

Attachment 5. 2a

Complex Radiology Utilization Report

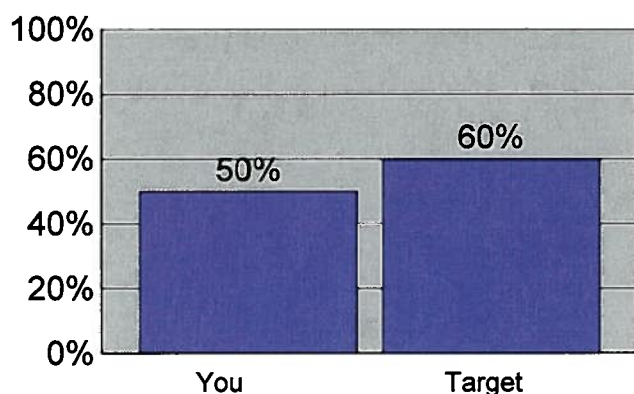
January 2005 - December 2006

Referring Practitioner - HOWARD B BECKMAN MD (CCP010182175)
INTERNAL MEDICINE (11)

Total Patients Seen by Practitioner: 51

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	3	\$386	98.0	78.3	5.88%	4.63%
MRI/MRA	2	\$2,392	39.2	37.1	3.92%	3.01%
Ultrasound	5	\$224	98.0	95.2	9.80%	7.00%

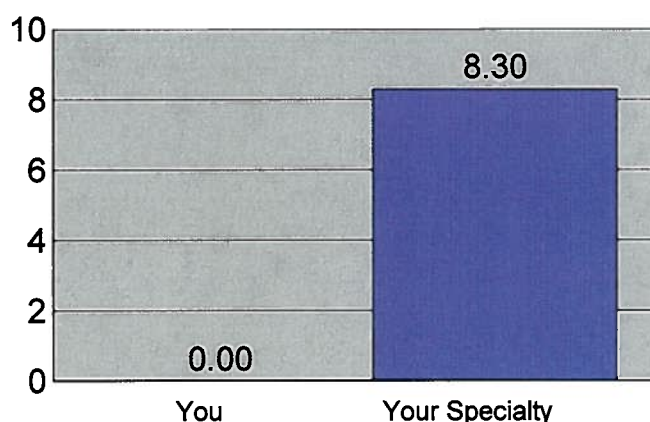
Percent Abdo-Pelvic CT Pairs



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.

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Complex Radiology Utilization Report

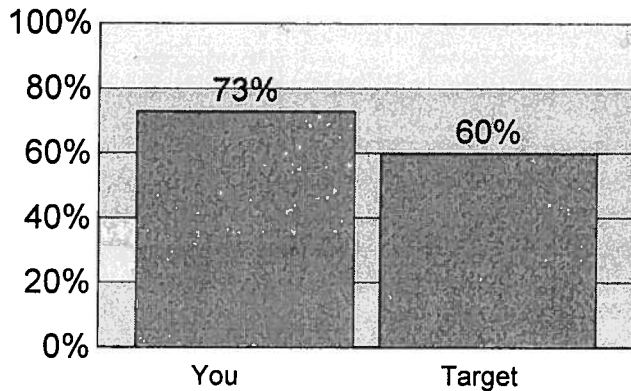
August 2005 - July 2007

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%

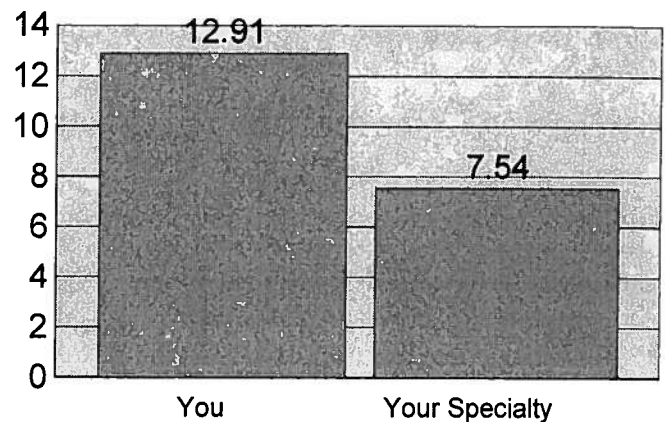
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Key Indicator for Primary Care Physicians
 01/01/2006 through 09/30/2006 paid through 09/30/2006



