



MHSPHP
Military Health System Population Health Portal



MHSPHP Metrics Forum

Understanding ACG RUB and ACG IBI in MHSPHP

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- MHSPHP 2014 Updates
- What is ACG
- Interpreting it at the pt level
- Understanding PHDR reports
- How to use the PHDR reports with population management
- Questions



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2014 UPDATES



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New with January 2014 Data: Cervical Cancer Screening

- HPV date will be on Pap list
- Pap will be overdue when over 3yrs old or pap over 5yrs old when pap + HPV occurred after age 30
 - HPV must be co-tested with pap—allows 4 days before/after pap for lab processing/claim differences
- Anticipate HPV dates will update nightly – watch announcements for when!
- HPV will be added to AIM form soon after nightly updates begin



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New with January 2014 Data: Breast Cancer Screening

- Metric will only measure women 52-74 yrs old
- List will contain 40-74 yr old women
- Overdue at 27 months after last mammo
- Due at 24 months after last mammo
 - Only list where due is not overdue in next 30 days
- For those 40-49, treat per provider and pt discussion/decision
- If pt and provider decide to begin testing at age 50, you can enter exclusion to remove overdue status



Breast Cancer Screening: Status Exclusion

	FMP	DOB	AGE	GENDER	BENCAT
Tasha	20	2/27/1940	71	F	RTAF
Traci	20	7/4/1923	88	F	RTA
Cathy	30	1/22/1948	64	F	RTFMLY
Marty				M	RTFMLY
Omar				M	RTA
Traci				F	RTFMLY
Bridgette				F	RTAF
Courtney				F	RTA
Emma	02	12/14/1990	21	M	RTFMLY

Open Patient View

Add / View Exclusions ←

Add Test / Screening

Add / View Notes

View Locally Entered Patient Data Summary

To remove Overdue/Due status:

- Right click on Pt name and select Add/view Exclusion
- Click new
- Reason: Clinically Inappropriate
- Information: Provider determination...
- Measure: Breast Cancer Screening
- Click Save

Reason	Measure	Comment
No Exclusions for this Enrollee		
Exclusion		
Reason: <u>Measure is inappropriate clinically</u>	Information: <u>Screening is unsafe at this time</u>	
Measure: <u>Diabetes</u>		
Comments:		
		<u>Provider determination because of particular circumstance</u>
<input type="button" value="Save"/> <input type="button" value="New"/> <input type="button" value="Close"/>		



Asthma 2014 Specification Changes

- Asthma changes how to count inhaler medication dispensing events
 - All inhaled meds dispensed on same date count as single dispensing event
 - 2013 counted each inhaler as a dispensing event
 - 4 dispensing events is a criteria that could place patient in denominator
 - **Impact should be fewer non-asthmatics on metric/lists**

Antidepressant Medication Management 2014 changes

2013

- Same ICD9 codes
- Start with Earliest dx in 12 month identification period (IP) (anchors pt to that enrollment DMIS for metric)
- Initial Dispensing occur within 30 before to 14 days after initial dx
- Must have at least 1 er, 1 inpt or 2 outpt major depression dx in 12mon IP
- Negative med history of 90 days prior to 1st dispensing in IP
- Continuous enrollment of 90 days prior to 1st dispensing through 231 days after

2014

- Same diagnoses
- Start with earliest antidepressant dispensing (anchors pt to that enrollment DMIS for metric)
- DX occur within 60 days before to 60 days after 1st dispensing
- 1 outpt, er or inpt dx around 1st dispensing will suffice
- Negative med history of 105 days prior to 1st dispensing in IP
- Continuous enrollment of 105 days prior to 1st dispensing through 231 days after

Impact should be more accurate capture of initial dispensing event for patient (and not falsely identify as “newly treated” a patient several months into therapy who picked up refill a 1-2 weeks late)



Benchmarks 2014

Health Plan Measures MHSPHP Data Timeperiod	2013					2014					
	Percentile	10th	25th	50th	75th	90th	10th	25th	50th	75th	90th
Breast Cancer Screening		63.6	66.42	70.33	74.62	79.03	63.04	65.78	70.15	74.76	78.67
Cervical Cancer Screening		69.9	74.37	77.13	79.6	82.92	69.19	72.89	75.68	78.55	81.94
Colorectal Cancer Screening		49.88	55.99	63.29	68.86	73.72	50.85	56.93	64.15	69.82	75
Comprehensive Diabetes Care											
Hemoglobin A1c (HbA1c testing)		85.51	87.57	90.33	92.88	94.69	85.64	87.59	90.54	92.88	94.92
LDL-C screening		80.05	83	85.42	88.14	90.88	79.74	82.75	85.69	88.32	91.01
LDL-C control <100 mg/dL		38.19	43.95	47.93	53	58.39	36.9	44.13	48.59	53.03	59.12
HbA1c <=9.0%		60.67	67.67	73.5	78.47	81.82	60.67	66.43	73.18	78.72	81.82
HbA1c Control <8%		51.04	57.41	62.77	67.64	70.8	50.94	57.38	62.63	67.4	71.43
<7% for a selected population		33.86	38.21	43.22	47.69	49.76	35.27	40.09	44.1	47.81	51.32
Use of Appropriate Medications for People with Asthma		88.89	90.91	92.31	93.87	95.24	87.5	90.06	91.36	93.01	94.55
Chlamydia Screening in Women		31.96	37.31	43.9	50.59	60.32	32.86	37.61	43.58	51.32	61.08
Cholesterol Management for Patients with Cardiovascular Conditions											
LDL-C screening		82.24	85.9	88.78	90.91	93.79	83.68	86.32	88.78	90.91	92.98
LDL-C is controlled (<100mg/dL)		47.75	55.16	60.8	67.53	73.06	46.95	54.74	60.98	66.91	73.06
Antidepressant Medication Management											
Effective Acute Phase Treatment		57.86	61.14	65.38	70.04	73.43	60.49	64.37	68.88	73.72	78.32
Effective Continuation Phase Treatment		41.07	44.18	49.09	54.05	57.75	44.03	48.56	52.96	58.36	62.65
Mental Health Follow-up After Hospitalization											
in 7 days		41.62	50.79	59.46	69.01	76.21	39.39	48.77	58.9	68.96	75.44
in 30 days		61.62	71.47	77.72	84.29	89.21	61.95	70.31	78.02	84.21	88
Well Child Visits <15 months (six or more well-child visits)		64.53	71.88	80.6	85.53	90.59	65.25	73.11	81.34	85.99	91.29
Appropriate Testing for Children With Pharyngitis							65.41	75.21	82.51	88.65	92.28
Appropriate Treatment for Children With Upper Respiratory Infection							72.54	80.25	85.47	90.51	94.32

LBP 2013 Benchmarks: 90th = 82.21% 75th = 79.15% 2014: 90th = 82.73% 75th = 79.66%

- Add most recent triglyceride test and result to Diabetes list and Quicklook report
- Add triglycerides to patient view (may not happen until following next month design update)
- Diabetes: nightly updates of retinal exams



Anticipated 2014: Chlamydia Screening

- Nightly updates of Chlamydia screenings
- Soon after nightly updates begin, Chlamydia tests will be added to the TSWF MHSPHP AIM form

Anticipated 2014 Update: Low Back Pain Imaging

- Add diagnosing location, clinic, provider to list*
- Add test ordering location, clinic, provider to list*
 - * when available in data
- Network encounters will show specialty of diagnosing provider and type of facility



Other Anticipated 2014 MHSPHP list updates

- Antidepressant med management list:
 - Add most recent dispensing and days supplied
 - Add location, clinic of initial dispensing event
- Pharyngitis pt list
- URI pt list
- Quicklook: add BMI, ht, wt, BMI percentile
- Quicklook: add due/overdue status like on appt list
- Well child nightly update of visits



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Anticipated 2014 Update: Exclusions for all lists

- Purpose of Exclusions is to identify patients who do not need the same standard of care as everyone else on the list
- Exclusions do not remove patients from HEDIS metrics
- Exclusions remove the overdue/due status for that measure on that list and the appointment list
- Exclusions must be reviewed/renewed annually
- Exclusions stay with patient after PCS:
 - NEVER exclude someone just because they moved

- Easy access to population overview data at MTF, Provider group and provider level
- Easy to export metrics
- Patient Detail improvements
- CarePoint 3G access for our non-dot mil users

Enrollment data current as of 31 Jan 2012

Demographics Bencat Counts Action List Counts Disease/Condition Prevalence

DEMOGRAPHICS:

	Count
All Patients	93678
All Males	37670
All AD Males	9370
All Females	56008
All AD Females	13883
Basic Age Breakdown	
0-4	9149
5-17	19499
18-39	35151
40-49	11336
50-64	12760
>=65	5783
Measure-Related Age Breakdown	
Children < 24m	3619
Children 24-35m	1863
Women 16-25	12110
Women 21-64	31176
Women 40-69	15554
Women >=45	14424
Men >=35	14229
Men and Women >=50	18543



