



Practice Group Performance Review
Adult (18 and over) Patients

Group Name
Address
City, ZZ 99999

Period Ending Jan. 31, 2009

PREPARED FOR:
Medical Association
<mailing address>
<city>, ZZ 99999
(555) 555-1231

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Confidential

PERFORMANCE SUMMARY: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

ABOUT YOUR PANEL

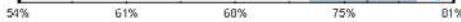
	You	Peer Norm
Patients	12,438	1,806
Average Age	44	41
% Male	44	42
% Chronic	12.9	14.4
% Asthma	3.9	4.1
% CAD	3.0	3.1
% COPD	0.6	0.9
% Diabetes	7.2	8.4
% Heart Failure	0.3	0.5
Risk Index	1.03	1.00

PERFORMANCE SUMMARY

Your overall performance compared to your peer norm.

Effective Care

Your Score: 80%
Peer Norm: 76%



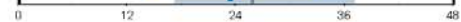
Supply Sensitive Cost (per patient per year)

Your Score: \$686
Peer Norm: \$666



Preference Sensitive (per 1000 patients per year)

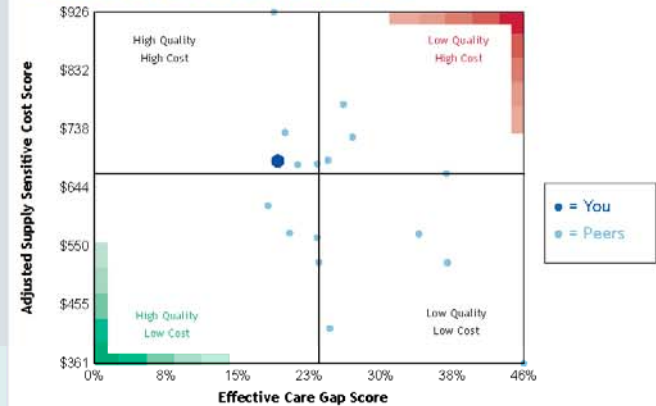
Your Score: 23
Peer Norm: 26



= Your Confidence Interval
 = Your Score
 = Peer Midrange
 = Peer Norm

EFFECTIVENESS AND EFFICIENCY

Your overall Effective Care and Supply Sensitive Cost scores compared to others in your peer group.



See following reports for your detailed performance results.

KEY RISK-ADJUSTED UTILIZATION MEASURES

Key Supply Sensitive scores compared to your peer norm.

	Your Score	Peer Norm	Significant
(per 1000 patients per year)			
Overall Acute Admissions	30.1	31.9	▲
Emergency Department Visit Count	Reliable statistics not available for this time period		
Overall Visit Count	5,113	4,979	
Count of PCPs Seen	929	902	
Count of Specialists Seen	673	632	
Overall Prescription Count	Reliable statistics not available for this time period		
(percent of total)			
Generic Prescription Rate	60%	60%	

Note: ▲ or ▲ denote statistical significance. Your performance is either worse(▲) or better(▲) than your peer norm.

BEST OPPORTUNITIES FOR IMPROVEMENT

The impact of improving performance to your peer norm.

Supply Sensitive Cost	Your Score	Peer Norm	Difference	Total Impact
Outpatient Visit Cost (per patient per year)	\$129	\$113	\$17	\$205,876
Overall Visit Cost (per patient per year)	\$170	\$157	\$13	\$165,440
Other Endoscopy Cost (per utilizing patient per year)	\$722	\$668	\$54	\$79,272
Supply Sensitive Utilization	Your Score	Peer Norm	Difference	Total Impact
Outpatient Visit Count (per 1000 patients per year)	4,285	4,146	139	1,733

PERFORMANCE IMPACT: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

PERFORMANCE IMPACT OVERVIEW

Below are all the measures where your score is below your peer norm at a statistically significant level. Each one calculates the positive impact of improving your performance to the level of the peer norm. For the Effective

Care measures, this impact is expressed as the number of additional opportunities that would result in appropriate care. For the Supply Sensitive Cost measures, the difference is expressed in dollars that would be

saved. For the Supply Sensitive Utilization measures, the difference is expressed as the number of services that would be avoided. You can find more information, including statistical methodology and measure descriptions,

in the Glossary.

Measure	Patients	Opportunities	Your Score	Peer Norm	Difference from Peer Norm	Total Impact
Supply Sensitive Cost						
Outpatient Visit Cost (per patient per year)	12,438	N/A	\$129	\$113	\$17	\$205,876
Overall Visit Cost (per patient per year)	12,438	N/A	\$170	\$157	\$13	\$165,440
Other Endoscopy Cost (per utilizing patient per year)	1,457	N/A	\$722	\$668	\$54	\$79,272
Supply Sensitive Utilization						
Outpatient Visit Count (per 1000 patients per year)	12,438	N/A	4,285	4,146	139	1,733

EFFECTIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Effective Care Measures

This report displays your performance on each Effective Care measure relevant to your Adult (18 and over) Patients. It includes up to 54 HEDIS® measures developed by the National Committee for Quality Assurance (NCQA) and 2 measures from the AMA's Physician Consortium for Performance Improvement (PCPI)®. All Effective Care measures included have been endorsed by the National Quality Forum (NQF).

