



# Complex Radiology Utilization Report

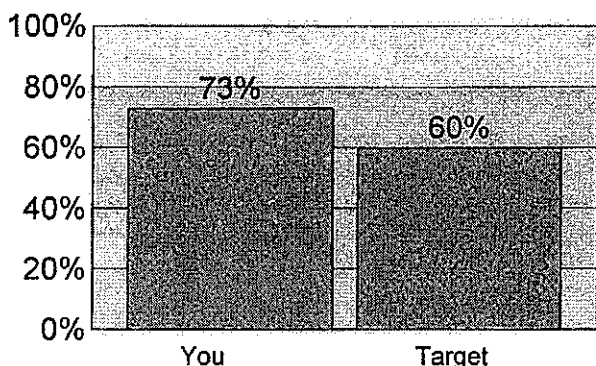
August 2005 - July 2007

Referring Practitioner -  
INTERNAL MEDICINE (11)

Total Patients Seen by Practitioner: 833

Radiology Study Category	Patients Tested	Total Cost	Average Number of Tests per 1000 Patients Seen		% of Total Patients Who Received the Test	
			Practitioner	Specialty	Practitioner	Specialty
CT Scan	107	\$57,754	204.1	78.5	12.85%	4.74%
MRI/MRA	27	\$27,309	42.0	35.2	3.24%	2.88%
Ultrasound	145	\$28,682	304.9	94.9	17.41%	7.04%

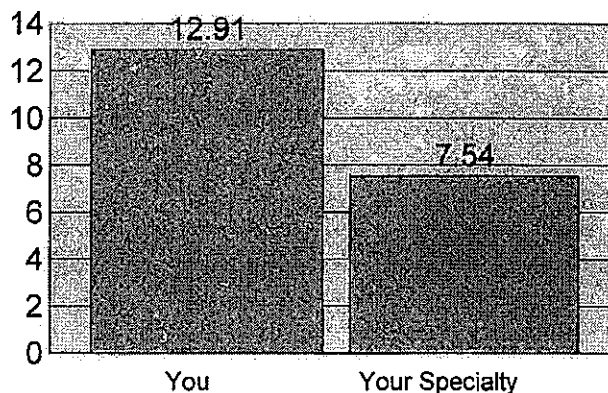
**Percent Abdo-Pelvic CT Pairs**



When ordering cross-section imaging, be aware that an "abdominal-pelvic CT" is a request for TWO studies, an abdominal CT and a pelvic CT. The cost is essentially double the cost of only ordering one. If only one of the two is needed, just order that test. For example, for evaluating liver disease an abdominal CT alone may be sufficient. For following up an ovarian cyst, a pelvic CT alone may be sufficient. Ordering only one instead of the pair decreases your patient's exposure to radiation, as well as decreasing costs. Your radiology ordering expenses are reflected in your efficiency index score.

**Conclusion:** In many cases an abdominal or pelvic CT by itself may be all that is needed.

**Extremity MRI Cost Per Episode**



No compelling evidence regarding the timing of MRI of the knee and/or shoulder is available. The primary use of MRI in evaluating joints is to determine the extent to which surgery is the recommended treatment option. Therefore, the use of MRI of these joints is primarily for orthopedists, sports medicine physicians, and rheumatologists.

**Conclusion:** PCPs should not order MRIs of the extremities.

**Note:** This report reflects complex radiology tests that you ordered, including studies that do not affect your efficiency index. Its purpose is to identify general radiology trends you may have an opportunity to improve.

