

# Clinical Analytics Physician Attribution Methodology

## Frequently Asked Questions

### **How does Clinical Analytics attribute physicians?**

Clinical Analytics Physician Attribution primarily attributes by cost, with heavier weight on charges more relevant to the patient's medical condition.

### **How does Clinical Analytics attribute a case to an individual physician?**

Using the encounter's APR-DRG, Clinical Analytics identifies charges from the encounter that are critical to the treatment of the patient's condition. The physician responsible for the greatest cost from these charges (as computed from charges the physician ordered) is identified as the Clinical Analytics Attributed Physician.

### **Does Clinical Analytics attribute medical and surgical cases differently?**

For any encounter, the algorithm emphasizes different charges based on the APR-DRG. For surgical encounters, the algorithm focuses on charges associated with the principal procedure to identify the primary physician.

### **Can Clinical Analytics attribute physician groups (not just individual physicians)?**

Currently, Clinical Analytics can identify only an individual physician for each encounter. In many cases, this physician belongs to the correct group if a group was primarily responsible for the encounter, meaning that individual physician attribution can be aggregated for physician group reporting. Future phases will include more robust support for physician groups.

### **What if we want to change the physician who is attributed to a case?**

Any attribution result can be overridden, if necessary, from the encounter's Clinical Case Summary in Clinical Analytics.

### **Can physicians be excluded from the physician attribution logic?**

Yes, any physician can be marked as ineligible to be a Primary Physician. Any physician designated as such is ignored by the Physician Attribution algorithm. Examples of potential ineligible physicians include residents, nurse practitioners, and physician assistants.

Questions?

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