Practice Name: DUMMY
Practice Number: 0000000

Dear Doctor

This report includes your profile of Polmed patients for the period Jun 2018 to May 2019.

Profile Score

The indicators below provide a summary of your Polmed profile score. The methodology used to obtain your score can be found in "Reference Note 1: Profile score".

Cost Category 3

Quality Category 1

Overall Category 2

Your practice profile has improved from category 3 to 2 based on your clinical quality and associated costs.

Attributed Patient Demographics

The tables and graphs below summarise the demographic profile of the Polmed patients that have been attributed to your practice. More information on these figures can be found in "Reference Note 2: Attributed Patient Demographics".

Table 1: Patient Demographics

Patient Demographics	Your Practice	KwaZulu-Natal	National
No. of patients attributed	109	60 457	351 597
Average age	23.2	30.6	31.2
Male:Female ratio	38:62	50:50	49:51
% chronic patients	11%	22%	22%
Ave no. chronic conditions per chronic patient	1.5	2.1	2.0

Based on average age, your practice sees younger patients than the average practice in your region. Your practice sees fewer chronic patients than the average practice in your region.

Figure 1: Your practice's patient profile - Age and Gender

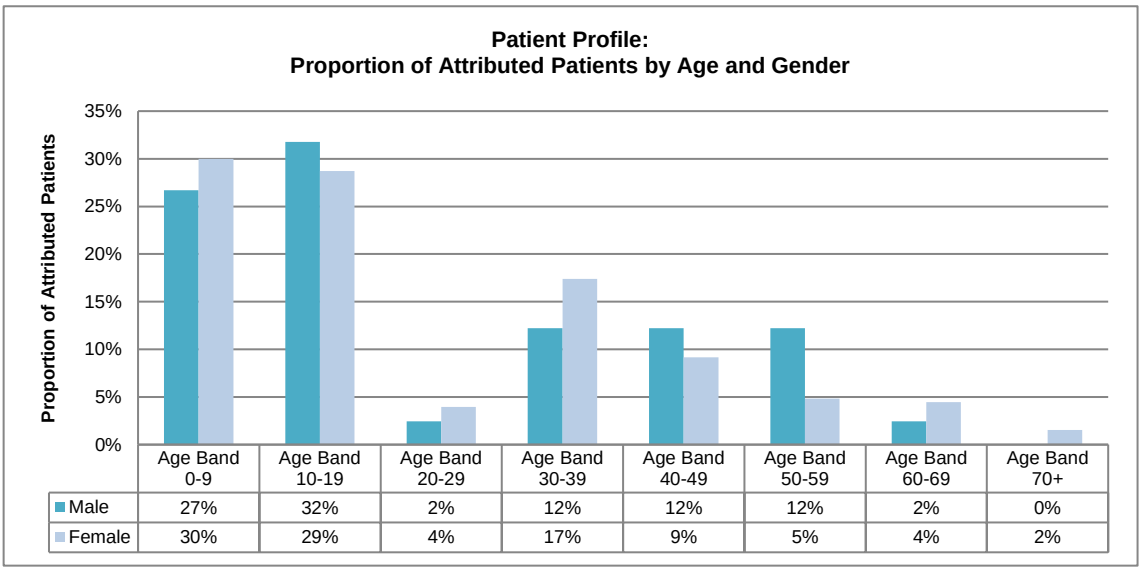

Table 2: Your practice's patient profile – Top 10 Chronic Diseases (CDL only)

CDL Chronic Disease	Number of Males	Number of Females
Hypertension	3	4
Diabetes Mellitus Type II	1	1
Epilepsy	2	0
Hyperlipidemia	2	0
Asthma	0	1
Cardiomyopathy	1	0
Hypothyroidism	0	1

Figure 2: Your practice's patient profile – Number of Chronic Diseases and Gender

