



July 24, 2009

Dr. Jim Jones
123 Main St
Anywhere, CA 90010



Dear Dr. Jim Jones:

The enclosed report shows your results for a small number of quality measures for HMO and PPO patients who saw you during October 2007-September 2008.

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 exchange information about ways to improve the measurement data and performance.

You can confirm or correct your performance results at www.cchri.org/cppi by requesting a list of the patients who were attributed to you. The deadline to request a patient list is August 28, 2009.

In September 2009, results will be organized by medical practice site: same-specialty physicians in the same office location will be scored together as a practice. To ensure that you are affiliated with the right practice site you can:

- Use the website to confirm your practice addresses; and
- Contact us online or at 714-735-8754 if you share an office with other same-specialty physicians but do not share patients.

Your feedback is important – some project data is incomplete or wrong due to errors in claims submission, processing or for other reasons.

The 3 participating health plans will determine how these results will be used with their clients, members and participating providers upon receipt of the information in late October 2009, subject to review by the CCHRI Executive Committee. Corrected results will be included in the data that is provided to the health plans.

The California Physician Performance Initiative is sponsored by the California Cooperative Healthcare Reporting Initiative, a collaborative that works to improve the quality of care and its affordability. The quality measures were constructed from commercial claims from California's three largest PPOs — Anthem Blue Cross, Blue Shield, and United Healthcare and the Anthem Blue Cross and Blue Shield HMOs.

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.

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

Sincerely,

A handwritten signature in black ink that reads "David Hopkins".

David S. P. Hopkins, Ph.D.
Chair, CCHRI Executive Committee

A handwritten signature in black ink that reads "Jerry Penso".

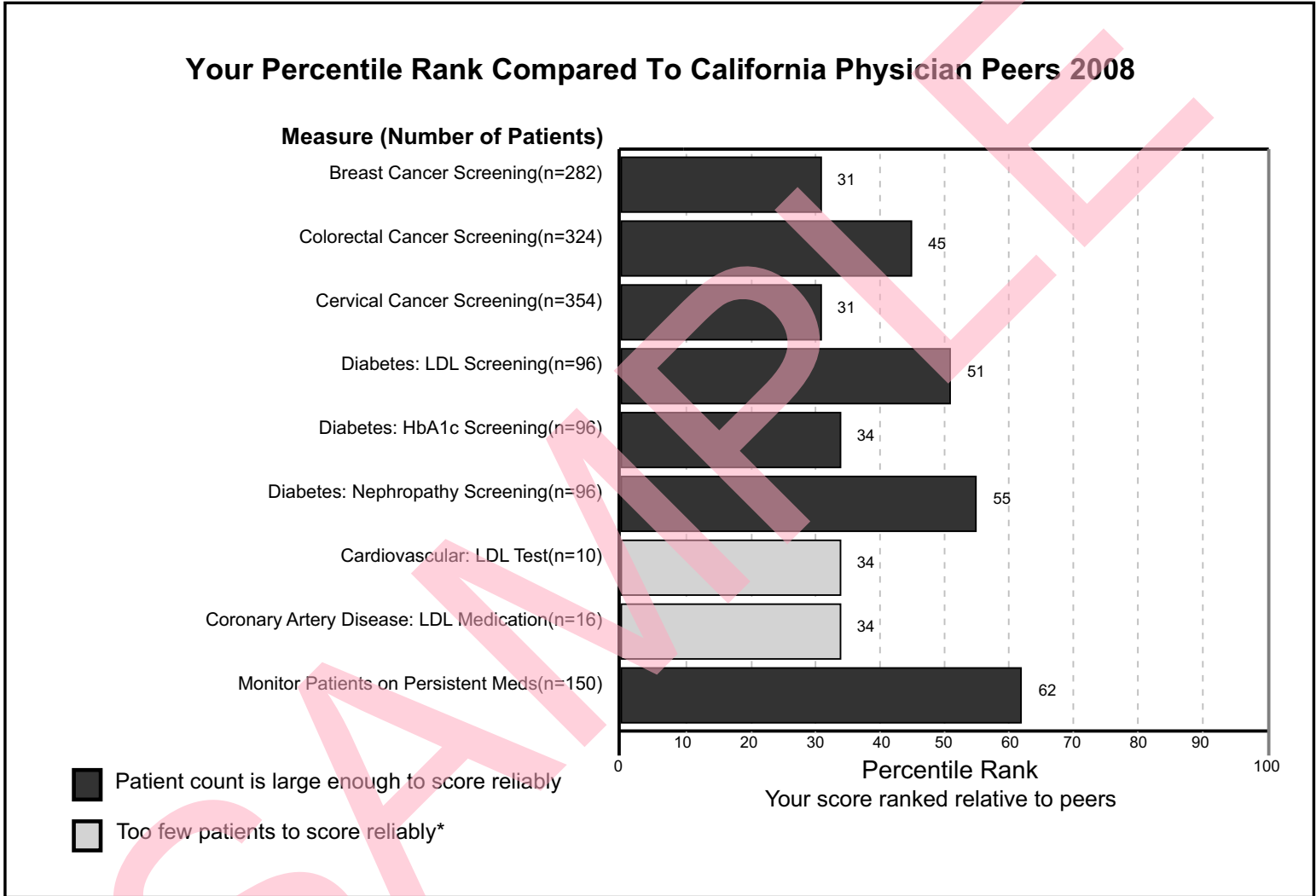
Jerry Penso, MD
Chair, CPPI Physician Advisory Group



