CALIFORNIA HEALTH CARE PERFORMANCE RESULTS

# 2005 REPORT ON QUALITY

# MANAGED CARE IN CALIFORNIA

## ABOUT CCHRI

Measuring how well the managed care industry is performing is a challenge. Since 1994, the California Cooperative Healthcare Reporting Initiative (CCHRI) has assumed this challenge. Each year, CCHRI provides the public with important information on how well health plans provide certain preventive care and other medical services that managed care members should receive. CCHRI also shares information about members' experience with their HMOs obtained from a statewide member survey of participating health plans as well as information about members' experience with their physician groups obtained from a similar survey of participating physician group members.

CCHRI is a collaborative of health care purchasers, plans and providers. It is managed by one of its founding organizations, the Pacific Business Group on Health (PBGH). PBGH is a coalition of large employers that is committed to improving the quality of health care while moderating costs. Ten California health plans participate in a variety of CCHRI-sponsored data collection and reporting projects; because CCHRI projects are voluntary, participation may vary but most plans participate in more than one activity.

CCHRI was created to help employers and consumers make informed health care purchasing decisions. By ensuring the utilization of collaborative, standardized processes, plans and groups can be compared on an apples-to-apples basis using data that is collected in similar ways, following similar guidelines.

The CCHRI yearly report offers these advantages:

- CCHRI promotes comparability of results by providing a single process for the collection and analysis of California quality of care and member experience data. Consistent, standardized data collection makes the results more comparable.
- Performance reporting definitions are standardized, leading to meaningful rankings and better understanding of the specific measures.

This report does not distinguish between physician groups' and health plans' roles in managing administrative and patient care responsibilities, which often overlap. This is especially true in California, where physician organizations have taken on many functions formerly directed by health plans.

CARE AND MEMBER EXPERIENCE

## MEASURES OF EFFECTIVENESS OF CARE AND MEMBER EXPERIENCE

Health plan performance results reported by CCHRI on the following pages are part of HEDIS 2005 (Health Plan Employer Data and Information Set), a set of standardized measures developed and maintained by the National Committee for Quality Assurance, NCQA. NCQA is a not-for-profit organization committed to evaluation and public reporting on the quality of managed care plans in the United States.

NCQA developed the Effectiveness of Care clinical measures and the member experience measures so health plans could use comparable tools and methods to evaluate and report the quality of health care provided to their members. Ninety percent of HMOs nationwide and approximately three-quarters of large employers utilize HEDIS to measure and compare health plan outcomes and make informed health care choices.

## CAUTION

**Use caution when comparing results from California health plans not listed in this report with results that do appear here. CCHRI cannot ensure other data were collected under similar circumstances or that the results can be fairly and uniformly compared.**

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CLINICAL MEASURES

**CCHRI'S VOLUNTARY COLLABORATIVE APPROACH TO COLLECTING AND REPORTING IMPORTANT HEALTH CARE INFORMATION HAS HELPED DRIVE QUALITY MEASUREMENT AND IMPROVEMENT IN CALIFORNIA.** Health plans are able to use the results for their own quality improvement efforts and, since the start of public reporting in 1994, there have been significant advances in patient care and satisfaction according to CCHRI health plan results. All survey and clinical data are collected using uniform processes and guidelines and undergo a rigorous audit by an independent third party. As a result, the scores listed here are valid and comparisons can be made on an apples-to-apples basis. Results from other, non-CCHRI health plans may not be comparable because of differences in how data were collected or audited.

## CLINICAL MEASURES

Findings for the clinical measures listed below were obtained from data collected by CCHRI participating health plans. Results are based on HEDIS Effectiveness of Care measurement and reporting guidelines developed by the National Committee for Quality Assurance (NCQA). HEDIS is the most widely used set of performance measures in the managed care industry and, when used with the NCQA-approved Member Survey, helps identify health plan successes in providing preventive care and other medical services for managed care members. Results were collected in 2005 and reflect the percentage of sampled members who received the specific services during 2004, or in prior years for a few of the measures.

## HOW TO INTERPRET THE RESULTS

When reviewing this report card, please compare each plan to the benchmark and not to the other plans. Most ratings are based on a small sample of health plan members. As a result, small differences in the results between plans may not be statistically significant or meaningful.

The information contained in this report pertains only to health maintenance organizations (HMOs). Comparable data about other insurance models, such as fee-for-service and preferred provider organizations, are not readily available because these systems are not designed to manage population-based preventive health care or collect data in the same ways as HMOs. Therefore, results listed are for commercial HMO members only.

## CALIFORNIA HEALTH PLANS

| | YOUNG FAMILIES | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Prenatal and Postpartum Care | | Childhood Immunizations | | Adolescent Immunizations | | Testing for Children with Pharyngitis | Treatment for Children with URI |
| | Timely Initiation of Prenatal Care | Postpartum Care | Combo 1 | Combo 2 | Combo 1 | Combo 2 | | |
| Aetna | 91 | 84 | 77[c] | 73[c] | 66[c] | 41[c] ▼ | 32 ▼ | 76 ▼ |
| Blue Cross | 95 ▲ | 83 | 77[c] | 75[c] | 68[c] ▲ | 50[c] | 27 ▼ | 80 ▼ |
| Blue Shield | 96 ▲ | 83 | 76[b] | 74[b] | 70[b] ▲ | 51[b] | 47 ▼ | 78 ▼ |
| CIGNA HealthCare | 96 ▲ | 88 ▲ | 78[b] | 77[b] ▲ | 72[b] ▲ | 54[b] ▲ | 37 ▼ | 83 |
| Health Net | 94 ▲ | 78 | 78[b] | 76[b] | 62[c] | 53[c] ▲ | 40 ▼ | 77 ▼ |
| Kaiser Permanente — North | 90 ▼ | 77 ▼ | 80[b] ▲ | 79[b] ▲ | 77[c] ▲ | 67[c] ▲ | 85 ▲ | 94 ▲ |
| Kaiser Permanente — South | 92 | 83 | 84[c] ▲ | 83[c] ▲ | 79[b] ▲ | 72[b] ▲ | 66 ▼ | 91 ▲ |
| PacifiCare | 97 ▲ | 85 | 77[c] | 75[c] | 66[c] | 43[c] | 35 ▼ | 80 ▼ |
| **2005 National Mean[a]** | **91** | **81** | **76** | **72** | **63** | **47** | **73** | **83** |
| **2005 National 75th Percentile[a]** | **95** | **86** | **82** | **79** | **78** | **62** | **84** | **88** |
| **2005 National 90th Percentile[a]** | **97** | **88** | **86** | **82** | **84** | **72** | **88** | **90** |

