



October 30, 2008

Dr. Wesley Chase
1717 Russell Drive, Ste. 105
Littlerock, CA 93521

Dear Dr. Chase,

The enclosed report shows your results for a small number of quality measures for Medicare and commercially insured PPO patients who saw you during 2007.

The purpose of this report is to advise you of the quality measurement work that is underway in California, to share your results with you, and to begin an information exchange about ways to improve the measurement data and performance. CCHRI and CMS will not share these results publicly; the participating health plans may choose to share commercial results in member materials in 2009 after physicians have had an opportunity to assess the accuracy of the data.

Some of the project data is incomplete or wrong due to errors in claims submission, processing or for other reasons. Your feedback will help to improve the data for future reporting cycles. You can obtain a list of the commercial patients that were attributed to you or contact us with any questions at www.cchri.org/cppi. The Medicare patient list is not available due to Medicare restrictions about the sharing of patient-identifiable information.

The goal of this quality measurement initiative is to improve patient care. This initial report is intended to help you gauge how well care for patients you saw meets national standards of care in selected areas. California's overall results signal opportunities to improve both the quality of care and the accuracy of the measurement data. Your help in assessing the information and the results will help lead to better care.

The California Physician Performance Initiative is sponsored by the California Cooperative Healthcare Reporting Initiative. CCHRI is a collaborative of health plans, medical groups and purchasers that works to improve the quality of care and its affordability. The quality measures were constructed by combining claims from the Medicare fee-for-service program and commercial claims from California's three largest PPOs — Anthem/Blue Cross, Blue Shield, and United Healthcare.

These quality scores are the proportion of qualifying patients who received the designated service (e.g., a mammogram) per the claims records. The patients attributed to you for each measure, based on a visit with you, may be too few to generalize about the results. These are a subset of your patients drawn from the insurance programs listed above; certain patients are excluded to improve the measures' validity.

We welcome your thoughts and help to improve this measurement work as we all pursue improvements in patient health and experiences.

