



**Connecticut Health Quality Cooperative
Physician Performance Report
Reporting Period: 1/1/07 to 12/31/07**

HORNBAKE, RODNEY, MD
10 WILDWOOD MEDICAL CTRL
ESSEX, CT 06426

| Patient Demographics | Your Data %(N) | | CHQC Statewide %(N) | | Benchmark % |
|---|-------------------|--------------------|------------------------|--------------------|----------------|
| Number of Patients | 137 | | 114,226 | | N/A |
| Age in Years | | | | | |
| 0 - 17 | 0.0 (0) | | 14.6 (16,716) | | N/A |
| 18 - 64 | 42.3 (58) | | 72.2 (82,465) | | N/A |
| 65 - 75 | 57.7 (79) | | 13.2 (15,045) | | N/A |
| Gender | | | | | |
| Male | 19.7 (27) | | 29.2 (33,380) | | N/A |
| Female | 80.3 (110) | | 70.8 (80,846) | | N/A |
| | Your Rate* | | CHQC Statewide | | Benchmark** |
| Performance Measures | N | % (95% CI) | N | % (95% CI) | % |
| Diabetes | | | | | |
| Annual hemoglobin A1c testing | 46 | 97.8 (88.5 - 99.9) | 70,962 | 89.4 (89.2 - 89.7) | 97.8 |
| Annual eye exam | 46 | 67.4 (52.0 - 80.5) | 70,198 | 59.0 (58.6 - 59.4) | 77.8 |
| Annual LDL- cholesterol screening | 46 | 97.8 (88.5 - 99.9) | 70,788 | 86.6 (86.3 - 86.8) | 97.0 |
| Coronary Artery Disease | | | | | |
| Annual LDL- cholesterol screening | 2 | 100 (15.8 - 100.0) | 9,044 | 82.0 (81.2 - 82.8) | 96.7 |
| Preventive Care | | | | | |
| Annual cervical cancer screening | 32 | 96.9 (83.8 - 99.9) | 195,862 | 89.4 (89.2 - 89.5) | 100.0 |
| Annual mammography screening | 99 | 81.8 (72.8 - 88.9) | 238,907 | 80.4 (80.2 - 80.5) | 95.7 |
| Childhood Infections | | | | | |
| Appropriate treatment for children with upper respiratory infection | N/A | N/A | 15,834 | 88.8 (88.3 - 89.3) | 97.1 |
| Appropriate testing for children with pharyngitis | N/A | N/A | 9,623 | 80.9 (80.1 - 81.7) | 100.0 |

* Performance rates based on < 30 cases may be unreliable.