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ADJUSTED CLINICAL GROUPS

ACG

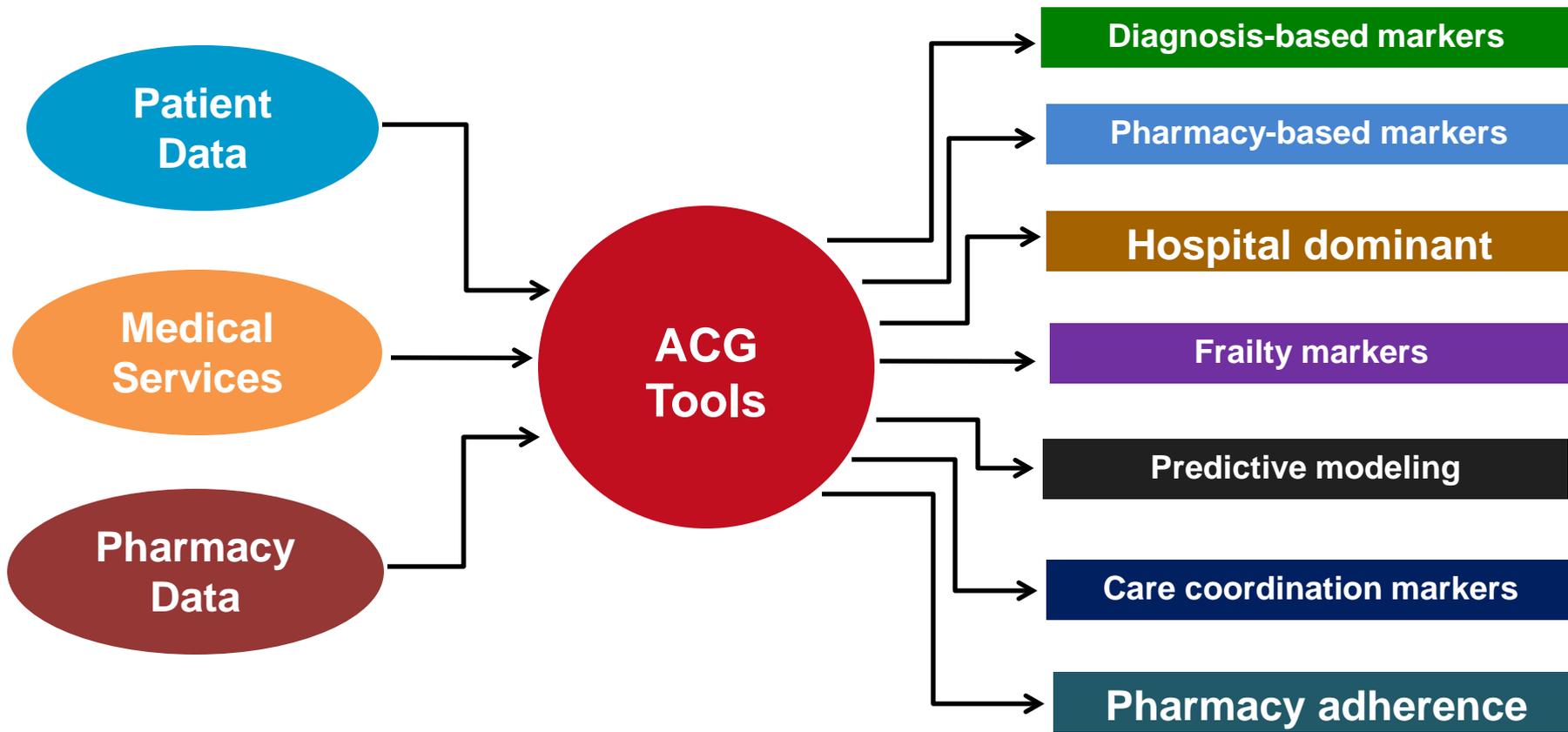


What is this ACG stuff anyway?

ACG RUB	ACG IBI	ACG Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Moderate	0.75	7/18/2013
Very High	7.44	7/18/2013
Low Risk	0.37	7/18/2013
High	4.61	7/18/2013
Moderate	1.86	7/18/2013
No Data	No Data	
Moderate	0.54	7/18/2013
Moderate	1.86	7/18/2013
Moderate	1.21	7/18/2013
Low Risk	0.37	7/18/2013
No Data	No Data	
Moderate	1.21	7/18/2013
Moderate	0.75	7/18/2013
Low Risk	0.19	7/18/2013
High	4.61	7/18/2013
Very High	7.44	7/18/2013
Moderate	1.21	7/18/2013
Low Risk	0.43	7/18/2013



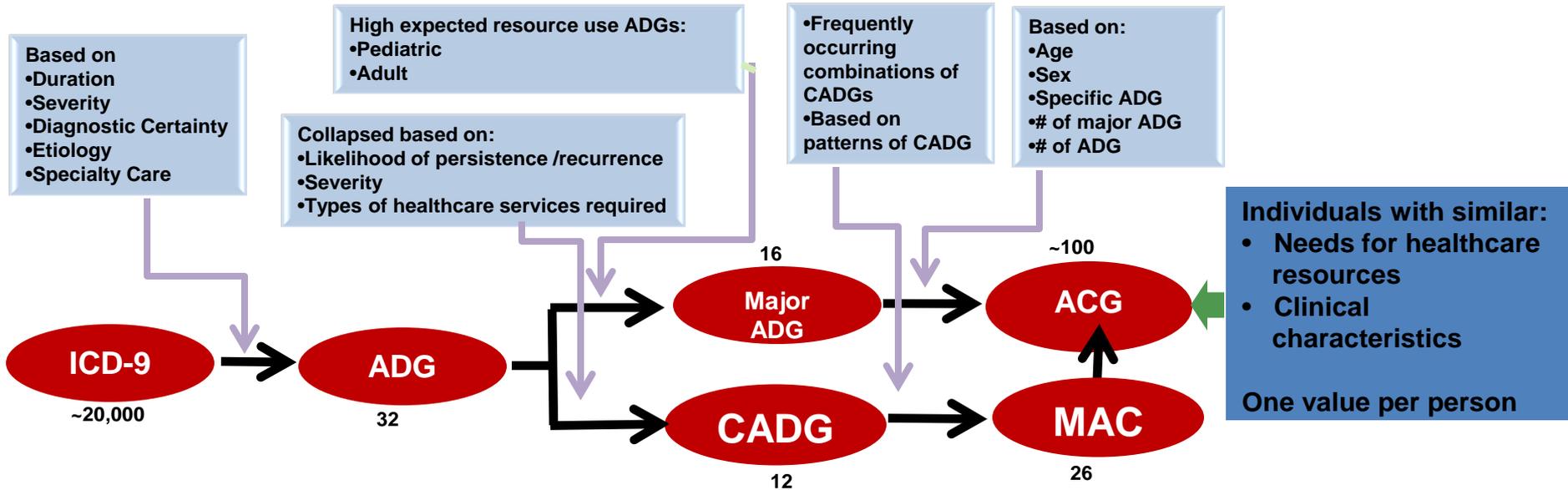
- Grew out of Dr. Barbara Starfield's research hypothesis:
Clustering of morbidity is a better predictor of health services resource use than the presence of specific disease
- Conceptual Basis:
Assessing the appropriateness of care needs to be based on patterns of morbidity rather than on specific diagnoses
 - Developed by the Johns Hopkins School of Public Health
 - A 'person-focused' comprehensive family of measurement tools
 - Adopted by 200+ healthcare organizations world-wide
 - Case-mix adjust more than 20 million covered lives
 - Most widely used & tested population-based risk-adjustment system





Management applications for population-based case-mix adjustment require that patients be grouped into single, mutually exclusive categories. The ACG methodology uses a branching algorithm to place people into one of 93 discrete categories based on their assigned ADGs, their age and their sex. **The result is that individuals within a given ACG have experienced a similar pattern of morbidity and resource consumption over the course of a given year.**

Diagnosis-based markers: Morbidity view



ADG	ICD-9
Time limited: major	Appendicitis
Likely to recur: discrete	Gout, Backache
Likely to recur: progressive	DKA
Chronic medical: stable	DM, HTN
Chronic medical: unstable	HTN renal disease
Injuries/adverse effects: major	Intracranial injury

Major ADG (Adult)
Time limited: major
Likely to recur: progressive
Chronic medical: unstable
Chronic specialty: stable - ENT
Psychosocial: persistent/recurrent,
Malignancy

ACG
Acute minor / likely to recur, age 6+, w/o allergy
Pregnancy, 2-3 ADGs, no major ADGs
4-5 other ADG combinations, age 45+, 2+ major ADGs
6-9 other ADG combinations, male, age , no major ADGs
Infants: 0-5 ADGs, no major ADGs, low birth weight
Chronic specialty: stable

Table 1: ADGs and Common ICD10 Codes Assigned to Them

ADG	ICD9-CM	ICD-10	Diagnosis
1. Time Limited: Minor	558.9 691.0	K52.9 L22	Noninfectious Gastroenteritis Diaper or Napkin Rash
2. Time Limited: Minor-Primary Infections	079.9 464.4	B09 J05.0	Unspecified Viral Infection Croup
3. Time Limited: Major	451.2 560.3	I80.3 K56.7	Phlebitis of Lower Extremities
4. Time Limited: Major-Primary Infections	573.3 711.0	K75.9 M00.9	Hepatitis, Unspecified Pyogenic Arthritis
5. Allergies	477.9 708.9	J30.0 L50.9	Allergic Rhinitis, Cause Unspecified Unspecified Urticaria
6. Asthma	493.0 493.1	J45.0 J45.1	Extrinsic Asthma Intrinsic Asthma
7. Likely to Recur: Discrete	274.9 724.5	M10.9 M54.9	Gout, Unspecified Backache, Unspecified
8. Likely to Recur: Discrete-Infections	474.0 599.0	J35.1 N39.0	Chronic Tonsillitis Urinary Tract Infection
9. Likely to Recur: Progressive	250.10 434.0	E11.1 I66.9	Adult Onset Type II Diabetes w / Ketoacidosis Cerebral Thrombosis
10. Chronic Medical: Stable	250.00 401.9	E10.9 I10	Adult-Onset Type I Diabetes Essential Hypertension
11. Chronic Medical: Unstable	282.6 277.0	D57.1 E84.0	Sickle-Cell Anemia Cystic Fibrosis
12. Chronic Specialty: Stable-Orthopedic	721.0 718.8	M48.9 M24.9	Cervical Spondylosis Without Myelopathy Other Joint Derangement
13. Chronic Specialty: Stable-Ear, Nose, Throat	389.14 385.3	H90.5 H71	Central Hearing Loss Cholesteatoma
14. Chronic Specialty: Stable-Eye	367.1 372.9	H52.1 H11.9	Myopia Unspecified Disorder of Conjunctiva
16. Chronic Specialty: Unstable-Orthopedic	724.02 732.7	M48.0 M92.8	Spinal Stenosis of Lumbar Region Osteochondritis Dissecans
17. Chronic Specialty: Unstable-Ear, Nose, Throat	386.0 383.1	H81.0 H70.1	Meniere's Disease Chronic Mastoiditis
18. Chronic Specialty: Unstable-Eye	365.9 379.0	H40.9 H15.0	Unspecified Glaucoma Scleritis / Episcleritis
20. Dermatologic	078.1 448.1	A63.0 I78.1	Viral Warts Nevus, Non-Neoplastic
21. Injuries/Adverse Effects: Minor	847.0 959.1	S13.4 T09.0	Neck Sprain Injury to Trunk

ADG:

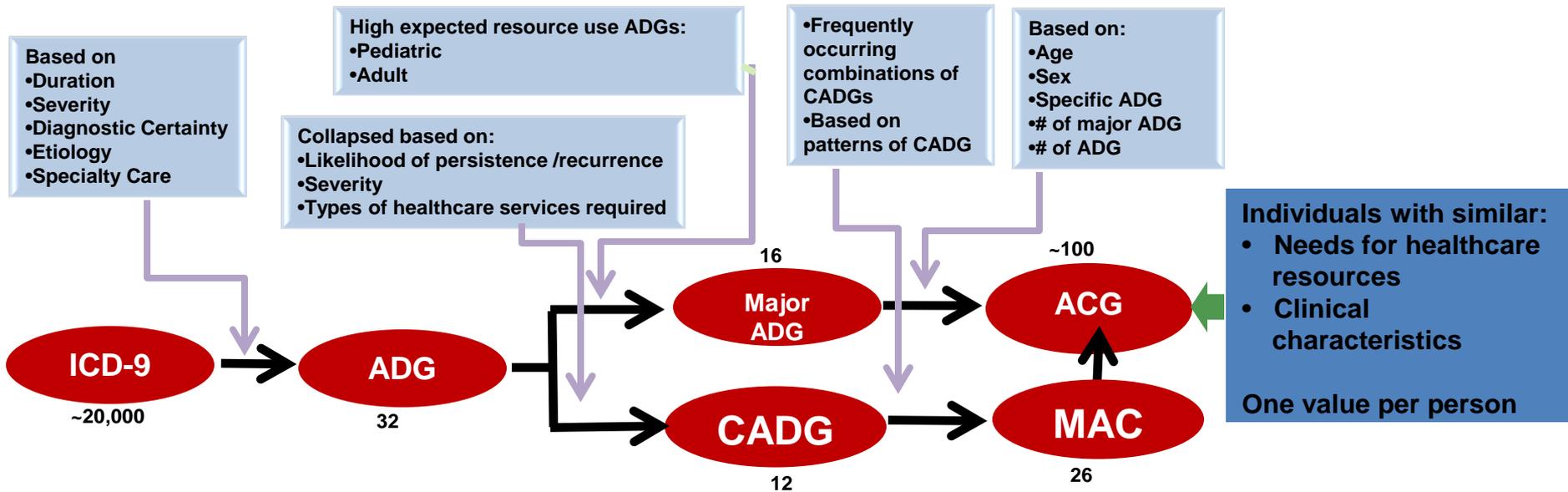
Aggregated Diagnosis Group

22. Injuries/Adverse Effects: Major	854.0 972.1	S06 T46.0	Intracranial Injury Poisoning by Cardiotonic Glycosides and Similar Drugs
23. Psychosocial: Time Limited, Minor	305.2 309.0	F12.1 F32.0	Cannabis Abuse, Unspecified Brief Depressive Reaction
24. Psychosocial: Recurrent or Persistent, Stable	300.01 307.51	F41.0 F50.3	Panic Disorder Bulimia
25. Psychosocial: Recurrent or Persistent, Unstable	295.2 291.0	F20.2 F10.3	Catatonic Schizophrenia Alcohol Withdrawal
26. Signs/Symptoms: Minor	784.0 729.5	G44.1 M79.6	Headache Pain in Limb
27. Signs/Symptoms: Uncertain	719.06 780.7	M25.4 R53	Effusion of Lower Leg Joint Malaise and Fatigue
28. Signs/Symptoms: Major	429.3 780.2	I51.7 R55	Cardiomegaly Syncope and Collapse
29. Discretionary	550.9 706.2	K40 L72.1	Inguinal Hernia (NOS) Sebaceous Cyst
30. See and Reassure	611.1 278.1	N62 E65	Hypertrophy of Breast Localized Adiposity
31. Prevention/Administrative	V20.2 V72.3	Z00.1 Z01.4	Routine Infant or Child Health Check Gynecological Examination
32. Malignancy	174.9 201.9	C50 C81.9	Malignant Neoplasm of Breast (NOS) Hodgkin's Disease, Unspecified Type
33. Pregnancy	V22.2 650.0	Z33 080.0	Pregnant State Delivery in a Completely Normal Case
34. Dental	521.0 523.1	K02 K05.1	Dental Caries Chronic Gingivitis

***Note:** Only 32 of the 34 ADG markers are currently in use.

Pts may be assigned to Multiple ADGs

Diagnosis-based markers: Morbidity view



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Time limited: major	Appendicitis
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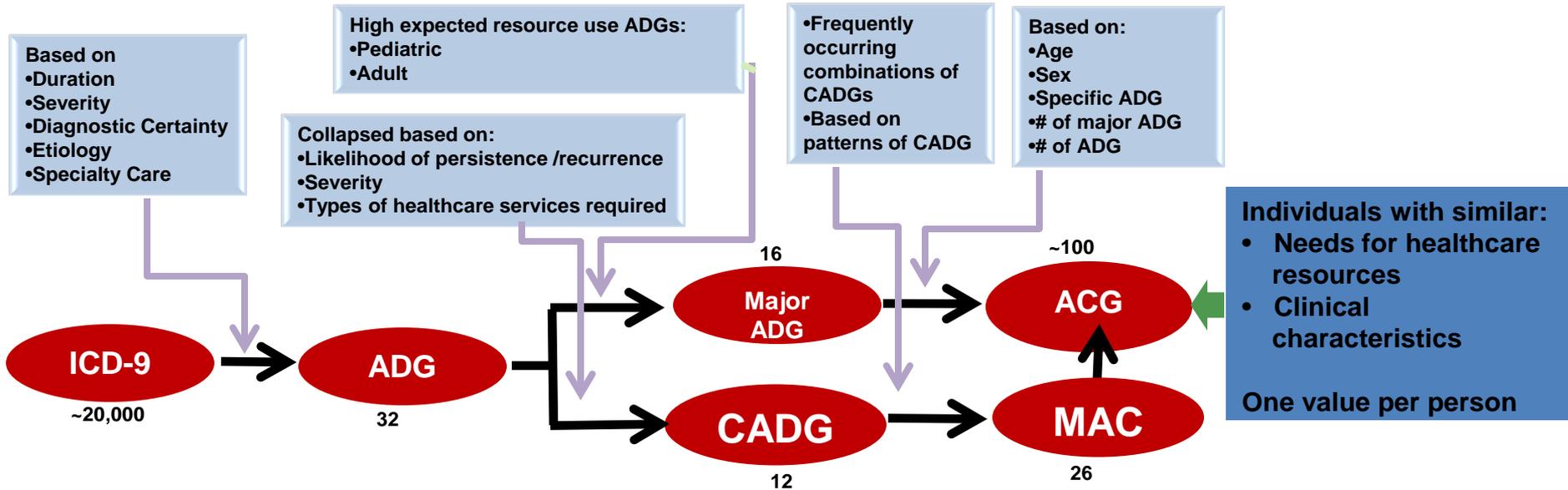
Major ADG (Adult)
Time limited: major
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Chronic medical: unstable
Chronic specialty: stable - ENT
Psychosocial: persistent/recurrent,
Malignancy

ACG
Acute minor / likely to recur, age 6+, w/o allergy
Pregnancy, 2-3 ADGs, no major ADGs
4-5 other ADG combinations, age 45+, 2+ major ADGs
6-9 other ADG combinations, male, age , no major ADGs
Infants: 0-5 ADGs, no major ADGs, low birth weight
Chronic specialty: stable

Pediatric Major ADGs (ages 0-17 years)	Adult Major ADGs (ages 18 and up)
3 Time Limited: Major	3 Time Limited: Major
9 Likely to Recur: Progressive	4 Time Limited: Major-Primary Infections
11 Chronic Medical: Unstable	9 Likely to Recur: Progressive
12 Chronic Specialty: Stable-Orthopedic	11 Chronic Medical: Unstable
13 Chronic Specialty: Stable-Ear, Nose, Throat	16 Chronic Specialty: Unstable-Orthopedic
18 Chronic Specialty: Unstable-Eye	22 Injuries/Adverse Effects: Major
25 Psychosocial: Recurrent or Persistent, Unstable	25 Psychosocial: Recurrent or Persistent, Unstable
32 Malignancy	32 Malignancy

- Identify ADGs that have very high expected resource use

Diagnosis-based markers: Morbidity view



ADG	ICD-9
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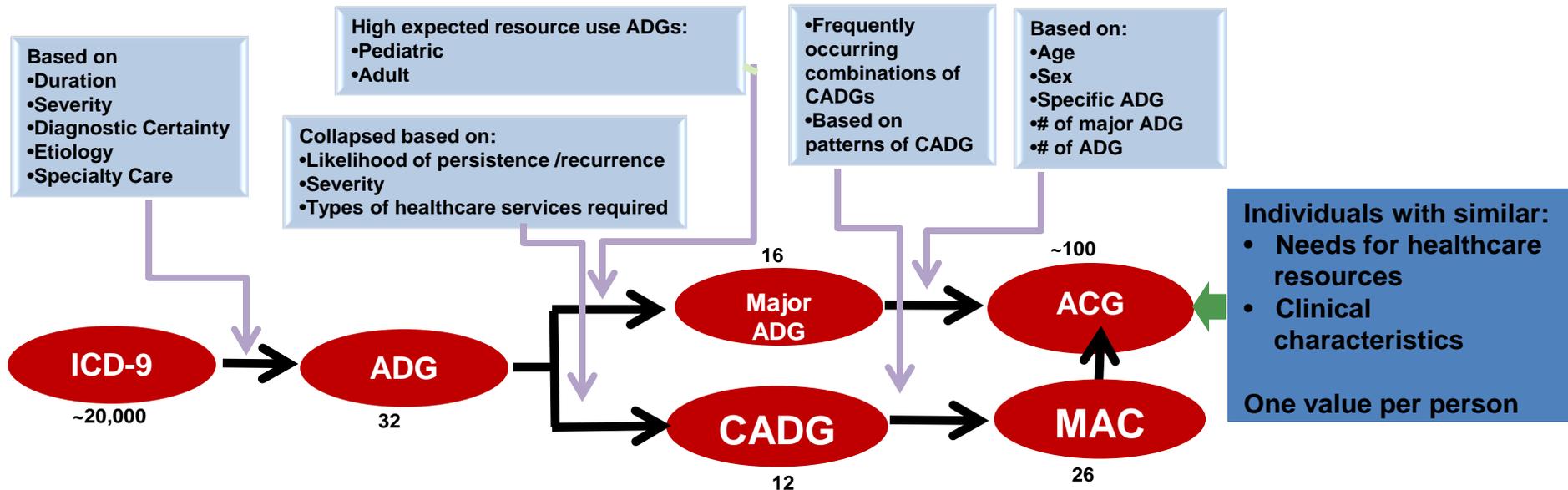
- 4.3 billion possible combinations of ADGs
- So to make it more manageable to get to that unique grouping for a patient, grouped ADGs into collapsed ADGs based on
 - Likelihood of persistence or recurrence
 - Severity
 - Types of healthcare services required
- Pts can still be assigned to more than 1