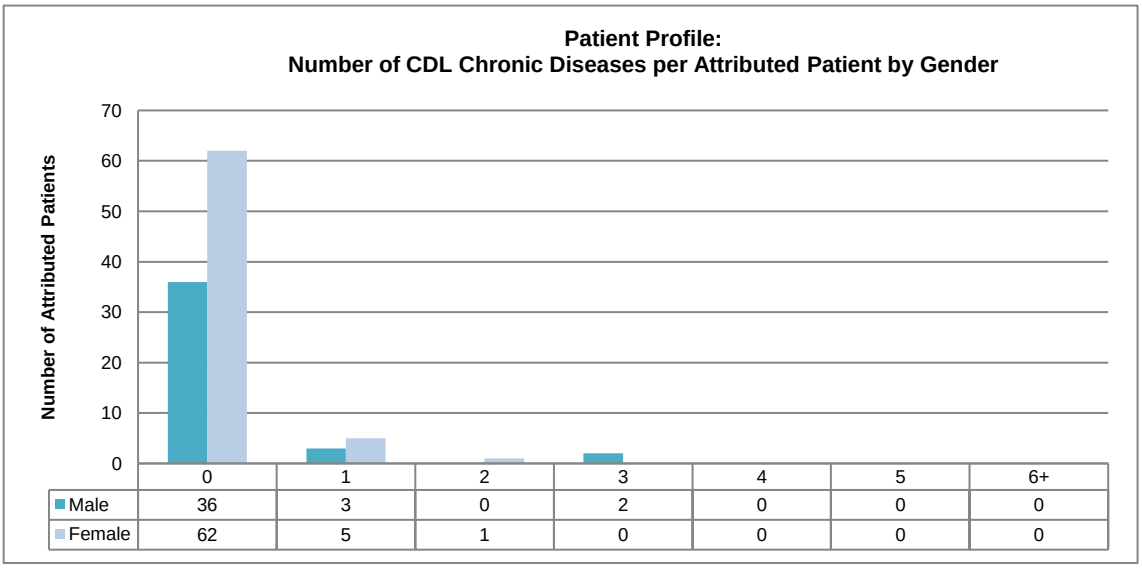

Table 3: Your practice's attributed patients

Patient Demographics	Your Practice	Average Practice
No. of patients attributed	109	57
Strong attribution	31%	33%
Medium attribution	28%	37%
Weak attribution	41%	29%
No. of consultations performed by your practice	468	287
On your attributed patients	311	188
On non-attributed patients	157	98
No. of consultations performed by other FP practices on your attributed patients	67	51

Cost Measures

The table below provides an overview of the components which make up your cost score. More information on these figures can be found in "Reference Note 3 – Cost Measures".

Table 4: Cost Measures

Cost per patient per month (R)

Cost Category	Actual	Predicted Benchmark	Performance Indicator
Total Cost	657	444	🔴
Breakdown of Cost Components			
In-Hospital Cost	291	115	🔴
Out-of-Hospital Cost	366	331	🟡
Specialists Cost	32	19	🔴
FP Cost	333	306	🟡
Consultations	146	131	🟡
Clinical Procedures	2	9	🟢
Pathology	55	55	🟡
Radiology	21	7	🔴
Medicines	110	104	🟡
Allied Professionals Cost	1	6	🟢

Based on your practice's Total Cost, you fall in the RED category (3) as your costs are higher than expected.

Quality Measures

The table below provides an overview of the various components of your quality score. More information can be found in "Reference Note 4: Quality Measures".

