

PCP Performance Metrics - Internal Medicine: Mid Hudson Region (TIPA)

<u>Recognition</u>	<u>Description</u>
★	Physician/Group has met the MVP & TIPA credentialing standards
★★	Physician/Group has met or exceeded MVP's average for this measure
★★★	Physician/Group has met or exceeded MVP's goal for this measure
blank score	Physician/Group does not have enough members to qualify for measure

<u>Measures</u>	<u>Measure Description</u>	★★★ <u>MVP Average</u>	★★★ <u>MVP Goal</u>
Taking New Patients	Panel open to new MVP members.		Yes
Evening or Weekend Hours	Office has hours outside of 8:30-6:00 Mon-Fri or on the weekend which are available for routine appointments.		Yes
Patient Use of the Emergency Room for Non Emergencies	The number of MVP members accessing ER services for conditions that would generally be treated in the office setting, reported as a rate/000 members.	125/000	95/000
Diabetes HbA1C < 7%	The percentage of MVP members, ages 18-75, with diabetes, whose HbA1c was less than 7% (well controlled).	59%	66%
Diabetes LDL < 100 mg/dL	The percentage of MVP members, ages 18-75, with diabetes, whose LDL-C level was less than 100 mg/dL (well controlled).	51%	60%
Diabetic Body Mass Index (BMI)	The percentage of members with diabetes where the physician documented that a BMI measurement was done to assess body weight.	41%	50%
Colorectal Cancer Screening	The percentage of adults, ages 50-80, who have had appropriate colorectal cancer screening.	63%	67%
Antibiotic use for URI	The percentage of episodes of URI during which an antibiotic was prescribed and filled. Since bacterial infection is infrequent, the goal is to reduce antibiotic use.	39%	20%



Explanatory Text for PCP Performance Metrics Reports - Internal Medicine Mid Hudson Region (TIPA)

		Why each measure is valid	How member can better partner in care
Patient Use of the Emergency Room for Non Emergencies	The number of MVP members using Emergency Room services for conditions that would generally be treated in the office setting.	Emergency Rooms are for serious medical problems. When you go to the emergency room for mild or minor problems you may wait a long time. This also makes it harder for the nurses and doctors to help people who really need it.	Ask your doctor if they have night or weekend hours. If you need care when your doctor is not there, go to one of the Urgent Visit facilities staffed by MVP credentialed physicians. A list of these doctors can be found on the member website or by calling Member Services.
Diabetes HbA1C < 7%	The percentage of MVP members, ages 18-75, with diabetes, whose HbA1c was less than 7% (well controlled).	If you do not have your high blood sugar controlled you could lose your eye sight as well as suffer kidney damage. This can be prevented if your blood sugar levels are controlled.	Learn all you can about high blood sugar and how to prevent complications. Schedule regular follow-up visits with your doctor as recommended. Know your numbers. If you have not had a test done, ask your doctor about scheduling it.
Diabetes LDL < 100 mg/dL	The percentage of MVP members, ages 18-75, with diabetes, whose Cholesterol (LDL-C) level was less than 100 mg/dL (well controlled).	Controlling lipids levels reduces the risk for heart attack and stroke.	If you are not already enrolled, sign up for MVP's Diabetes Care Program. Use the MVP Diabetes Checklist to keep track of when you have tests done. For a copy of the checklist go to www.mvphealthcare.com/member/memhealth.cfm , click on Diabetes Condition Center and Member Checklist for Diabetes.
Diabetic Body Mass Index (BMI)	The percentage of members with diabetes where a doctor recorded that a Body Mass Index (BMI) measurement was done to assess body weight.	Having a normal weight (BMI <25) helps the body to better use insulin. Losing 10 pounds will decrease blood sugars. Weight loss helps some diabetics to have normal blood sugars without the medication they needed when overweight.	Ask a Diabetic Nurse Educator or Nutritionist about weight loss and having a normal body weight. MVP also has information on the website, go to www.mvphealthcare.com , click on Health Central and search weight loss. Discuss with your Primary Care Physician (PCP).
Colorectal Cancer Screening	The percentage of adults (ages 50-80) who have had screening for cancer of the large intestines.	Colorectal cancer (CRC) is the second cause of cancer related death in the United States. Unlike tests that only detect disease, CRC screening can tell if someone has growths that could become cancer in the future. Removing these growths can prevent colon cancer.	If you are age 50 or older, or have a family history of colon cancer, ask your doctor if you need CRC screening.
Antibiotic use for URI	Percentage of cases of the Common Cold or Sore Throat where an antibiotic was used.	Most times these infections are caused by viruses that will get better without antibiotics. The goal is to decrease antibiotic use so those medicines will work better when you really need them.	Your doctor can help you to tell the difference between infections. A bacterial infection needs antibiotics. A person with a viral infection needs rest, fluids for symptom relief. Let your doctor know that you are worried about antibiotics not working when you really need them, and that you want to work with him or her to have the best treatment for you and your family.



