

Welcome to the 2014 *Blueprint Practice Profile* from the Blueprint for Health, a state-led initiative transforming the way that health care and overall health services are delivered in Vermont. The Blueprint is leading a transition to an environment where all Vermonters have access to a continuum of seamless, effective, and preventive health services.

Blueprint practice profiles are based on data from Vermont's all-payer claims database, the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES). Data include all covered commercial and Full Medicaid members, attributed to Blueprint practices starting by December 31, 2013.

Practice Profiles for the adult population cover members between the ages of 18 and 64 years; pediatric profiles cover members between the ages of 1 and 17 years.

Utilization and expenditure rates presented in these profiles have been risk adjusted for demographic and health status differences among the reported populations.

This reporting includes only members with a visit to a primary care physician, as identified in VHCURES claims data, during the current reporting year or the prior year.

## Demographics & Health Status

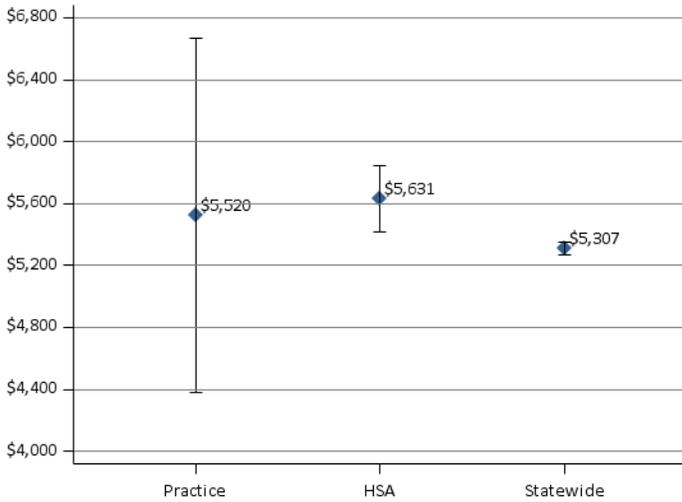
	Practice	HSA	Statewide
Average Members	366	6,798	171,259
Average Age	43.1	43.1	43.6
% Female	55.1	53.4	54.5
% Medicaid	33.1	28.2	21.3
% Maternity	2.3	2.4	2.5
% with Selected Chronic Conditions	37.5	34.2	33.7
<b>Health Status (CRG)</b>			
% Healthy	49.3	50.1	49.2
% Acute or Minor Chronic	21.7	22.2	21.8
% Moderate Chronic	21.8	20.8	21.6
% Significant Chronic	7.0	6.5	6.8
% Cancer or Catastrophic	0.2	0.5	0.6

**Table 1:** This table provides comparative information on the demographics and health status of your practice, all Blueprint practices in your Hospital Service Area (HSA), and the state as a whole. Included measures reflect the types of information used to generate adjusted rates: age, gender, Medicaid enrollment, maternity status, and health status. Average Members serves as this table's denominator and adjusts for partial lengths of enrollment during the year. In addition, special attention has been given to adjusting for Medicaid: This includes adjustment for each member's enrollment in Medicaid, the member's practice's percentage of membership that is Medicaid, and the degree to which the member required special Medicaid services that are not found in commercial populations (e.g. day treatment, residential treatment, case management, school-based services, and transportation).

The Selected Chronic Conditions measure indicates the proportion of members identified through the claims data as having one or more of seven selected chronic conditions: asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary heart disease, hypertension, diabetes, and depression.