CADGs

Collapsed ADG (CADG)	ADGs in Each
1. Acute Minor	1 Time Limited: Minor 2 Time Limited: Minor-Primary Infections 21 Injuries / Adverse Events: Minor 26 Signs / Symptoms: Minor
2. Acute Major	3 Time Limited: Major 4 Time Limited: Major-Primary Infections 22 Injuries / Adverse Events: Major 27 Signs / Symptoms: Uncertain 28 Signs / Symptoms: Major
3. Likely to Recur	5 Allergies 7 Likely to Recur: Discrete 8 Likely to Recur: Discrete-Infections 20 Dermatologic 29 Discretionary
4. Asthma	6 Asthma
5. Chronic Medical: Unstable	9 Likely to Recur: Progressive 11 Chronic Medical: Unstable 32 Malignancy
6. Chronic Medical: Stable	10 Chronic Medical: Stable 30 See and Reassure
7. Chronic Specialty: Stable	12 Chronic Specialty: Stable-Orthopedic 13 Chronic Specialty: Stable-Ear, Nose, Throat
8. Eye/Dental	14 Chronic Specialty: Stable-Eye 34 Dental
9. Chronic Specialty: Unstable	16 Chronic Specialty: Unstable-Orthopedic 17 Chronic Specialty: Unstable-Ear, Nose, Throat 18 Chronic Specialty: Unstable-Eye
10. Psychosocial	23 Psycho-social: Time Limited, Minor 24 Psycho-social: Recurrent or Persistent, Stable 25 Psycho-social: Recurrent or Persistent, Unstable
11. Preventive/Administrative	31 Prevention / Administrative
12. Pregnancy	33 Pregnancy

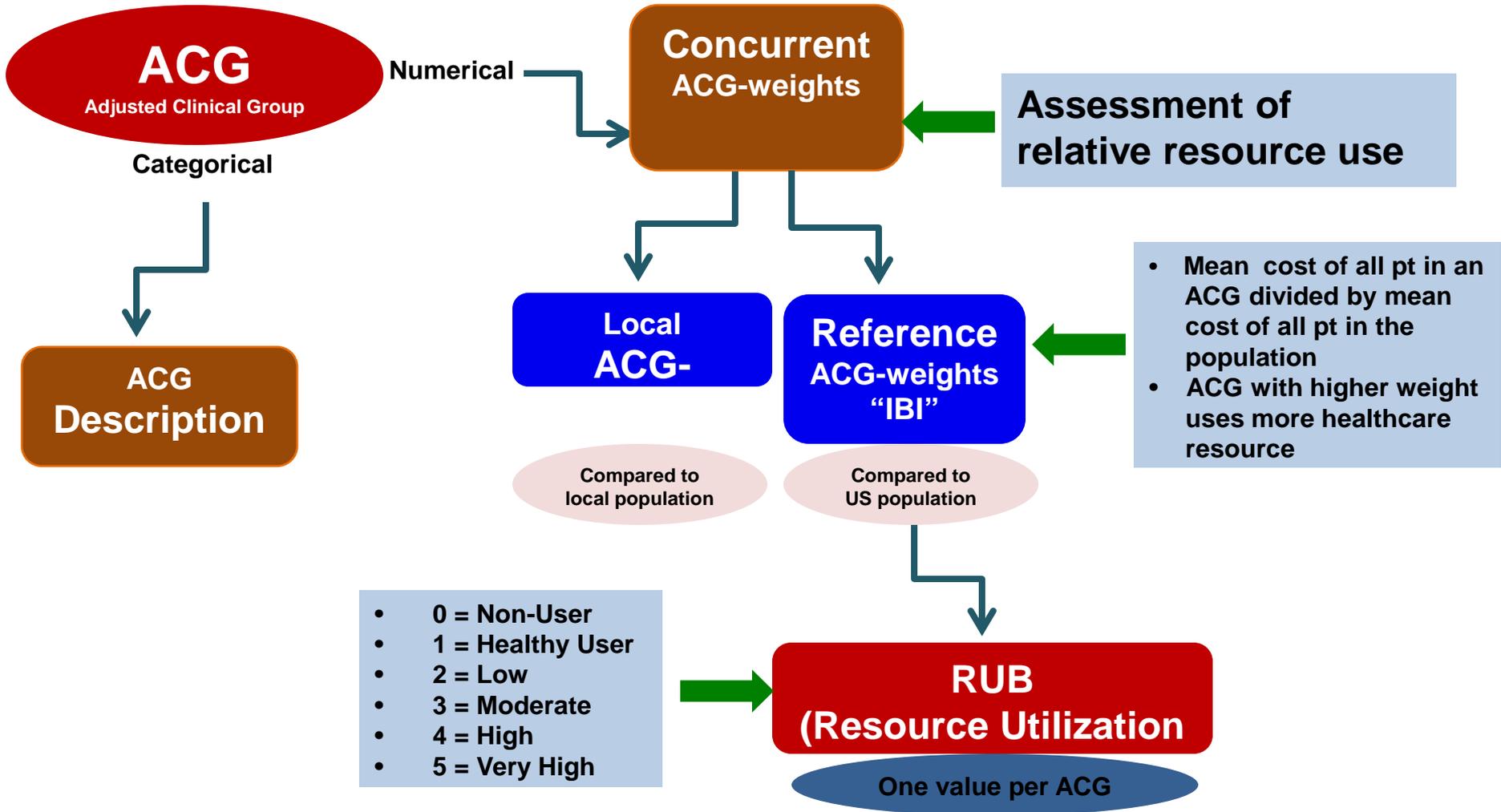
Diagnosis-based markers: Morbidity view



- MACs are mutually exclusive grouping so of CADGs
- The MACs are then split into ACGs to identify groups of individuals with similar needs for healthcare resources who also share similar clinical characteristics.
- The variables taken into consideration include: age, sex, presence of specific ADGs, number of major ADGs, and total number of ADGs.

MACs	CADGs
1. Acute: Minor	1
2. Acute: Major	2
3. Likely to Recur	3
4. Asthma	4
5. Chronic Medical: Unstable	5
6. Chronic Medical: Stable	6
7. Chronic Specialty: Stable	7
8. Eye/Dental	8
9. Chronic Specialty: Unstable	9
10. Psychosocial	10
11. Prevention / Administrative	11
12. Pregnancy	All CADG combinations that include CADG 12
13. Acute: Minor and Acute: Major	1 and 2
14. Acute: Minor and Likely to Recur	1 and 3
15. Acute: Minor and Chronic Medical: Stable	1 and 6
16. Acute: Minor and Eye/Dental	1 and 8
17. Acute: Minor and Psychosocial	1 and 10
18. Acute: Major and Likely to Recur	2 and 3
19. Acute: Minor and Acute: Major and Likely to Recur	1, 2 and 3
20. Acute: Minor and Likely to Recur and Eye and Dental	1, 3 and 8
21. Acute: Minor and Likely to Recur and Psychosocial	1, 3, and 10
22. Acute: Minor and Major and Likely to Recur and Chronic Medical: Stable	1, 2, 3, and 6
23. Acute: Minor and Major and Likely to Recur	1, 2, 3, and 10

Diagnosis-based markers: ACG - Concurrent Weight - RUB





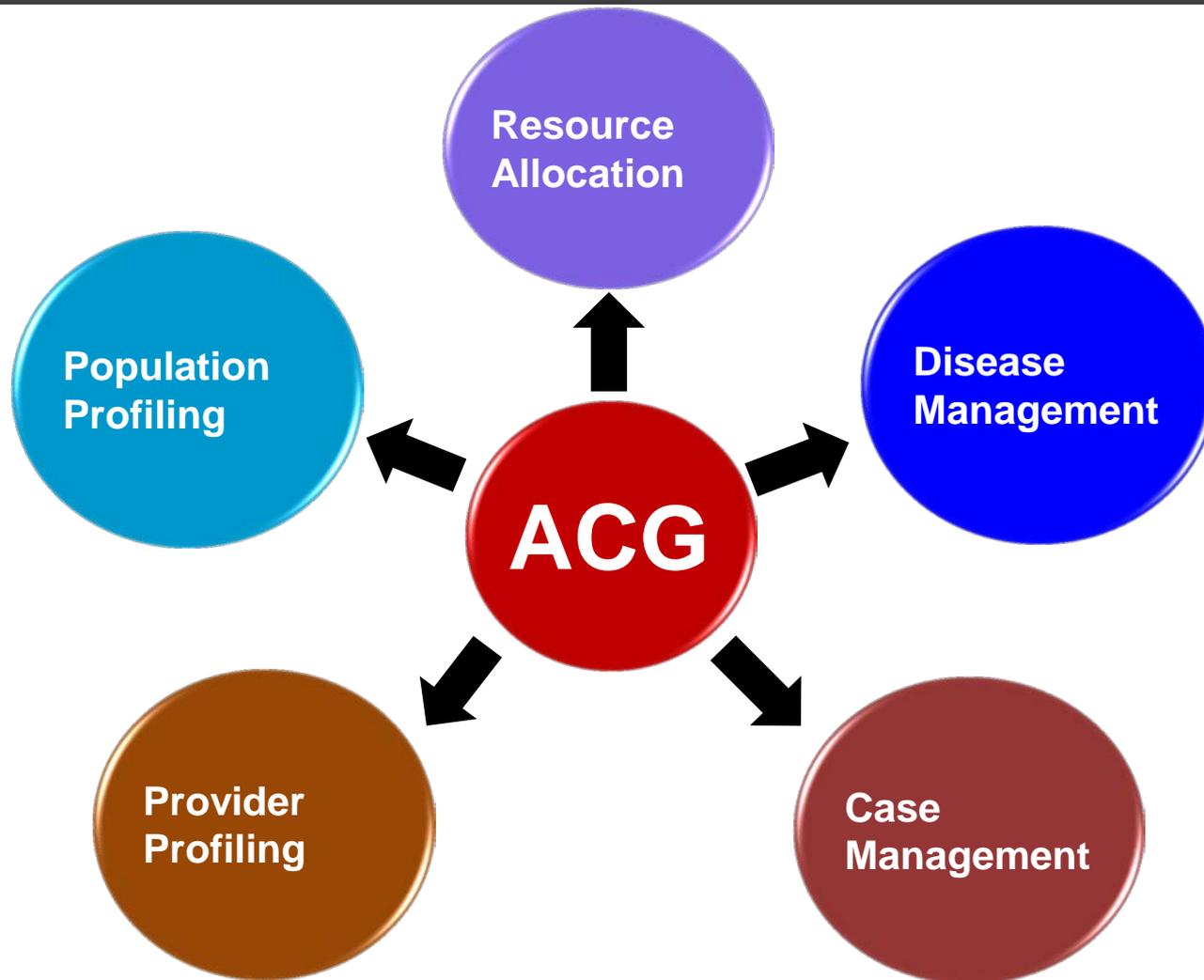
- “No Data” means the pt was not enrolled for the full measurement year.
- Measurement year ended 3 months prior to MHSPHP metrics date; about 4.5 months prior to ACG run date to allow maturity of claims data
- Metrics as of date: 31 Dec 13
- ACG date: mid Feb 13 (date ACG data was run)
- ACG data range: 1-Oct-2012 thru 30 Sep-2013

- **0 = Non-User**
- **1 = Healthy User**
- **2 = Low**
- **3 = Moderate**
- **4 = High**
- **5 = Very High**

ACG	Reference Concurrent Weight		RUB
	Commercial (0-64)	Medicare (>=65)	
Acute Minor, Age 6+	0.16	0.10	1
Chronic medical: stable	0.35	0.15	2
2-3 Other ADG combinations, age 1-17	0.50	0.15	2
Acute major/Likely to recur	0.53	0.24	3
10+ Other ADG combinations, age 18+, 0-1 major ADG	3.32	1.06	4
6-9 Other ADG combinations, age 35+, 3 major ADGs	6.89	1.87	5



What can ACG do for you?