**Key Indicator for Primary Care Physicians**  
 01/01/2006 through 09/30/2006 paid through 09/30/2006



Report prepared for Physician:  
 Practice Group: HEALTH PCP-  
 PFP Group: WMPN 3 IM/PEDS

Member Months 1243-2/6  
 8,116  
 47,569  
 63,097

		# Members Met Criteria (Num)	# Members Eligible (Denom)	PIP/PFP Score	Surplus Target	Favorable/ Unfavorable	Comparison Scores			
							Physician	PFP Group	Plan	
<b>Patient Satisfaction</b>										
Advice on avoiding illness	PG	15	16	94%	88%	+ 6 ▲	-	75%	80%	
Timeliness of returned phone calls	PG	11	16	69%	68%	+ 1 ▲	-	69%	72%	

<b>Patient Access &amp; Availability</b>										
Peak membership	PHY			922	500	+ 422 ▲	922	-	-	
Months open to new members	PHY			0	12	(9) ▼	0	-	-	
Additional office hours	PG			100%	100%	0 ▲	-	-	-	

<b>Preventive Health</b>										
Mammography	PHY	55	61	90%	81%	+ 9 ▲	90%	80%	81%	
Cervical cancer screens	PHY	143	158	91%	87%	+ 4 ▲	91%	86%	87%	
Colorectal cancer screens	PG	530	849	62%	62%	0 ▲	52%	60%	60%	
Childhood immunizations	PG	91	96	95%	82%	+ 13 ▲	100%	93%	88%	
Childhood immunizations (w/pneum. conj.)	PG	77	96	80%	77%	+ 3 ▲	100%	70%	77%	
Adolescent immunizations	PG	76	80	95%	72%	+ 23 ▲	96%	87%	73%	
Tobacco status and advice *	PG	-	-	-	90%	-	-	-	-	
Body Mass Index (BMI) *	PG	-	-	-	90%	-	-	-	-	

<b>Disease Management</b>										
Diabetes - HbA1c < 7%	PG	62	154	40%	60%	(20) ▼	44%	36%	33%	
Diabetes - LDL-C < 100 mg/dL	PG	97	154	63%	47%	+ 16 ▲	63%	51%	41%	
Diabetes - Retinal exams	PG	105	154	68%	66%	+ 2 ▲	53%	58%	53%	
Diabetes - Nephropathy screens	PG	109	154	71%	65%	+ 6 ▲	78%	51%	54%	
Diabetes - Controlled blood pressure	PG	43	103	42%	43%	(1) ▼	48%	40%	13%	
Hypertension - Controlled blood pressure	PG	265	366	72%	75%	(3) ▼	81%	70%	24%	
Asthma medication management	PG	76	88	86%	75%	+ 11 ▲	87%	83%	76%	
Depression optimal contacts	PG	3	23	13%	32%	(19) ▼	100%	13%	16%	

<b>Efficiency</b>										
Inpatient days / 1,000	PFP			222	160	(62) ▼	258	222	208	
Percent generic	PFP	37,488	55,179	67.9%	64.0%	+ 3.9 ▲	78.0%	67.9%	62.6%	
ER visits / 1,000	PFP			181	126	(55) ▼	121	181	207	
High tech radiology / 1,000	PFP			160	166	+ 6 ▲	120	160	173	

\* This will be measured by chart review.  
 Rows with a - (dash) mean either no results are available or there are no eligible members for this measure.  
 Level of Measure: PHY = Individual Physician; PG = Practice Group; PFP = PFP Group

▼ Below minimum surplus target ▲ At or above maximum surplus target



Partnership HealthPlan of California  
Back Pain Services

Dates of services  
Aug. 1, 2004 - July 31, 2006

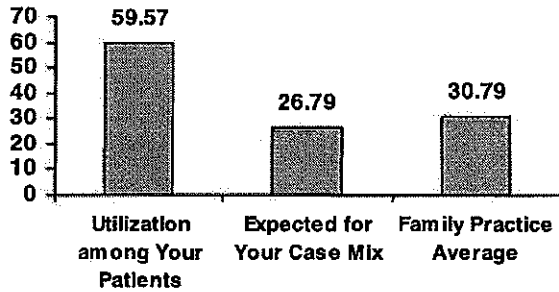
Provider:

Episodes: 77

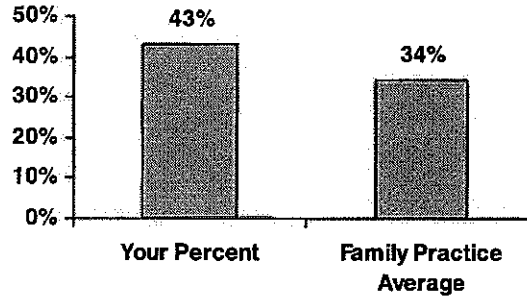
PHC ID:

Unique Patients 70

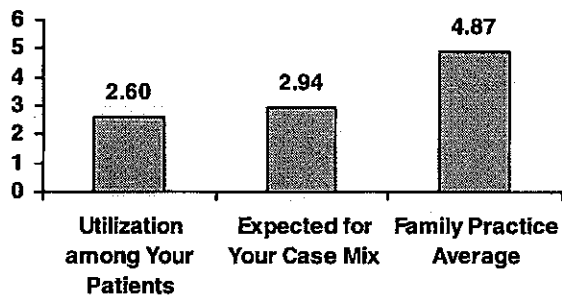
**Opioids**  
Days Supply per Episode



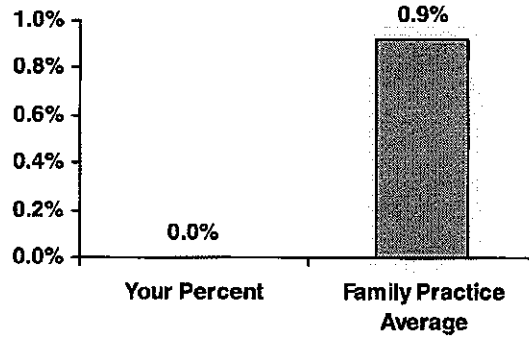
**Muscle Relaxants**  
Days Supply > 14 days



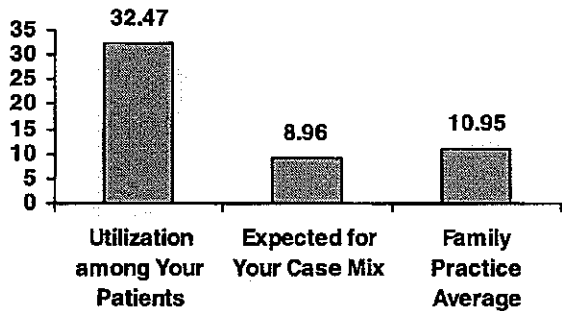
**MRI**  
Per 100 Episodes



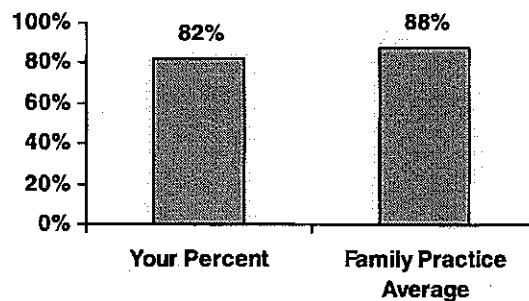
**MRI in First 42 Days of Episode**



**Spinal Injections**  
Per 100 Episodes



**Episodes over 90 Days Without Specialist Visit**



Denominator: 28



**EVALUATION &  
MANAGEMENT REPORT  
ESTABLISHED PATIENTS**

Blue Choice Commercial  
 Managed Care Data Paid Through: 07/31/2006  
 Episode Profile Load: February 2006  
 Episode Period: 01/01/2004 - 12/31/2005  
 2006\*\* IS FOR January - July