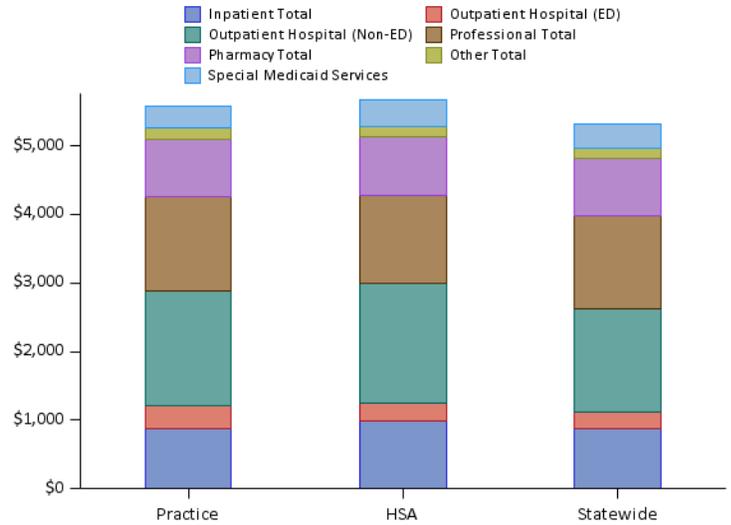
The Health Status measure aggregates 3M™ Clinical Risk Grouper (CRG) classifications for the year for the purpose of generating adjusted rates. Aggregated risk classification groups include: Healthy, Acute (e.g., ear, nose, throat infection) or Minor Chronic (e.g., minor chronic joint pain), Moderate Chronic (e.g., diabetes), Significant Chronic (e.g., diabetes and CHF), and Cancer (e.g., breast cancer, colorectal cancer) or Catastrophic (e.g., HIV, muscular dystrophy, cystic fibrosis).

**Total Expenditures per Capita**



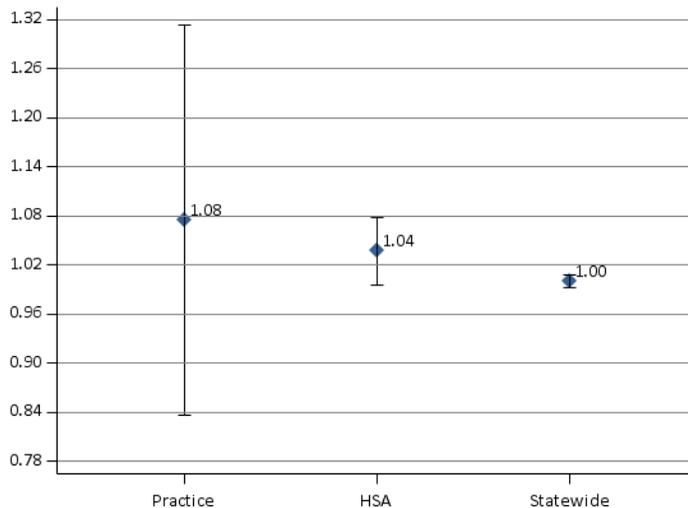
**Figure 1:** Presents annual risk-adjusted rates and 95% confidence intervals with expenditures capped statewide for outlier patients. Expenditures include both plan payments and member out-of-pocket payments (i.e., copay, coinsurance, and deductible).

