Clinical performance evaluation

Aexcel® designation in Aetna’s Metro New York Performance Network

The Aexcel designation process includes four key criteria:

- Volume
- Clinical performance
- Efficiency
- Network adequacy

A physician or physician group must meet at least one of the clinical performance criteria outlined here in order to be further evaluated for Aexcel on the basis of efficiency. An Aetna medical director is available to discuss a physician’s satisfaction of the clinical criteria.

Every physician has the opportunity to provide additional information for reconsideration. For example, physicians have the opportunity to advise us if they are board certified in their Aexcel specialty or to provide information about their use of health information technology, which applies National Quality Forum-endorsed measures.

Certification by external entity
At least 75 percent of specialists in the group are recognized by either Bridges to Excellence or the National Committee for Quality Assurance through their recognition programs in the areas of diabetes, cardiac/stroke or low back/spine.

Board certification or re-certification
At least 75 percent of specialists in the group maintain current, active board certification by an ABMS or AOA recognized board in their Aexcel specialty. Note: Board-eligible status does not meet this requirement.

> Your American Board of Medical Specialties board certification is confirmed via information in Aetna’s provider data system.
> Aetna is made aware of your American Osteopathic Association board certification through the physician/physician group’s self-reported information.

Use of technology
The physician or group has earned the physician Office Link designation or, upon reconsideration, informs us of the use of health information technology, which applies National Quality Forum-endorsed measures.

Alignment with Aetna Institutes of Quality (IOQ)
The physician maintains an active medical staff appointment at an Aetna IOQ facility and his/her primary specialty is the specialty for which the facility is recognized for IOQ.

Claims-based measures
A claims-data evaluation of certain clinical performance standards established by respected professional organizations. Additional information is on the reverse side.
Claims-based measures evaluation process overview

STEP 1
We begin with a view of all Aetna physicians in a geographic market who practice in the selected specialty (for example, all cardiologists in the Aetna network in New York). Physicians are ordered according to an overall index score. Index metrics are based on established, evidence-based measures of clinical performance. Metrics include:

- 30-day hospital readmission rate
- Adverse event rate
- Specialty-specific measures
  > Cardiology: ACE/ARB use in CHF, beta blocker after MI, lipid-lowering drug use in IHD
  > OB: breast cancer screening, cervical cancer screening, testing for HIV during pregnancy

Each metric is case-mix adjusted and must have at least 10 eligible cases to be scored. Only scored metrics are included in the index score; metrics are weighted according to the number of eligible cases.

STEP 2
We identify physicians with the lowest index scores. Physicians whose measured outcomes fall below the 5th percentile of the peer group are reviewed further (Steps 3 – 5) and may be excluded from consideration for Aexcel designation, unless other clinical criteria are met.

STEP 3
We apply a statistical significance formula (95 percent confidence limits) to the lowest group, removing any cases with insufficient statistical significance and reducing the group that may be excluded from Aexcel designation.

STEP 4
An Aetna medical director reviews metric detail reports of physicians remaining in the lowest group using available clinical data. Some cases have logical clinical explanations and are eliminated from the index score, allowing additional physicians to be considered for Aexcel designation.

STEP 5
Detailed clinical performance data for each metric is shared with the physicians remaining in the lowest group. An Aetna medical director is available to discuss this data. Every physician has the opportunity to provide additional information for reconsideration.

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).*