▲ Significantly Above National Mean

▼ Significantly Below National Mean

## NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2005

b – reported in 2005

c – reported in 2004

# CALIFORNIA HEALTH PLANS

| | CHRONIC DISEASE | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Use of Appropriate Medications for People with Asthma | | | Comprehensive Diabetes Care | | | | | | |
| | Ages 5-9 | Ages 10-17 | Ages 18-56 | HbA1c Test | HbA1c Level <9.0% | Retinal Exam | LDL Test | LDL Level of <130 mg/dl | LDL Level of <100 mg/dl | Nephropathy Monitoring |
| Aetna | 66 ▼ | 65 | 73 | 84 | 65 | 55 | 91 | 64 | 38 | 56 |
| Blue Cross | 70 ▼ | 65 ▼ | 70 ▼ | 85 | 68 | 55 | 92 | 69 | 39 | 55 |
| Blue Shield | 74 ▼ | 67 ▼ | 73 ▼ | 88 | 73 | 57 ▲ | 94 ▲ | 72 ▲ | 42 | 56 |
| CIGNA HealthCare | 64 ▼ | 62 ▼ | 69 ▼ | 88 | 71 | 51 | 95 ▲ | 68 | 37 | 59 ▲ |
| Health Net | 74 | 70 | 75 ▲ | 86 | 73 | 51 | 94 ▲ | 64 | 44 | 61 ▲ |
| Kaiser Permanente — North | 67 ▼ | 63 ▼ | 71 ▼ | 84 ▼ | 72 ▲ | 64 ▲ | 94 ▲ | 75 ▲ | 47 ▲ | 68 ▲ |
| Kaiser Permanente — South | 58 ▼ | 67 ▼ | 77 ▲ | 85 | 72 | 70 ▲ | 91 | 62 | 36 | 80 ▲ |
| PacifiCare | 73 ▼ | 64 ▼ | 70 ▼ | 86 | 69 | 54 | 95 ▲ | 65 | 36 | 58 ▲ |
| **2005 National Mean[a]** | **76** | **70** | **74** | **87** | **69** | **51** | **91** | **65** | **40** | **52** |
| **2005 National 75th Percentile[a]** | **81** | **75** | **78** | **90** | **65** | **58** | **94** | **70** | **44** | **58** |
| **2005 National 90th Percentile[a]** | **84** | **78** | **80** | **92** | **58** | **66** | **95** | **73** | **47** | **65** |

▲ Significantly Above National Mean

▼ Significantly Below National Mean

## NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2005

# CALIFORNIA HEALTH PLANS

| | MENTAL HEALTH | | | | | CARDIOVASCULAR HEALTH | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Antidepressant Medication Management | | | Follow-up After Hospitalization for Mental Illness | | Beta Blocker After Heart Attack | Controlling High Blood Pressure | Cholesterol Management After Acute Cardiovascular Event | | |
| | Optimal Practitioner Contacts | Effective Acute Phase Treatment | Effective Continuation Phase Treatment | Within 30 Days of Hospital Discharge | Within 7 Days of Hospital Discharge | | | LDL-C Screening | LDL-C Level of <130 mg/dl | LDL-C Level of <100 mg/dl |
| Aetna | 16 ▼ | 55 ▼ | 38 ▼ | 77 | 53 | 96[b] | 72 ▲ | 82[c] | 67[c] | 48[c] |
| Blue Cross | 39 ▲ | 59 ▼ | 45 | 63 ▼ | 42 ▼ | 94[c] | 75 ▲ | 81[c] | 69[c] | 49[c] |
| Blue Shield | 18 ▼ | 57 ▼ | 41 ▼ | 65 ▼ | 43 ▼ | 96[b] | 67 | 81[b] | 68[b] | 52[b] |
| CIGNA HealthCare | 21 | 55 ▼ | 40 ▼ | 74 | 57 | 95[b] | 77 ▲ | 82[b] | 71[b] | 52[b] |
| Health Net | 19 | 58 ▼ | 42 ▼ | 69 ▼ | 55 | 98[b] | 71 ▲ | 83[b] | 71[b] | 57[b] ▲ |
| Kaiser Permanente — North | 21 ▲ | 80 ▲ | 59 ▲ | 83 ▲ | 66 ▲ | 99[c] ▲ | 57 ▼ | 85[b] ▲ | 79[b] ▲ | 62[b] ▲ |
| Kaiser Permanente — South | 28 ▲ | 84 ▲ | 70 ▲ | 79 ▲ | 62 ▲ | 96[c] | 56 ▼ | 85[b] ▲ | 78[b] ▲ | 61[b] ▲ |
| PacifiCare | 21 ▲ | 57 ▼ | 42 ▼ | 81 ▲ | 65 ▲ | 98[c] ▲ | 68 | 85[b] | 71[b] | 51[b] |
| **2005 National Mean[a]** | **20** | **61** | **44** | **76** | **56** | **96** | **67** | **82** | **68** | **51** |
| **2005 National 75th Percentile[a]** | **24** | **65** | **49** | **83** | **64** | **99** | **72** | **85** | **74** | **57** |
| **2005 National 90th Percentile[a]** | **32** | **69** | **54** | **86** | **70** | **100** | **75** | **88** | **78** | **61** |