**Total Expenditures by Major Category**



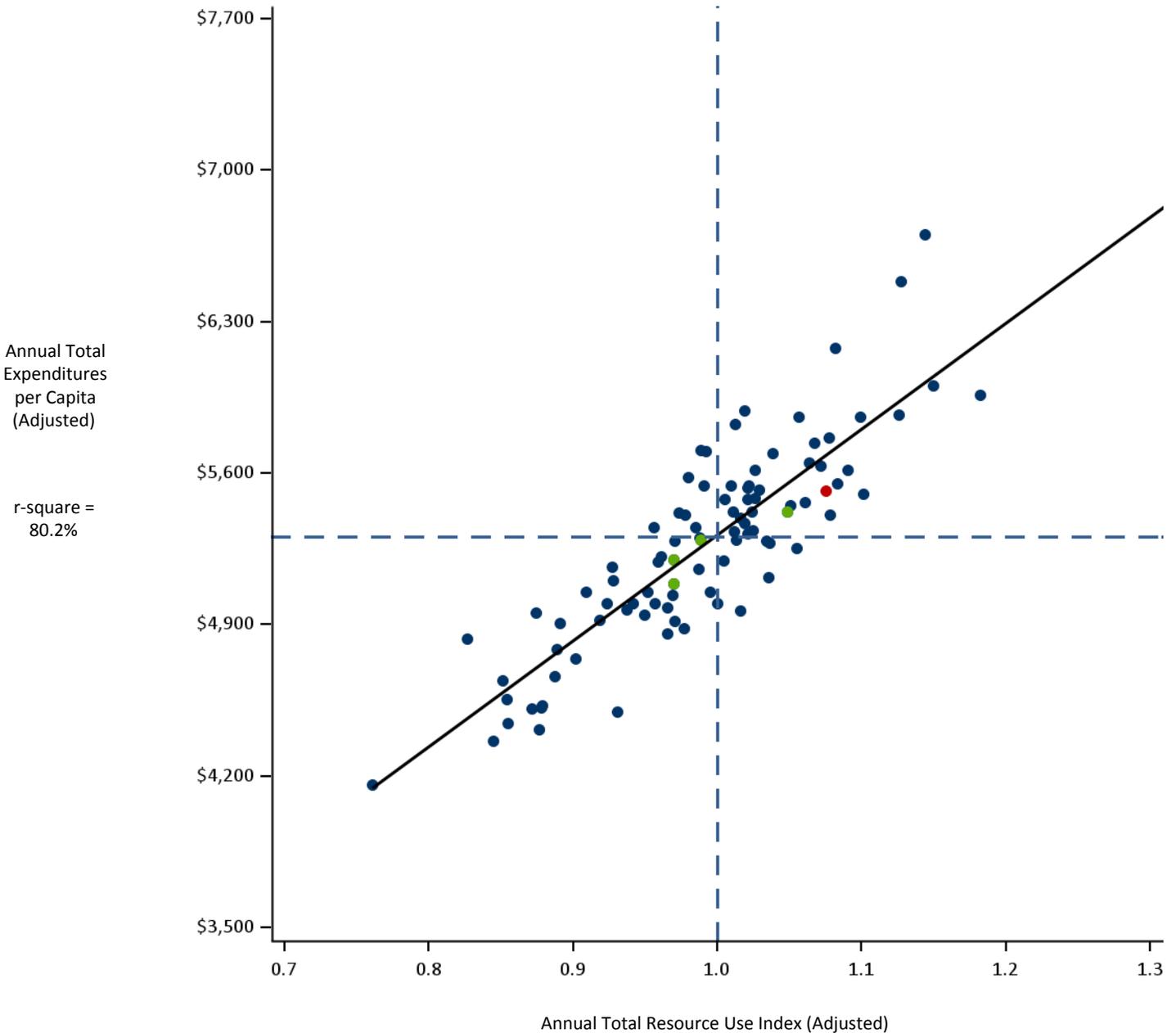
**Figure 2:** Presents annual risk-adjusted rates for the major components of cost (as shown in Figure 1) with expenditures capped statewide for outlier patients. Some services provided by Medicaid (e.g., case management, transportation) are reported separately as Special Medicaid Services.

**Total Resource Use Index (RUI)**



**Figure 3:** Presents annual risk-adjusted rates and 95% confidence intervals. Since price per service varies across Vermont, a measure of expenditures based on resource use — Total Resource Use Index (RUI) — is included. RUI reflects an aggregated cost based on utilization and intensity of services across major components of care (i.e., inpatient, outpatient facility, professional, and pharmacy). The practice and HSA are indexed to the statewide average.

**Annual Total Expenditures per Capita vs. Resource Use Index (RUI)**

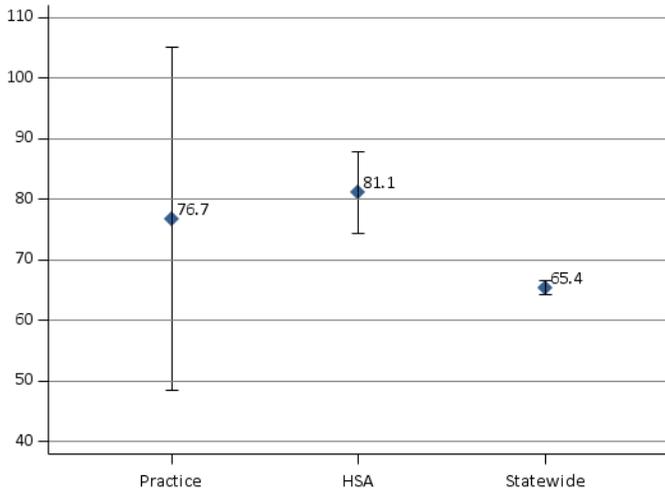


**Figure 4:** This graphic demonstrates the relationship between risk-adjusted expenditures and risk-adjusted utilization for Blueprint practices. This graphic illustrates your practice's risk-adjusted rates (i.e., the red dot) compared to those of all practices in your Health Service Area (i.e., the green dots) and all other Blueprint practices statewide (i.e., the blue dots). The dotted lines show the average expenditures per capita and average resource use index statewide (i.e., 1.00). Practices with higher expenditures and utilization are in the upper right-hand quadrant while practices with lower expenditures and utilization are in the lower left-hand quadrant. An RUI value greater than 1.00 indicates higher than average utilization; conversely, a value lower than 1.00 indicates lower than average utilization. A trend line has been included in the graphic, which demonstrates that, in general, practices with higher risk-adjusted utilization had higher risk-adjusted expenditures.

