. For example, if Attending Practitioner is the Role, only the cases where you and the Internal and External Peers were the Attending Practitioner are included.

Outcomes

Your PhysicianFocus Administrator chooses which outcomes are included in the profile and the risk method used to calculate the outcomes included in the profile. The Outcomes section displays the selected outcomes and the header displays the selected risk method.

Values for Risk-Adjusted Outcomes: Mortality, Readmissions, Complications, Severe Complications, Length of Stay (LOS), and Cost Per Case

Outcome Cases: The number of cases that qualified for the outcome's risk-adjustment. Some cases may not qualify if values required to risk-adjust are missing or may be excluded by the risk method. Outcome Cases are used to calculate Observed and Expected values.

- Mortality excludes patients who were transferred to another acute care facility or who have an Expected value less than -50% or greater than 150%.
- LOS excludes patients with an Expected LOS greater than the 99th percentile.
- Cost per Case excludes patients with an Expected Cost less than the 1st percentile or greater than the 99th percentile.
- Readmissions measures inpatients admissions to the same facility. This value excludes same-day readmissions, patients who expired, were transferred to another acute care facility, or left against medical advice. Patients whose initial visit had a principal diagnosis of Acute Myocardial Infarction (AMI) and the subsequent admission within 30 days included a PTCA or CABG procedure are also excluded.

Observed: The actual value for the outcome cases.

Expected: The expected value for the outcome cases. This rate is based on risk method, which adjusts for patient severity and other factors such as age, gender, diagnoses, and procedures.

Observed/Expected (O/E): The Observed value divided by the Expected value. An O/E value less than 1.0 indicates you are performing better than expected. An O/E value greater than 1.0 indicates that there is opportunity for improvement.

Complications and Severe Complications: Premier has identified a list of conditions based on the presence of certain secondary diagnoses. The condition is considered a complication if the Present-on-Admission (POA) flag is set to N or U for at least one of the secondary diagnoses that identifies the condition.

- N = Diagnosis was not present at the time of inpatient admission.
- U = Documentation is insufficient to determine if the condition was present at the time of inpatient admission.

A complication is considered severe if it is a CMS Hospital Acquired Condition (HAC), had a statistically significant impact on the mortality outcome, increased cost by 20% or more, or increased LOS by 18% or more.

Targets for Outcomes

In addition to comparing your performance to an Internal Peer and an External Peer, the Outcomes section (except for volume) also compares your performance to specific target levels for performance. A symbol indicates if the values for the outcome exceeded (⭐), met (✔), or failed to meet (✖) target for the Timeframe.

For risk-adjusted outcomes, the target levels are based on the confidence levels (75%, 95%, or 99%) of statistical significance. Statistical significance indicates if the variation between the Observed and Expected values is significant and not due to random chance. Targets are defined as follows:

- **Exceeds target** (⭐) means the Observed value is better than expected and the difference between the Observed and Expected values is statistically significant at either the 95% or 99% confidence level.
- **Meets target** (✔) means the Observed value may be better or worse than expected, but the difference between the Observed value and Expected value is not statistically significant at the 95% or 99% confidence level. It is either statistically significant at the 75% confidence level or is not statistically significant.
- **Fails to meet target** (✖) means the Observed value is worse than expected and the difference between the Observed value and Expected values is statistically significant at either the 95% or 99% confidence level.

Procedures

The Procedures section displays the top six procedures (by volume) you performed on patients included in this profile. It includes both principal and secondary procedures.

Evidence-Based Care

The Evidence-Based Care (EBC) section displays your top six measures sorted by the greatest opportunity. The data is based on patients for whom you were assigned as the Principal Procedure Surgeon for SCIP measures or the Attending Practitioner for all other measures. This section will not appear if either your facility does not submit EBC data to Premier or if you were not responsible for any EBC measures for any patients included in the profile.

Complications Distribution

The Complications Distribution section displays your top five complications by rate. Premier has identified a list of conditions based on the presence of certain secondary diagnoses. The condition is considered a complication if the Present-on-Admission (POA) flag is set to N or U for at least one of the secondary diagnoses that identifies the condition.

This complications methodology includes all CMS Hospital Acquired Conditions and additional conditions identified by Premier. The complications in this section are not risk-adjusted.

Patient Safety Indicators

The Patient Safety Indicators (PSIs) section displays your top five PSIs with the highest rate (numerator divided by denominator). PSIs are accepted by the Agency for Healthcare Research and Quality (AHRQ) to identify problems that patients experience as a result of process failure at the system or provider level. They provide ICD-9-CM code standard definitions for flagging potentially preventable complications or adverse events and were developed for the purpose of initial screening and targeting promising areas for in-depth review.

Resources

The Resources section displays a bar graph of the top 10 resources with the greatest % Use variation (either positive or negative) between you and the Internal Peer.