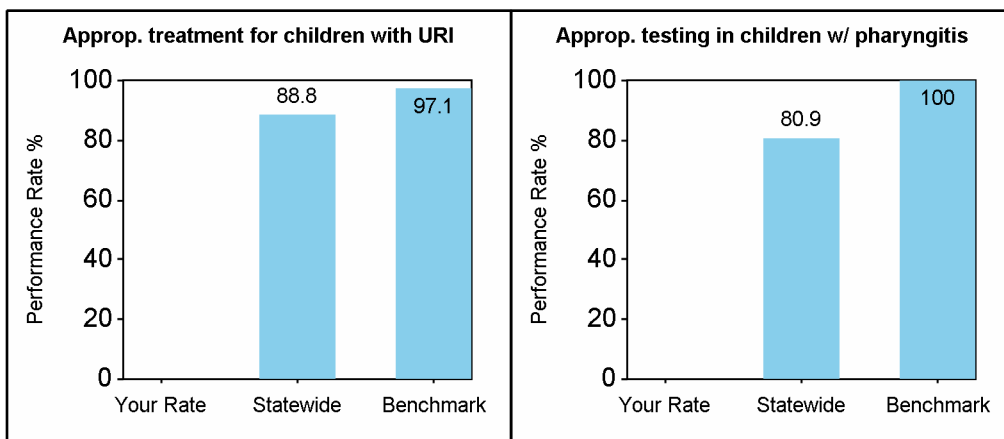
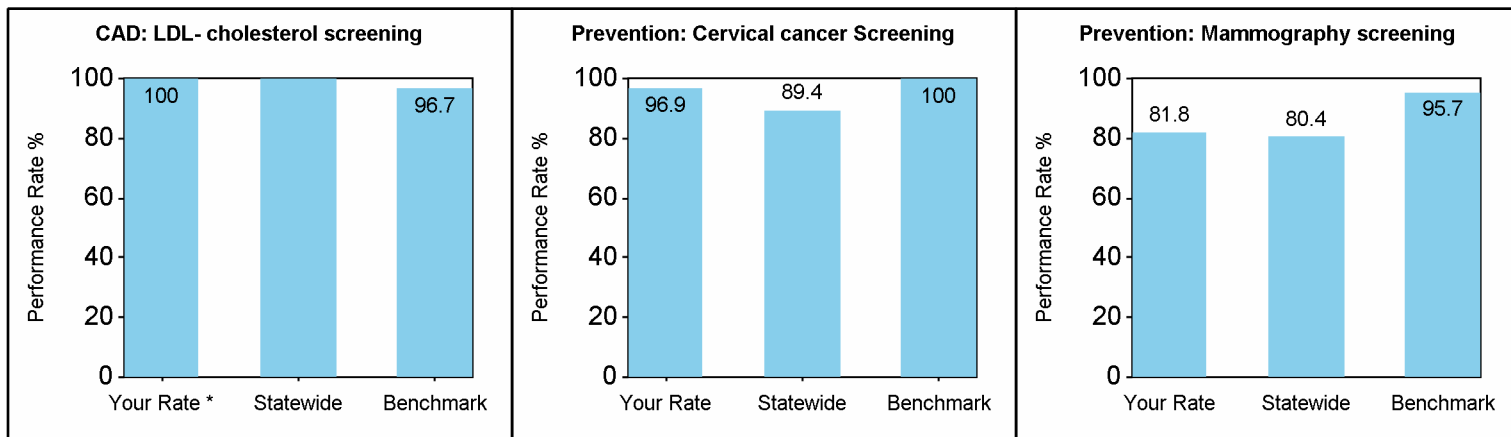
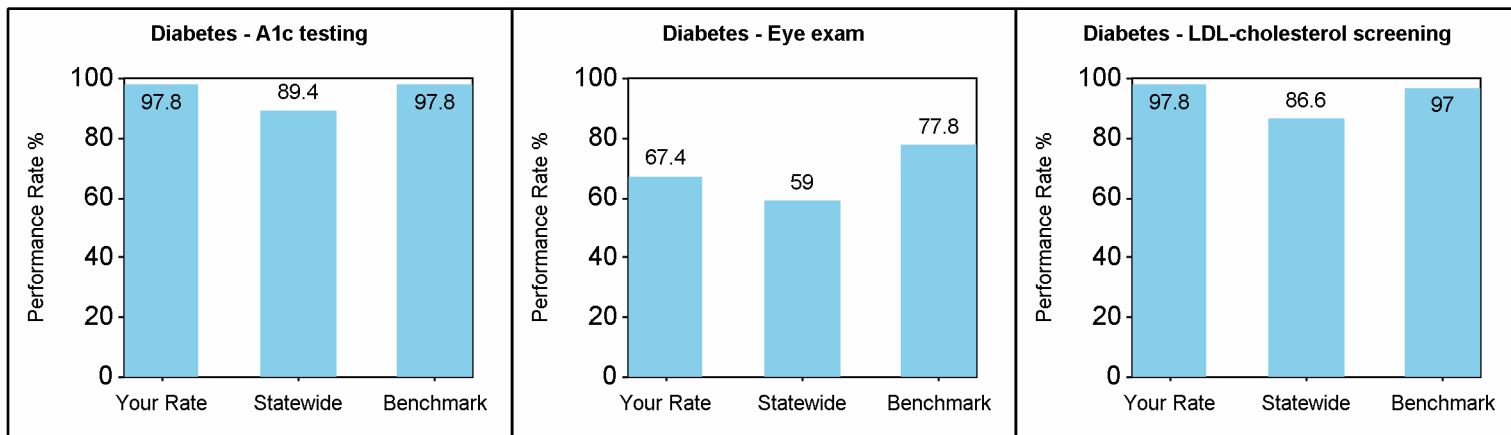
** Top 90th percentile of aggregated performance of all participating physicians with >= 30 cases.

N/A - Not applicable.

DISCLAIMER: Data used in this report are based on 2007 claims and may not reflect current practice. In addition, claims data may be missing some information or may contain some inaccuracies and there may be some error in matching physicians with patients. CHQC has made adjustments to address these weaknesses but this report may still underestimate performance on some measures.