**Legend**

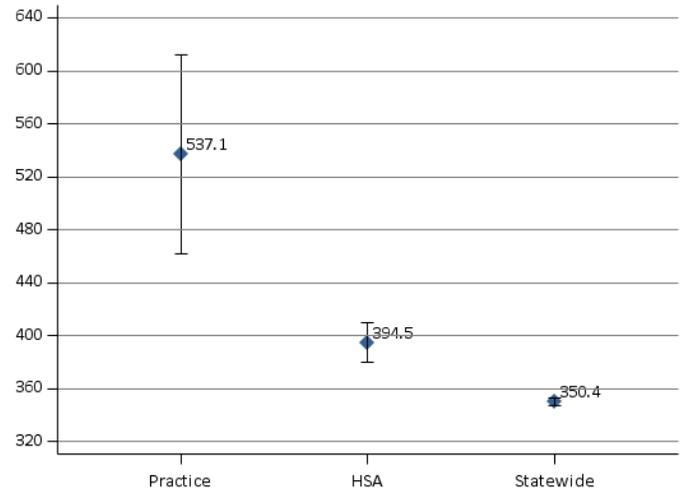
- Your practice
- All practices in your HSA
- All other Blueprint practices statewide

**Inpatient Discharges**



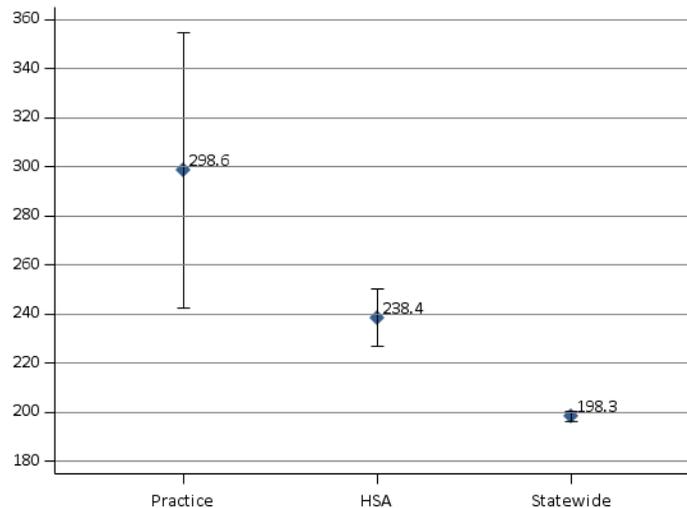
**Figure 5:** Presents annual risk-adjusted rates and 95% confidence intervals for inpatient discharges per 1,000 members. Additional detail measures for inpatient utilization — Inpatient Days, Inpatient Readmissions within 30 Days, and Inpatient Discharges for Ambulatory Care Sensitive (ACS) Conditions — can be found in **Table 4**.

**Outpatient ED Visits**



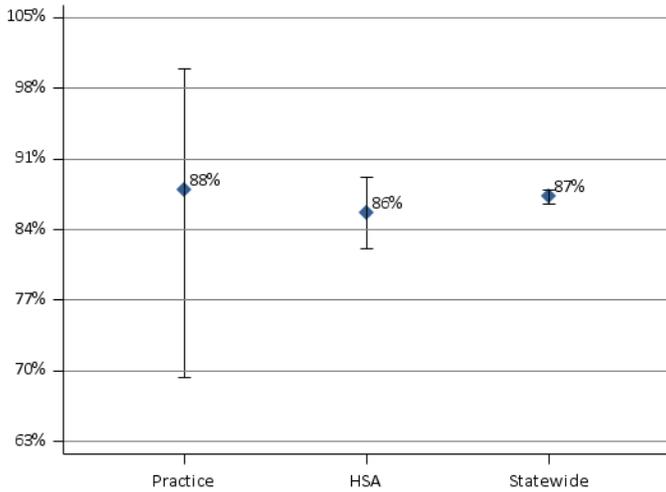
**Figure 6:** Presents annual risk-adjusted rates and 95% confidence intervals for outpatient emergency department (ED) visits per 1,000 members. An additional detail measure — Outpatient Potentially Avoidable ED Visits — can be found in **Table 4**.