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Cardiovascular Conditions	3
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Musculoskeletal Conditions	4
Respiratory Conditions	5
Medication Management	6

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THIS EFFECTIVE CARE MEASURE REPORT CAN HELP YOU

- Understand the details of your performance
- Compare your performance with your peer norm
- Identify areas of care for improvement

EFFECTIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

EFFECTIVE CARE OVERVIEW

Below are your scores on both summary and detail measures of Effective Care compared to your peer norm. The shaded bars display statistically adjusted summary scores, available on measures for which you had at least

20 opportunities to provide appropriate care. The detail measure scores shown below each of the summary measures are unadjusted means, which require only 10 opportunities. Detail measure scores contain useful information but,

because they have not been adjusted for panel size, they should not be used for performance evaluation. A measure where your performance differs significantly from your peer norm is flagged in the last column. You can find

more information, including statistical methodology and measure descriptions, in the Glossary.

	Patients	Opportunities	Your Score	Peer Norm	Significant
OVERALL EFFECTIVE CARE	8,251	17,732	80%	76%	▲

▬ = Your Confidence Interval ▬ = Your Score
▬ = Peer Midrange ▬ = Peer Norm

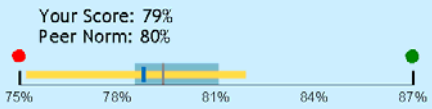
Note: ▲ or ▲ denote statistical significance. Your performance is either worse(▲) or better(▲) than your peer norm.

Measure	Patients	Opportunities	Your Score	Peer Norm	Significant
Preventive Care	7,519	10,673	82%	78%	▲
Breast Cancer Screening	3,210	3,210	91%	82%	
Cervical Cancer Screening	4,362	4,362	86%	84%	
Chlamydia Screening in Women	532	532	63%	63%	
Colorectal Cancer Screening	1,873	1,873	72%	71%	

EFFECTIVE CARE: Group Name, Primary Care

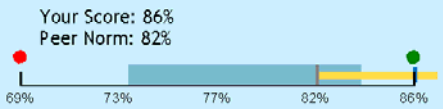
Adult (18 and over) Patients for Period Ending Jan. 31, 2009

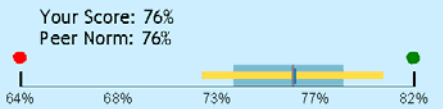
Measure	Patients	Opportunities	Your Score	Peer Norm	Significant
Preventive Care, continued					
Glaucoma Screening in Older Adults	696	696	77%	77%	

Measure	Patients	Opportunities	Your Score	Peer Norm	Significant
Cardiovascular Conditions 	330	487	79%	80%	
Cholesterol Management for Patients with Cardiovascular Conditions: LDL-C Screening	233	233	82%	84%	
Drug Therapy for Lowering LDL Cholesterol	224	224	79%	81%	
Heart Failure: left ventricular function (LVF) assessment	24	24	50%	50%	
Persistence of Beta-Blocker Treatment After a Heart Attack	Reliable statistics not available on this measure for this time period				

EFFECTIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure	Patients	Opportunities	Your Score	Peer Norm	Significant
Diabetes Care 	581	2,312	86%	82%	▲
Comprehensive Diabetes Care: Eye Exams	576	576	78%	70%	
Comprehensive Diabetes Care: A1C screening	580	580	89%	83%	
Comprehensive Diabetes Care: LDL screening	579	579	91%	86%	
Comprehensive Diabetes Care: Nephropathy screening	577	577	91%	85%	

Measure	Patients	Opportunities	Your Score	Peer Norm	Significant
Musculoskeletal Conditions 	284	284	76%	76%	
Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis	45	45	84%	91%	
Osteoporosis Management in Women Who Had a Fracture	Reliable statistics not available on this measure for this time period				
Use of Imaging Studies for Low Back Pain	233	233	76%	76%	

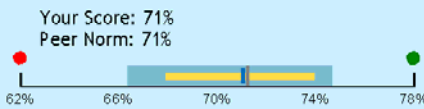
EFFECTIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure	Patients	Opportunities	Your Score	Peer Norm	Significant
Respiratory Conditions	315	358	84%	78%	
Use of Appropriate Medications for People with Asthma	108	108	95%	90%	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	91	91	81%	85%	
Use of Spirometry Testing in the Assessment and Diagnosis of COPD	82	82	94%	82%	
Mgt of COPD Exacerbation: Dispensed a systemic corticosteroid w/in 14 days of the event	12	22	45%	45%	
Mgt of COPD Exacerbation: Dispensed a bronchodilator w/in 30 days of the event	12	22	59%	50%	

EFFECTIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure	Patients	Opportunities	Your Score	Peer Norm	Significant
Medication Management 	2,449	3,618	71%	71%	
Annual Monitoring for Patients on Persistent Medications	1,850	2,521	72%	74%	
Annual Monitoring for Patients on ACE-I or ARB	1,503	1,503	72%	74%	
Annual Monitoring for Patients on Digoxin	39	39	79%	88%	
Annual Monitoring for Patients on Diuretics	930	930	73%	74%	
Annual Monitoring for Patients on Anticonvulsants	49	49	35%	39%	
Potentially Harmful Drug-Disease Interactions in the Elderly	51	57	70%	71%	
Potentially Harmful Drug-Disease Interactions in the Elderly - Falls	27	27	70%	75%	
Potentially Harmful Drug-Disease Interactions in the Elderly - Dementia	30	30	70%	63%	
Potentially Harmful Drug-Disease Interactions in the Elderly - Chronic Renal Failure	Reliable statistics not available on this measure for this time period				
Use of High-Risk Medications in the Elderly - at Least One Medication	1,040	1,040	69%	67%	

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Supply Sensitive Care Measures

This report displays your performance on each Supply Sensitive Care measure relevant to your Adult (18 and over) Patients. These measures show how your use of health care system resources compares to your peer norm. Health Dialog's proprietary approach to performance analysis focuses on the resources that have been demonstrated to be related to market supply; most measures exclude services that are associated with the provision of Effective Care.

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THIS SUPPLY SENSITIVE CARE MEASURE REPORT CAN HELP YOU:

- Understand the details of your performance
- Compare your performance with your peer norm
- Identify areas of care for improvement

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

SUPPLY SENSITIVE CARE OVERVIEW

Below are your scores on both Cost and Count measures of your panel's use of health system resources compared to your peer norm. Counts are reported per 1,000 panel members. Cost scores are shown per panel member who

received that service. Since standardized rather than actual costs are used, and both types of scores have been statistically adjusted to account for differences in panel composition (age, sex, and patient risk), higher cost

per utilizing member reflects higher intensity or complexity of service for the same severity of conditions. A measure on which your performance differs significantly from your peer norm is flagged in the last column. You

can find more information, including statistical methodology and measure descriptions, in the Glossary.

		Patients	Your Score	Peer Norm	Significant
OVERALL SUPPLY SENSITIVE COST (per patient per year)	<p>Your Score: \$686 Peer Norm: \$666</p>	12,271	\$686	\$666	

█ = Your Confidence Interval
█ = Peer Midrange
| = Your Score
| = Peer Norm

Note: ▲ or ▼ denote statistical significance. Your performance is either worse (▼) or better (▲) than your peer norm.

Measure		Patients	Your Score	Peer Norm	Significant
Inpatient Admissions					
Overall Acute Admissions (per 1000 patients per year)	<p>Your Score: 30.1 Peer Norm: 31.9</p>	12,438	30.1	31.9	▲
Overall Acute Inpatient Cost (per utilizing patient per year)	<p>Your Score: \$5,703 Peer Norm: \$5,768</p>	535	\$5,703	\$5,768	

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure	Patients	Your Score	Peer Norm	Significant
Inpatient Admissions, continued				
Supply Sensitive Acute Admissions (per 1000 patients per year)				Reliable statistics not available on this measure for this time period
Supply Sensitive Acute Inpatient Cost (per utilizing patient per year)				No statistically significant difference was found between you and your peers who qualified for this measure

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure		Patients	Your Score	Peer Norm	Significant
Face-to-Face Visits					
Overall Visit Count (per 1000 patients per year)	Your Score: 5,113 Peer Norm: 4,979 	12,438	5,113	4,979	
Overall Visit Cost (per patient per year)	Your Score: \$170 Peer Norm: \$157 	12,438	\$170	\$157	▲
Inpatient Visit Count (per 1000 patients per year)	Your Score: 121 Peer Norm: 146 	12,438	121	146	▲
Inpatient Visit Cost (per utilizing patient per year)	Your Score: \$390 Peer Norm: \$445 	487	\$390	\$445	▲
Emergency Department Visit Count (per 1000 patients per year)	Reliable statistics not available on this measure for this time period				
Emergency Department Visit Cost (per utilizing patient per year)	Your Score: \$413 Peer Norm: \$423 	1,161	\$413	\$423	
Outpatient Visit Count (per 1000 patients per year)	Your Score: 4,285 Peer Norm: 4,146 	12,438	4,285	4,146	▲

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure		Patients	Your Score	Peer Norm	Significant
Face-to-Face Visits, continued					
Outpatient Visit Cost (per patient per year)	Your Score: \$129 Peer Norm: \$113 	12,438	\$129	\$113	▲
Other Visit Count (per 1000 patients per year)	Your Score: 318 Peer Norm: 319 	12,438	318	319	
Other Visit Cost (per utilizing patient per year)	Your Score: \$72 Peer Norm: \$74 	3,035	\$72	\$74	▲
PCP Visit Count (per 1000 patients per year)	Your Score: 2,014 Peer Norm: 2,014 	12,438	2,014	2,014	
Specialist Visit Count (per 1000 patients per year)	Your Score: 1,061 Peer Norm: 1,005 	12,438	1,061	1,005	
PT/ OT/ Chiropractic/ Osteo. Manip. Visit Count (per 1000 patients per year)	Reliable statistics not available on this measure for this time period				
PT/ OT/ Chiropractic/ Osteo. Manip. Visit Cost (per utilizing patient per year)	Your Score: \$149 Peer Norm: \$124 	895	\$149	\$124	