Quality Measures Physician Performance Results 2008

Your Percentile Rank Compared to Physician Peers

The solid bar shows the percentile ranking for Dr. Jim Jones by measure. Your scores are ranked relative to other California physicians who saw similar types of patients in 2008. 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.

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How physician scores are compared

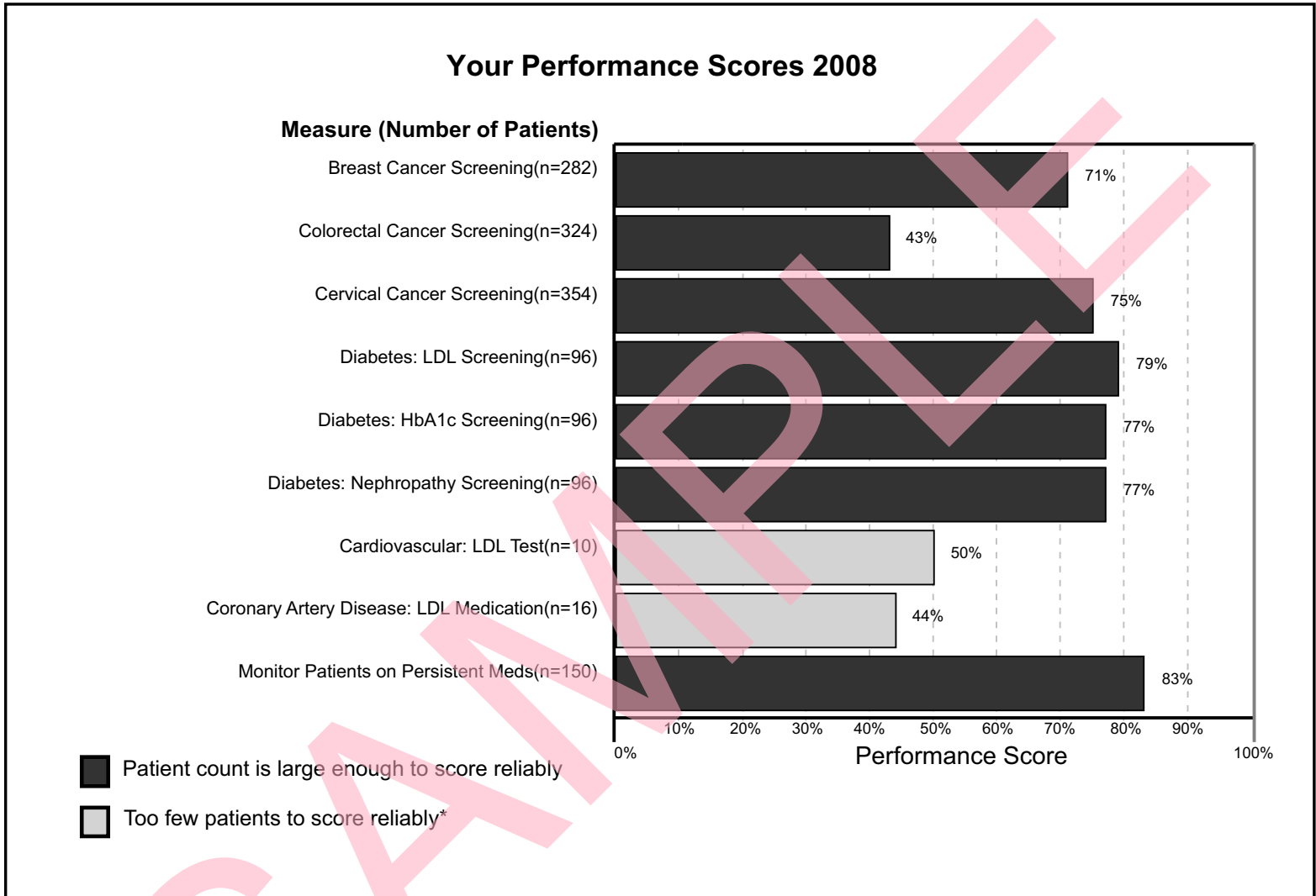
The graph above shows how your scores rank relative to a peer group dependent on your specialty assignment; the lowest scoring physician is placed at 0 and the highest scoring physician at 100. Your specialty, INTERNAL MEDICINE, was assigned based on the specialty listings in health plan and medical 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 lightly shaded bar is displayed with an alert that your true ranking likely differs from this result. Although the result for such measures are not reliable they are included for your information. All scores, regardless of reliability or patient count, are listed in Table 1 on page 3.