Member Months **1243-2/6**

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

8,116
47,569
63,097

Patient Satisfaction		# Members Met Criteria (Num)	# Members Eligible (Denom)	PIP/PFP Score	Surplus Target	Favorable/Unfavorable	Comparison Scores		
							Physician	PFP Group	Plan
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%

Patient Access & Availability

Peak membership	PHY			922	500	+ 422 ▲	922	-	-
Months open to new members	PHY			0	12	(9) ▼	0	-	-
Additional office hours	PG			100%	100%	0 ▲	-	-	-

Preventive Health

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%	-	-	-	-

Disease Management

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%

Efficiency

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



Provider:

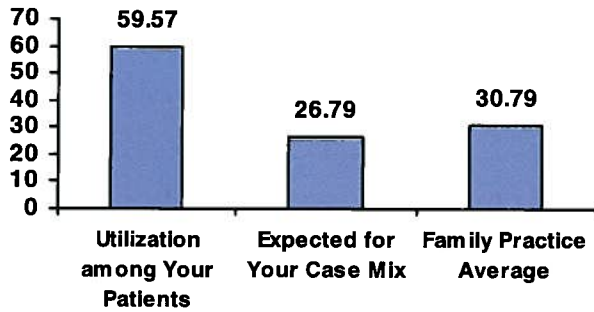
Episodes: 77

PHC ID:

Unique Patients 70

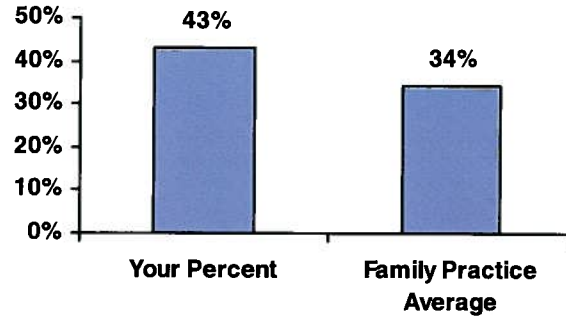
Opioids

Days Supply per Episode



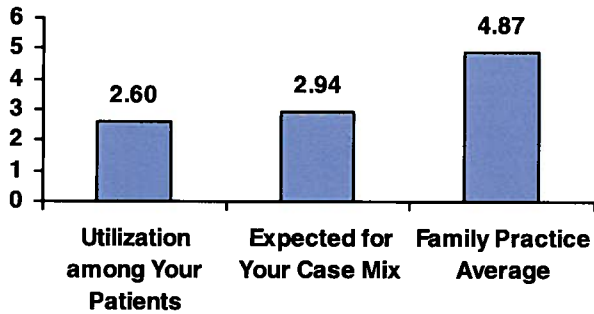
Muscle Relaxants

Days Supply > 14 days

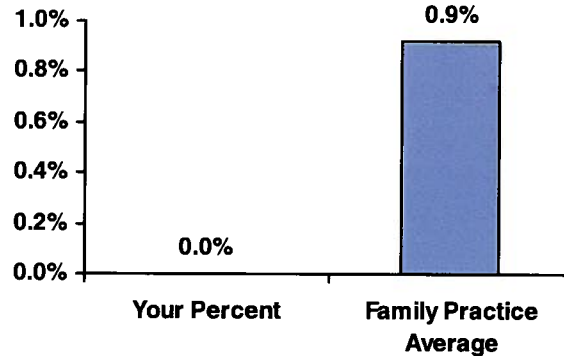


MRI

Per 100 Episodes

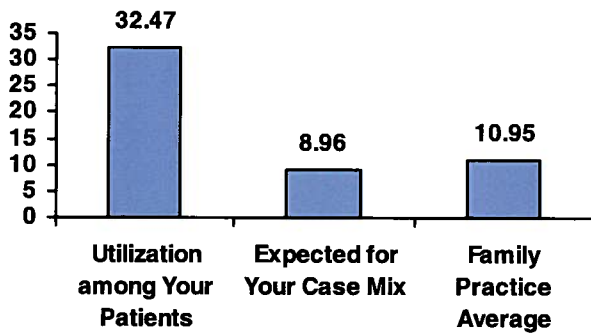


MRI in First 42 Days of Episode



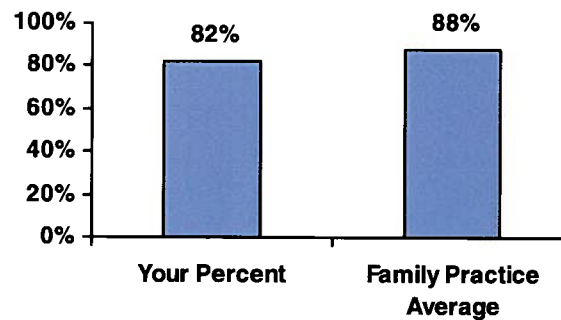
Spinal Injections

Per 100 Episodes



Episodes over 90 Days

Without Specialist Visit