Table 5: Quality Measures

Quality Category	Score	Performance Indicator
Overall Quality Score	1	

Measure	Actual Last Quarter	Actual This Quarter	Trend	Benchmark	Performance Indicator	Patients
Diabetes						
Adherence to chronic diabetes medication	65%	71%		68%		2
HbA1c coverage	92%	97%		72%		2
LDL coverage	92%	97%		67%		2
Monitoring nephropathy	55%	58%		16%		2
Annual retinal examination	0%	0%		20%		2
Statin Coverage (Diabetes type II)	92%	97%		66%		2
Diabetes related hospital admissions*		0%		4%		2
Asthma						
Adherence to chronic asthma medication	51%	64%		74%		1
% non-registered patients claiming B2 agonists/steroid/combo inhalers	2%	0%		0%		100
% registered asthmatics claiming for B2 agonist inhaler only	60%	100%		6%		1
Asthma related hospital admissions*		0%		10%		1
Cardiac						
Adherence to chronic hypertension medication	60%	64%		72%		7
LDL coverage (Ischaemic Heart Disease (IHD) and Hyperlipidaemia (HYL))	50%	50%		75%		2
Aspirin coverage (IHD)						0
Monitoring nephropathy (Hypertension)	32%	50%		8%		7
IHD related admissions (IHD, HYL, Diabetes Mellitus)*		0%		4%		3
Hypothyroidism						
TSH coverage (patients over 50)	0%	100%		54%		1
Depression						
Adherence to chronic depression medication (registered patients only)						0
Mental Health related hospital admissions (all patients)*						0

** These measures are not based on peer benchmarks but are risk-adjusted for the profile of patients that you see*

Table 5: Quality Measures - continued

Measure	Actual Last Quarter	Actual This Quarter	Trend	Benchmark	Performance Indicator	Patients
Preventative						
Mammogram coverage (women over 50)	49%	71%	↑	22%	●	7
Pap smear coverage in past 12 months	21%	19%	↓	21%	●	35
HIV testing prevalence: 16 - 65 year olds	13%	13%	→	15%	●	55
PSA testing (men over 45 years)	18%	17%	→	52%	●	7
Flu vaccine (all over 20 years)	6%	5%	→	15%	●	44
HPV vaccine (women 9 to 26 years)	0.0%	0.0%	→	0.8%	●	20
PHA assessment (all over 20 years)	5.4%	6.3%	→	0.1%	●	44

Your practice falls into the GREEN quality category (1) when compared to the performance of your peers.
Based on your performance in the last quarter, you have improved in 12 measures.

Clinical Alerts

The table below indicates whether your practice has flagged any clinical alerts. For more information please see "Reference Note 5: Clinical Alerts".

Table 6: Clinical Alerts

Measure	Actual	Benchmark	Trigger	Performance Indicator
Consultations				
Percentage permissible consultations where modifier 0146 or 0147 was applied	0.0%	0.1%	29.0%	●
Average number of OOH consultations per patient per annum	2.10	2.02	3.18	●
Procedures				
Nebulisations per 100 consultations for diagnoses other than Asthma, COPD or Bronchiectasis	0.44	0.37	8.12	●
Joint aspirations/ intra-articular injections performed per 100 consultations	0.00	0.09	0.66	●
Peri-anal or ischio-rectal abscesses drained per 100 consultations	0.00	0.01	0.07	●
Sub-cutaneous abscesses drained/nail avulsions performed per 100 consultations	0.00	0.23	1.48	●
Intravenous infusions, cut-downs or push-ins performed per 100 consultations	0.00	0.09	2.34	●
Effort ECGs performed per 100 consultations (20 years and older)	0.00	0.07	0.50	●
PFTs performed per 100 consultations for diagnoses other than Asthma, COPD or Bronchiectasis	0.00	0.02	0.34	●
Ultrasounds per 100 consultations by practices who have performed at least one ultrasound				