2006\*\* IS FOR January - July

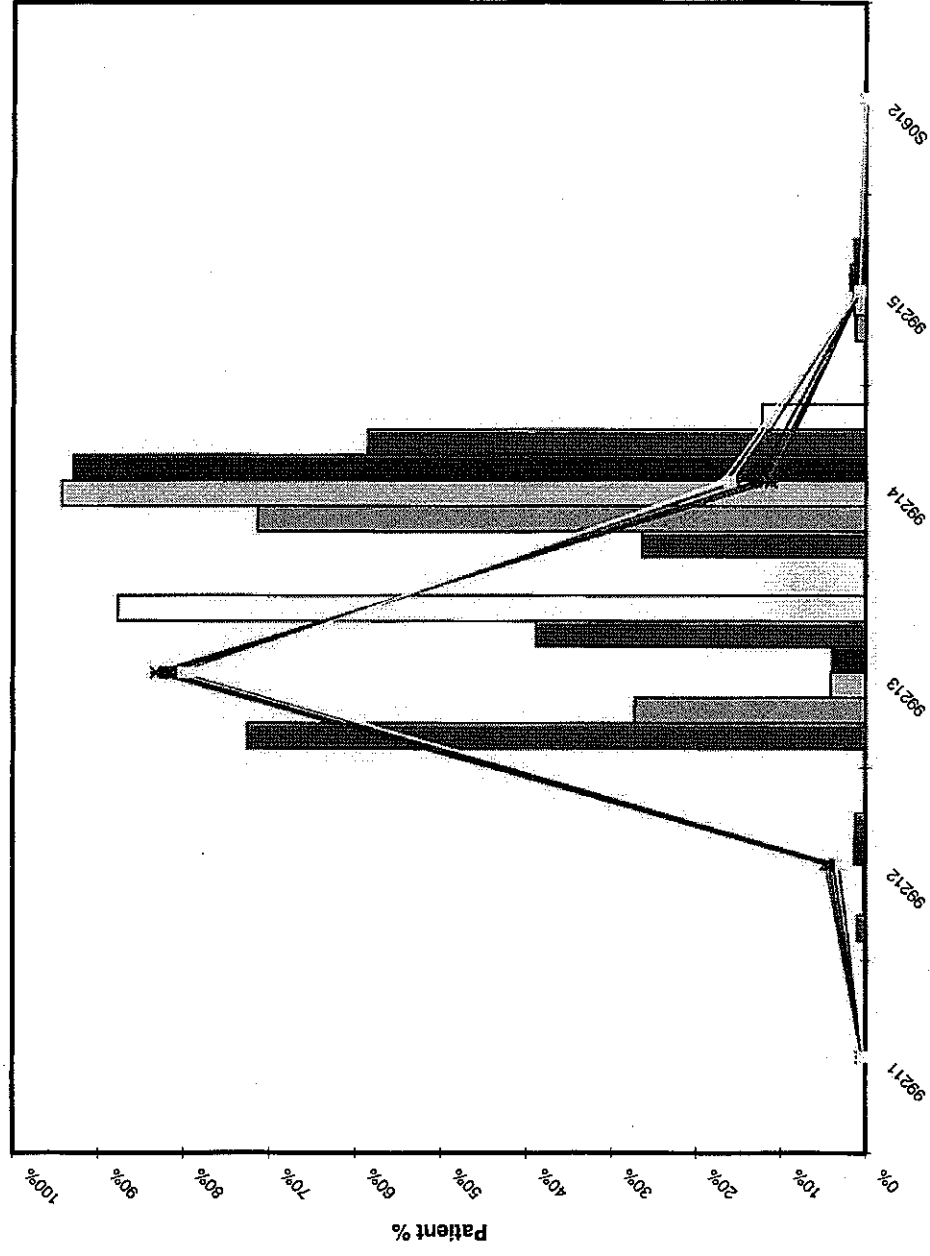
**example 1  
INTERNAL MEDICINE**

EPISODE PROFILE DATA	
VOC ELIGIBILITY:	N
Resp Index:	1.1
Total Index:	1
Weighted Index:	1.03