Sincerely,

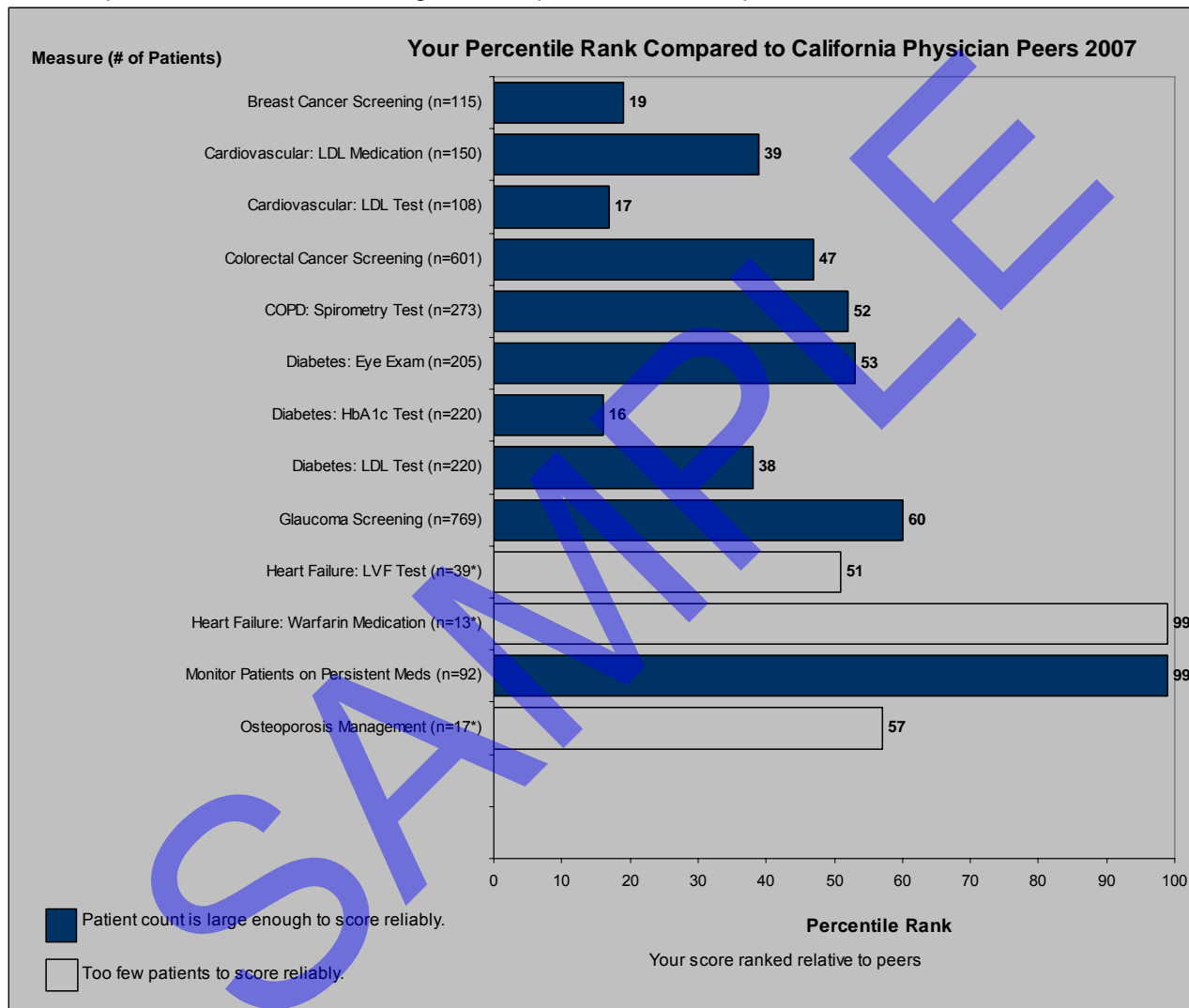
CCHRI, California Physician Performance Initiative



QUALITY MEASURES PHYSICIAN PERFORMANCE RESULTS 2007

Your Percentile Rank Compared to Physician Peers

The solid bar shows the percentile ranking for Dr. Chase by measure. Your scores are ranked relative to other California physicians who saw similar types of patients in 2007. The highest scoring doctor is placed at the 100th percentile; the lowest scoring doctor is placed at the zero percentile.



*Too few patients to reliably score measure; your true percentile ranking for this measure likely differs from this result.

