

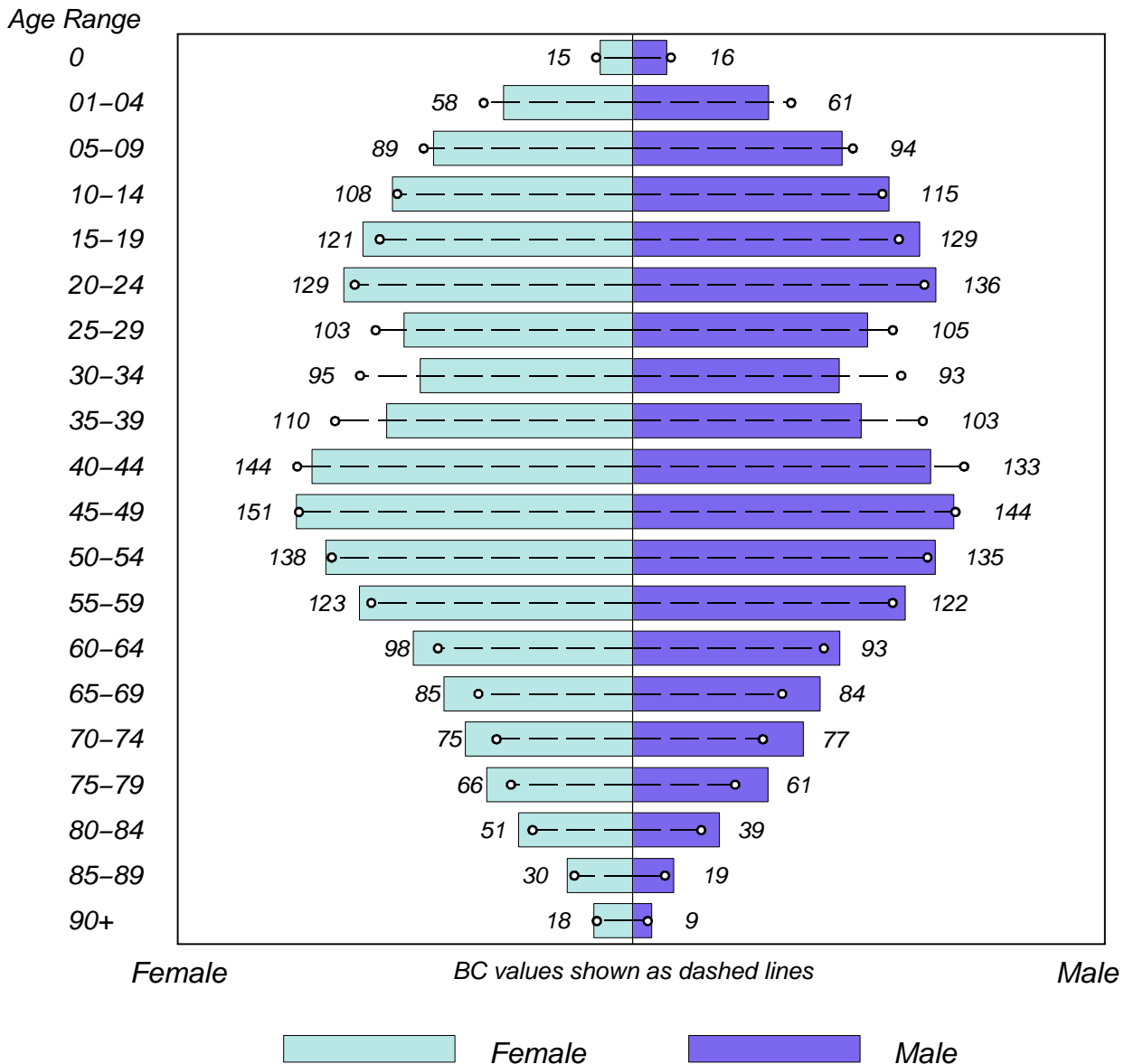
Practice Support Program
 Patient profile for practice of **Dr. Brown, John** (# 99999)
 Prepared: May 11, 2007

This report is broken down into the following sections:

- I. Demographic breakdown
- II. Patient complexity analysis
- III. Performance figures for Congestive Heart Failure (CHF) and Diabetes (DM)

I Demographic breakdown of the practice

In 2005/2006, there were 1,012 patients seen by Dr. Brown. Below is a demographic breakdown of the patients who had at least one visit during this time period. The population tree describes the age distribution of patients visiting Dr. Brown's practice and compares this to the averages across all GPs in BC.