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

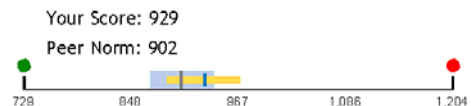
Measure	Patients	Your Score	Peer Norm	Significant
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Provider Count

Overall Count of Providers Seen
(per 1000 patients per year)

Reliable statistics not available on this measure for this time period

Count of PCPs Seen
(per 1000 patients per year)

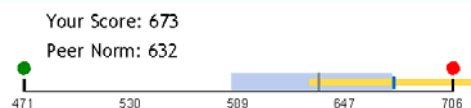


12,438

929

902

Count of Specialists Seen
(per 1000 patients per year)



12,438

673

632

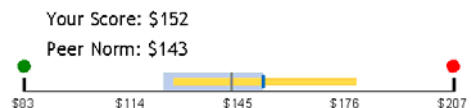
Measure	Patients	Your Score	Peer Norm	Significant
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Cardiac Care

Overall Cardiac Procedure Count
(per 1000 patients per year)

Reliable statistics not available on this measure for this time period

Overall Cardiac Procedure Cost
(per utilizing patient per year)



1,819

\$152

\$143

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure	Patients	Your Score	Peer Norm	Significant
Imaging Procedures				
Overall Imaging Count (per 1000 patients per year)	Reliable statistics not available on this measure for this time period			
Overall Imaging Cost (per utilizing patient per year)	6,698	\$259	\$270	
Advanced Imaging Count (per 1000 patients per year)	12,438	245	245	
Advanced Imaging Cost (per utilizing patient per year)	2,415	\$664	\$720	▲
Standard Imaging Count (per 1000 patients per year)	Reliable statistics not available on this measure for this time period			
Standard Imaging Cost (per utilizing patient per year)	6,222	\$144	\$145	

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure		Patients	Your Score	Peer Norm	Significant
Laboratory Tests					
Cost of Laboratory Tests (per patient per year)	Your Score: \$22 Peer Norm: \$24 	12,438	\$22	\$24	

Measure		Patients	Your Score	Peer Norm	Significant
Scoping Procedures					
Arthroscopy Count (per 1000 patients per year)	Reliable statistics not available on this measure for this time period				
Arthroscopy Cost (per utilizing patient per year)	Your Score: \$1,787 Peer Norm: \$1,775 	182	\$1,787	\$1,775	
Other Endoscopy Count (per 1000 patients per year)	Reliable statistics not available on this measure for this time period				
Other Endoscopy Cost (per utilizing patient per year)	Your Score: \$722 Peer Norm: \$668 	1,457	\$722	\$668	▲

SUPPLY SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure		Patients	Your Score	Peer Norm	Significant
Pharmacy					
Overall Prescription Count (per 1000 patients per year)	Reliable statistics not available on this measure for this time period				
Overall Prescription Cost (per patient per year)	<p>Your Score: \$101 Peer Norm: \$107</p>	12,271	\$101	\$107	
Generic Prescription Rate (percent of total)	<p>Your Score: 60% Peer Norm: 60%</p>	9,423	60%	60%	
Overall Cost					
Overall Cost (per patient per year)	<p>Your Score: \$1,065 Peer Norm: \$1,031</p>	12,271	\$1,065	\$1,031	

PREFERENCE SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Preference Sensitive Care Measures

This report displays your performance on each Preference Sensitive Care measure relevant to your Adult (18 and over) Patients. These measures show the population-based rate for selected surgeries that are representative of Preference Sensitive Care decisions. Preference Sensitive Care is care for which there are significant tradeoffs in terms of risks and benefits for the patient. The choice of care is, or should be, driven by the patient's own preferences.

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THIS PREFERENCE SENSITIVE CARE MEASURE REPORT CAN HELP YOU:

- Understand the details of your performance
- Compare your performance with your peer norm
- Identify areas of care for improvement

PREFERENCE SENSITIVE CARE: Group Name, Primary Care

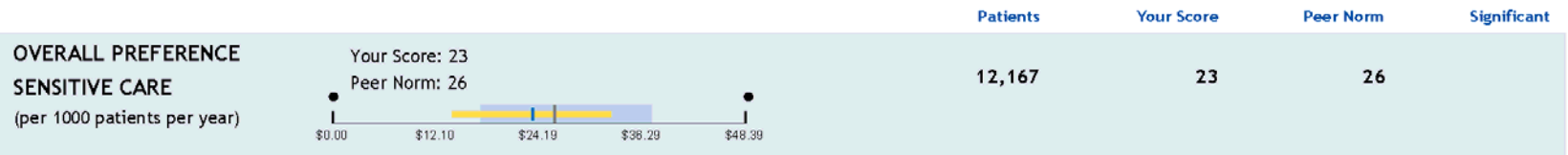
Adult (18 and over) Patients for Period Ending Jan. 31, 2009