▲ Significantly Above National Mean

▼ Significantly Below National Mean

## NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2005

b – reported in 2005

c – reported in 2004

## CALIFORNIA HEALTH PLANS

| | PREVENTIVE HEALTH SCREENINGS | | | | |
|---|---|---|---|---|---|
| | Cervical Cancer Screening | Breast Cancer Screening | Chlamydia Screening in Women | | Colorectal Cancer Screening |
| | | | Ages 16-20 | Ages 21-26 | |
| Aetna | 81 | 73 | 24 ▼ | 25 ▼ | 41 ▼ |
| Blue Cross | 83 | 74 | 27 ▼ | 30 ▼ | 45 |
| Blue Shield | 82 | 79 ▲ | 28 ▼ | 30 ▼ | 50 |
| CIGNA HealthCare | 84 | 74 | 31 | 31 | 46 |
| Health Net | 83 | 76 | 29 ▼ | 33 ▲ | 52 |
| Kaiser Permanente — North | 79 ▼ | 73 ▼ | 60 ▲ | 64 ▲ | 37 ▼ |
| Kaiser Permanente — South | 80 ▼ | 79 ▲ | 62 ▲ | 64 ▲ | 41 ▼ |
| PacifiCare | 85 ▲ | 74 | 31 ▼ | 33 ▲ | 50 |
| **2005 National Mean[a]** | **81** | **73** | **33** | **32** | **49** |
| **2005 National 75th Percentile[a]** | **84** | **77** | **37** | **36** | **55** |
| **2005 National 90th Percentile[a]** | **87** | **81** | **44** | **44** | **62** |

▲ Significantly Above National Mean

▼ Significantly Below National Mean

## NOTES

a – Source: National Committee for Quality Assurance (NCQA) Quality Compass 2005

# CALIFORNIA HEALTH PLAN **REPORT CARD**

MEMBER SURVEY

## ABOUT THE MEMBER SURVEY

The results shown in the following table were collected in a member survey developed by the National Committee for Quality Assurance (NCQA) and administered by the California Cooperative Healthcare Reporting Initiative (CCHRI). Results include the percentage of sampled members who responded favorably to questions about their health plan or medical care and are based on random samples of participating health plan members (minimum sample size per plan = 1100). The survey was conducted during 2005 but reflects information about medical care and services provided to members during 2004.

The survey results contain four rated questions that measure members' overall experience with their medical care. Rated questions use a 0 to 10 scale, where 0 is the worst and 10 is the best score possible.

The Report Card also includes member survey results for composite categories. Composite categories include groups of related questions designed to provide a general idea of how well a health plan meets its members' expectations in specific areas. The categories report the combined results of several questions associated with a similar subject (e.g., Getting Needed Care includes responses to questions about choosing a personal physician, obtaining a referral to a specialist and delays in receiving health care).

All the responses included in a composite category are weighted equally to obtain a single score. For example, for questions with four possible answers, the results used to create a composite score include all responses that fall in the top two favorable categories (i.e., Always or Usually). The results listed are for commercial HMO members only and do not include information for Medicare beneficiaries covered under a managed care plan.

It is possible that health plan members who returned the questionnaire or participated in telephone interviews are more satisfied or less satisfied than members who did not return the questionnaire. In addition, because of differences among health plans in the numbers of members who responded to the survey, outcomes that are statistically significant (above average, average, below average) for one plan may not be statistically significant for another, even when the rates are the same. When reviewing the results, please compare each plan to the average and not to the other plans. Most scores are based on small samples of health plan members and small differences between plans may not be statistically significant or meaningful.

## CALIFORNIA HEALTH PLANS

| | OVERALL PERFORMANCE (% of replies scoring 8, 9, or 10 on a 10-point scale) | | | | SURVEY MEASURES | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Health Plan | All Health Care | Personal Doctor or Nurse | Specialist Most Often Seen | Getting Needed Care | Getting Care Quickly | How Well Doctors Communicate | Courteous & Helpful Office Staff | Customer Service |
| Aetna | 63 | 69 | 70 | 77 | 70 | 73 | 89 | 91 | 69 |
| Blue Cross | 70 | 73 | 76 | 70 | 73 | 76 | 90 | 90 | 67 |
| Blue Shield | 64 | 69 | 70 | 74 | 76 | 75 | 89 | 90 | 67 |
| CIGNA HealthCare | 54 ▼ | 68 | 71 | 71 | 68 | 71 | 88 | 90 | 64 |
| Health Net | 66 | 75 | 79 | 76 | 72 | 74 | 91 | 90 | 68 |
| Kaiser Permanente — North | 72 ▲ | 75 | 77 | 77 | 78 ▲ | 80 ▲ | 90 | 93 | 77 ▲ |
| Kaiser Permanente — South | 73 ▲ | 73 | 79 ▲ | 75 | 76 | 73 | 89 | 92 | 75 ▲ |
| PacifiCare | 70 | 76 | 76 | 76 | 76 | 76 | 91 | 92 | 72 |
| Universal Care | 68 | 75 | 75 | 77 | 70 | 73 | 88 | 88 | 75 |
| Western Health Advantage | 73 ▲ | 75 | 75 | 74 | 75 | 78 | 90 | 92 | 77 ▲ |
| **CCHRI Average**[a] | **67** | **73** | **74** | **75** | **73** | **75** | **89** | **91** | **71** |

▲ Significantly Above CCHRI Average

▼ Significantly Below CCHRI Average

## NOTES

a – This average includes all plans reporting data through CCHRI.