Denominator: 28

Blue Choice Commercial

Managed Care Data Paid Through: 07/31/2006

Episode Profile Load: February 2006

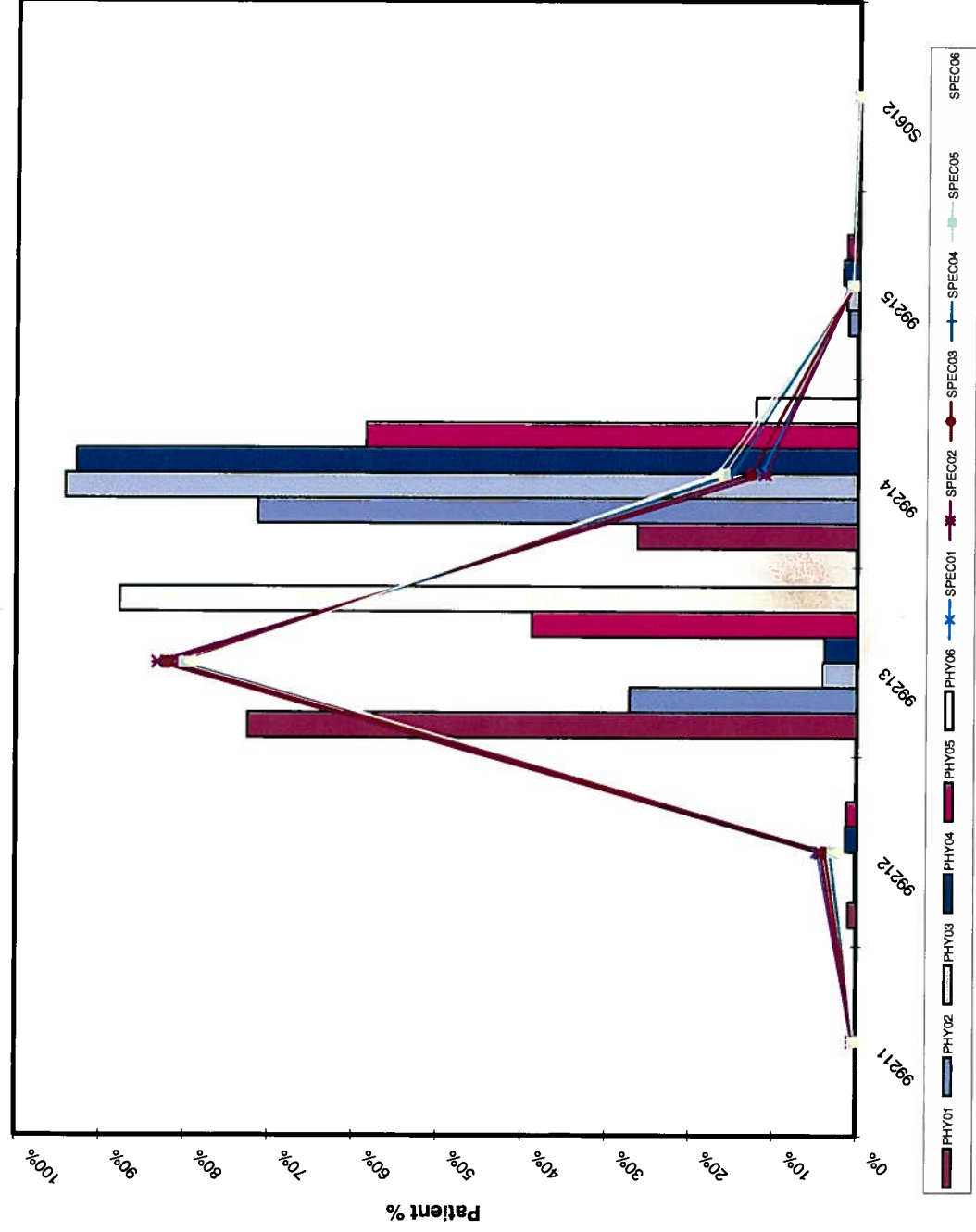
Episode Period: 01/01/2004 - 12/31/2005

2006** IS FOR January - July



EVALUATION & MANAGEMENT REPORT ESTABLISHED PATIENTS

example 1 INTERNAL MEDICINE

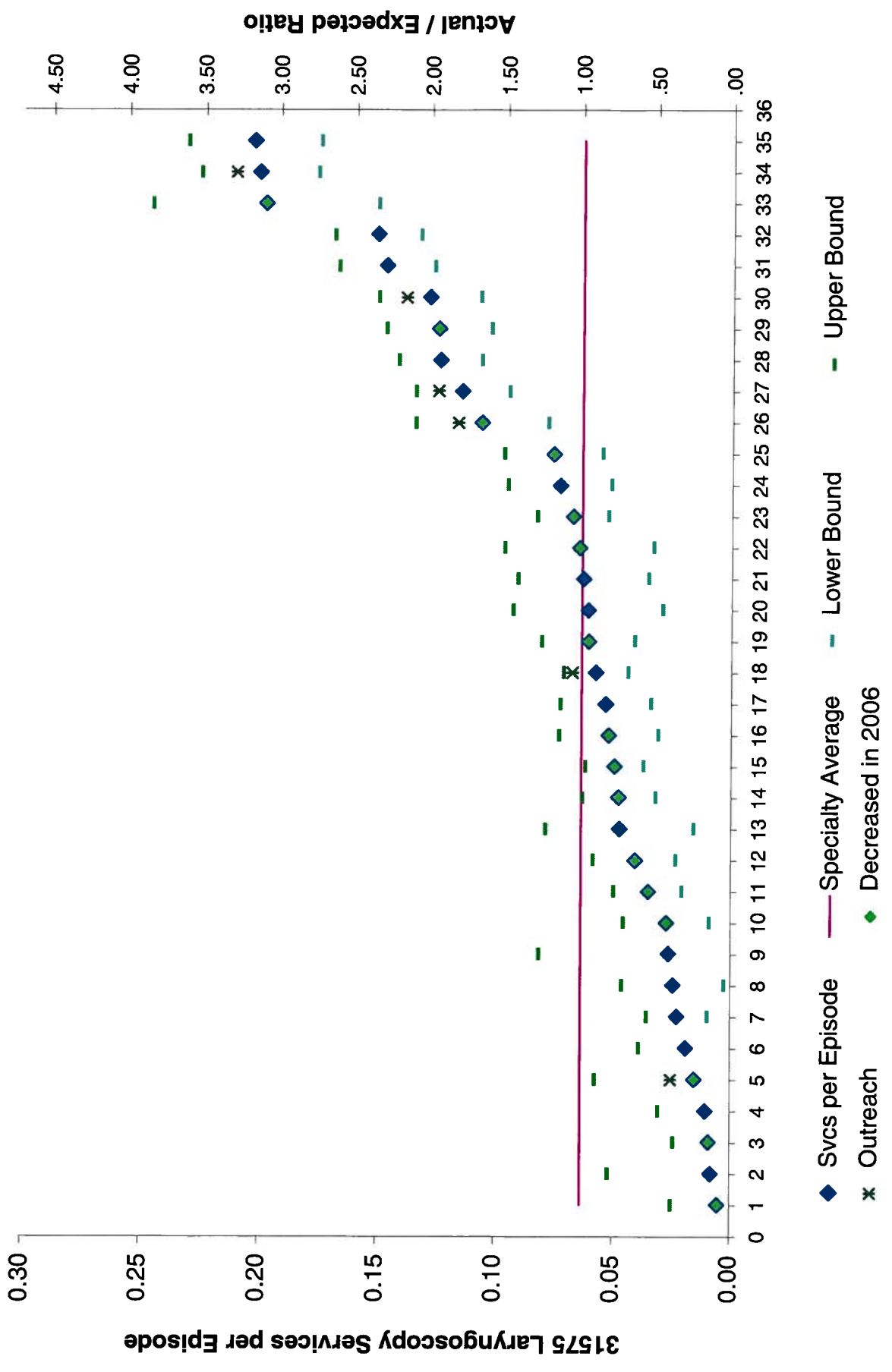


EPISODE PROFILE DATA	
VOC ELIGIBILITY:	N
Resp Index:	1.1
Total Index:	1
Weighted Index:	1.03