Disclaimer The California Cooperative Healthcare Reporting Initiative (CCHRI), Pacific Business Group on Health (PBGH), and Thomson Reuters are not responsible for any decisions made based on conclusions drawn from the information presented in this report.

Your Performance Scores by Measure

The bars shows the performance scores for Dr. Jim Jones 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 performance score 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 lightly shaded bar is displayed with an alert that your true score likely differs from this result. Although the results for such measures are not reliable they are included for your information. All scores, regardless of reliability or patient count, are listed in Table 1 on page 3.

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Your Commercial PPO/HMO Patients Included in Your Performance Scores

The measures include commercial PPO and HMO patients attributed to you. The number of your patients included in the numerator and denominator are used to calculate each of your individual measure scores and are presented in Table 1 below. There may be too few patients in one or both of the measure numerators or denominators to have reliable scores. Unreliable scores will not be reported, but they are provided for your information below. The criteria to select these national standard measures included measures that were National Quality Forum (NQF)/Ambulatory Care Quality Alliance (ACA) endorsed, applied to commercial PPO/HMO patients, and could be scored using only claims data.

Table 1. Commercial PPO/HMO Patients Included in Your Performance Scores

Measure Name	Measure Description	Your Score All Patients	Your Score Commercial PPO Patients Only	Your Score Commercial HMO Patients Only
Breast Cancer Screening	Women, age 42-69 on 9/30/2008, who had mammogram during 10/01/2006 – 9/30/2008.	NUM = 199 DEN = 282	NUM = 43 DEN = 57	NUM = 156 DEN = 225
Colorectal Cancer Screening*	Patients, age 51-80, who had a FOBT during 10/01/07 to 9/30/2008 or a sigmoidoscopy or DCBE during 10/01/2007 – 9/30/2008 or a colonoscopy during 10/01/1998 – 9/30/2008.	NUM = 140 DEN = 324	NUM = 37 DEN = 100	NUM = 103 DEN = 224
Cervical Cancer Screening	Women, age 21-64 on 9/30/2008, who had a PAP test during 10/01/2005 – 9/30/2008.	NUM = 266 DEN = 354	NUM = 32 DEN = 45	NUM = 234 DEN = 309
Diabetes Care: LDL Screening	Diabetics, age 18-75, who had an LDL-C screening test during 10/01/2007 – 9/30/2008.	NUM = 76 DEN = 96	NUM = 15 DEN = 20	NUM = 61 DEN = 76
Diabetes Care: HbA1c Screening	Diabetics, age 18-75, who had an HbA1c screening test during 10/01/2007 – 9/30/2008.	NUM = 74 DEN = 96	NUM = 14 DEN = 20	NUM = 60 DEN = 76
Diabetes Care: Nephropathy Screening	Diabetics, age 18-75, who had a nephropathy screening test or evidence of nephropathy 10/01/2006 – 9/30/2008.	NUM = 74 DEN = 96	NUM = 15 DEN = 20	NUM = 59 DEN = 76
Cardiovascular Care: LDL Drug Therapy	Patients, age 18-75, who were hospitalized during 10/01/2006 – 9/30/2008 for an AMI, CABG, or PTCA, or were diagnosed with IVD during 10/01/2006 – 9/30/2008, and who had an LDL test during 10/01/2007 – 9/30/2008.	NUM = 5 DEN = 10	NUM = 2 DEN = 6	NUM = 3 DEN = 4
Cardiovascular Care: Beta Blocker 6 mos. After Heart Attack	Patients, age 35+, who were hospitalized during 4/01/2007 – 3/31/2008 for an AMI and received beta-blocker therapy for the 6 months after discharge.	NUM = 1 DEN = 1	No Patients	NUM = 1 DEN = 1
Coronary Artery Disease: LDL Drug Therapy	Coronary artery disease patients, age 18+ on 10/1/2007, who were prescribed a lipid-lowering therapy.	NUM = 7 DEN = 16	NUM = 1 DEN = 3	NUM = 6 DEN = 13
Coronary Artery Disease: LDL Drug Therapy for Diabetics	Coronary artery disease patients, age 18+ on 10/1/2007, who also have diabetes, who were prescribed ACE inhibitor or ARB therapy.	NUM = 3 DEN = 3	NUM = 2 DEN = 2	NUM = 1 DEN = 1
Heart Failure: LVEF Testing Therapy	Heart failure patients aged 18+ who were hospitalized 10/01/2007 – 9/30/2008 and had a LVEF test.	NUM = 0 DEN = 1	No Patients	NUM = 0 DEN = 1
Heart Failure: Warfarin Drug Therapy	Heart failure patients, age 18+, who were hospitalized with paroxysmal or chronic atrial fibrillation during 10/01/07 – 9/30/2008 and were prescribed warfarin therapy.	NUM = 1 DEN = 2	No Patients	NUM = 1 DEN = 2
Monitoring Patients on Persistent Medications	Combined rate for patients, age 18+, who were prescribed at least a 180-days supply of ambulatory medication therapy for (1) ACE inhibitors or ARBs; (2) Digoxin; or (3) Diuretics during 10/01/2007 – 9/30/2008	NUM = 124 DEN = 150	NUM = 15 DEN = 20	NUM = 109 DEN = 130
COPD Care: Drug therapy of COPD Exacerbation-Bronchodilator	Patients age 40+, with a COPD exacerbation, with an inpatient discharge or ED encounter between 10/1/2007 – 8/30/2008, who received a bronchodilator within 30 days.	NUM = 1 DEN = 1	No Patients	NUM = 1 DEN = 1
COPD Care: Drug therapy of COPD Exacerbation-Corticosteroid	Patients age 40+, with a COPD exacerbation, with an acute inpatient discharge or ED encounter between 10/1/2007 – 8/30/2008, who received a systemic corticosteroid within 14 days of the event.	NUM = 1 DEN = 1	No Patients	NUM = 1 DEN = 1
COPD Care: Use of Spirometry Testing	Patients age 42+, with a new or newly active COPD diagnosis between 4/1/2007 – 3/31/2008, who received spirometry testing two years prior to diagnosis or within 6 months of diagnosis.	NUM = 0 DEN = 2	NUM = 0 DEN = 1	NUM = 0 DEN = 1
Disease Modifying Anti-Rheumatic Drug	Patients, age 18+, diagnosed with rheumatoid arthritis who received at least one ambulatory prescription for a disease modifying anti-rheumatic drug during 10/01/2007 – 9/30/2008.	NUM = 5 DEN = 8	No Patients	NUM = 5 DEN = 8