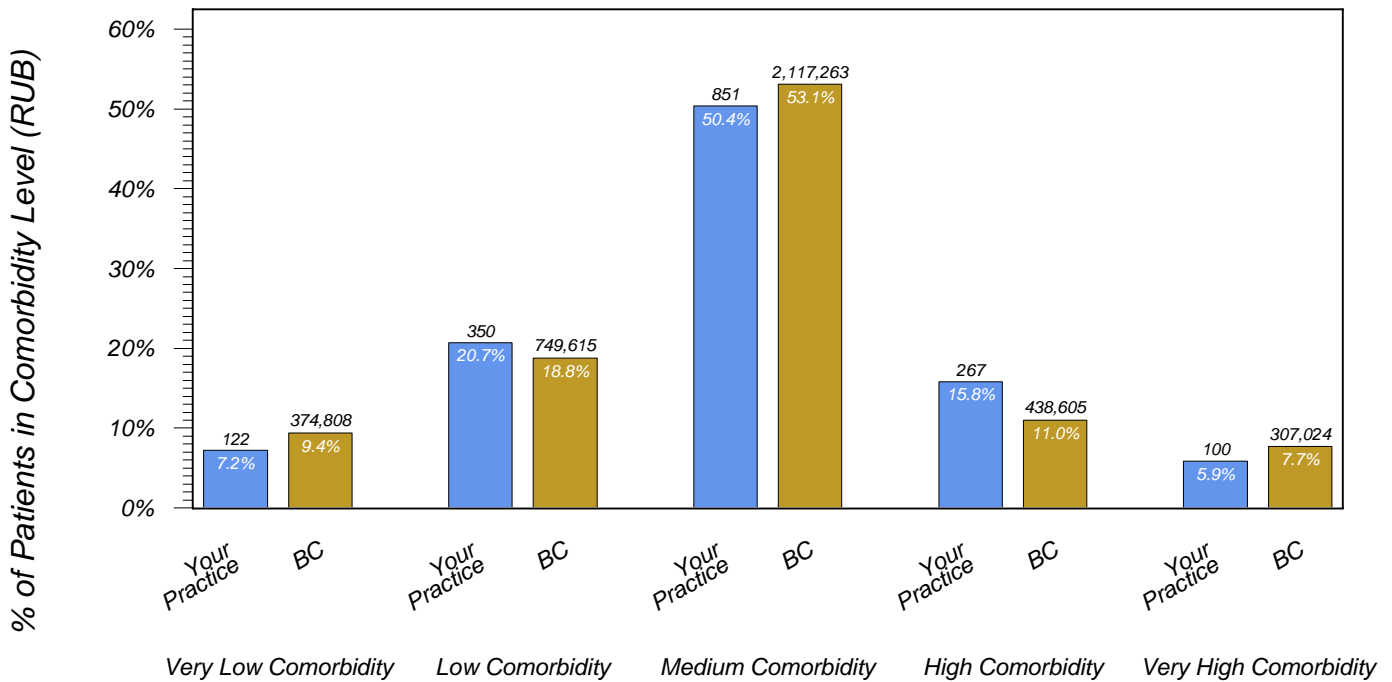


Mean BC GP counts are represented by dashed lines, and as percentages, are comparable to percentages within the practice.