Table 6: Clinical Alerts - continued

Measure	Actual	Benchmark	Trigger	Performance Indicator
Medicines				
Total Acute items per 100 consultations	429.70	257.59	559.91	
Antibiotic items prescribed per 100 consultations (5 years and younger)	100.00	60.65	152.33	
Antibiotic items prescribed per 100 consultations (6 years and older)	93.38	39.82	122.23	
Quinolone scripts prescribed per antibiotic script	0.03	0.04	0.20	
Compound/habit-forming analgesics prescribed per 100 consultations (5 years and younger)	1.67	8.12	59.07	
Compound/habit-forming analgesics prescribed per 100 consultations (6 years and older)	40.69	22.29	80.39	
Benzodiazepines prescribed per 100 consultations (11 years and older) (acute scripts only)	2.19	1.33	16.06	
Hypnotic sedatives prescribed per 100 consultations (11 years and older) (acute scripts only)	1.37	0.98	17.55	
Cough and cold medication prescribed per 100 consultations (5 years and younger)	75.00	32.14	118.09	
Cough and cold medication prescribed per 100 consultations (6 years and older)	49.26	21.66	84.39	
Percentage acute medicine items costing more than R150	14.8%	6.7%	44.0%	
Acute and Chronic - Generic : Original	82.2%	75.7%	56.2%	
Steroid injections administered per 100 consultations (11 years and older)	0.00	0.58	18.68	
Intra-articular steroid injections administered per 100 consultations (11 years and older)	0.00	0.11	0.82	
Percentage Antimicrobial items costing more than R200	7.3%	2.5%	41.7%	
Parenteral antibiotic injections administered per 100 consultations	4.49	0.44	28.33	
Parenteral NSAIDS injections administered per 100 consultations	0.00	0.65	18.20	
Pathology				
Pathology tests per 100 consultations	103.63	27.09	264.16	
Percentage batch tests vs component tests per consultations (FBC, U&E, Lipogram)	64.3%	56.8%	96.9%	
Percentage pathology patients with multiple markers on the same day	33.3%	11.6%	81.5%	
Percentage pathology patients with multiple repeat tests p.a.	0.5%	0.6%	15.0%	
Percentage TSH batch tests vs TSH and FT4 component tests (females over 40 years)	22.2%	21.8%	85.0%	
Radiology				
X-ray tests per 100 consultations	4.91	1.09	22.09	
Homeopathy				
Homeopathic items per 100 consultations	0.00	0.00	15.00	
Homeopathic cost per consultation	0.00	0.00	0.03	

Your practice has not triggered any Clinical Alerts.

Your Practice Utilisation

The tables below are provided for your information only, and are not used in the scoring process. For more information on this, please see "Reference Note 6: Practice Utilisation".

Top Consultations performed at your practice by number of visits

Tariff Code	Description	Number of Visits	Average Cost per visit
0190	Consultation/visit of new or established patient: average duration	469	R 412
0199	Chronic Medication Consult	1	R 504

Top Procedures performed at your practice by number of lines

Tariff code	Description	Number of Lines	Average Cost per Line
0210	Collection of blood specimen(s) for pathology examination, per venesection	5	R 46
1136	Nebulisation in rooms	3	R 145
4614	HIV Ab Rapid Test	2	R 128

Top Acute Medicines, by MIMS, prescribed or dispensed by your practice by number of lines

MIMS	Description	Number of Lines	Average Cost per Line
18.1.1	Penicillins	236	R 134
3.2	Analgesics And Antipyretics	203	R 14
3.3	Combinations	167	R 21
10.1.1	Antitussives And Expectorants	163	R 31
6.1	Anti-Histamines	136	R 30

Top Chronic Medicines, by MIMS, prescribed or dispensed by your practice by number of lines

MIMS	Description	Number of Lines	Average Cost per Line
18.12	Anti-Viral Agents	413	R 438
7.3.9	Angiotensin Receptor Antagonists	73	R 164
7.3.7	Calcium Channel Blockers	56	R 93
7.3.8	Ace Inhibitors	52	R 122

Top Radiology tests requested by your practice by number of lines

Tariff code	Description	Number of Lines	Average Cost per Line
P2934100	X-ray mammography including ultrasound	8	R 1 288
P2930110	X-ray of the chest two views, PA and lateral	8	R 498
P2953110	X-ray of the lumbar spine, one or two views	5	R 465
P2941200	Ultrasound study of the upper abdomen	2	R 897
P2974125	X-ray of the right foot	2	R 375

Top Pathology tests requested by your practice by number of lines

Tariff Code	Description	Number of Lines	Average Cost per Line
4032	Creatinine.	40	R 63
4130	Aspartate aminotransferase (AST).	34	R 97
4131	Alanine aminotransferase (ALT).	34	R 92
3755	Full blood count	29	R 161
3797	Platelet count.	29	R 35