# CALIFORNIA HEALTH PLAN **REPORT CARD**

MEDICARE

## SENIOR POPULATION REPORT

In many locations, Medicare beneficiaries have the option to join an HMO managed health care plan designed exclusively for seniors. Medicare managed care plans coordinate medical services from a specific network of physicians and hospitals. Beneficiaries enrolled in senior health plans are entitled to the same services as those provided under traditional Medicare. Some HMOs also cover additional services for seniors, such as prescription medications, eyeglasses, dental care or hearing aids.

The chart below shows how well CCHRI health plans coordinated important preventive services and medical care for their senior members. Not all California health plans offered a Medicare HMO in 2005; only those that did are listed in the chart below.

Several California health plans provide senior HMO services in many portions of the state while others offer services on a more limited, regional or local basis. Consumers should contact health plans directly to ask whether managed Medicare services are available in their area.

# HEALTH PLANS WITH MEDICARE CONTRACTS

| | CHRONIC DISEASE | | | | | | |
|---|---|---|---|---|---|---|---|
| | Comprehensive Diabetes Care | | | | | | |
| | HbA1c Test | HbA1c level <9.0% | Retinal Exam | LDL Test | LDL Level of <130 mg/dl | LDL Level of <100 mg/dl | Nephropathy Monitoring |
| Aetna | 88 | 80 | 72 | 95 | 71 | 42 | 54 |
| Blue Cross | 84 | 76 | 68 | 94 | 67 | 39 | 54 |
| Blue Shield | 90 | 80 | 70 | 95 | 70 | 42 | 60 |
| Health Net | 92 | 79 | 72 | 95 | 73 | 50 | 61 |
| Kaiser Permanente — North | 92 | 86 | 78 | 98 | 86 | 61 | 78 |
| Kaiser Permanente — South | 93 | 89 | 86 | 97 | 76 | 51 | 86 |
| PacifiCare | 90 | 82 | 72 | 93 | 71 | 44 | 57 |

## NOTES

CIGNA HealthCare does not offer managed care plans for Medicare beneficiaries.

**National mean, percentiles, and health plan performance strata to be added when available.**

# HEALTH PLANS WITH MEDICARE CONTRACTS

| | MENTAL HEALTH | | | | | CARDIOVASCULAR HEALTH | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Antidepressant Medication Management [f] | | | Follow-up After Hospitalization for Mental Illness | | Beta Blocker After Heart Attack | Controlling High Blood Pressure | Cholesterol Management After Acute Cardiovascular Event [d] | | |
| | Optimal Practitioner Contacts | Effective Acute Phase Treatment | Effective Continuation Phase Treatment | Within 30 Days of Hospital Discharge | Within 7 Days of Hospital Discharge | | | LDL Screening | LDL-C Level of <130 mg/dl [e] | LDL-C Level of <100 mg/dl |
| Aetna | 4 | 46 | 34 | 26 | 15 | 97 | 69 | 79 | 56 | 37 |
| Blue Cross | 13 | 50 | 37 | 23 | 14 | 94 | 64 | 74 | 59 | 38 |
| Blue Shield | 7 | 55 | 39 | 26 | 16 | 96 | 69 | 83 | 69 | 50 |
| Health Net | 8 | 61 | 46 | 45 | 32 | 96 | 70 | 84 | 70 | 55 |
| Kaiser Permanente — North | 15 | 81 | 62 | 76 | 56 | 100 | 63 | 90 | 86 | 71 |
| Kaiser Permanente — South | 14 | 88 | 77 | 75 | 59 | 95 | 50 | 90 | 86 | 68 |
| PacifiCare | 7 | 54 | 40 | 42 | 24 | 100 | 66 | 84 | 71 | 52 |

## NOTES

CIGNA HealthCare does not offer managed care plans for Medicare beneficiaries.

**National mean, percentiles, and health plan performance strata to be added when available.**

d – Acute cardiovascular events include heart attack, heart bypass surgery and coronary angioplasty.

e – Patients with LDL cholesterol levels less than 130 mg/dL have a lower probability of developing heart disease. Patients with existing heart disease or history of a cardiac event (heart attack, heart bypass surgery, angioplasty) can reduce the likelihood of further illness or complications by lowering cholesterol levels to less than 130 mg.

f – Did adults with a new diagnosis of depression, and who were treated with antidepressant medication:

Column 1: Have at least three follow-up visits with a health care provider during the 12-week period following diagnosis?
Column 2: Remain on antidepressant medication during the entire 12-week period following diagnosis?
Column 3: Remain on antidepressant medication for at least 6 months following diagnosis?

| HEALTH PLANS WITH MEDICARE CONTRACTS | PREVENTIVE SCREENINGS | | |
|---|---|---|---|
| | Breast Cancer Screening | Colorectal Cancer Screening | Osteoporosis Management in Women Who Had a Fracture |
| Aetna | 67 | 50 | 12 |
| Blue Cross | 64 | 42 | 34 |
| Blue Shield | 69 | 46 | 12 |
| Health Net | 83 | 59 | 18 |
| Kaiser Permanente — North | 77 | 41 | 31 |
| Kaiser Permanente — South | 85 | 53 | 46 |
| PacifiCare | 75 | 54 | 16 |

## NOTES

CIGNA HealthCare does not offer managed care plans for Medicare beneficiaries.

**National mean, percentiles, and health plan performance strata to be added when available.**

## INTRODUCTION

Since 1994, CCHRI health plans, employers and providers have collaborated on the annual collecting and reporting of HEDIS data. While HEDIS results provide useful quality "snapshots", their contribution to better public health from progressive improvements over time may not be obvious. For example:

- Is there any evidence that the collection of HEDIS data by HMO plans over the past several years has helped to improve health care quality in California?
- What do these year-on-year HEDIS improvements really mean in terms of improved health outcomes for Californians in managed care plans?

These questions are not easily answered when looking only at HEDIS trends from year to year. However, it is possible to offer additional details by translating HEDIS performance improvements into outcomes that patients and consumers understand, such as lives saved, diseases prevented, or costs avoided. Therefore, this section of the CCHRI Report moves beyond displaying rates to presenting assumptions about the actual health benefits these HEDIS improvements represent.