PREFERENCE SENSITIVE CARE OVERVIEW

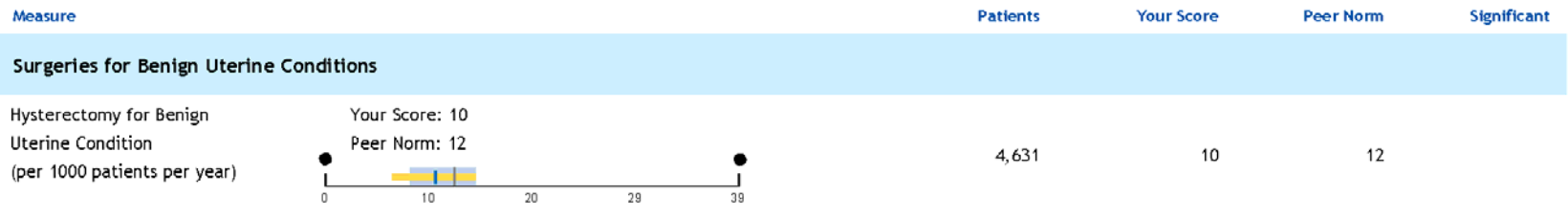
Below are your scores on Preference Sensitive Care measures. These measures compare the proportion of your group's panel members who had any of the surgeries representative of Preference

Sensitive Care with your peer norm. A measure on which your proportion differs significantly from your peer norm is flagged in the last column. You can find more information, including statistical methodology and measure

descriptions, in the Glossary.



Note: ▲ denotes statistical significance. Your performance is different from your peer norm.



PREFERENCE SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure		Patients	Your Score	Peer Norm	Significant
Surgeries for Benign Prostatic Hyperplasia					
Prostatectomy for Benign Prostatic Hyperplasia (per 1000 patients per year)	Your Score: 2 Peer Norm: 2 	3,251	2	2	

Measure		Patients	Your Score	Peer Norm	Significant
Cardiac Procedures					
Cardiac Catheterization (per 1000 patients per year)	Your Score: 14 Peer Norm: 17 	7,256	14	17	
Cardiac Revascularization (per 1000 patients per year)	Your Score: 3 Peer Norm: 6 	7,256	3	6	

PREFERENCE SENSITIVE CARE: Group Name, Primary Care

Adult (18 and over) Patients for Period Ending Jan. 31, 2009

Measure		Patients	Your Score	Peer Norm	Significant
Orthopedic Surgeries					
Hip Repair or Replacement (per 1000 patients per year)	Your Score: 2 Peer Norm: 2 	7,256	2	2	
Knee Repair or Replacement (per 1000 patients per year)	Your Score: 5 Peer Norm: 3 	7,256	5	3	
Lumbar Back Surgery (per 1000 patients per year)	Your Score: 5 Peer Norm: 4 	12,167	5	4	

GLOSSARY

The Glossary can help you:

- Understand terms used in this document
- Find detailed descriptions of the measures in this report



GLOSSARY

Unwarranted Variation

Unwarranted Variation

Unwarranted Variation is defined as differences in healthcare service delivery that cannot be explained by illness, medical need, or dictates of evidence-based medicine. These reports examine unwarranted variation in three categories - Effective Care, Supply Sensitive Care and Preference Sensitive Care.

Effective Care

Effective Care includes services of proven clinical effectiveness derived from randomized, controlled trials or well-constructed observational studies. These are the traditionally-defined quality measures. To make it easier to find and review your results, the measures are organized into six clinical conditions or categories of care.

Supply Sensitive Care

Supply Sensitive Care measures the efficiency of the healthcare system. Health Dialog's proprietary approach to performance analysis focuses on services that have been demonstrated to be related to market supply; most measures exclude services that are associated with the provision of Effective Care. Recent studies have found that patients obtaining care in inefficient healthcare systems, those that deliver high levels of supply sensitive care, have higher mortality than those obtaining care in efficient systems.

Preference Sensitive Care

Preference Sensitive Care applies to situations in which there are multiple treatment options that carry significant tradeoffs in terms of risks and benefits for the patient. The choice of care is, or should be, driven by the patient's own preferences.

Procedures in this category occur too rarely to allow reliable analysis at the individual provider level. Reports on Preference Sensitive Care are generated only for practice groups.

Patient Panel

Patient Panel

Primary care provider panels include those patients who have designated a provider as their PCP on plan enrollment forms. Patients can also be attributed to a primary care provider's panel or to a specialist's panel based on the frequency and timing of face-to-face patient encounters. Attributed patients see their attributed provider more frequently than they see other providers of the same specialty. In cases where ties occur, patients are attributed to the provider seen most recently. Practice group panels consist of the patients in all the panels of providers in that group. Solo practitioners (providers who do not belong to a practice group) will be candidates for individual provider reports but will not be represented in practice group reports.