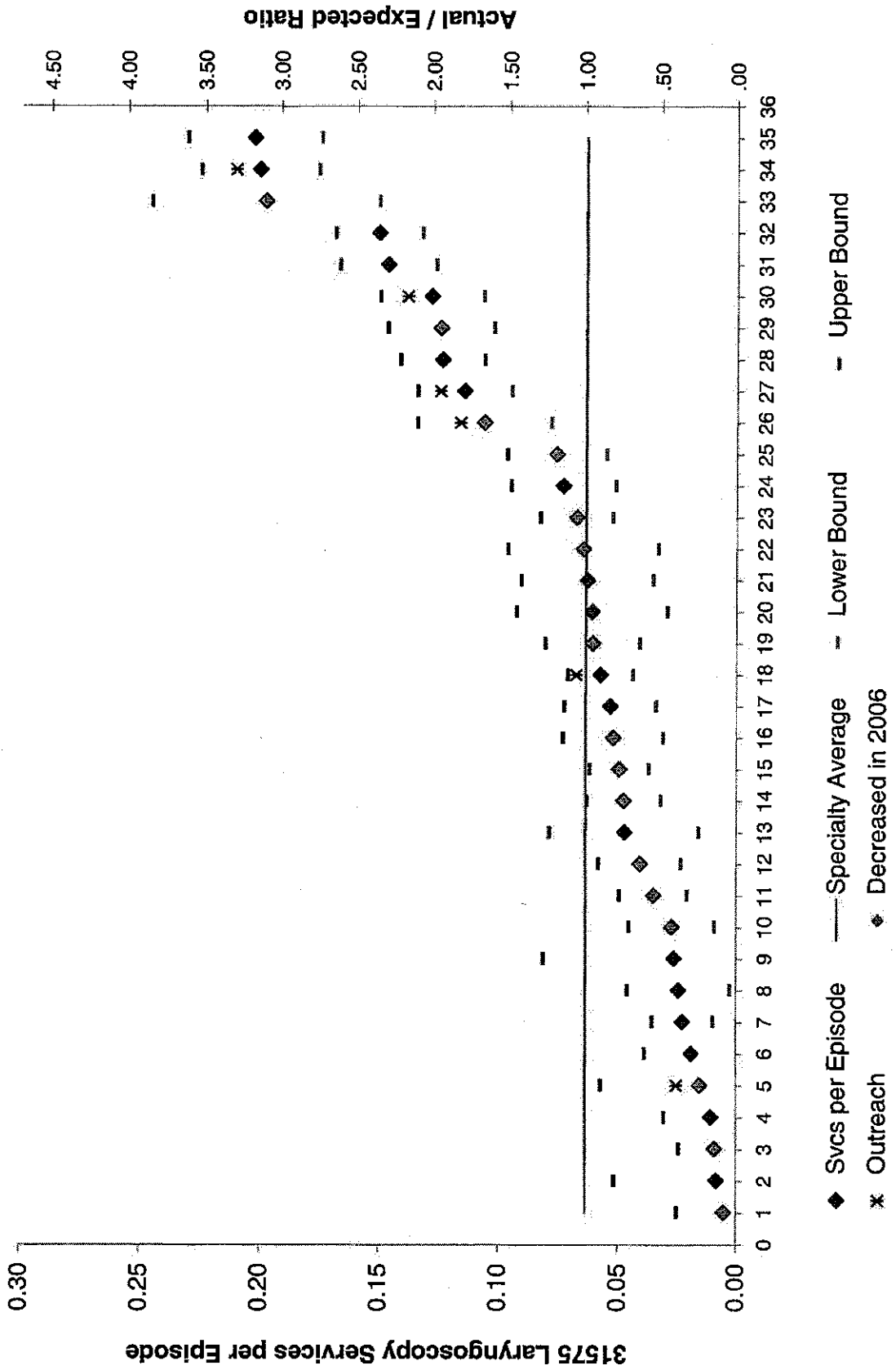
VISITS PER PATIENT	
PHY	
2001	4.22
2002	4.75
2003	4.13
2004	4.06
2005	5.33
2006**	2.52