Two key questions are addressed in this section of the State of Managed Care in California:

1. How many deaths or other negative outcomes were prevented by improvements in HEDIS performance over the past several years?
2. How many deaths or other negative outcomes will be prevented if this improved performance is maintained in these patients over the next five years?

The intent is to show how HEDIS improvements can be better explained using some common health conditions as examples. CCHRI selected acute cardiovascular events such as heart attacks, angioplasties, and coronary artery bypass surgery and diabetes to illustrate improvements in health care. Also included are examples of "additional progress" over a projected five-year period, based on the assumption that the same level of progress that has been measured by California HMOs over the past few years will continue in the future. CCHRI thinks this assumption is justified because of health plans' ongoing activities to distinguish their performance from other plans, as well as the California marketplace competition for continuous health care improvement. Consumers actually benefit from this friendly competition as HMO baseline medical care and services annually improve.

## CONCLUSION

CCHRI believes the annual HEDIS measurement project is not an end in itself, but rather a means to the end of improved health care outcomes for all Californians. Future CCHRI reports will continue to evaluate and document improvements in HEDIS measures that promote good health and quality medical care.

We used real CCHRI data and the latest medical literature and approved methods of analysis to estimate health benefits and explain what these improvements represent.

### NOTE

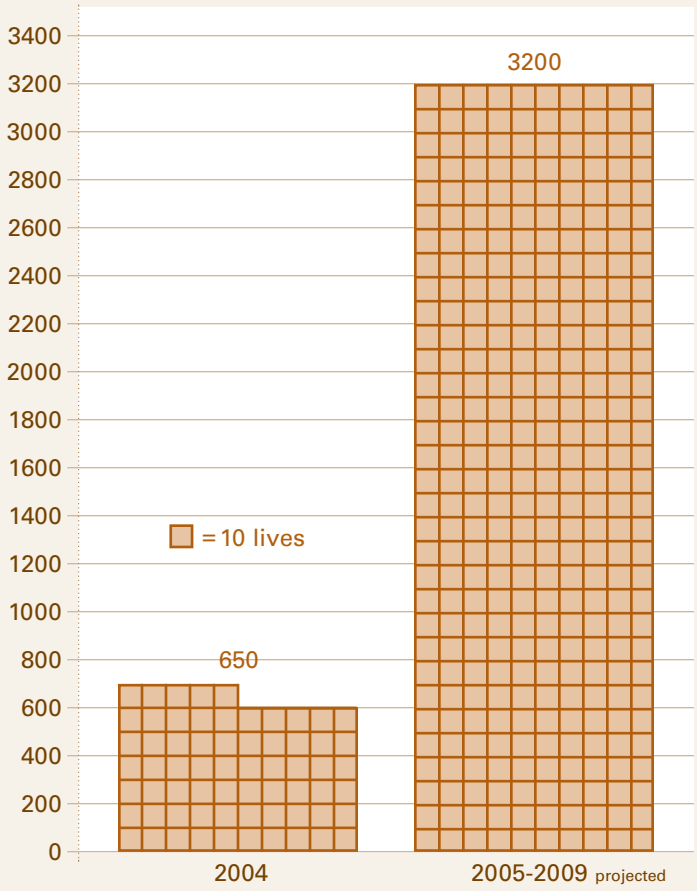
The number of lives saved and the subsequent heart attacks prevented is much greater for the diabetes measures than for the two heart disease measures. The reason for this is subtle but important to understand. The outcomes for diabetes are based on all CCHRI health plan members who have diabetes, no matter how long ago the condition was diagnosed; this is the "prevalent" population. In contrast, the outcomes for the two heart disease measures are based only on patients who experienced important health problems such as a heart attack, bypass surgery, or angioplasty during a one-year period – the "incident" population. Unlike the diabetes measures, the outcomes for heart disease are not based on the total population of all patients with heart problems. If CCHRI were to estimate outcomes on the total population of people living with heart disease, the number of lives saved and subsequent heart attacks avoided would be very much greater – greater even than the improved outcomes among patients with diabetes.

Estimates of outcomes provided by Kaiser Permanente's Care Management Institute, from published clinical studies.

## CHOLESTEROL CONTROL IN PATIENTS WITH DIABETES

Comparing 1999 and 2004 HEDIS rates, an additional 164,000 diabetics showed improved levels of cholesterol control. This translates to over 650 deaths or subsequent heart attacks prevented in patients with diabetes during 2004. If these patients maintain this level of cholesterol control over the next five years, more than 3,200 deaths or nonfatal heart attacks among diabetics will have been prevented in the California managed care population.