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Appendix: Performance Measure Rate Calculations*

I. Physicians- Performance rates were calculated based on the following criteria:

- **Specialty-** internal medicine, family practice, cardiology, endocrinology, obstetrics-gynecology, pediatrics.
- **Patient number-** The final patient population includes two sub-populations, health plan (HP) and Medicare.
 1. The HP population, provided by each HP, includes members who were eligible for the measures and continuously enrolled with the individual plan for 12 months.
 2. The Medicare population includes Medicare beneficiaries enrolled in fee for service (FFS) for 12 months and eligible for the measures.Performance rates based on less than 30 cases are reported for individual physicians, but the rates may be unreliable.

II. Patients- Patients who met eligibility criteria were linked to physicians within each health plan using the health plan-specific attribution algorithm (See Appendix 2). The patients were linked to physicians across health plans. (i.e., some patients might have been enrolled in more than one health plan during the measurement period) using a combination of physician and patient identifiers. (See FAQ # 14)

III. General Numerator and Denominator Criteria

Denominators (N=total cases)

- Includes the number of HP members continuously enrolled with no more than one gap in enrollment of up to 60 days for Anthem members, or up to 45 days for the other health plans during 2007.
- Includes Medicare beneficiaries who had Part B coverage with no more than one gap in coverage of up to 45 days, and who had no commercial health plan enrollment in 2007.

Numerators

- The number of patients in the denominator who received the targeted service.

IV. Measure-Specific Numerator and Denominator Criteria:

Diabetes

- **Denominators-** includes patients 18-75 years old who met eligibility requirements and who had Type I or II diabetes (excludes those with gestational diabetes).
- **Numerators-** includes the number of patients from the denominator who received one or more hemoglobin A1C tests, LDL-cholesterol screening tests, and/or eye exams during the measurement year.

Coronary Artery Disease/LDL-cholesterol screening

- **Denominators-** includes patients 18-75 years old who met eligibility requirements and who had a cardiovascular event (AMI, CABG, PTCA) between January 1 and November 1 of the previous measurement year and who were discharged alive, or who had ischemic vascular disease (based on HEDIS 2007 defined ICD-9-CM codes). No Medicare patients are reported in this measure.
- **Numerators-** includes the number of patients from the denominator who received an LDL-cholesterol test during the measurement year.

Preventive Care/Cervical cancer screening

- **Denominators-** includes female patients 21-64 years old who met eligibility requirements, and who were continuously enrolled in the two years prior to the measurement year.
- **Numerators-** includes the number of patients in the denominator who received one or more Pap tests during the measurement year or the two years prior to the measurement year.

Preventive Care/Mammography screening

- **Denominators-** includes female patients 50–75 years old who met eligibility requirements and who were continuously enrolled in the year prior to the measurement year.
- **Numerators-** includes the number of patients in the denominator who received one or more mammograms during the measurement year or the year prior to the measurement year.

Childhood Infections/Appropriate treatment for children with URI

- **Denominators-** includes patients 3 months to 18 years of age who met eligibility requirements and who had an outpatient visit with a diagnosis of non-specific upper respiratory infection during the measurement period. No Medicare or Anthem patients are reported in this measure.
- **Numerators-** includes the number of patients in the denominator who were not dispensed a prescription for antibiotic medication within three days of the episode.

Childhood Infections/ Appropriate testing for children with pharyngitis

- **Denominators-** includes patients age 2-18 years old who met other HEDIS-like eligibility requirements and who had a diagnosis of pharyngitis during the observation period. No Medicare or Aetna patients are reported in this measure.
- **Numerators-** includes the number of patients in the denominator administered an antibiotic and received a streptococcus test in the seven-day period from three days prior through three days after the diagnosis date in the 12-month measurement year.

V. Physician Rate (Your Rate) -

For each measure, the denominator is the total number of cases who met the inclusion/exclusion criteria across health plans, and were assigned to a physician. The numerator is the number of patients included in the denominator and who received the recommended test or treatment. The 95% confidence interval (CI) was calculated by multiplying a constant (1.96) times the standard error of the calculated performance rate. If your performance rate is based on less than 30 cases, it is included in the report but the rate may be unreliable.

VI. CHQC Statewide Rate -

For each measure, the denominator (Column “N” on Report) is the total number of cases meeting the inclusion/exclusion criteria across health plans for participating physicians with at least 30 eligible cases. The numerator is the total number of patients who were included in the denominator and who received the recommended test or treatment. The 95% confidence interval (CI) was calculated by multiplying a constant (1.96) times the standard error of the calculated performance rate.

VII. CHQC Benchmark –

For each measure, the CHQC benchmark is the 90th percentile of aggregated performance of all participating physicians with at least 30 cases eligible for the measure.

* Specific health plan specifications are in Appendix 2 entitled “Measure Specifications”.