Reports can be constructed separately for any of the following patient cohorts: Children (age 0 - 17); All Adults (age 18+); Non-Medicare Adults (age 18 - 64); All Adults with Chronic Conditions; Non-Medicare Adults with Chronic Conditions. Medical Association decided which cohorts to request for this edition of the reports.

To be attributed to provider panels, patients must be eligible for medical coverage for 11 of the 12 months in the reporting period. Only providers with 30 or more panel members in a cohort are eligible for inclusion in any analysis of that cohort. For peer norms to be reported on a measure, there must be 3 or more providers of the same specialty with sufficiently large panels in the age cohort on that measure. Providers with panels of sufficient size in multiple cohorts will receive multiple reports.

GLOSSARY

Peer Group

Peer Group

A peer group is composed of all the providers in the Primary Care specialty who have at least 30 patients in their panels.

Peer Norm

Peer norms are constructed to represent a typical provider within a peer group. Because the distributions of many of the scores are skewed, the median of the peer values is better than the average for characterizing the typical provider.

Detail Effective Care measure scores are ratios of the number of times the target care was provided over the number of events that merited the care. For these measures, the norm is the ratio for the population of patients represented by all the peer group panels. Because these scores are not adjusted for the amount of information available about the panel, detail Effective Care scores should be used for information only, not for performance evaluation.

Statistical Analysis

Statistical Analysis

We use a statistical modeling approach that accounts for case mix differences. In addition, we use conservative estimates of scores to control for differing amounts of information available about each provider. This results in appropriate and valid measures of statistical certainty including prediction intervals.

Overall category-level Effective Care measures are analyzed using the statistical method described above. Detail Effective Care measures are presented using a conventional 90% confidence interval, which is constructed using the mean and standard deviation of the provider or group. A provider or group is significantly different from the peer norm if the confidence interval does not contain the peer norm.

Data Compilation

Data Compilation

Health Dialog first acquires Medical Association encounter data, including enrollment data (demographics, eligibility), claims data (medical, pharmacy), and provider data (demographics, specialty, group linkages). We then translate the data into our standard formats and perform extensive quality and validity checks. We review carefully our quality findings with Medical Association and make appropriate adjustments.

Price-insensitive costs, also called standard pricing or weighted utilization, are used so that comparisons among providers are not affected by pricing differences from different contracts, plan types, or regional effects.

We adjust provider scores for the case mix of the panel based on the Centers for Medicare and Medicaid Services (CMS) full Hierarchical Condition Category (HCC) approach. This approach accounts for both chronic and transient conditions that influence costs.

GLOSSARY

Effective Care

Cardiovascular Conditions

Cholesterol Management for Patients with Cardiovascular Conditions:

LDL-C Screening

Percentage of patients 18-75 years of age who, in the past 24 months, were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), or who had a diagnosis of Ischemic Vascular Disease (IVD), who had LDL-C screening performed during the measurement period. (HEDIS CMC)

Drug Therapy for Lowering LDL Cholesterol

CAD: Percentage of patients with CAD who were prescribed a lipid-lowering therapy.

Heart Failure: left ventricular function (LVF) assessment

Percentage of patients with heart failure with quantitative or qualitative results of LVF assessment recorded.

Persistence of Beta-Blocker Treatment After a Heart Attack

Percentage of patients 18 years of age and older during the measurement period who were hospitalized and discharged alive in the year prior to the measurement period with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for 180 days. (HEDIS PBH)

Diabetes Care

Comprehensive Diabetes Care: Eye Exams

Percentage of patients 18-75 years of age with type 1 or type 2 diabetes who had a retinal eye exam performed during the measurement period. (HEDIS CDC)

Comprehensive Diabetes Care: A1C screening

Percentage of patients 18-75 years of age with type 1 or type 2 diabetes who had Hemoglobin A1c (HbA1c) testing during the measurement period. (HEDIS CDC)

Comprehensive Diabetes Care: LDL screening

Percentage of patients 18-75 years of age with type 1 or type 2 diabetes who had LDL-C screening performed during the measurement period. (HEDIS CDC)

Comprehensive Diabetes Care: Nephropathy screening

Percentage of patients 18-75 years of age with type 1 or type 2 diabetes who had kidney disease (nephropathy) monitored during the measurement period. (HEDIS CDC)

Medication Management

Annual Monitoring for Patients on Persistent Medications

The percentage of patients 18 years and older who received at least a 180-days supply of medication therapy for selected therapeutic agent and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. (HEDIS MPM)

Annual Monitoring for Patients on ACE-I or ARB

The percentage of patients 18 years and older who received at least a 180-days supply of ACE-I or ARB and at least one therapeutic monitoring event for the therapeutic agent in the measurement year applying 1 year of exclusion history and matching eligibility. (HEDIS MPM)