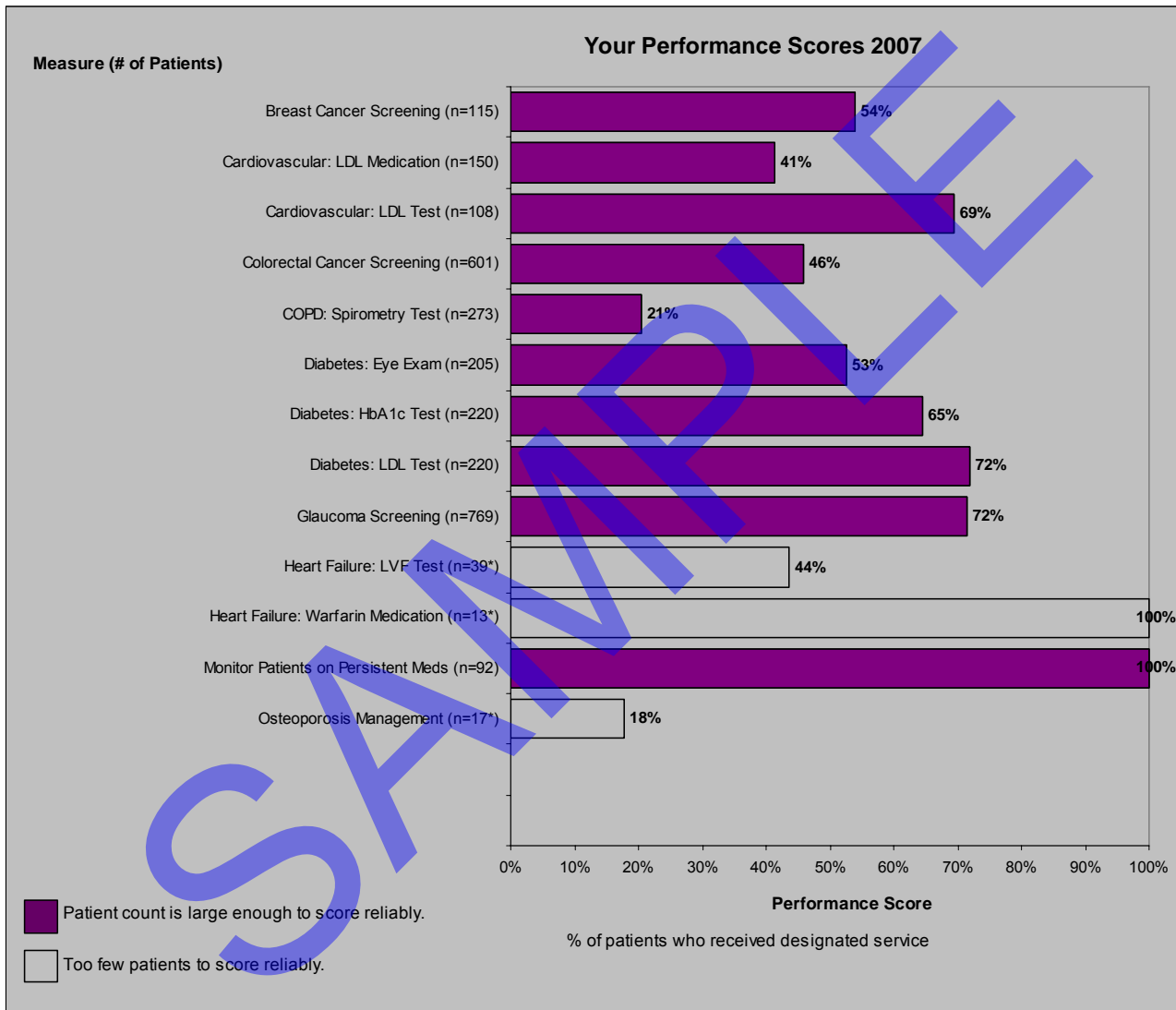
How physician scores are compared

The graph above shows how your scores rank relative to a peer group dependent on your specialty assignment; the lowest scoring physician is placed at 0 and the highest scoring physician at 100. Your specialty, Internal Medicine, was assigned based on the specialty listings in health plan and medical group records. Primary care physicians are compared to PCPs only; specialists are compared to all physicians of the specialties relevant to each particular measure – a mix of primary and specialty care physicians. Sometimes specialty information from the records is incorrect; go to www.cchri.org/cppi to make corrections or for more information.

Results are displayed graphically only for measures with a patient count of 10 or more. If too few patients were attributed to you to reliably estimate your score for a measure, a 'no fill' bar is displayed with an alert that your true ranking likely differs from this result. Although the result for this measure is not reliable, it is included for your information. All scores, regardless of reliability or patient count, are listed in Table 1 on page 3.

Your Performance Scores by Measure

The solid bar shows the performance scores for Dr. Chase by measure. Each score is the percentage of patients in the sample who received the designated service for that measure.



*Too few patients to reliably score measure; your true percentile ranking for this measure likely differs from this result.

How the measures are scored

The measure denominator represents all patients who should receive a particular service and the numerator is the number of patients who actually received the service based on insurance claims records. The measure score is the percentage of patients who received the service.

