

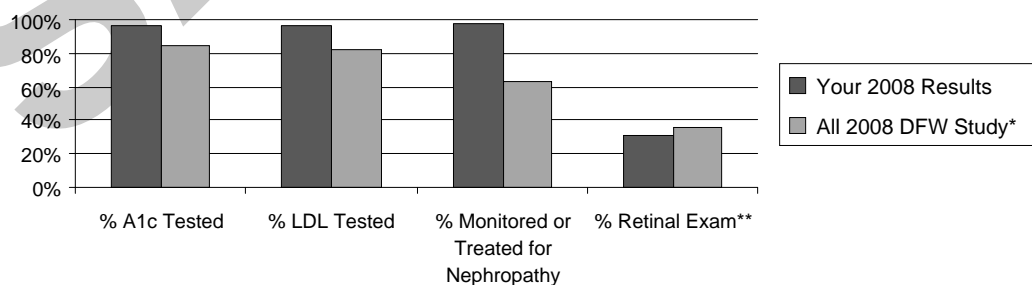
DFW Diabetes Care Report

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This is your aggregated five-plan Diabetes Care Report based on commercial claims data provided by: Aetna, Blue Cross Blue Shield of Texas, CIGNA, Humana and UnitedHealthcare. Sponsored by the Partnership for Peak Healthcare Performance, this report spotlights metrics standardized across the five plans and based on HEDIS 2009 definitions. For more information about this report see the FAQs on the reverse side or visit www.dfwbgh.org/partnership.

Calendar Year 2008	Total Adult Diabetes Patients Treated	Process Measures				Outcomes Measures	
		% A1c Tested	% LDL Tested	% Monitored or Treated for Nephropathy	% Retinal Exam**	Average A1c Value (# patients in parenthesis)***	Average LDL Value (mg/dL) (# patients in parenthesis)***
Your observed 2008 results across all five plans	200	97%	97%	98%	32%	7.2% (116)	100 (108)
All 3,084 physicians in DFW study across the five plans*	81,138	87%	84%	67%	35%	7.3% (20080)	94 (19873)
Your 2008 results by health plan							
Aetna	57	98%	96%	100%	42%	6.9% (16)	108 (16)
Blue Cross Blue Shield	25	96%	96%	100%	44%	6.3% (3)	75 (2)
CIGNA	34	100%	100%	100%	18%	7.8% (33)	105 (31)
Humana	1	100%	100%	100%	0%	n/a	n/a
UnitedHealthcare	83	95%	95%	94%	27%	7.1% (64)	95 (59)

Comparison of Your Results to the DFW Study Average



Footnotes:

* All 3,084 physicians in the 12-county DFW MSA with specialties of endocrinology, family practice, general practice, and internal medicine, and who treated commercially insured adult patients (age 18 to 75) with diabetes whose medical benefits were administered by one of the five health plans. Patients were attributed to the physician with whom they had the most visits within the measurement period.

** The data reflect only screening retinal exams performed for the indication of diabetes (per HEDIS specifications) and coded in a filed claim as such. Therefore the data should not be viewed as completely reflecting the actual number of such exams performed.

*** The ability of claims systems to link lab values to patients and their prescribing physicians is limited. On average, values were captured for only a third of the patients. Although data for this measure are not complete, the average is included for your information.

The Partnership for Peak Healthcare Performance is a program of the Dallas-Fort Worth Business Group on Health.

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Frequently Asked Questions

Who sponsors this quality measurement and improvement initiative?

The Partnership for Peak Healthcare Performance (PPHP) is sponsored by the Dallas-Fort Worth Business Group on Health (DFWBGH) whose members include DFW employers, health plans, medical groups, pharmaceuticals and consumers – for details see www.dfwbgh.org/partnership. A key component of this initiative is a collaborative effort to measure and report the quality of care provided to commercially insured health plan members.

What patient data were included in the results?

The eligible patient population includes commercially insured adult patients (age 18 to 75 as of December 31 of the measurement year) with PPO or POS coverage, who were continuously enrolled in one health plan with no more than one gap of up to 45 days within the measurement year, and who were diagnosed with or received treatment for diabetes in the measurement year or the year prior.

How are patients attributed to a physician?

Patients were attributed to the primary care physician with whom they had the most office visits in the measurement year. In the event of a “tie”, the patient was attributed to the physician with whom s/he had the most recent office visit. The patient care specialties included in this report are: endocrinology, family practice, general practice, and internal medicine.

How were the measures calculated?

Process measures (A1c test, LDL test, nephropathy test or treatment, and retinal exam):

The denominator represents all eligible patients who should have received a particular service, and the numerator is the number of patients who actually received the service (as defined by HEDIS specifications) based on insurance claims records. The process measure result is the percentage of eligible patients who received the service.

Outcome measures (average A1c and LDL values): Our ability to measure outcomes across the five health plans is inadequate at this time, but we know that improving and maintaining glycemic and lipid control are important goals of diabetes care management. We were able to collect information on A1c and LDL lab values for some of your patients. Though the data do not reflect outcomes for all your diabetes patients, we are reporting your calculated average A1c and LDL values for your information. Our goal is to improve our data collection techniques so that in the future this information will become more valuable to you.

Which physicians receive this report?

Of the 3,084 physicians in the 12-county DFW metropolitan statistical area included in the study, only those who treated 20 or more eligible diabetes patients during the measurement year are receiving reports (1,250 physicians, or about 41% of all the physicians in the study).

How will these results be used?

The primary use of this information is for you and other physicians to assess the reliability of the data and to see how treatment for your patients compares to that of other physicians in DFW. Additionally, the Partnership for Peak Healthcare Performance will use the regional results to identify opportunities to improve care.

How can I get questions answered or find more information?

For further details about this project or if you have questions or comments please visit www.dfwbgh.org/partnership.

Disclaimer: The Dallas-Fort Worth Business Group on Health (DFWBGH), the Partnership for Peak Healthcare Performance (PPHP), Austin Provider Solutions (APS) and any of their representatives are not responsible for any decisions made based on conclusions drawn from the information presented in the DFW Diabetes Care Reports.

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