**Number of lives saved or heart attacks prevented due to improved cholesterol control in diabetics**

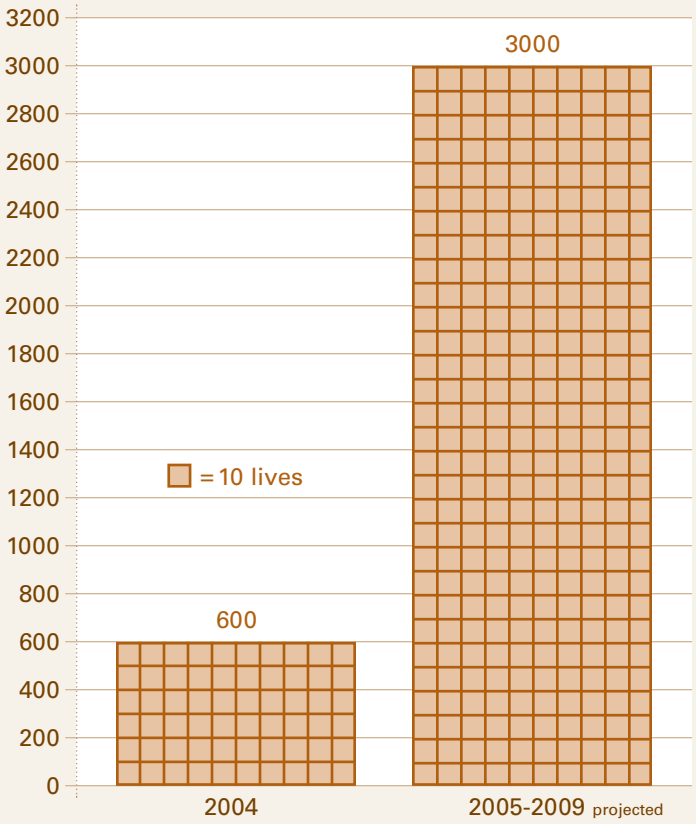



From 1999 to 2004 164,000 additional diabetic patients received better cholesterol control reflected by improved HEDIS rates

## BLOOD SUGAR CONTROL IN PATIENTS WITH DIABETES

Blood sugar control is very important in managing diabetes, and HbA1c levels are a key measure of diabetic blood sugar control. Comparing 1999 and 2004 rates, almost 122,000 additional diabetics achieved an HbA1c level less than 9.0% (the lower the percentage of HbA1c, the better the control). This means that more than 600 deaths, nonfatal heart attacks or other complications among diabetics were prevented by better blood sugar control during 2004. If these patients maintain this level of blood sugar control over the next five years, over 3,000 deaths, subsequent heart attacks or other complications will have been prevented among diabetics enrolled in California HMOs

**Number of lives saved, heart attacks prevented or other complications avoided due to better blood sugar control**

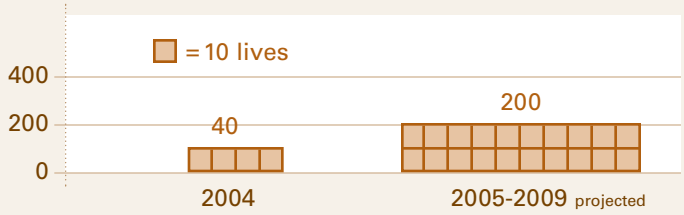



From 1999 to 2004 122,000 additional patients received better blood sugar control reflected by improved HEDIS rates

## CHOLESTEROL CONTROL IN PATIENTS WITH AN ACUTE CARDIOVASCULAR EVENT

Comparing HEDIS rates from 1999 and 2004, an additional 6,700 people in managed care plans recovering from an acute cardiovascular event demonstrated better levels of cholesterol control. This prevented about 40 deaths or nonfatal heart attacks in these patients during 2004. If these patients maintain their cholesterol control over the next five years, managed care plans will have helped prevent almost 200 deaths or subsequent heart attacks in this group of patients. If these statistics are applied to the larger number of all patients with heart disease enrolled in HMOs in California, many thousands of deaths and nonfatal heart attacks will be prevented.

**Number of lives saved or heart attacks prevented due to improved cholesterol control**




From 1999 to 2004 6,700 additional patients received better cholesterol control reflected by improved HEDIS rates

# CLINICAL MEASURES INTRODUCTION

## MEASURES OF EFFECTIVENESS OF CARE

The clinical performance results displayed on the following pages use HEDIS Effectiveness of Care measures to evaluate three important components of quality medical care:

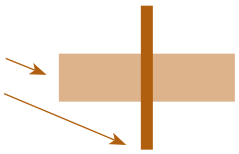
- The use of preventive services and routine screening tests, such as immunizations and mammograms, that help patients stay healthy;
- The utilization of the most up-to-date medical treatment and medication for the treatment of sudden illnesses such as heart attacks, that help patients get better;
- The medical care for patients with chronic conditions, such as asthma and diabetes, that help patients cope with their illness.

Data for these HEDIS measures are obtained from California health plans, using NCQA specified processes and guidelines that assure the accuracy and comparability of the results.

1. Health plans create lists of randomly selected members who are eligible to receive the recommended HEDIS preventive care or screening services.
2. Health plans supply data on whether or not the selected patients received the recommended service. Information is gathered from administrative (automated or electronic) records, from medical charts, or through a combination of the two methods. All results are audited by independent and impartial third parties, thereby ensuring a greater degree of comparability.
3. An independent research firm contracted with CCHRI evaluates and analyzes the data from all the participating health plans.

Ratings may reflect differences in actual clinical practice or differences in the way plans collect data. Individual plans are scored above average, average or below average using a statistical test that shows differences in plans' results. The differences are expected to be true differences, and not random chance differences, at least 95 percent of the time.

## HOW TO READ THESE GRAPHS



The horizontal bars show scores for each California health plan. The vertical bar is the best estimate of the plan's true score based on a sample or subset, of health plan members. When the horizontal bars for two plans do not overlap, this means the health plan scores are significantly different from each other. The length of the horizontal bar is related to the size of the health plan sample. A smaller sample results in a longer horizontal bar because the exact score is less certain. The score is more accurate if the sample is larger and the bar is smaller. Plans with longer horizontal bars do not necessarily have better scores than plans with shorter bars.