Results are displayed graphically only for measures with a patient count of 10 or more. If too few patients were attributed to you to reliably estimate your score for a measure, a 'no fill' bar is displayed with an alert that your true ranking likely differs from this result. Although the result for this measure is not reliable, it is

included for your information. All scores, regardless of reliability or patient count, are listed in Table 1 on page 3.

Medicare and commercial patients are included

The measures include Medicare fee-for-service and commercial PPO patients. Your scores for each patient group are reported separately in Table 1 – there may be too few patients in one or both of these patient subgroups to have reliable scores but the results are provided for your information. The criteria to select these measures included measures that were NQF/AQA endorsed, applied to Medicare and commercial patients, and could be scored using only claims data.

Table 1. Your Performance Scores: Medicare and Commercial Patients

Measure Name	Measure Description	Your Score All Patients	Your Score Medicare Patients Only	Your Score Commercial Patients Only
Arthritis: Anti-Rheumatic Medication	Patients with rheumatoid arthritis, age 18+, who were prescribed a disease modifying anti-rheumatic medication in 2007.	NUM = 8 DEN = 9	NUM = 7 DEN = 8	NUM = 1 DEN = 1
Breast Cancer Screening	Women, age 42-69, who had a mammogram in 2006 or 2007.	NUM = 62 DEN = 115	NUM = 48 DEN = 96	NUM = 14 DEN = 19
Cardiovascular: LDL Test	Patients, age 18-75, who were hospitalized in 2006 for an AMI, CABG, or PTCA, or were diagnosed with IVD in 2006 or 2007, and who had an LDL test in 2007.	NUM = 75 DEN = 108	NUM = 73 DEN = 104	NUM = 2 DEN = 4
Cardiovascular: Beta Blocker at 6 Months After a Heart Attack [†]	Patients, age 35+, who were hospitalized in 2007 for an AMI and were prescribed beta-blocker medication for the 6 months after discharge.	N/A	Commercial only	N/A
Colorectal Cancer Screening*	Patients, age 51-80, who had a FOBT in 2007, or a sigmoidoscopy from 2004-2007, or a DCBE from 2004-2007, or a colonoscopy from 2004-2007.	NUM = 275 DEN = 601	NUM = 254 DEN = 555	NUM = 21 DEN = 46
Coronary Artery Disease: LDL Medication [†]	Coronary artery disease patients, age 18+, who were prescribed a lipid-lowering medication in 2007.	NUM = 62 DEN = 150	NUM = 57 DEN = 136	NUM = 5 DEN = 14
Diabetes: Eye Exam	Diabetes patients, age 18-75, who had a retinal or dilated eye exam in 2007.	NUM = 108 DEN = 205	NUM = 108 DEN = 205	Medicare only
Diabetes: HbA1c Test	Diabetes patients, age 18-75, who had an HbA1c test in 2007.	NUM = 142 DEN = 220	NUM = 136 DEN = 205	NUM = 6 DEN = 15
Diabetes: LDL Test	Diabetes patients, age 18-75, who had an LDL test in 2007.	NUM = 158 DEN = 220	NUM = 150 DEN = 205	NUM = 8 DEN = 15
Glaucoma Screening	Patients, age 67+ without history of glaucoma, who received a glaucoma screening in 2006 or 2007.	NUM = 550 DEN = 769	NUM = 550 DEN = 769	Medicare only
Heart Failure: Warfarin Medication for Patients with Atrial Fibrillation [†]	Heart failure patients, age 18+, who were hospitalized with paroxysmal or chronic atrial fibrillation in 2006 and were prescribed warfarin.	NUM = 13 DEN = 13	NUM = 13 DEN = 13	N/A
Heart Failure: Left Ventricular Ejection Fraction Test	Heart failure patients, age 18+, who were hospitalized for heart failure during 2007 and who had a left ventricular ejection fraction test sometime during 2007.	NUM = 17 DEN = 39	NUM = 16 DEN = 37	NUM = 1 DEN = 2
Monitoring Patients on Persistent Medications	Patients, age 18+, who were prescribed a persistent medication (at least a 180-days supply) in 2007 who received a monitoring test for one or more of the following: (1) ACE inhibitors or ARBs; (2) Digoxin; or (3) Diuretics.	NUM = 92 DEN = 92	NUM = 88 DEN = 88	NUM = 4 DEN = 4
Osteoporosis Management in Women Who Had a Fracture	Women age 67+ with a fracture occurring between 7/1/2006 – 6/30/2007, who received a bone mineral density (BMD) test or prescription to treat/prevent osteoporosis within six months of the injury.	NUM = 3 DEN = 17	NUM = 3 DEN = 17	Medicare only
COPD: Spirometry Test	Patients, age 42+ with a new or newly active COPD diagnosis between 7/1/2006 – 6/30/2007, who received spirometry testing two years prior to diagnosis or within 6 months of diagnosis.	NUM = 56 DEN = 273	NUM = 55 DEN = 269	NUM = 1 DEN = 4