ACG and Appt List

PCM Name	Note Details	ACG RUB	ACG IBI	ACG Date	DOB	Age	Age In Months	BenCat	Overdue
DAVIS, BRADLEY H									
DAVIS, BRADLEY H		Moderate	1.86	7/18/2013	6/15/1961	52	625	RTN	
DAVIS, BRADLEY H		No Data	No Data		8/23/1963	49	599	RTN	
DAVIS, BRADLEY H		Low Risk	0.37	7/18/2013	8/2/1972	41	492	ADN	
DAVIS, BRADLEY H		Very High	7.44	7/18/2013	7/25/1955	58	696	RTFMLY	
DAVIS, BRADLEY H		Moderate	1.86	7/18/2013	8/4/1955	58	696	RTN	
DAVIS, BRADLEY H		Moderate	0.51	7/18/2013	1/5/1955	58	703	ADFMLY	
DAVIS, BRADLEY H		High	2.93	7/18/2013	1/28/1960	53	642	RTFMLY	
DAVIS, BRADLEY H		No Data	No Data		6/20/1991	22	265	ADFMLY	
DAVIS, BRADLEY H		No Data	No Data		6/20/1991	22	265	ADFMLY	
DAVIS, BRADLEY H		No Data	No Data		2/6/1951	62	750	RTFMLY	
DAVIS, BRADLEY H		Moderate	1.21	7/18/2013	6/12/1969	44	529	ADFMLY	
DAVIS, BRADLEY H		Moderate	1.03	7/18/2013	2/27/1987	26	317	ADFMLY	
DAVIS, BRADLEY H		No Data	No Data		4/4/1989	24	292	ADFMLY	
DAVIS, BRADLEY H		Healthy	0.15	7/18/2013	1/28/1958	55	666	RTFMLY	
DAVIS, BRADLEY H		Moderate	1.86	7/18/2013	8/13/1975	37	455	ADN	
DAVIS, BRADLEY H		Non User	0.00	7/18/2013	2/10/1957	56	677	RTFMLY	
DAVIS, BRADLEY H		Very High	7.44	7/18/2013	1/23/1955	58	702	ADFMLY	A1C, LDL
DAVIS, BRADLEY H		High	3.55	7/18/2013	10/22/1948	64	777	RTFMLY	Colono
DAVIS, BRADLEY H		No Data	No Data		2/6/1951	62	750	RTFMLY	
DAVIS, BRADLEY H		High	2.82	7/18/2013	8/13/1962	50	611	RTA	
DAVIS, BRADLEY H		Moderate	1.86	7/18/2013	5/22/1974	39	470	ADFMLY	



- Teams: Find High and Very High RUB patients with appts today and next week
- If appt in primary care, is it with PCM?
 - These pts benefit most from continuity
- Do they need a longer appt time?
- Can you rearrange schedule to accommodate?
- As a PCM, where are your high RUB pts being seen? Would they benefit from case manager or PCM RN contact with that appt? Do they need follow-up from an ER visit?

[Patient Management](#) > [Appointments](#)

Filters

My Filters

Available Data Sources

Available Fields

dsAppointmentData (Primary)

Choose a field

AND/OR	(	Selected Field	Operator	Value)	
	▼	dsAppointmentData.ACG RUB	Contains ▼	high	▼	Delete

Search

Clear

PCM Continuity	Overdue Due	Notes	Provider Group	Reason for Appt	Canceled	ACG RUB	ACG IBI	ACG Date
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			BNH EMERGENCY			Very High	7.44	7/18/2013
			BNH PHY THERAPY		P	High	4.61	7/18/2013
			BNH PHY THERAPY			High	4.61	7/18/2013
			BNH MENTAL HEALTH SVCS	initial/cadien		Very High	7.44	7/18/2013
			BNH PCMH TEAM 2	Medication renewal		Very High	7.44	7/18/2013
			BNH PCMH TEAM 1	f/u shortnes of breath from er		High	5.50	7/18/2013
			BNH PHY THERAPY		P	Very High	7.44	7/18/2013
			BNH PCMH TEAM 1	I need a mandatory immunization form signed for college. I have my records.	P	High	3.21	7/18/2013
			BNH PHY THERAPY	Pas entered the order		Very High	7.44	7/18/2013
			BNH PCMH TEAM 1	MEDS: Pt request partial refill for Adderall until appt. 8/19/13 tmw		Very High	12.82	7/18/2013
			BNH PCMH TEAM 2	cyst in groin & possible yeast infection		Very High	7.44	7/18/2013
			BNH PCMH TEAM 1	LABS: appt today		High	2.93	7/18/2013
			BNH MENTAL HEALTH SVCS	Per f/u		High	4.61	7/18/2013
			BNH PHY THERAPY		P	High	2.93	7/18/2013



- Filter on Contains “High” in RUB
- Filter on your patients
- Do any of these pts need Case Management or Disease Management referrals?
- Use generic note to identify items needed to discuss at next appt



- Look for patients with RUB healthy or low
 - Why are they such high utilizers if disease complexity not there
 - Isolated acute injury or illness with lots of follow-up
 - Behavioral/social support referral for “needy” pt
- Patients with high IBI
 - Try to ensure PCM continuity
 - May need Case management referral either with TRICARE contractor or MTF depending on majority of care

- Untreated depression can interfere with patients ability to comply with medical plan of care in complex diseases
- Look at Antidepressant Medication Management list for patients who are not staying on meds
 - Prioritize long list of pts by focusing on those with complex medical needs (high and very high RUB)
- Look at Depression list for patients with zero outpt visits, but had primary diagnosis of depression for a hospitalization or ER visit
 - All need to have some follow-up, especially those with high and very high RUB.

Patient Management > Antidepressant Med Mgt

Filters My Filters

Available Data Sources Available Fields

DSAntidepressantMedMgt (Primar) Choose a field

AND/OR	(	Selected Field	Operator	Value)	
	(	DSAntidepressantMedMgt.Trmt Days >=84	Contains	n	)	Delete
OR	)	DSAntidepressantMedMgt.Trmt Days >=180	Contains	n	)	Delete
AND	)	DSAntidepressantMedMgt.ACG RUB	Contains	High	)	Delete

Search Clear

“Contains” operator will bring in NA (recently treated) and those who did not stay on meds during that phase.

This will find your depression pts who need follow-up. Prioritize them by adding RUB contains “high”

Patient Management > Depression

Filters My Filters

Available Data Sources Available Fields

DS_Depression (Primary) Choose a field

AND/OR	(	Selected Field	Operator	Value)	
	(	DS_Depression.ER Visit Primary	Greater Than	0)	
OR	)	DS_Depression.ER Visit Secondary	Greater Than	0)	
OR	)	DS_Depression.Inpatient Visit	Greater Than	0)	
AND	(	DS_Depression.Outpatient Visit Primary	Is Null	0)	
AND	)	DS_Depression.Outpatient Visit Secondary	Is Null	0)	

Search Clear

https://sas.afms.mil/ - SAS Web Report Studio : View Report - Windows Internet Explorer provided by USAF

SAS Web Report Studio • DOD_AGG_2013

File Edit View Data Announcements Section Data

Table of Contents Options

Announcements

Section Data Options

Population Health Dynamic Report
HEDIS AND PREVALENCE REPORTS FOR 2013

Overview || **NEW** [Childhood Immunizations \(Air Force Only\)](#) || Previous HEDIS / Prevalence Reports [2010](#) [2011](#) [2012](#) || [Adjusted Clinical Group Report](#)

Data current as of: **December 2013**

Recent Updates

Updates made on 26 February 2014
Updated December 2013 Obesity metrics.

Updates made on 19 February 2014
* Addition of December 2013 data.

Due to the gap in AHLTA data for December, there will be no obesity metric update this month. Obesity metrics will be updated next month.

To avoid performance issues with the reports, we ask that users DO NOT use the browser BACK button, and that users Log Off before closing the browser. If the report does not respond, please Log Off and then close the browser and try again.

Updates made on 31 January 2014
Developed **Childhood Immunization** report for Air Force only. Tri-Service reports not available due to data limitations. Link to this report is displayed below the page header.

Added **HEDIS Metrics** report. This report is accessible from the Table of Contents to the left. This report combines the Metrics and All HEDIS Needed for 90th and 75th reports. These two reports will no longer be produced for 2014 data.