Annual Monitoring for Patients on Digoxin

The percentage of patients 18 years and older who received at least a 180-days supply of digoxin and at least one therapeutic monitoring event for the therapeutic agent in the measurement year applying exclusions for 1 year of history and match eligibility. (HEDIS MPM)

Annual Monitoring for Patients on Diuretics

The percentage of patients 18 years and older who received at least a 180-days supply diuretics and at least one therapeutic monitoring event for the therapeutic agent in the measurement year applying exclusions for 1 year of history and matching eligibility. (HEDIS MPM)

Annual Monitoring for Patients on Anticonvulsants

The percentage of patients 18 years and older who received at least a 180-days supply of anticonvulsants and at least one therapeutic monitoring event for the therapeutic agent in the measurement year applying exclusions for 1 year of history and matching eligibility. (HEDIS MPM)

GLOSSARY

Effective Care, continued

Potentially Harmful Drug-Disease Interactions in the Elderly

The percentage of patients 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis. (HEDIS DDE)

Potentially Harmful Drug-Disease Interactions in the Elderly - Falls

The percentage of patients 65 years of age and older who have a history of falls and a prescription for tricyclic antidepressants, antipsychotics or sleep agent and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis. (HEDIS DDE)

Potentially Harmful Drug-Disease Interactions in the Elderly - Dementia

The percentage of patients 65 years of age and older who have dementia and a prescription for tricyclic antidepressants or anticholinergic agents and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis. (HEDIS DDE)

Potentially Harmful Drug-Disease Interactions in the Elderly - Chronic Renal Failure

The percentage of patients 65 years of age and older who have chronic renal failure and who were dispensed an ambulatory prescription for a contraindicated medication, concurrent with or after the diagnosis. (HEDIS DDE)

Use of High-Risk Medications in the Elderly - at Least One Medication

The percentage of patients 65 years of age and older who received at least one high risk medication. (HEDIS DAE)

Musculoskeletal Conditions

Disease Modifying Anti-Rheumatic Drug Therapy in Rheumatoid Arthritis

Percent of patients 18 years and older with a diagnosis of Rheumatoid Arthritis who received at least one prescription for a disease modifying anti-rheumatic drug (DMARD). (HEDIS ART)

Osteoporosis Management in Women Who Had a Fracture

The percentage of women 67 years of age and older who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat or prevent osteoporosis in the six months after the fracture. (HEDIS OMW)

Use of Imaging Studies for Low Back Pain

Percentage of patients 18-50 years of age with a new episode of low back pain who did not receive imaging studies during the measurement period. The measurement is reported as an inverted rate. (HEDIS LBP)

Overall Effective Care

Overall Effective Care

The Adult PCP composite measure is the combined rate of the individual measures associated with Adult PCP providers.

Preventive Care

Breast Cancer Screening

Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer. (HEDIS BCS)

Cervical Cancer Screening

Percentage of women 18-64 years of age who received one or more Pap tests to screen for cervical cancer. (HEDIS CCS)

Chlamydia Screening in Women

Percentage of women 16-24 years of age who were identified as sexually active who had at least one test for Chlamydia during the measurement period. (HEDIS CHL)

Colorectal Cancer Screening

Percentage of adults 50-80 years of age who had appropriate screening for colorectal cancer. (HEDIS CRC)

Glaucoma Screening in Older Adults

The percentage of adults 65 years and older, without a prior diagnosis of glaucoma or glaucoma suspect, who received a glaucoma eye exam by an eye care professional for early identification of glaucomatous conditions.

GLOSSARY

Effective Care, continued

Respiratory Conditions

Use of Appropriate Medications for People with Asthma

Percentage of patients 5-56 years of age who were identified as having persistent asthma and who were appropriately dispensed medication during the measurement period. (HEDIS ASM)

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were NOT dispensed an antibiotic prescription on or within three days after the episode date. (HEDIS AAB)

Use of Spirometry Testing in the Assessment and Diagnosis of COPD

Percentage of patients 40 years of age and older with a new diagnosis or newly active chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm the diagnosis. (HEDIS SPR)

Mgt of COPD Exacerbation: Dispensed a systemic corticosteroid w/in 14 days of the event

The percentage of COPD exacerbations (acute inpatient discharge or ED encounter) for patients 40 years of age or older between January 1-December 1 of the measurement year where a systemic corticosteroid was dispensed within 14 days of the event. (HEDIS PCE)

Mgt of COPD Exacerbation: Dispensed a bronchodilator w/in 30 days of the event

The percentage of COPD exacerbations (acute inpatient discharge or ED encounter) for patients 40 years of age or older between January 1-December 1 of the measurement year where a bronchodilator was dispensed within 30 days of the event. (HEDIS PCE)

GLOSSARY

Supply Sensitive Care

Cardiac Care

Overall Cardiac Procedure Count

The count per patient of supply sensitive cardiac catheterization and other cardiac testing services.

Overall Cardiac Procedure Cost

The total cost per utilizing patient for supply sensitive cardiac testing services (professional and facility).