Num = is the number of patients who received the service based on insurance records; Den = is the number of patients who should have received the service.

* The Colorectal Cancer Screening Measure has a ten year look back period, but only 3 years of data are available for the current study.

[†] No Medicare population reporting because Medicare prescription drug data is not available for the entire measurement period.

How patients are attributed to a physician

Each patient who was eligible for a measure was attributed to the physician(s) of the relevant specialties who had at least one evaluation and management visit with the patient during the time specified for that measure. The relevant specialties are: a) internal medicine and family/general practice for all measures; b) cardiology for the five cardiovascular measures, the monitoring medications measure, and the diabetes LDL test measure; c) endocrinology for the three diabetes measures and the osteoporosis management measure; d) OB/GYN for the breast cancer screening and osteoporosis management measures; e) gastroenterology and colorectal surgery for the colorectal cancer screening measure; f) nephrology for the osteoporosis management measure; g) ophthalmology and optometry for the glaucoma screening and diabetes eye care measures; h) allergy/immunology and pulmonology for the spirometry measure; i) geriatrics for the glaucoma screening and osteoporosis management measures; and j) rheumatology and orthopedics for the osteoporosis management and anti-rheumatic drug measures.

Patient samples per physician and reliability of the scores

A reliability statistic is used to affirm that the results for a physician's sample of patients is representative of the true results if all of a physician's patients were included. We use a minimum reliability of 0.70 (on a 0.0-1.0 scale) as the threshold to determine that the patients attributed to the physician are reporting consistent results. Regardless of a measure's reliability level, physicians' scores are only displayed graphically if 10 or more patients were attributed to the physician for that measure.

How to get a list of the commercial patients who were attributed to you

Go to www.cchri.org/cppi if you would like to obtain the list of commercially insured patients who were attributed to you for these measures. At the website, you can print a request form and fax your request for the patient list. In turn, the patient list will be mailed to you. The deadline to request a patient list is **December 5, 2008**.

The list of Medicare patients that were attributed to you are not available as the Medicare data was provided by the government under different legal terms that limited the use of the Medicare records.

How these performance results will be used

The first use of this information is for you and other physicians to assess the accuracy of the data and to determine how well care for patients who you saw meets national standards. CMS has no plans to publicly report physician-specific performance results. CMS has begun to publicly report similar performance results at the medical practice level. The commercial health plans are evaluating these results and will decide any uses of the commercial results in 2009 after physicians have had an opportunity to assess the accuracy of the results.

How to get any questions answered or for more information

For further details about this project or if you have questions or comments log on to www.cchri.org/cppi.

The sponsors of this performance measurement and improvement work

The California Physician Performance Initiative is sponsored by the California Cooperative HealthCare Reporting Initiative (CCHRI) whose members include California health plans, medical groups, purchasers and consumers – see www.cchri.org for details. The Initiative is an effort to measure and report the quality and cost of care provided to Medicare and commercial health plan members.