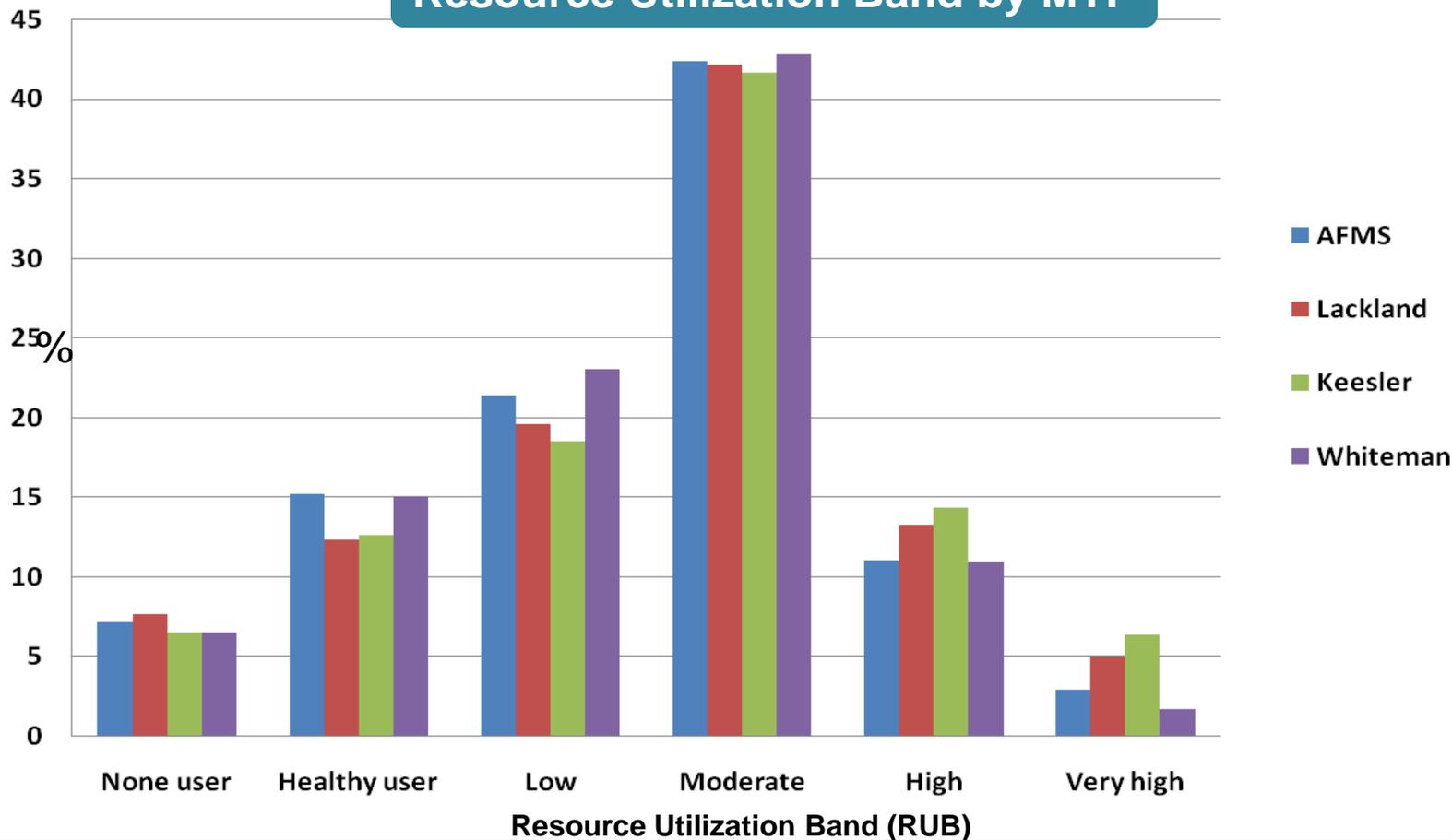
Help Documents

- [Online Help](#)
- [User's Guide](#)
- [Contact Information](#)
- [How to Copy and Paste Charts](#)

- On top of page are other reports
- Click on Adjusted Clinical Group Report



Resource Utilization Band by MTF



ACG Report Column Headers

Adjusted Clinical Groups (ACG) 2012 – 2013 Data

Resource Utilization Band (RUB) Legend: (0 – Non User) (1 – Healthy) (2 – Low Risk) (3 – Moderate) (4 – High) (5 – Very High)
 Additional reports by RUB category are available from the Table of Contents drop-down menu on the left side of the window.

ACG Documentation

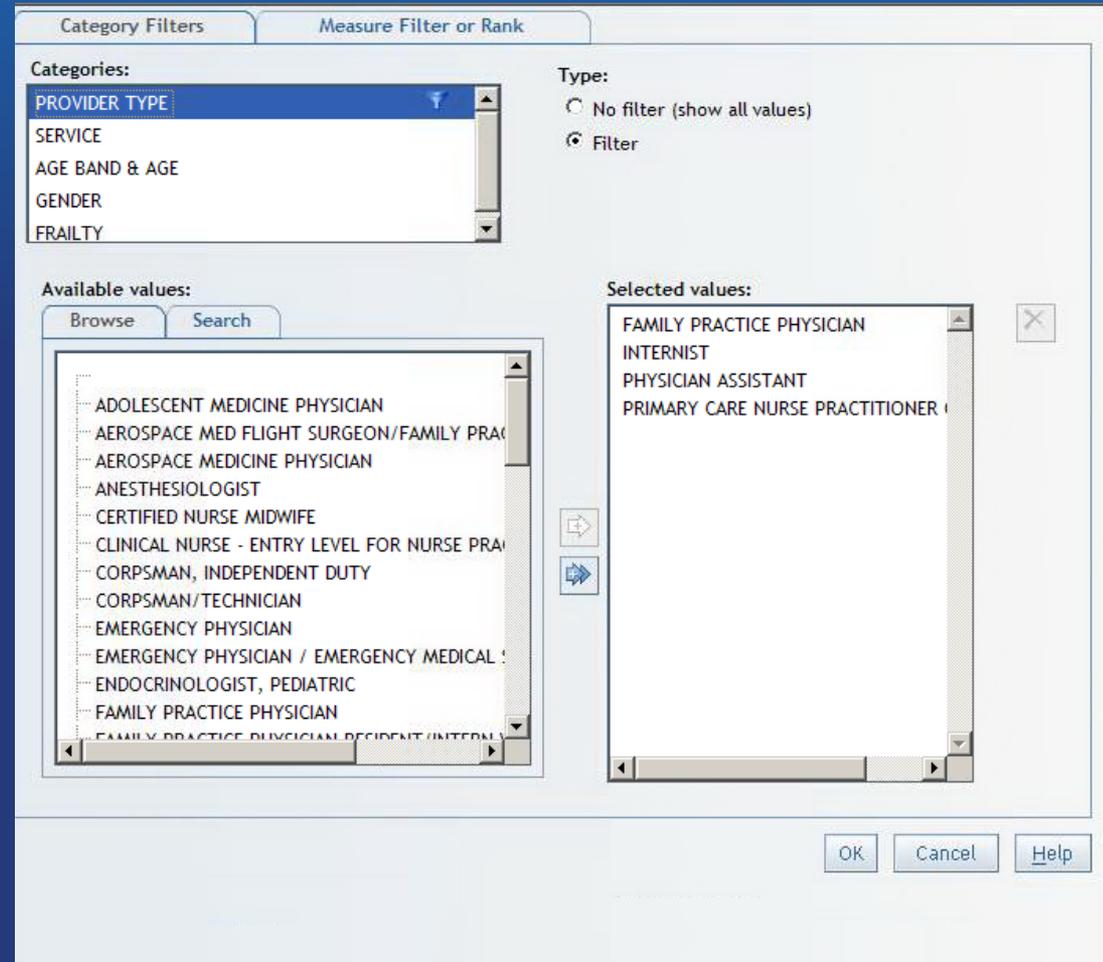
Applied filters: None

	Patient Count Total	IBI (AVG)	RUB with Non-Users (AVG)	RUB without Non-Users (AVG)	Pharmacy Cost Band (AVG)	Chronic Condition Count (AVG)	Majority Source Of Care % (AVG)	Hospital Dominant Morbidity Types (% >=1)	Generic Drug Count (AVG)	Probability High Total Cost (AVG)
SERVICE										
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> AIR FORCE	1,040,445	1.0	2 – Low Risk	3 – Moderate	3	1	27	2.36%	5	4.99%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ARMY	1,311,674	1.0	2 – Low Risk	3 – Moderate	3	1	19	2.36%	6	4.99%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NAVY	887,568	1.0	2 – Low Risk	2 – Low Risk	3	1	15	1.88%	5	4.96%

Probability Injury Hosp (AVG)	Probability Inpatient Hosp (AVG)	Outpatient Visit Count (Total)	Inpatient Hospitalization Count (Total)	Emergency Visit Count (Total)	Specialty Count (Total)	Total Cost (Total)	Pharmacy Cost (Total)
0.20%	3.14%	9,526,354	46,829	218,008	583,373	\$4,408,331,680.70	\$683,028,164.42
0.20%	2.97%	14,306,915	68,217	201,162	470,845	\$5,539,397,029.61	\$776,878,556.64
0.17%	2.52%	7,891,070	34,170	133,032	235,040	\$3,368,999,412.63	\$431,131,960.12

PCM Provider Type Filter

- Drag Provider type to Left of Service on table
- Right click on data area and select Filter and Rank
- Set provider type filter on and select provider type the click arrow. When done click ok



The screenshot shows a software interface for filtering provider types. It features two tabs: "Category Filters" and "Measure Filter or Rank".

Category Filters:

- Categories: PROVIDER TYPE (selected), SERVICE, AGE BAND & AGE, GENDER, FRAILITY

Measure Filter or Rank:

- Type: No filter (show all values), Filter

Available values:

- Buttons: Browse, Search
- List: ADOLESCENT MEDICINE PHYSICIAN, AEROSPACE MED FLIGHT SURGEON/FAMILY PRA, AEROSPACE MEDICINE PHYSICIAN, ANESTHESIOLOGIST, CERTIFIED NURSE MIDWIFE, CLINICAL NURSE - ENTRY LEVEL FOR NURSE PRA, CORPSMAN, INDEPENDENT DUTY, CORPSMAN/TECHNICIAN, EMERGENCY PHYSICIAN, EMERGENCY PHYSICIAN / EMERGENCY MEDICAL, ENDOCRINOLOGIST, PEDIATRIC, FAMILY PRACTICE PHYSICIAN, FAMILY PRACTICE PHYSICIAN RESIDENT (INTERM)

Selected values:

- List: FAMILY PRACTICE PHYSICIAN, INTERNIST, PHYSICIAN ASSISTANT, PRIMARY CARE NURSE PRACTITIONER

Buttons: OK, Cancel, Help

Service Comparison of Provider types

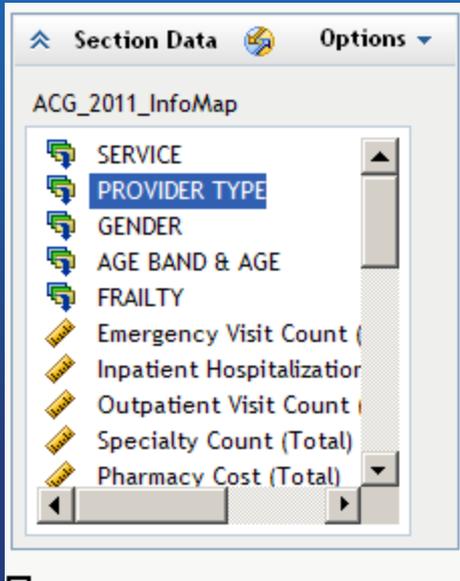
Applied filters: PROVIDER TYPE equal to FAMILY PRACTICE PHYSICIAN, INTERNIST, PHYSICIAN ASSISTANT, PRIMARY CARE NURSE PRACTITIONER QUALIFIED