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		Lower is Better				Lower is Better			
	NCQA Recognition	Taking New Patients	Evening or Weekend Hours	Patient use of ER for Non Emergencies	Diabetes HbA1C < 7%	Diabetes LDL < 100 mg/dL	Diabetic Body Mass Index (BMI)	Colorectal Cancer Screening	Antibiotic use for URI
Basciano, Anthony MD		Y	N	☆☆				☆☆☆	☆
Basri, Raymond MD	Practice Connections	Y	Y	☆☆	☆	☆☆	☆	☆☆	☆
Cho, David MD		Y	N	☆☆☆	☆☆☆	☆☆☆	☆	☆☆☆	☆☆
Crystal Run Healthcare	Practice Connections	Y	Y		☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆
DiLorenzo, James MD	Practice Connections	Y	N	☆☆	☆☆☆	☆☆☆	☆	☆☆☆	☆☆
Gaesser, Michael MD		Y	N	☆☆	☆☆☆	☆	☆☆	☆☆☆	☆
Grand Street Medical Associates	Practice Connections	Y	N	☆	☆	☆☆	☆	☆	☆
Hafner, Daniel MD		Y	Y	☆	☆☆☆	☆☆	☆☆☆	☆	
Health Stream Medical Associates		Y	N	☆	☆☆	☆☆	☆	☆☆☆	
Heller, Douglas MD		Y	N	☆☆	☆☆☆	☆☆☆	☆	☆☆☆	☆
Hudson Valley Family Physician		Y	N	☆	☆☆☆	☆☆	☆☆☆	☆☆☆	
Hudson Valley Primary Care	Practice Connections	Y	Y	☆☆☆				☆☆☆	☆☆☆
Hudson Valley Pulmonary and Medical		Y	N	☆	☆	☆☆☆	☆	☆	☆
Kingston Internal Medicine	Practice Connections	N	N	☆☆	☆☆☆	☆	☆☆☆	☆	☆☆



NCQA Recognition: The Physician Practice Connections Program (PPC) recognizes a physician practice that has demonstrated application of clinical information systems, patient education and support, and care management to improve the health care delivered to patients.

It is important to MVP that the data presented accurately represents the performance of each practice. As a result, we only include those practices with at least 250 members. Even with this requirement, there may be other factors such as the prevalence of a given condition within each practice's population, or other variations in the patient mix of each practice, that can impact the reported performance.



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Levine, Elliot MD		N	N		☆☆☆	☆	☆☆☆	☆☆☆	
Mid Hudson Medical Group		Y	Y	☆☆	☆	☆☆	☆	☆☆☆	☆
New Century Medical Associates	Practice Connections	Y	Y	☆	☆☆☆	☆☆☆	☆	☆☆☆	☆
Pavels, Anita MD		N	N	☆☆	☆	☆	☆	☆☆☆	
Poughkeepsie Medical Group		Y	Y	☆	☆☆☆	☆☆☆	☆☆	☆☆☆	
Sinha, Rabi MD		Y	Y	☆	☆☆☆	☆☆☆	☆☆☆	☆☆☆	☆
Summit Medical Healthcare		Y	N	☆	☆☆	☆	☆	☆☆☆	
Tesoriero, Anthony MD		Y	N	☆☆	☆☆	☆☆☆	☆☆☆	☆☆☆	
Walden Medical	Practice Connections	Y	Y		☆	☆	☆☆☆	☆	
Wogalter, David MD		Y	N	☆	☆☆☆	☆☆	☆☆☆	☆☆☆	
Zunich, Mark MD		N	N		☆☆☆	☆	☆	☆☆☆	

Met credentialing standards ☆
 Met or Exceeded Average ☆☆
 Met or Exceeded Goal ☆☆☆



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