**Advanced Imaging (MRIs, CT Scans)**



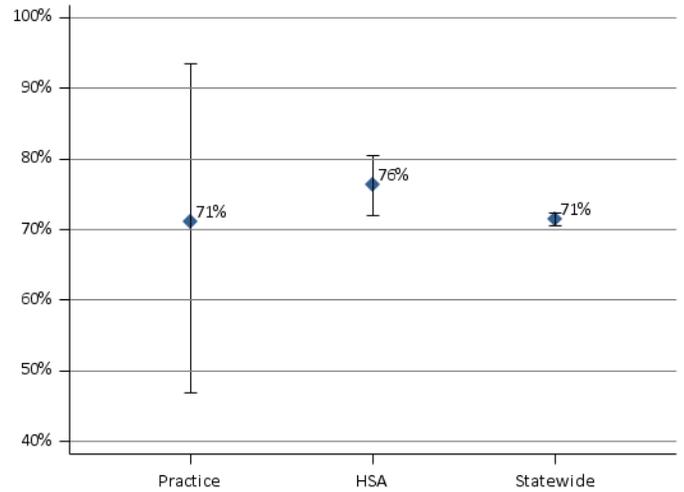
**Figure 7:** Presents annual risk-adjusted rates and 95% confidence intervals for advanced imaging diagnostic tests (i.e., MRIs, CT scans) per 1,000 members.

**Diabetes: HbA1c Testing**



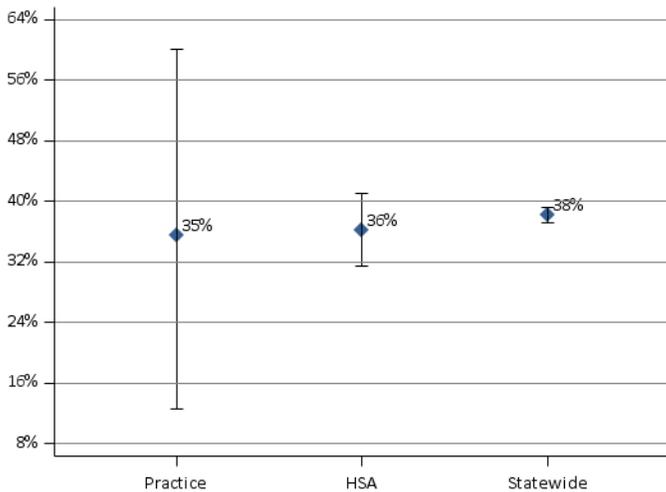
*Figure 8: Presents the proportion and 95% confidence intervals for continuously enrolled members, ages 18–64 years, with diabetes that received a hemoglobin A1c test during the measurement year.*

**Diabetes: LDL-C Screening**



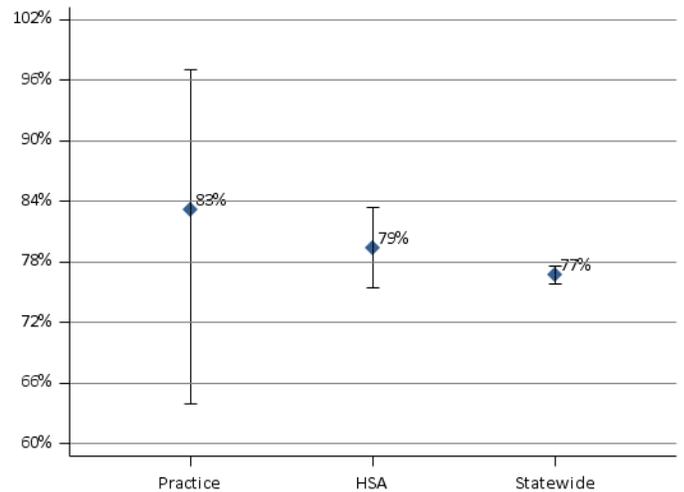
*Figure 9: Presents the proportion and 95% confidence intervals for continuously enrolled members, ages 18–64 years, with diabetes that received an LDL-C screening during the measurement year.*