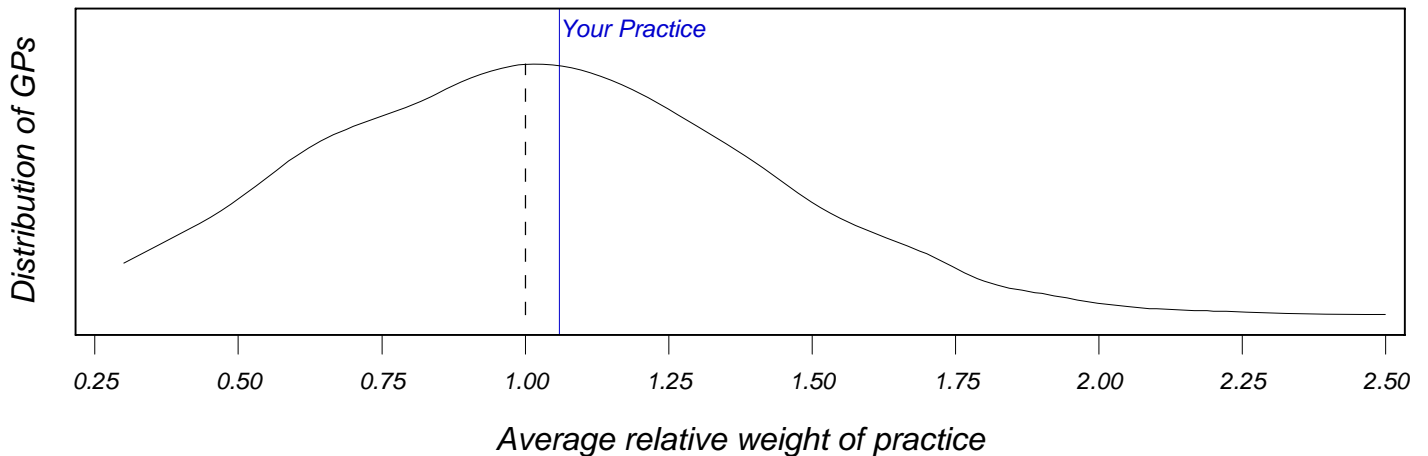
II Patient Complexity Analysis

The Adjusted Clinical Grouping (ACG) software from Johns Hopkins University categorises patients based primarily on the level of comorbidity indicated by clinical diagnoses. Diagnoses from both MSP claims and hospital records were included as input to the ACG software. To make the number of categories more manageable for reporting, they can be grouped together into a smaller set of levels called Resource Utilisation Bands (RUBs). Individuals within a RUB are expected to require a similar amount of healthcare resources. More information about ACGs can be found at the Johns Hopkins website: <<http://www.acg.jhsph.edu/>>.

The chart below counts patients by comorbidity level (RUB) in fiscal year 2005/2006. All patients who had at least one visit to Dr. Brown are included, and are compared to averages calculated across all GPs in BC.



Relative weight values greater than 1.0 indicate greater complexity than average. Relative weights were calculated at the ACG level as the mean total GP costs per patient in the ACG divided by the mean GP costs across all BC patients. The mean relative weight for each BC practice was derived and the values plotted in the distribution curve below. The position of your practice, for fiscal year 2005/2006, is indicated by the solid vertical line.



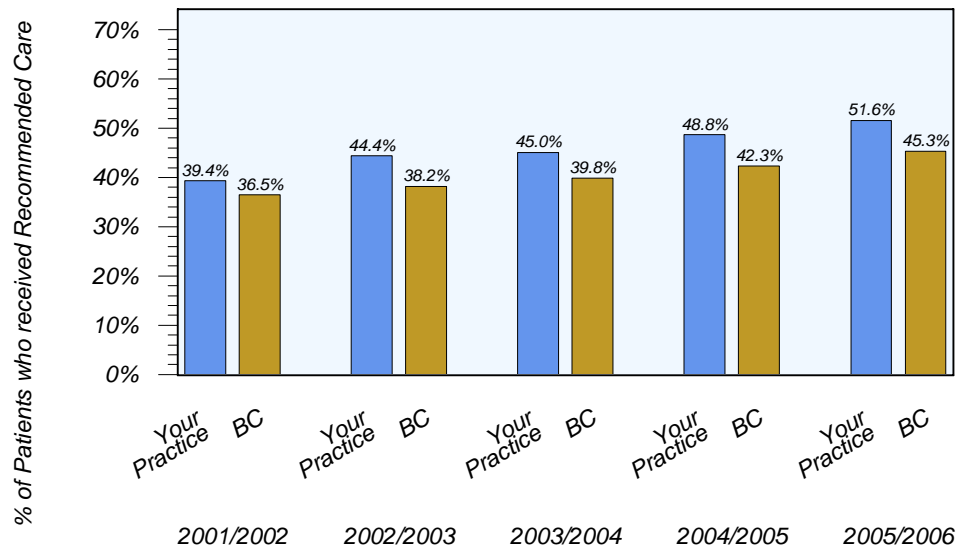
III Performance Figures for Diabetes and CHF

The following table shows the number of Dr. Brown's patients who have been diagnosed with Diabetes, CHF, or Hypertension. Performance percentages are shown for patients with Diabetes and CHF, based on proxy measures for the delivery of recommended care. The receipt of 2 or more A1C tests within the year is used as a proxy measure for recommended care of each patient with diabetes. The presence of an ACE or ARB is used as a proxy measure for recommended care of each patient with CHF.