Top Hospital Admissions (of attributed patients) by total cost

Admission Category	Number of Admissions	Average Cost per Admit	Benchmark
Cellulitis/Abscess	5	R 26 957	R 22 745
Intestinal infectious diseases	4	R 27 264	R 19 600
ARDS	1	R 75 828	R 83 349
Pneumonia	2	R 32 877	R 32 170
Laparotomy: Major	1	R 52 057	R 81 679

Top Specialist types visited out-of-hospital (of attributed patients) by total cost

Specialist Type	Number of Visits	Average Cost per Visit	Benchmark
Paediatrics	22	R 1 384	R 1 645
Obstetrics And Gynaecology	20	R 1 272	R 1 333
Independent Practice Specialist Medicine	10	R 2 580	R 4 251
Orthopaedics	5	R 833	R 864
Opthalmology	4	R 1 040	R 2 178

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Reference Notes

1. Profile Score

The Overall Score is decided by your combination of Cost Score and Quality Score. The Cost Score reflects both direct and downstream costs per patient linked to your practice. The Quality Score reflects your performance in following clinical treatment guidelines (process measures) and outcomes measures that relate to hospital admissions.

The grid below depicts the calculation of the Overall Score. If you score a 1 on either your Cost or Quality Score, and have at least a 2 for the other score, then your Overall Score will be a 1. Likewise, if you score a 3 on either your Cost or Quality Score, and do not have a 1 for the other score, then your Overall Score will be a 3.

		Quality Score		
		1	**2**	**3**
Cost Score	**1**	1	1	2
	2	1	2	3
	3	2	3	3

Your categorisation may change from period to period based on your clinical quality and associated costs. In order to minimise the impact of a downgrade in your score we have implemented a process whereby, if your score has dropped, your final score applicable will not automatically be logged.

The confirming quarter process is as follows:

- If you drop by one category, e.g. from category 1 to 2 or from category 2 to 3, then you will remain at the higher category for the next quarter so you can make the necessary changes to improve.
- If you drop from category 1 to 3, then your category will only be dropped by one level to score a category 2.
- If by the following quarter you have made no changes to improve your category, then your category will be dropped to your actual, lower score.

Please note, however, that if your score improves then the improved score will immediately be applicable - no confirming quarter is applied to improved scores.

2. Attributed Patient Demographics

Attribution, in essence, identifies an informal relationship between a patient and a family doctor. This serves as a proxy for patient allocation in the absence of doctor nomination. Without the ability to "attribute" patients to a particular family doctor, it is not possible to achieve the aim of assessing downstream costs and quality of care measures.

This is done by looking at which family doctors the patient has visited over the past year. An algorithm is used to identify which family doctor is to be attributed to each patient, taking into account the number of visits and how recently these visits occurred. In some instances, the attributed family doctor is very clear and in other instances it is less clear. Thus, the "strength" of the attribution is also assessed.

The "strength" of the relationship between the family doctor and the patient is used in the assessment of both the cost and quality measures whereby the patients with the stronger relationship have a greater weighting in the calculation of the actual and target scores. Strong attribution occurs when there is a clear link between the patient and doctor. Weak attribution occurs when the link is less obvious. Patients that hop between FPs are excluded from your profile.

Table 3 shows the number of consultations performed by your practice on your attributed patients. With the attribution methodology, your practice will also be performing consultations on patients that will be attributed to other family doctors (e.g. if they visit your practice for a one off visit) and likewise your practice will have consultations performed by other family doctors on your attributed patients. The actual number of these consultations is provided.

3. Cost Measures

The profiling methodology considers only one cost measure which relates to the full spectrum of healthcare costs incurred by each patient on a "per patient per month" basis (i.e. both direct and downstream costs). This Total Cost is adjusted to allow for the fact that not all downstream, or other, healthcare costs are under the control of the family doctor. For instance:

- All dental and optical related costs are excluded from the Total Cost.
- Hospital admission categories were identified for which some level of responsibility could be placed on the family doctor as the coordinator of care. Costs relating to hospital admissions for which the family doctor has no influence (e.g. all trauma related cases) are excluded.
- Once the patient has been admitted into hospital, it is possible that complications and other factors can result in the costs for that admission increasing enormously. In order to allow for this and to prevent the cost of any single hospital admission distorting the overall cost-effectiveness performance, all hospital admissions are capped at a fixed amount. This results in a significantly more stable cost-effectiveness position for everyone.

