

ANNEXURE B

PERFORMANCE MANAGEMENT MEASUREMENTS

AND

GRADING OF PARTICIPATING HEALTHCARE PROVIDERS

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Each participating healthcare provider shall be measured and managed according to set performance criteria. The following principles shall apply:

- 1) Data relating to each of the Patients registered at the participating healthcare provider shall be collated, and the average results of such data shall form the basis for calculating performance scores and grading of individual healthcare providers;
- 2) Performance scoring and grading of participating healthcare providers shall occur at the end of each calendar half-year; calculated during the month of June for data 1 January to 31 May; and calculated during the month of December for data 1 July to 30 November;
- 3) Each participating healthcare provider shall be allocated a grading which shall be applicable for the period of 6 months immediately subsequent to each scoring exercise;
- 4) A three tier grading system shall apply; participating healthcare providers shall be graded as an “A” provider, a “B” provider or a “C” provider, depending on their performance score. The default grading for healthcare providers joining the Programme for the first time shall be “B”;
- 5) Four metrics shall be reviewed during the performance scoring process. These are: HbA1c levels, acute diabetes hospitalizations, compliance of Patients to their treatment plan and the provision of data by healthcare providers;
- 6) The following shall form the basis for performance score calculations:

Metric	Description of desired outcome	Scoring mechanism	Score	Overall Weighting	Weighted Score
HbA1c	Reduction of HbA1c levels to target range and maintenance within target range	Each Patient shall have a specific target HbA1c. Uncomplicated Patients default target = 7.0%, complicated Patients target range = 7.1% – 8.5%. If Patient within target, score = 100, if Patient out of target but with at least 1% absolute reduction compared to previous result, score = 50, otherwise score = 0. Average score for all Patients used.		50%	
Hospitalization	Prevention of unnecessary hospitalizations for acute diabetes events	The annualized hospitalization rate for healthcare provider's Patients is determined. ICD10 codes include: E10.0, E10.1, E10.9, E11.0, E11.1 and E11.9. If annualized hospitalization rate \leq 5%, then score = 100, if annualized hospitalization rate $>$ 5% and $<$ 10%, then score = 50, otherwise score = 0.		20%	
Patient compliance	Ensure that patients comply with individualized treatment plans	Each Patient must comply to a specific treatment program, including various consultations, medications and laboratory tests. If Patient compliance		10%	

		is greater than or equal to 80%, then score = 100, otherwise score = 0. Average score for all Patients used.			
Data	Provide required data to CDE	Various data is required from healthcare providers on an ongoing basis. If 90% or more of all required data is provided in prescribed electronic format in time, then score = 100, if 90% or more of all required data is provided by fax in time, then score = 70, otherwise score = 0.		20%	
Total weighted score					

7) Each half-year, every participating healthcare provider shall be graded according to their overall performance score, as follows:

Performance Score	Grading
80% - 100%	A
70% - 79%	B
< 70%	C

8) Each half-year, every participating healthcare provider shall be informed of their grading, and be provided with the detailed data and calculation that determined their performance score and grading;

9) The grading given to each participating healthcare provider shall be applicable for the entire half-year subsequent to the grading exercise;