

Community Checkup Provider Attribution Methodology

March 2025

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.

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, Orthopaedics, 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.

¹ The Washington Health Alliance developed and maintains a Provider Roster that is used to map individual clinicians to clinic locations. This roster is an important resource that allows the Alliance to report performance measure results by Medical Group and Clinic location. Medical groups across Washington have the opportunity to maintain their clinic and provider rosters via the Alliance's Secure Provider Portal to help assure performance results are accurately applied to their organizations.

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
Adults access to preventive/ambulatory health services	No*	NONE	NCQA HEDIS
Appropriate testing for pharyngitis	Yes	PCP	NCQA HEDIS
Appropriate treatment for upper respiratory infection	Yes	PCP	NCQA HEDIS
Asthma medication ratio	Yes	PCP	NCQA HEDIS
Avoiding antibiotics for adults with acute bronchitis	Yes	PCP	NCQA HEDIS
Avoiding X-ray, MRI and CT scan for low-back pain	Yes	TEAM	NCQA HEDIS
Blood sugar (HbA1c) testing for people with diabetes	Yes	TEAM	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*	NONE	NCQA HEDIS
Child and adolescent well-care visits	Yes	PCP	NCQA HEDIS
Chlamydia screening	Yes	PCP	NCQA HEDIS
Colon cancer screening	Yes	PCP	NCQA HEDIS
Eye exam for people with diabetes	Yes	TEAM	NCQA HEDIS
Follow-up care for children prescribed ADHD medication	Yes	PCP	NCQA HEDIS
Hospital readmissions within 30 days	Yes	PCP	NCQA HEDIS
Hospitalization for COPD or asthma	No	PCP	AHRQ
Kidney health evaluation for patients with diabetes	Yes	TEAM	NCQA HEDIS
Medications: generic prescribing (5 measures)	Yes	RX	Alliance
Potentially avoidable ER visits	Yes	PCP	Alliance
Prenatal and Postpartum care	Yes	PCP	NCQA HEDIS
Spirometry testing to assess and diagnose COPD	No*	TEAM	NCQA HEDIS
Statin therapy for patients with cardiovascular disease	Yes	TEAM	NCQA HEDIS
Staying on antidepressant medication	Yes	TEAM	NCQA HEDIS
Taking cholesterol-lowering medications as directed	Yes	PCP	PQA
Taking diabetes medications as directed	Yes	PCP	PQA
Taking hypertension medications as directed	Yes	PCP	PQA
Well-child visits	Yes	PCP	NCQA HEDIS

NOTES:

*Results available by state, county, and Accountable Community of Health. Results attributed based on residence of individual.

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.