**Diabetes: Eye Exam**



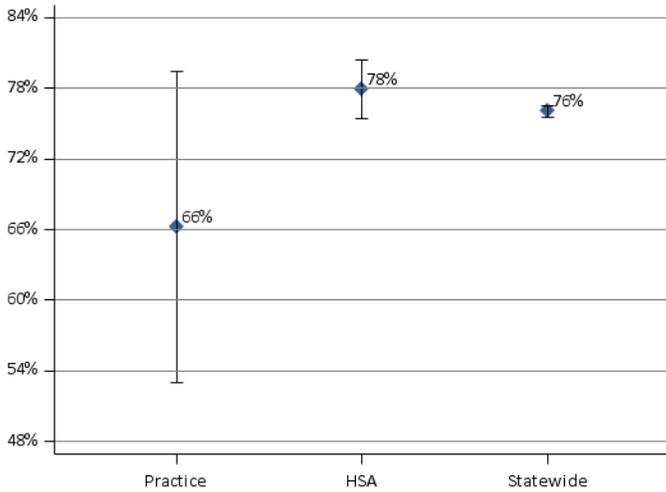
*Figure 10: Presents the proportion and 95% confidence intervals of continuously enrolled members, ages 18–64 years, with diabetes that received an eye exam for diabetic retinal disease during the measurement year.*

**Diabetes: Nephropathy Screening**



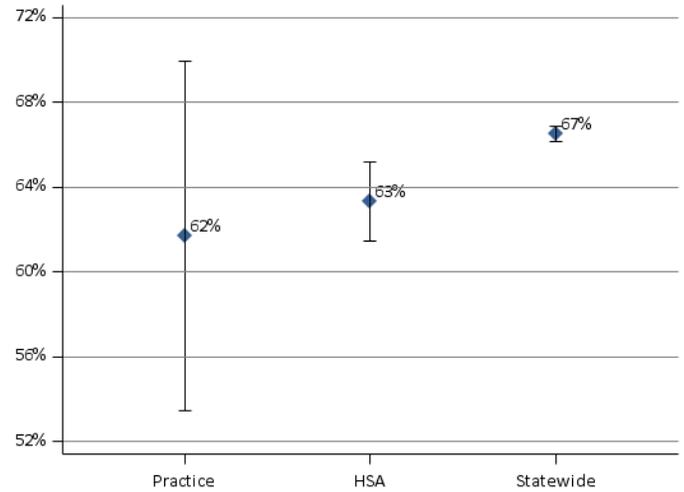
*Figure 11: Presents the proportion and 95% confidence intervals for continuously enrolled members, ages 18–64 years, with diabetes that had a nephropathy screening test or evidence of nephropathy documented in the claims data.*

**Breast Cancer Screening**



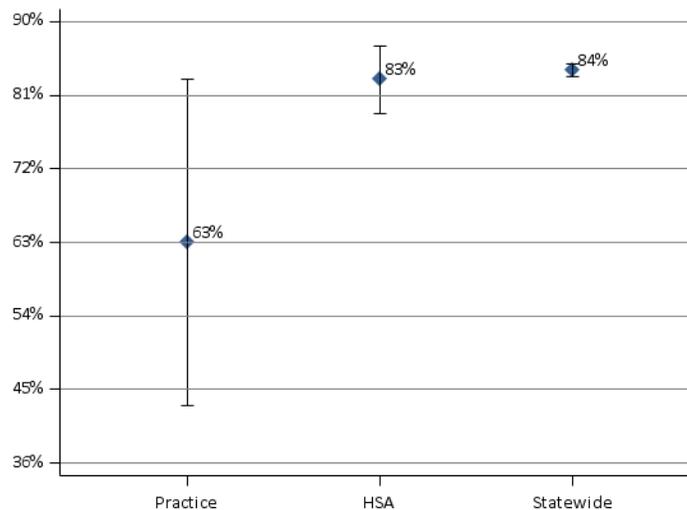
**Figure 12:** Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 52–64 years, who had a mammogram to screen for breast cancer during the measurement year or year prior to the measurement year.