EM PATTERNS ADJUSTMENT	
2001	4
2002	9
2003	13
2004	16
2005	8
2006**	0

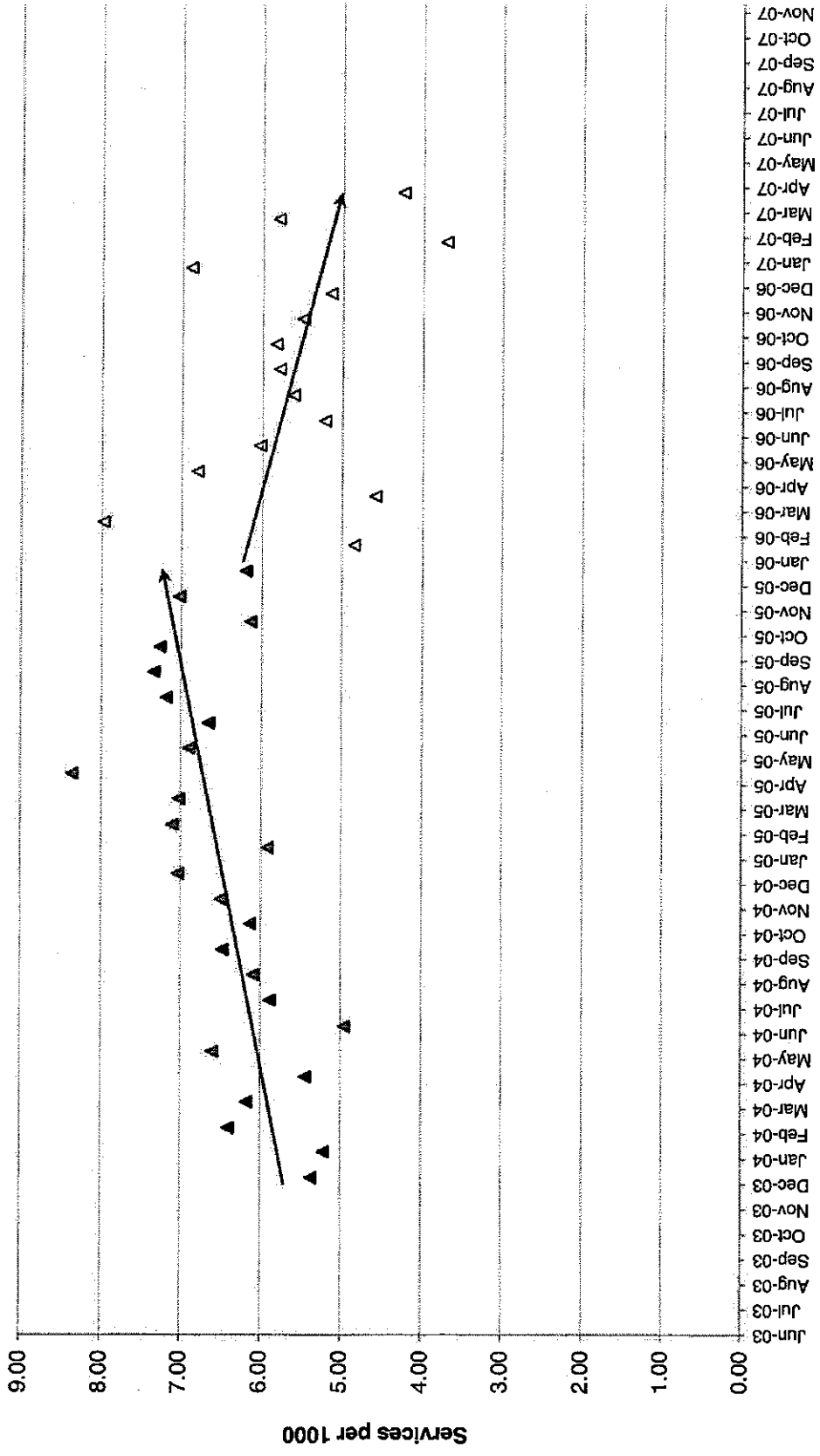
TOTAL # OF VISITS	
2001	532
2002	518
2003	438
2004	382
2005	432
2006**	131



PHY01 PHY02 PHY03 PHY04 PHY05 PHY06 SPEC01 SPEC02 SPEC03 SPEC04 SPEC05 SPEC06



**ENT Endoscopy Project  
 Fiberoptic Laryngoscopy (CPT 31575)  
 January 2004 through April 2007, paid May 31, 2007**



▲ 31575 SPT After

▲ 31575 SPT Before