PROVIDER TYPE	SERVICE	Patient Count Total	IBI (AVG)	RUB with Non-Users (AVG)	RUB without Non-Users (AVG)	Pharmacy Cost Band (AVG)	Chronic Condition Count (AVG)	Majority Source Of Care % (AVG)	Hospital Dominant Morbidity Types (% >=1)	Generic Drug Count (AVG)	Probability High Total Cost (AVG)	Probability Injury Hosp (AVG)	Probability Inpatient Hosp (AVG)	Outpatient Visit Count (Total)	Inpatient Hospitalization Count (Total)	Emergency Visit Count (Total)	Specialty Count (Total)	Total Cost (Total)	Pharmacy Cost (Total)
FAMILY PRACTICE PHYSICIAN	AIR FORCE	357,008	1.1	3 - Moderate	3 - Moderate	3	1	27	2.33%	6	5.16%	0.19%	3.11%	3,433,566	15,557	72,003	208,557	\$1,588,955,345.95	\$250,262,347.54
	ARMY	349,775	1.1	3 - Moderate	3 - Moderate	3	1	22	2.55%	7	5.29%	0.20%	3.06%	3,822,223	18,241	56,927	139,819	\$1,556,667,809.33	\$226,287,147.58
	NAVY	230,355	1.2	2 - Low Risk	3 - Moderate	3	1	18	2.24%	6	5.82%	0.17%	2.78%	2,283,155	9,569	38,941	76,911	\$975,428,905.81	\$135,708,852.24
INTERNIST	AIR FORCE	45,475	3.0	3 - Moderate	4 - High	5	4	39	12.24%	13	19.63%	0.82%	13.77%	786,038	9,204	12,568	58,114	\$572,828,913.24	\$115,060,967.79
	ARMY	87,461	2.1	3 - Moderate	3 - Moderate	4	3	29	6.78%	11	12.91%	0.49%	8.36%	1,302,621	11,451	13,996	62,611	\$729,470,116.88	\$140,355,187.31
	NAVY	45,908	2.5	3 - Moderate	3 - Moderate	5	3	23	6.81%	10	14.72%	0.48%	8.19%	675,200	5,478	6,840	24,939	\$419,560,648.73	\$71,026,004.91
PHYSICIAN ASSISTANT	AIR FORCE	237,957	0.9	2 - Low Risk	3 - Moderate	3	1	26	1.76%	5	4.27%	0.16%	2.57%	2,149,426	8,218	46,348	122,481	\$922,027,712.07	\$127,562,302.62
	ARMY	377,917	0.9	2 - Low Risk	2 - Low Risk	3	1	14	1.58%	6	3.82%	0.18%	2.23%	4,329,814	15,510	47,205	92,077	\$1,399,082,594.11	\$148,832,060.99
	NAVY	86,284	1.0	2 - Low Risk	2 - Low Risk	3	1	15	1.51%	5	4.51%	0.15%	2.12%	817,903	2,487	14,035	22,422	\$312,513,176.39	\$36,310,742.34
PRIMARY CARE NURSE PRACTITIONER QUALIFIED	AIR FORCE	92,314	1.0	3 - Moderate	3 - Moderate	3	1	28	1.81%	6	4.45%	0.16%	2.66%	835,768	3,193	18,630	52,394	\$359,593,385.19	\$54,670,424.73
	ARMY	201,268	1.0	3 - Moderate	3 - Moderate	3	1	22	2.51%	7	5.21%	0.18%	2.92%	2,192,640	9,762	33,106	81,841	\$867,204,121.63	\$130,001,686.49
	NAVY	104,610	1.1	2 - Low Risk	3 - Moderate	3	1	20	1.99%	6	5.40%	0.16%	2.54%	1,040,214	3,917	18,567	36,836	\$427,543,999.99	\$57,082,276.84

- Result of previous slide filter



Drilling into your ACG data



- Click and Drag PROVIDER TYPE to left of MTF name to group by PROVIDER TYPE and compare provider groups or provider names
- Drag PROVIDER TYPE to right of MTF name to compare provider types within a prov group
- Look for outliers
 - Do panels need balancing?



Group by Provider type

PROVIDER TYPE	PCM GROUP	Patient Count Total	IBI (AVG)	Pharmacy Cost Band (AVG)	Chronic Condition Count (AVG)	Majority Source Of Care % (AVG)	Hospital Dominant Morbidity Types (% >=1)	Generic Drug Count (AVG)	Probability High Total Cost (AVG)	Probability Injury Hosp (AVG)	Probability Inpatient Hosp (AVG)
		1	0.5	5	3	0	0.00%	8	2.00%	0.11%	2.85%
FAMILY PRACTICE PHYSICIAN	+ - AMHM02DFHC1	1,745	0.8	3	1	25	1.60%	6	3.65%	0.12%	1.89%
	+ - AMHM02FFHC3	669	0.7	3	1	22	1.20%	6	3.67%	0.11%	1.84%
	+ - AMHM02HFHC5	1,732	0.7	3	1	21	2.08%	5	3.27%	0.12%	1.75%
	+ - AMHM02FFHC3	583	0.5	3	0	22	1.89%	5	2.17%	0.10%	1.45%
PEDIATRICIAN	+ - AMHM02HFHC5	744	0.4	2	0	23	1.08%	4	1.90%	0.10%	1.27%
	+ -	1	0.1	3	0	0	0.00%	3	2.00%	0.09%	0.63%
PHYSICIAN ASSISTANT	+ - AMHM02DFHC1	1,002	0.7	3	0	24	1.50%	6	3.10%	0.20%	1.61%
	+ - AMHM02EFHC2	2	1.9	5	3	10	0.00%	25	27.00%	0.32%	9.47%
	+ - AMHM02FFHC3	873	0.9	3	1	26	2.98%	7	4.62%	0.14%	2.43%
	+ - AMHM02GFHC4	4	0.6	4	1	0	0.00%	9	2.75%	0.27%	2.06%
	+ - AMHM02HFHC5	1,127	0.7	3	0	12	1.15%	5	3.26%	0.15%	1.63%
	+ - AMHS02EFHC2	3,405	0.5	3	0	9	0.56%	5	2.54%	0.15%	1.25%
	+ - AMHS02GFHC4	3,981	1.0	3	1	16	1.11%	6	3.40%	0.21%	2.03%
	+ -	1	0.0	4	1	0	0.00%	8	3.00%	0.11%	2.13%
PRIMARY CARE NURSE PRACTITIONER QUALIFIED	+ - AMHM02DFHC1	931	0.6	3	0	24	1.61%	5	3.05%	0.11%	1.63%
	+ - AMHM02FFHC3	840	0.7	3	1	23	1.79%	6	3.53%	0.10%	1.75%
	+ - AMHM02HFHC5	696	0.8	3	0	14	1.58%	6	3.54%	0.17%	1.82%

- 1.0 is average across DoD, but it is higher than all the family physicians at this MTF

Drill down to name level

PROVIDER TYPE	PCP NAME	Patient Count Total	IBI (AVG)	Inpatient Hospitalization Count (Total)	Emergency Visit Count (Total)	Specialty Count (Total)	Total Cost (Total)	Pharmacy Cost (Total)
PHYSICIAN ASSISTANT	[REDACTED]	709	0.9	26	86	188	\$2,404,083.30	\$182,972.24
	[REDACTED]	507	0.6	6	26	53	\$824,288.40	\$99,148.71
	[REDACTED]	595	1.2	43	70	240	\$3,215,711.67	\$226,057.34
	[REDACTED]	791	1.2	54	136	288	\$3,666,300.95	\$265,591.01
	[REDACTED]	674	0.9	24	77	181	\$2,715,839.74	\$286,817.00
	[REDACTED]	705	0.9	35	121	182	\$2,705,965.49	\$183,611.59

- Don't compare (TOTALS) without considering patient count and IBI

PROVIDER TYPE	PCP NAME	Patient Count Total	IBI (AVG)	Pharmacy Cost Band (AVG)	Chronic Condition Count (AVG)	Majority Source Of Care % (AVG)	Hospital Dominant Morbidity Types (% >=1)	Generic Drug Count (AVG)	Probability High Total Cost (AVG)	Probability Injury Hosp (AVG)	Probability Inpatient Hosp (AVG)
PHYSICIAN ASSISTANT	[REDACTED]	709	0.9	3	1	16	0.99%	5	2.97%	0.18%	1.87%
	[REDACTED]	507	0.6	3	0	7	0.39%	4	1.80%	0.15%	1.22%
	[REDACTED]	595	1.2	3	1	20	1.68%	7	4.29%	0.38%	2.50%
	[REDACTED]	791	1.2	3	1	18	1.26%	7	4.26%	0.21%	2.44%
	[REDACTED]	674	0.9	3	0	16	1.48%	6	3.51%	0.17%	1.90%
	[REDACTED]	705	0.9	3	1	14	0.71%	6	3.17%	0.20%	2.01%