Face-to-Face Visits

Overall Visit Count

The count per patient of supply sensitive all face-to-face inpatient, outpatient, emergency department, PT/OT/ chiropractic/ osteopathic manipulation and other visits.

Overall Visit Cost

The cost per patient of supply sensitive all face-to-face inpatient, outpatient, emergency department, physical medicine and other visits.

Inpatient Visit Count

The count per patient of supply sensitive inpatient face-to-face visits.

Inpatient Visit Cost

The cost per patient of supply sensitive inpatient face-to-face visits.

Emergency Department Visit Count

The count per patient of supply sensitive emergency department face-to-face visits.

Emergency Department Visit Cost

The cost per utilizing patient for supply sensitive emergency department face-to-face visits (professional and facility).

Outpatient Visit Count

The count per patient of supply sensitive outpatient face-to-face visits.

Outpatient Visit Cost

The cost per patient of supply sensitive outpatient face-to-face visits.

Other Visit Count

The count per patient of supply sensitive other face-to-face visits.

Other Visit Cost

The cost per utilizing patient for supply sensitive other face-to-face visits.

PCP Visit Count

The count of visits to a primary care provider per patient during the analytic period.

Specialist Visit Count

The count of visits to medical specialists per patient during the analytic period.

PT/ OT/ Chiropractic/ Osteo. Manip. Visit Count

The count per patient of supply sensitive PT/ OT/ Chiropractic/ Osteopathic Manipulation face-to-face visits.

PT/ OT/ Chiropractic/ Osteo. Manip. Visit Cost

The cost per utilizing patient for supply sensitive PT/OT/ Chiropractic/ Osteopathic Manipulation face-to-face visits.

GLOSSARY

Supply Sensitive Care, continued

Imaging Procedures

Overall Imaging Count

The count per patient of supply sensitive imaging services.

Overall Imaging Cost

The total cost per utilizing patient for all supply sensitive imaging services (professional and facility).

Advanced Imaging Count

The count per patient of supply sensitive advanced imaging services.

Advanced Imaging Cost

The cost per utilizing patient for supply sensitive advanced imaging services (professional and facility).

Standard Imaging Count

The count per patient of supply sensitive other imaging services.

Standard Imaging Cost

The cost per utilizing patient for supply sensitive standard imaging services (professional and facility).

Inpatient Admissions

Overall Acute Admissions

The count per patient of all acute hospitalizations (supply sensitive and non-supply-sensitive).

Overall Acute Inpatient Cost

The cost per admitted patient for all acute inpatient hospitalizations.

Supply Sensitive Acute Admissions

The count per patient of supply sensitive admissions.

Supply Sensitive Acute Inpatient Cost

The cost per admitted patient for supply sensitive inpatient hospitalizations.

Laboratory Tests

Cost of Laboratory Tests

The cost per patient of supply sensitive laboratory services.

Overall Cost

Overall Supply Sensitive Cost

The combined cost per patient of all supply sensitive services.

Overall Cost

The total cost per patient for all services.

Pharmacy

Overall Prescription Count

The count per patient of prescriptions filled.

Overall Prescription Cost

The cost per patient of prescription drugs.

Generic Prescription Rate

Generic prescriptions dispensed as a percentage of total prescriptions dispensed.

Provider Count

Overall Count of Providers Seen

The count per patient of providers seen.

Count of PCPs Seen

The count per patient of PCP providers seen.

Count of Specialists Seen

The count per patient of specialist providers seen.

GLOSSARY

Supply Sensitive Care, continued

Scoping Procedures

Arthroscopy Count

The count per patient of supply sensitive arthroscopy services.

Arthroscopy Cost

The cost per utilizing patient for supply sensitive arthroscopy services (professional and facility).

Other Endoscopy Count

The count per patient of supply sensitive endoscopy services.

Other Endoscopy Cost

The cost per utilizing patient for supply sensitive other endoscopy services (professional and facility).

Preference Sensitive

Cardiac Procedures

Cardiac Catheterization

The rate of cardiac catheterization procedures among qualifying patients during the analytic period.

Cardiac Revascularization

The rate of cardiac revascularization surgeries for patients in the qualifying population during the analytic period.

Orthopedic Surgeries

Hip Repair or Replacement

The rate of hip surgeries for patients in the qualifying population during the analytic period.

Knee Repair or Replacement

The rate of knee surgeries for patients in the qualifying population during the analytic period.

Lumbar Back Surgery

The rate of lumbar back surgeries for patients in the qualifying population during the analytic period.

Overall Preference Sensitive Care

Overall Preference Sensitive Care

The rate of all preference sensitive procedures in the qualifying population during the analytic period.

Surgeries for Benign Prostatic Hyperplasia

Prostatectomy for Benign Prostatic Hyperplasia

The rate of prostatectomies for men in the qualifying population during the analytic period.

Surgeries for Benign Uterine Conditions

Hysterectomy for Benign Uterine Condition

The rate of hysterectomies for women in the qualifying population during the analytic period.

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