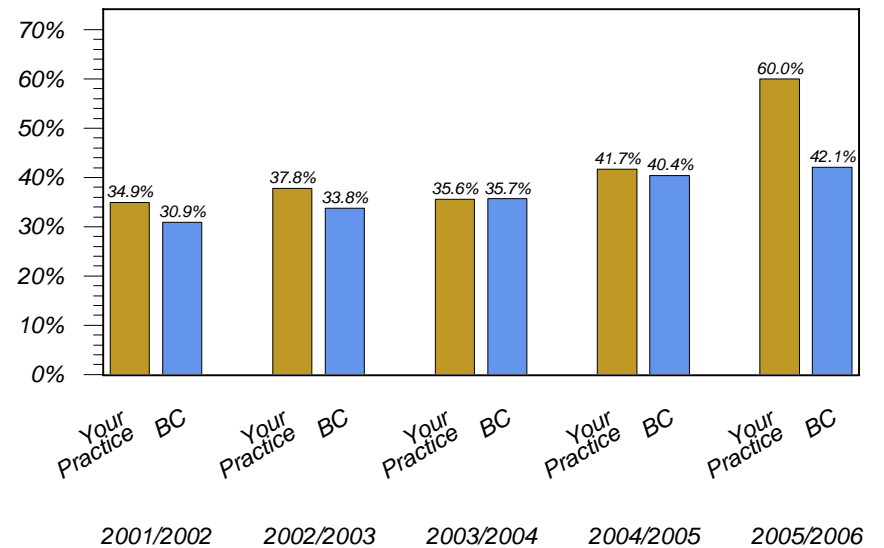
Fiscal Year	Total # Patients	Diagnosed with Diabetes	# Receiving Recomm. Care	% Receiving Recomm. Care	% Receiving Recomm. Care in BC	Diagnosed with CHF	# Receiving Recomm. Care	% Receiving Recomm. Care	% Receiving Recomm. Care in BC	Diagnosed with Hypertension
2001/2002	1,243	254	100	39.4%	36.5%	43	15	34.9%	30.9%	321
2002/2003	1,256	268	119	44.4%	38.2%	45	17	37.8%	33.8%	333
2003/2004	1,252	271	122	45.0%	39.8%	45	16	35.6%	35.7%	345
2004/2005	1,266	281	137	48.8%	42.3%	48	20	41.7%	40.4%	367
2005/2006	1,311	314	162	51.6%	45.3%	50	30	60.0%	42.1%	388

The following charts compare performance measures at the practice level with mean performance measures for all BC patients with Diabetes and CHF for fiscal years 2001/2002 through 2005/2006.

Diabetes



CHF



The following table shows the performance details for each patient in the practice who has been diagnosed with Diabetes, CHF, and/or Hypertension. The table is further restricted to include only patients who have met the rules for Majority Source of Care (MSOC) with the practice. MSOC patients received the majority of their GP services from the practice. Only patients with three or more GP services (over all GPs) can meet the MSOC rule.

As for the summary information on the previous page, the receipt of 2 or more A1C tests within the year is used as a proxy measure for recommended care of patients with diabetes, and the presence of an ACE or ARB is used as a proxy measure for recommended care of patients with CHF. The data shown is for fiscal year 2005/2006.

				Diagnosed with Chronic Disease			Incentive Billed for Recommended Care			Received Recommended Care	
PHN	Name	Gender	Birth Date	DM	CHF	Ht	DM	CHF	Ht	DM	CHF
9876543210	Stern, Melissa	F	1936-05-04	✓	✓	✓	2006-01-18	2006-02-02	2006-01-11	✓	✓
9776543229	Dunnage, James	M	1934-03-18	✓	✓		2006-01-18			✓	✓
9676543235	Watt, Jill	F	1939-12-02	✓	✓					✓	✓
9776543228	Snead, Samantha	F	1966-07-24	✓			2006-01-11		2006-01-11	✓	
9876543211	Klinge, Joan	F	1929-09-21		✓			2005-07-21			✓
9676543236	Worth, Sheila	F	1946-11-02		✓						✓
9876543212	Bailey, Hector	M	1951-11-06	✓	✓	✓	2005-10-09			✓	X
9776543227	Patrick, Bill	M	1944-08-02	✓	✓	✓	2005-06-23			✓	X
9676543237	Blundt, Tom	M	1924-01-11	✓	✓	✓		2005-12-12		X	✓
9876543214	Smith, John	M	1947-01-16	✓		✓				X	
9776543225	Sawyer, Sean	M	1952-04-16	✓		✓	2005-10-02			X	
9676543239	Morton, Susan	F	1942-02-11	✓		✓				X	
9776543224	Wolfe, Peter	M	1926-08-18		✓	✓					X
9876543215	Smith, Jane	F	1933-04-12		✓			2005-07-16			X
9676543230	Watson, Nathan	M	1943-03-28		✓						X
9876543213	Tomasen, Ian	M	1927-01-16	✓	✓	✓			2006-01-09	X	X
9676543238	Strang, Ian	M	1952-10-07	✓	✓	✓			2005-08-12	X	X
9776543226	Jones, Tammy	F	1937-06-13	✓	✓					X	X

				Diagnosed with Chronic Disease			Incentive Billed for Recommended Care			Received Recommended Care	
PHN	Name	Gender	Birth Date	DM	CHF	Ht	DM	CHF	Ht	DM	CHF
9876543216	Green, Joe	M	1942-07-29			✓			2005-11-02		
9776543223	Walsh, Jim	M	1952-11-09			✓					
9676543231	Fair, Donna	F	1941-05-19			✓			2006-02-03		

In the table, abbreviations are used to represent conditions:

DM – Diabetes Mellitus

CHF – Congestive Heart Failure

Ht – Hypertension

Note: All patient information in this prototype is fictitious