**Cervical Cancer Screening**



**Figure 13:** Presents the proportion, including 95% confidence intervals, of continuously enrolled female members, ages 21–64 years, who received one or more PAP tests to screen for cervical cancer during the measurement year or two years prior to the measurement year.

**Imaging Studies for Low Back Pain**



**Figure 14:** Presents the proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–50 years, who received a primary diagnosis of low back pain but appropriately did not have an imaging study (e.g., plain X-Ray, CT scan, MRI) within 28 days of the diagnosis. Members must have a six-month “clean” period to indicate a new episode. This is an inverted measure for which a higher score indicates appropriate treatment (i.e., imaging did not occur).

The following tables provide greater detail on the annual risk-adjusted rates presented in the preceding figures.

**Table 2. Expenditure Measures (Adjusted)**

Measure	Practice			HSA			Statewide		
	Rate	95% LCL	95% UCL	Rate	95% LCL	95% UCL	Rate	95% LCL	95% UCL
Total	\$5,520	\$4,376	\$6,664	\$5,631	\$5,420	\$5,843	\$5,307	\$5,267	\$5,347
Inpatient Total	\$883	\$186	\$1,676	\$981	\$831	\$1,132	\$883	\$854	\$911
Inpatient Mental Health	\$110	\$0	\$311	\$103	\$61	\$144	\$72	\$66	\$79
Inpatient Maternity	\$79	\$16	\$153	\$110	\$89	\$130	\$108	\$104	\$111
Inpatient Surgical	\$301	\$25	\$810	\$408	\$313	\$504	\$443	\$420	\$465
Inpatient Medical	\$424	\$63	\$785	\$356	\$270	\$443	\$264	\$251	\$278
Outpatient Total	\$1,995	\$1,688	\$2,302	\$2,016	\$1,932	\$2,100	\$1,741	\$1,725	\$1,756
Outpatient Hospital Mental Health	\$17	\$4	\$31	\$28	\$23	\$34	\$21	\$20	\$22
Outpatient Hospital ED	\$329	\$239	\$419	\$261	\$241	\$282	\$237	\$233	\$241
Outpatient Hospital Surgery	\$490	\$295	\$684	\$498	\$449	\$546	\$421	\$413	\$430
Outpatient Hospital Radiology	\$441	\$332	\$550	\$454	\$407	\$501	\$402	\$392	\$413
Outpatient Hospital Laboratory	\$309	\$259	\$360	\$334	\$320	\$347	\$275	\$273	\$278
Outpatient Hospital Pharmacy	\$68	\$41	\$94	\$73	\$58	\$88	\$103	\$99	\$108
Outpatient Hospital Other	\$851	\$625	\$1,076	\$917	\$858	\$977	\$748	\$737	\$758
Professional Non-Mental Health Total	\$1,207	\$1,068	\$1,346	\$1,122	\$1,089	\$1,154	\$1,191	\$1,184	\$1,199
Professional Physician Total	\$885	\$763	\$1,007	\$834	\$805	\$863	\$899	\$893	\$906
Professional Physician Inpatient	\$123	\$34	\$212	\$153	\$128	\$179	\$141	\$136	\$146
Professional Physician Outpatient Facility	\$289	\$227	\$351	\$282	\$265	\$298	\$286	\$282	\$289
Professional Physician Office Visit	\$442	\$391	\$492	\$395	\$384	\$406	\$444	\$442	\$447
Professional Non-Physician	\$321	\$273	\$369	\$285	\$275	\$295	\$290	\$288	\$293
Professional Mental Health Provider	\$150	\$86	\$214	\$149	\$136	\$162	\$167	\$165	\$170
Pharmacy Total	\$852	\$640	\$1,063	\$863	\$819	\$906	\$835	\$827	\$844
Pharmacy Psych Medication	\$107	\$46	\$168	\$153	\$136	\$169	\$167	\$163	\$170
Other Total	\$160	\$78	\$242	\$152	\$133	\$171	\$140	\$137	\$144
Special Medicaid Services	\$322	\$0	\$755	\$387	\$292	\$483	\$347	\$331	\$362
Mental Health Substance Combined*	\$351	\$165	\$536	\$410	\$371	\$450	\$409	\$402	\$416

\* The *Mental Health Substance Combined* measure is the sum of all expenditures associated with medical and pharmacy services for mental health / substance abuse.