* The Colorectal Cancer Screening measure has a ten year look back period, but only three years of data are available for this report.

Num = Numerator is the number of patients who received the service based on insurance records.

Den = Denominator is the number of patients who should have received the service.

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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 six cardiovascular measures, the monitoring medications measure, and the diabetes LDL test measure; c) endocrinology for the three diabetes measures and the two coronary artery disease measures; d) OB/GYN for the breast cancer screening and cervical cancer screening measures; e) gastroenterology and colorectal surgery for the colorectal cancer screening measure; f) nephrology for the diabetes nephropathy measure; g) allergy/immunology and pulmonology for the pharmacotherapy management of COPD and spirometry measures; and h) allergy immunology and rheumatology for the disease modifying anti-rheumatic drug therapy for rheumatoid arthritis measure.

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 are 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

Logon to http://www.cchri.org/programs/programs_CPPI.html to request a patient list. In turn, this list of patients, who are attributed to you and who are eligible for a quality measure, would be mailed to you for review and feedback. You may also logon to the CCHRI website, print a patient list request form, fax your request to the number provided on the form and a patient list will be mailed to you. The deadline to request a patient list is August 28, 2009. Corrections received by September 11, 2009 will be applied to correct the quality results before the information is provided to participating health plans. This process is described at the website listed above.

How these performance results will be used

Following the physician corrections period, physician results will be organized and scored by medical practice site – defined as physicians of the same specialty who are practicing in the same office or suite location. The results for physicians attributed to all of the physicians in a given practice will be combined for a practice-wide result. Quality measures also will be organized into four categories – preventive care, diabetes care, cardiovascular care and respiratory care – and scores will be produced by each of these categories. These scores combine the results of all patients who are attributed to the physicians for the quality measures that are clustered within each of the four categories. At this time, CCHRI has no plans to publicly report your results. The three participating health plans (Anthem Blue Cross, Blue Shield and United Healthcare) will determine how these results will be used with their clients, members and participating physicians upon receipt of the information in late October 2009.

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 or call 714-735-8754.

The sponsors of this performance measurement and improvement work

The California Physician Performance Initiative is sponsored by the California Cooperative HealthCare Reporting Initiative (CCHRI) which is a multi-stakeholder collaborative of purchasers, health plans, physician groups and associations, and consumers that are working collectively to improve patient care in California. Please see www.cchri.org for more information.

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