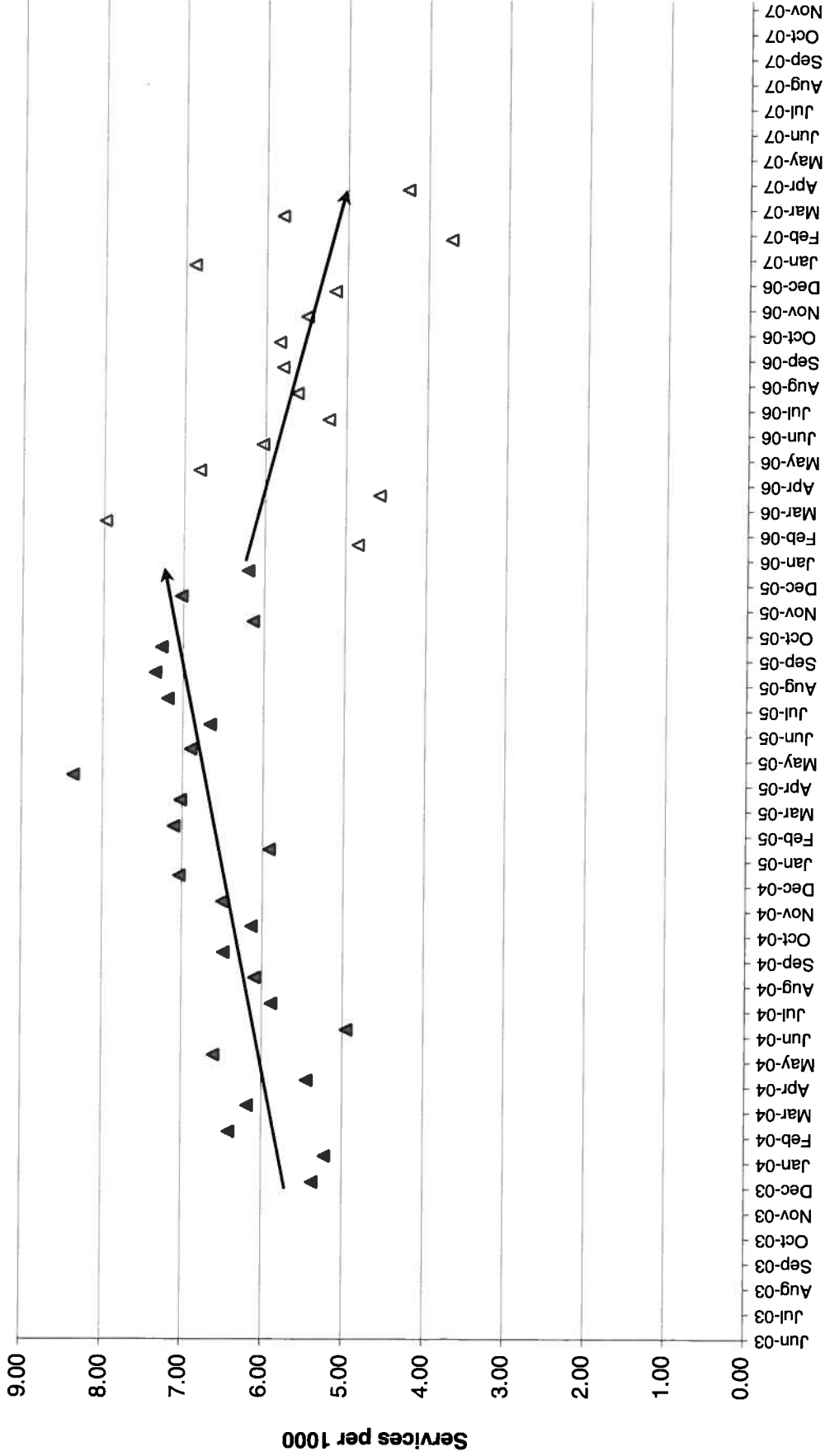
VISITS PER PATIENT	
PHY	
2001	4.22
2002	4.75
2003	4.13
2004	4.06
2005	5.33
2006**	2.52

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



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



▲ 31575 SPT Before △ 31575 SPT After