FAQs about Provider Profiles on Breast Cancer Screenings (Mammography)

Q: Who receives a profile on breast cancer screenings (mammograms)?

A: We send letters and/or profiles to PCPs with female members 40 years and older assigned to their panel for five or more months. If the provider has enough data for a valid statistical profile, s/he will receive a letter and a profile. If not, the provider receives a letter saying s/he had insufficient data for a valid profile.

Q: I am a provider with more than one service location. How does this impact my profile for Breast Cancer Screenings?

A: The profiles for mammograms are not tied to the service location; the profiles combine the results from all service locations so that providers will be more likely to have enough data for a statistical profile. Your profile combines the results for all women 40 years and older who are assigned to any of your service locations for five or more months.

Q: How often are the profiles for Breast Cancer Screenings created?

A: We send out profiles twice a year. The review period for one profile covers the calendar year, and the review period for the other profile is the state fiscal year (July 1-June 30). We wait at least 90 days after the review period to allow time for all claims to be paid.

Q: How does the OHCA count the number of members assigned to the panel? My records show a lower number on my panel.

A: We identify members 40 years and older who were assigned to your panel for five or more months (150 days) during the review period. At any given time, you may have fewer members than the total shown on your profile. For example, Member A might be on the panel for six months (for example, January through June); Member B is on the panel for six months (July through December); and Member C is on the panel every month except for April and May. In this example, the provider would count only one or two members on the panel during any given month, even though during the year a total of three members would be counted for the profile. The table below illustrates this example; a zero indicates the member was not assigned to the panel that month, and a one shows the member was counted on the panel.

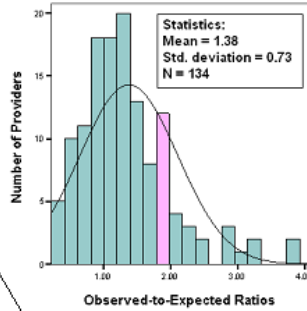|	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Member A	1	1	1	1	1	1	0	0	0	0	0	0
Member B	0	0	0	0	0	0	1	1	1	1	1	1
Member C	1	1	1	0	0	1	1	1	1	1	1	1
Monthly Totals	**2**	**2**	**2**	**1**	**1**	**2**	**2**	**2**	**2**	**2**	**2**	**1**

Provider Profile for Breast Cancer Screening
For Dates of Service 07/01/200x to 06/30/200x

Provider Information

Provider ID: 100000000
Provider Name: Chris Provider
Provider Address: 123 Main St
Hometown, OK

Data for Dr. Provider

Number of Female Members: 43
Female Member Months: 346
Observed Number of Members with Mammograms: 10
Expected Number of Members with Mammograms: 5.3
O/E Ratio: 1.88
Met expectations? Yes
PCP/CM Rank: 25 out of 134

Statistics:
Mean = 1.38
Std. deviation = 0.73
N = 134

Number of Providers

Observed-to-Expected Ratios

This is the total number of women ages 40 years and older assigned to any service location for this provider ID for at least five months of the review period at the top of the page.

Q: What are "Female Member Months"?

A: This is the total number of months that the identified women have been assigned to you. In the example above for Members A, B and C, the total member months would be 6+6+10 = 22.

Q: What is meant by "Observed Number of Members with Mammograms"?

A: For the members who were counted in the Number of Female Members, the Observed Number of Members with Mammograms reports how many of them received a screening during the review period.

Q: What if some of my patients have seen another provider for a mammogram? Am I being held responsible for them?

A: We are linking you with the members assigned to you, but you are getting credit for the mammogram that your members received from any *SoonerCare* provider during the time they were on your panel.

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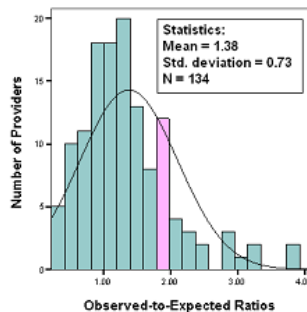
Out of the Number of Female Members, this is how many women received mammograms during the review period. This total includes services rendered by any SoonerCare provider.

Q: My profile shows an Expected Number of Members with Mammograms equal to 28.5. How is this number calculated?

A: We also take into account the number of women on the panel and how long each woman was assigned to your panel. We begin by counting only those women who have been assigned to your panel for five or more months. Then the number of months each woman has been assigned to your panel is used in our calculations.

Our calculations of the Expected Number of Members with Mammograms involve a statistical procedure called logistic regression, which is similar to linear regression except it is intended for use with "yes/no" kinds of data – that is, whether a member received a breast cancer screening or not. The member's age and the number of months she was assigned to a panel both contributed to the explanation of whether she received a mammogram. By combining data for members from across the state, we can compute the number of members of different ages with different lengths of eligibility we might expect to receive mammograms, based on actual rates for *SoonerCare* Choice members. Historically this has meant that the older a panel member is, the higher the expectation is that a mammogram has been performed.