Can get more details in the RUB tables



MHSPHP

Military Health System Population Health Portal

RUB tables

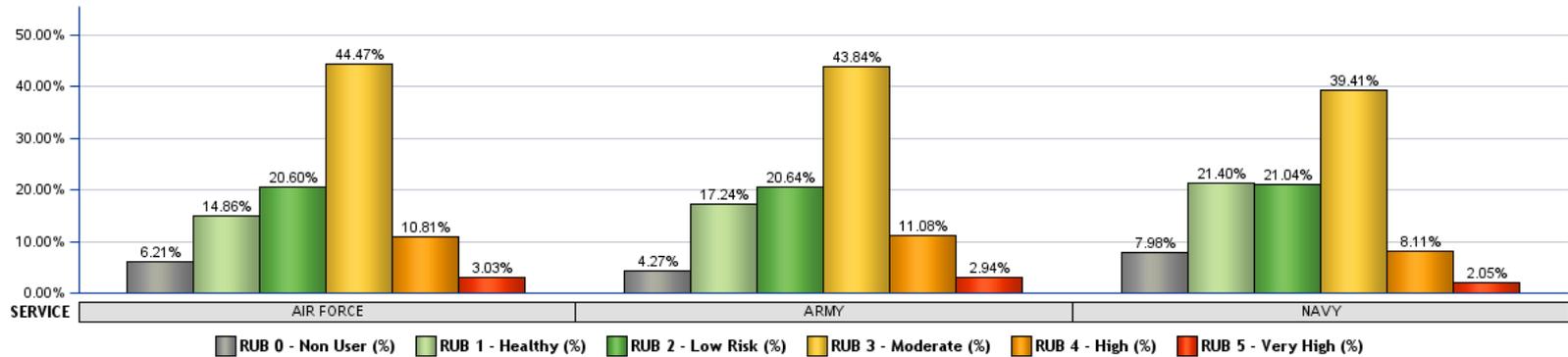
Table of Contents Options

ACG

- ACG
- ACG RUB
- RUB BY SERVICE/PROVIDER TYPE
- RUB BY FACILITY/PROVIDER TYPE
- eMSM ACG
- eMSM ACG RUB

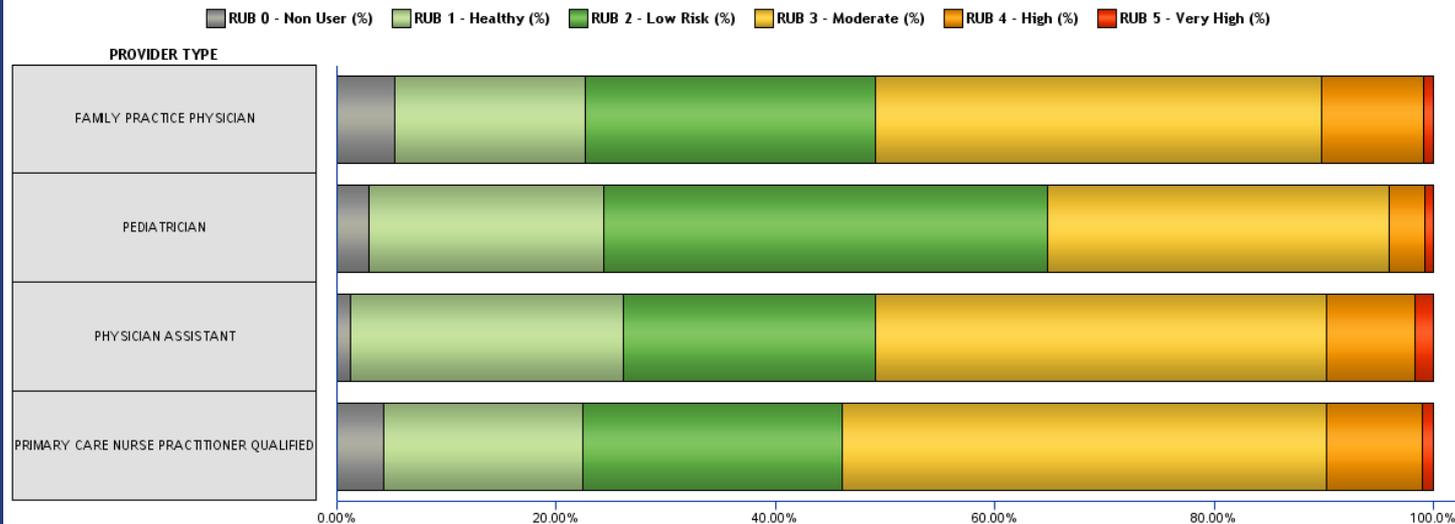
Resource Utilization Band (RUB)

Applied filters: None



Resource Utilization Band (%) by Provider Type

Applied filters: None





Drilling into RUB data

Applied filters: PROVIDER TYPE equal to PHYSICIAN ASSISTANT, FAMILY PRACTICE PHYSICIAN, INTERNIST AND MULTI-SERVICE MARKET equal to San Antonio, TX

PROVIDER TYPE	MSMA NAME	SERVICE	IBI (AVG)	Patient Total Count	RUB 0 – Non User (Total)	RUB 0 – Non User (%)	RUB 1 – Healthy (Total)	RUB 1 – Healthy (%)	RUB 2 – Low Risk (Total)	RUB 2 – Low Risk (%)	RUB 3 – Moderate (Total)	RUB 3 – Moderate (%)	RUB 4 – High (Total)	RUB 4 – High (%)	RUB 5 – Very High (Total)	RUB 5 – Very High (%)
PHYSICIAN ASSISTANT	San Antonio, TX	✚ ✚ AIR FORCE	1.1	15,113	969	6.41%	1,644	10.88%	2,139	14.15%	8,060	53.33%	1,864	12.33%	437	2.89%
		✚ ✚ ARMY	1.8	7,685	381	4.96%	615	8.00%	804	10.46%	3,986	51.87%	1,278	16.63%	621	8.08%
FAMILY PRACTICE PHYSICIAN	San Antonio, TX	✚ ✚ AIR FORCE	1.3	25,736	1,451	5.64%	2,541	9.87%	3,498	13.59%	13,452	52.27%	3,724	14.47%	1,070	4.16%
		✚ ✚ ARMY	1.4	12,686	447	3.52%	1,317	10.38%	1,571	12.38%	6,640	52.34%	2,072	16.33%	639	5.04%
INTERNIST	San Antonio, TX	✚ ✚ AIR FORCE	3.8	4,414	49	1.11%	52	1.18%	62	1.40%	1,740	39.42%	1,405	31.83%	1,106	25.06%
		✚ ✚ ARMY	3.2	6,851	162	2.36%	231	3.37%	267	3.90%	2,877	41.99%	1,945	28.39%	1,369	19.98%



+ - LACKLAND_FHC_GROUP A	PHYSICIAN ASSISTANT	1.0	992
	FAMILY PRACTICE PHYSICIAN	1.4	920
+ - LACKLAND_FHC_GROUP B	PHYSICIAN ASSISTANT	0.5	1
	FAMILY PRACTICE PHYSICIAN	1.0	2,080
+ - LACKLAND_FHC_GROUP C	FAMILY PRACTICE PHYSICIAN	1.3	987
	FAMILY PRACTICE PHYSICIAN	1.1	2,128
+ - LACKLAND_FHC_GROUP D	PHYSICIAN ASSISTANT	1.2	1,155
	FAMILY PRACTICE PHYSICIAN	1.5	1,193
+ - LACKLAND_FHC_GROUP E	PHYSICIAN ASSISTANT	0.9	1,620
	FAMILY PRACTICE PHYSICIAN	1.3	1,018
+ - LACKLAND_FHC_GROUP F	PHYSICIAN ASSISTANT	0.9	1,139
	FAMILY PRACTICE PHYSICIAN	1.7	1,009
+ - LACKLAND_FHC_GROUP G	PHYSICIAN ASSISTANT	1.2	2,314
	FAMILY PRACTICE PHYSICIAN	1.4	517
+ - LACKLAND_FHC_GROUP H	PHYSICIAN ASSISTANT	1.2	1,130
	FAMILY PRACTICE PHYSICIAN	1.6	1,176
+ - LACKLAND_FHC_GROUP I	PHYSICIAN ASSISTANT	0.7	819
	FAMILY PRACTICE PHYSICIAN	1.3	1,260

Balancing enrollment

- Team has pretty high IBI compared to AF and rest of Family practice
- Best to balance panels by careful placement of new patients and avoid shuffling pt's PCMs
- Might need to move some patients to protect quality care



CKH	PHYSICIAN ASSISTANT	1.5	1,206	68	5.64%	83	6.88%	125	10.36%	690	57.21%	180	14.93%	60	4.98%
	FAMILY PRACTICE PHYSICIAN	1.7	1,223	49	4.01%	103	8.42%	110	8.99%	661	54.05%	225	18.40%	75	6.13%
	INTERNIST	1.7	952	56	5.88%	72	7.56%	82	8.61%	486	51.05%	190	19.96%	66	6.93%

- On this team, internist has same IBI as FP and PA is close behind. PA has high percentage of RUB5 compared to service peers and MTF
- Consider moving RUB5 pts to Internist and some RUB 1-2 pts to PA.
- Of course must consider uniqueness of site/providers (ie new provider, internal med specialty PA)



Drill further

PROVIDER TYPE	AGE BAND	IBI (AVG)	Patient Total Count	RUB 0 – Non User (Total)	RUB 0 – Non User (%)	RUB 1 – Healthy (Total)	RUB 1 – Healthy (%)	RUB 2 – Low Risk (Total)	RUB 2 – Low Risk (%)	RUB 3 – Moderate (Total)	RUB 3 – Moderate (%)	RUB 4 – High (Total)	RUB 4 – High (%)	RUB 5 – Very High (Total)	RUB 5 – Very High (%)
PHYSICIAN ASSISTANT	18-34	1.4	148	4	2.70%	11	7.43%	22	14.86%	83	56.08%	23	15.54%	5	3.38%
	35-44	1.1	174	14	8.05%	12	6.90%	22	12.64%	97	55.75%	24	13.79%	5	2.87%
	45-54	1.2	432	29	6.71%	34	7.87%	54	12.50%	247	57.18%	52	12.04%	16	3.70%
	55-64	1.7	435	21	4.83%	26	5.98%	27	6.21%	254	58.39%	78	17.93%	29	6.67%
	65-69	4.5	16	0	0.00%	0	0.00%	0	0.00%	8	50.00%	3	18.75%	5	31.25%
	70-74	1.5	1	0	0.00%	0	0.00%	0	0.00%	1	100.0%	0	0.00%	0	0.00%
FAMILY PRACTICE PHYSICIAN	18-34	1.1	114	10	8.77%	10	8.77%	19	16.67%	52	45.61%	20	17.54%	3	2.63%
	35-44	1.5	142	8	5.63%	16	11.27%	22	15.49%	68	47.89%	20	14.08%	8	5.63%
	45-54	1.5	365	19	5.21%	33	9.04%	38	10.41%	202	55.34%	59	16.16%	14	3.84%
	55-64	1.9	565	11	1.95%	42	7.43%	30	5.31%	320	56.64%	116	20.53%	46	8.14%
	65-69	2.4	36	1	2.78%	2	5.56%	1	2.78%	18	50.00%	10	27.78%	4	11.11%
	75-79	0.7	1	0	0.00%	0	0.00%	0	0.00%	1	100.0%	0	0.00%	0	0.00%
INTERNIST	18-34	1.1	51	8	15.69%	4	7.84%	4	7.84%	23	45.10%	11	21.57%	1	1.96%
	35-44	1.7	71	3	4.23%	4	5.63%	13	18.31%	35	49.30%	12	16.90%	4	5.63%
	45-54	1.4	313	22	7.03%	31	9.90%	27	8.63%	173	55.27%	42	13.42%	18	5.75%
	55-64	1.9	474	23	4.85%	33	6.96%	35	7.38%	231	48.73%	117	24.68%	35	7.38%
	65-69	2.3	38	0	0.00%	0	0.00%	3	7.89%	22	57.89%	7	18.42%	6	15.79%
	70-74	5.9	1	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.0%
	75-79	2.6	3	0	0.00%	0	0.00%	0	0.00%	2	66.67%	0	0.00%	1	33.33%
	85+	3.7	1	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.0%	0	0.00%

- Click & drag in Age band to table. Depending on PA skill level, consider moving RUB 5 over 65 to internist and RUB 1-2 35-54 yr olds to PA



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Questions?