The predicted benchmark cost for your practice is assessed by considering the actual risk characteristics of the patients that you treat. In other words, the actual age, gender, chronic diseases and several other factors (including the level of benefits available) for each and every patient are allowed for when setting this target cost. This process is referred to as risk-adjustment. So, if your practice sees patients that are generally older or sicker, this will be reflected in your expected cost.

Your practice's actual cost is then assessed relative to this risk-adjusted expected cost to derive your Cost Score. In order to score either a 1 or a 3, your actual cost measure needs to be statistically significantly different to your expected measure. This will depend on how the actual costs compare relative to your expected costs, but also on the number of patients you treat (as the greater the number of patients you treat, the greater the level of statistical certainty).

4. Quality Measures

Quality measures are an important balancing element within the profiling methodology, and are given an equal importance to the cost measure used. Higher standards of care ultimately lead to lower long-term costs and better value for scheme members.

We are limited by the fact that we currently only have claims data. However, with claims data one is still able to assess whether certain clinical treatment guidelines have been followed for particular patients (process measures) as well as some outcomes measures that relate to hospital admissions.

Extensive research of quality measures used internationally was done in order to decide which measures to use in our context. These measures have been grouped into appropriate categories (e.g. by disease or preventative care). The actual measure for your practice is determined by looking at only the appropriate patients (e.g. the patients registered with that particular chronic condition) for that measure. The benchmarks for the process measures have been determined differently for the process and outcomes measures:

- For the process measures, the average performance achieved by the top 50% of family doctors has been used as a benchmark.
- For the outcomes measures, a risk-adjusted benchmark is determined (using a very similar method to the cost measure) that allows for the specific characteristics of the patients attributed to you.

Each individual quality measure is scored, and a composite score is determined for each category of quality measures (all measures are considered equally important and have equal weights when determining this combined score). The score for each quality measure is also used in determining an overall Quality Score (since all measures have equal weights).

5. Clinical Alerts

The Clinical Alerts provide useful information pertaining specifically to the prescribing and practising behaviour of your practice. These are a selection of nature-of-practice pointers that serve to facilitate a fast track overview of your practice, including pertinent utilisation patterns. Such utilisation patterns may indicate aspects of patient care that raise concern e.g. over-utilisation of antibiotics or ultrasounds, under-utilisation of generic medication. Alerts are triggered where your practising behaviour is outside of the norm compared to that of your peers.

These measures are provided for your interest and do not contribute to your overall profile score. However, this information is useful for self-review and informs the peer management process.

The information displayed includes benchmarks and trigger values for each measure. Similar to the benchmark provided for process measures (based on the average of the best 50% of practices), the trigger value is the average of the worst performing 15% of practices. Alerts are triggered where your practice falls within the worst performing 15% of practices.

6. Practice Utilisation

The FP Utilisation Analysis provides a view of each of the six FP cost centres: Consultations, Procedures, Acute Medicines, Chronic Medicines, Pathology and Radiology. A list of the items most frequently claimed by your practice is available for each of the six cost centres, respectively. In this report the top 5 per cost centre are shown.

The profile also offers a more detailed view on what is actually happening to your attributed patients. For instance, you are able to see the hospital admission categories that have cost the most for your attributed patients. In a further example, you are able to see the number of visits by your attributed patients to each specialist practice type. The benchmarks provided for each of these are calculated as the national average for the respective hospital admission or specialist type.

All this information is provided for your interest **(you are not assessed on this information in any way)**, and hopefully it will shed some light on where the costs are actually being incurred by your patients. It has often been stated that medical practitioners are very often not aware of where the costs are being generated. By providing this information, we are hoping that you will be able to judge for yourselves whether all the costs are appropriate.