We understand that this is a complicated procedure, but we believe it is the best statistical approach. If you would like more information on this use of logistic regression, please contact the Quality Assurance and Improvement Department of the OHCA at (405) 522-7672.
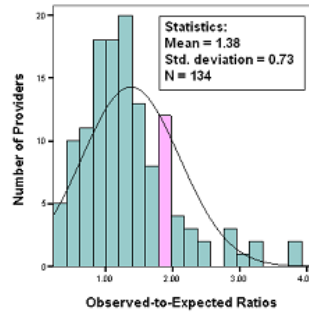
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Logistic regression is used to compute an expected number of members to receive mammograms. This calculation takes into account the member's age, the recommended frequency for the screening, the number of months that the member was assigned to the panel and the screening rates for all members and providers in the review.

Q: What is the Observed-to-Expected Ratio?

A: The O/E Ratio is the first step toward determining whether the provider has met expectations. This number is calculated by taking the Observed Number of Members with Mammograms and dividing it by the Expected Number of Members with Mammograms. In the example showed here, Dr. Provider's panel included 43 women with at least five months of eligibility. These women had a total of 346 months of eligibility. The Observed Number of Members with Mammograms was 10, and the Expected Number of Members with Mammograms was 5.3. By dividing 10 by 5.3, we obtain the O/E Ratio = 1.88. (The profile reports rounded numbers; unrounded numbers are used to calculate the O/E Ratio.) An O/E Ratio of 1.88 means that the provider was credited with providing the service to 1.88 members for every member who was expected to receive the screening.
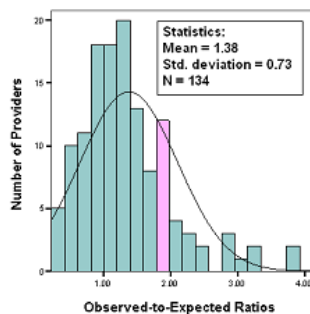
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Number of Providers vs Observed-to-Expected Ratios

The Observed-to-Expected Ratio is computed by taking the Observed Number of Members with Mammograms and dividing it by the Expected Number. If the O/E Ratio = 1, the same number of women received and were expected to receive a screening.

Q: How is the O/E Ratio used?

A: We use the O/E Ratio to compute a confidence interval, a statistic that helps us determine whether the Observed and the Expected numbers of members with mammograms are statistically the same – or if the difference is statistically "big." A confidence interval is similar to a *margin of error*, which is used in opinion polls; a margin of error may be used to determine whether one candidate's approval rating is significantly higher than another candidate's rating, or if the two candidates' approval ratings are so close that they are statistically equal.

If the O/E Ratio perfectly equals one, then we know that expectations were met – that is, the observed number of members with mammograms and the expected number of members with mammograms were the same. But the observed and expected numbers could be close enough that we can't tell them apart statistically – or the observed number could be significantly lower than the expected number. These questions are answered by use of a confidence interval around the O/E Ratio.

Q: How do you decide whether I have met expectations?

The confidence interval (not reported on the Provider Profile) is based on your data, not the data from any other provider. Like many test statistics, which are used to make decisions, the confidence interval takes into account that there will be some variation between the observed and the expected numbers. The confidence interval provides a range of values around the O/E Ratio. If the confidence interval brackets the number 1 (reminding you that the number 1 means the observed and expected numbers are equal), then the observed number is statistically the same as the expected number. We can provide more information on the calculation of the confidence interval upon request; please contact the Quality Assurance and Improvement Department of the OHCA at (405) 522-7672.

Q: What is the "Rank" on the profile?

A: We assign rank by placing all providers with sufficient data in order according to the O/E Ratio. The provider with the largest O/E Ratio (that is, with the highest ratio of the observed-to-expected numbers of members receiving mammograms) is ranked first.

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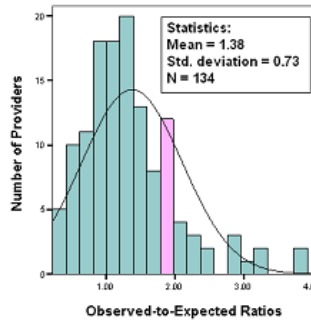
PCP/CM Rank is determined by the O/E Ratios for all providers who had sufficient data for the review period. The provider with the highest O/E Ratio is ranked first.

Q: The profile has a graph, and one bar is shown in a different color. Why?

A: This bar indicates where your O/E Ratio is located, relative to other providers who had enough data for a valid profile to be created for this review period. The O/E Ratio for providers with higher ranks will be toward the right side of the graph; lower-ranked providers' O/E Ratios will be toward the left side of the graph.

Q: I received a letter saying there was not enough data for a profile to be created. How much data do you need?

A: If you received a "low data" letter, then the calculations showed that fewer than five women on your panel were expected to receive a screening. This is insufficient to create a valid statistical profile.

Q: What if I have other questions that you haven't covered here?

A: Please contact our Quality Assurance and Improvement Department at (405) 522-7672.