**Table 3. Total Resource Use Index (RUI) (Adjusted)**

Measure	Practice			HSA			Statewide		
	Rate	95% LCL	95% UCL	Rate	95% LCL	95% UCL	Rate	95% LCL	95% UCL
Total	1.08	0.84	1.31	1.04	1.00	1.08	1.00	0.99	1.01
Inpatient	1.14	0.15	2.32	1.16	0.99	1.34	1.00	0.97	1.03
Outpatient Facility	1.09	0.89	1.28	1.06	1.01	1.12	1.00	0.99	1.01
Professional	1.01	0.79	1.22	0.97	0.92	1.01	1.00	0.99	1.01
Pharmacy	1.13	0.90	1.36	1.06	1.02	1.11	1.00	0.99	1.01

**Table 4. Utilization Measures (Adjusted)**

Measure	Practice			HSA			Statewide		
	Rate Per 1,000	95% LCL	95% UCL	Rate Per 1,000	95% LCL	95% UCL	Rate Per 1,000	95% LCL	95% UCL
Inpatient Discharges	76.7	48.4	105.1	81.1	74.3	87.9	65.4	64.2	66.6
Inpatient Ambulatory Care Sensitive Conditions	6.7	0.0	15.0	9.9	7.5	12.3	5.6	5.3	6.0
Inpatient Days	444.0	375.6	512.5	398.0	382.9	413.0	298.3	295.7	300.9
Inpatient Readmissions within 30 Days	30.2	12.4	48.0	12.4	9.7	15.0	7.6	7.2	8.0
Outpatient ED Visits	537.1	461.8	612.4	394.5	379.5	409.5	350.4	347.6	353.2
Outpatient Potentially Avoidable ED Visits	73.7	45.8	101.6	66.6	60.4	72.7	61.4	60.3	62.6
Outpatient ED Ambulatory Care Sensitive Conditions	63.7	37.8	89.6	50.6	45.2	55.9	36.9	36.0	37.9
Non-Hospital Outpatient Visits	6,056.0	5,803.3	6,308.8	5,495.0	5,439.1	5,551.0	5,694.1	5,682.7	5,705.4
Primary Care Encounters	3,945.6	3,741.7	4,149.6	3,337.4	3,293.8	3,381.0	3,458.2	3,449.4	3,467.0
Medical Specialist Encounters	1,858.7	1,718.7	1,998.8	1,779.8	1,747.9	1,811.6	1,778.4	1,772.1	1,784.7
Surgical Specialist Encounters	884.6	788.8	980.4	981.5	957.9	1,005.2	975.7	971.0	980.4
Standard Imaging	1,015.3	911.9	1,118.7	877.6	855.2	900.0	742.7	738.6	746.8
Advanced Imaging	298.6	242.5	354.7	238.4	226.8	250.1	198.3	196.2	200.4
Echography	238.2	188.1	288.3	270.8	258.4	283.3	275.0	272.5	277.4
Colonoscopy	61.3	35.9	86.7	57.0	51.3	62.7	55.5	54.4	56.6

**Table 5. Effective & Preventive Care Measures**

Measure	Practice			HSA			Statewide		
	Proportion	95% LCL	95% UCL	Proportion	95% LCL	95% UCL	Proportion	95% LCL	95% UCL
Comprehensive Diabetes Care (CDC)									
HbA1c Testing	88%	69%	100%	86%	82%	89%	87%	87%	88%
LDL-C Screening	71%	47%	93%	76%	72%	81%	71%	71%	72%
Eye Exam	35%	13%	60%	36%	31%	41%	38%	37%	39%
Nephropathy Screening	83%	64%	97%	79%	75%	83%	77%	76%	78%
Breast Cancer Screening (BCS), 42y - 64y	66%	56%	76%	75%	73%	77%	73%	72%	73%
BCS, 42y - 51y	66%	50%	81%	71%	68%	74%	68%	68%	69%
BCS, 52y - 64y	66%	53%	79%	78%	75%	80%	76%	76%	77%
Cervical Cancer Screening (CCS)	62%	53%	70%	63%	61%	65%	67%	66%	67%
Imaging Studies for Low Back Pain (LBP)	63%	43%	83%	83%	79%	87%	84%	83%	85%