# PRENATAL & POSTPARTUM

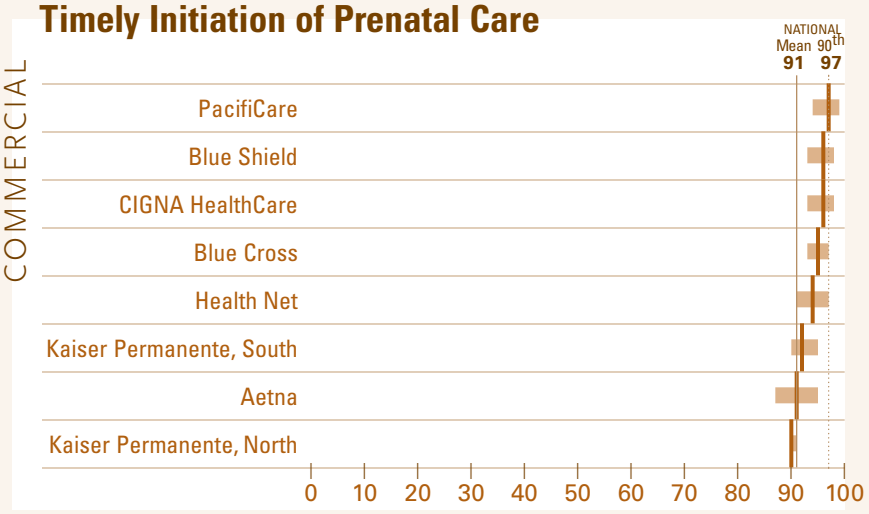
## PRENATAL & POSTPARTUM CARE

Each year, there are 4 million births in the United States. Getting early and regular prenatal care is one of the best ways to promote a healthy pregnancy and healthy babies. Prenatal care includes education and counseling about how to handle the different aspects of pregnancy, such as nutrition and physical activity plus a chance to talk to your health care provider about any questions or concerns you have related to pregnancy or birth. Regular prenatal visits can also help mothers and their physicians or midwives identify potential problems and possible complications early in the pregnancy when they can be prevented or more successfully treated.

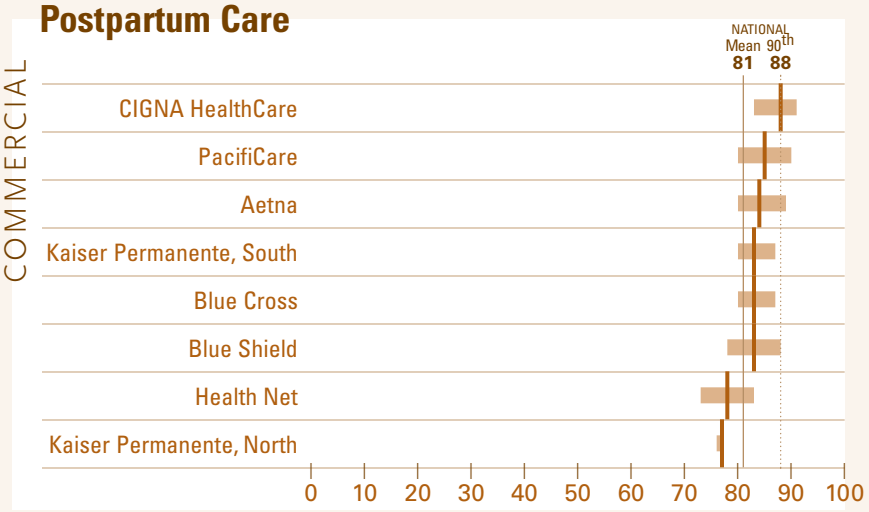
Likewise, it is very important for a new mother to have a postpartum visit with her health care provider within three to eight weeks after delivery. Since the period immediately following birth is a time of many physical and emotional adjustments, practitioners can be helpful in recognizing and discussing problems, even when a woman feels fine.

The charts on this page reflect the care women received in 2003 and 2004 during pregnancy and following the birth of their babies. The Timeliness of Prenatal Care measure reports the percentage of women who received a prenatal care visit in the first trimester or within 42 days after enrolling in their health plan if already pregnant. The Postpartum Care measure shows the percentage of women who received a postpartum visit on or between 21 and 56 days after delivery. Health plans promote pregnancy wellness by distributing educational materials in newsletters and maternity programs and by encouraging their network physicians and midwives to provide appropriate and timely pregnancy care.

### Timely Initiation of Prenatal Care




### Postpartum Care



# CHILDHOOD IMMUNIZATIONS

## CHILDHOOD IMMUNIZATION STATUS

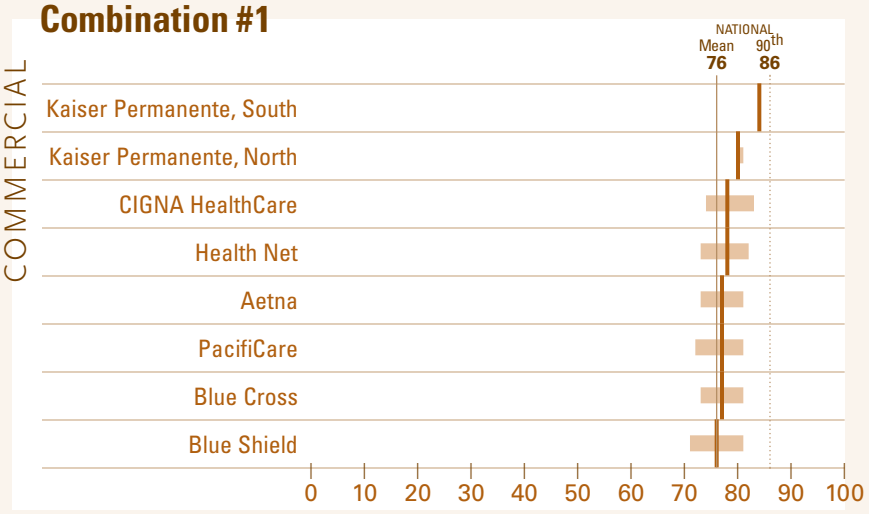
Immunizations are one of the safest and most effective ways to protect children from serious diseases. The first chart on this page, Combination #1, shows the performance of California health plans in providing the following series of immunizations to children by their second birthday:

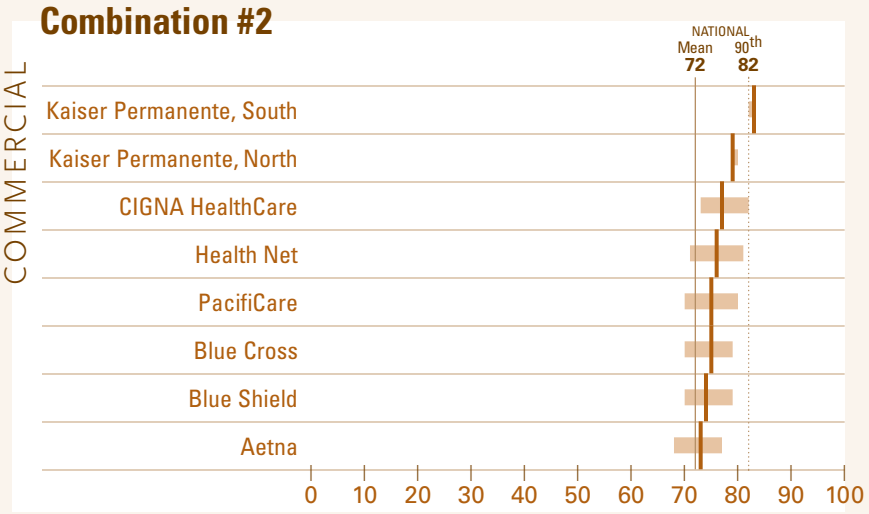
Combination #1

- Four DTP (diphtheria-tetanus-pertussis)
- Three OPV/IPV (oral or inactivated poliovirus) immunizations
- One dose of MMR (measles-mumps-rubella)
- Two Hemophilus influenza type b conjugate vaccine
- Three HepB (hepatitis B)

The second chart on this page, Combination #2, shows the performance of California health plans in providing all of the immunizations included in Combination #1, plus one Varicella Vaccine (VZV, chicken pox) by the second birthday.

HMOs promote childhood immunizations during regular well-infant and well-child visits with doctors. Some HMOs assist their physicians by following up directly with families who are late in receiving their childhood immunizations.



# ADOLESCENT IMMUNIZATIONS

## ADOLESCENT IMMUNIZATION STATUS

Vaccine-preventable diseases such as Hepatitis B, measles, mumps and rubella continue to affect adolescents. Between the ages of four and 13, children need several vaccinations to prevent these common diseases than can cause serious problems. The Varicella Vaccine (VZV, chicken-pox) is also recommended for children in this age group.

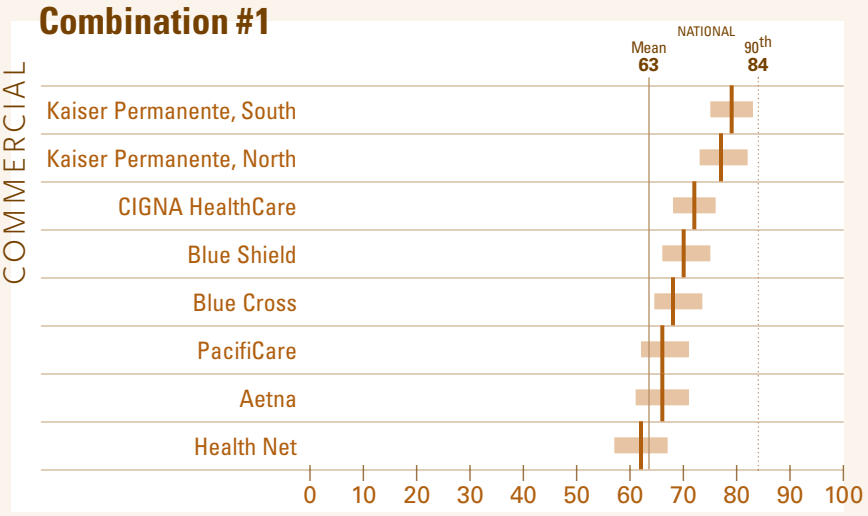
The first chart on this page, Combination #1, shows the performance of California health plans in providing the following series of immunizations to children by their thirteenth birthday:

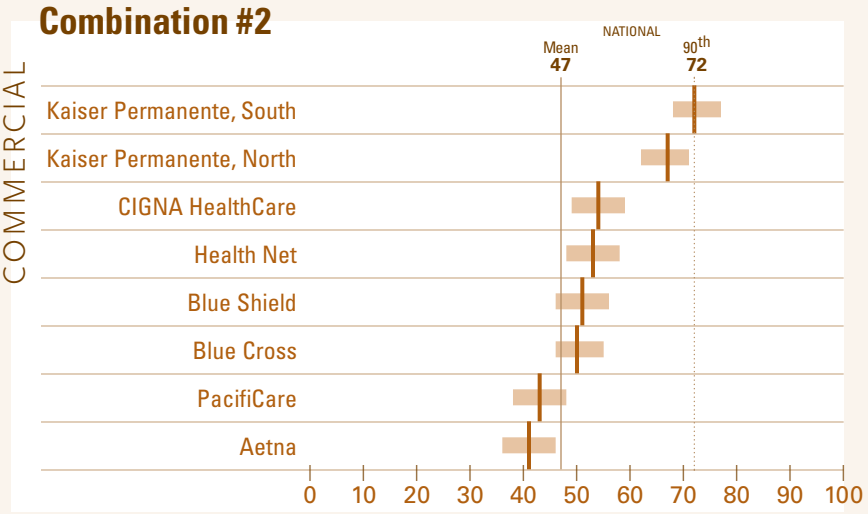
Combination #1

- Second dose of MMR between ages four and thirteen
- Three HepB (hepatitis B)

The second chart on this page, Combination #2, shows the performance of California health plans in providing all of the immunizations included in Combination #1, plus one Varicella Vaccine (VZV, chicken pox) by the thirteenth birthday.

HMOs encourage doctors and parents to assess whether adolescents need the MMR and hepatitis vaccines during a visit and, if the doctor or nurse believes it is appropriate, to give the vaccination and any follow-up information. Parents can help keep school-age children healthy by recording the dates and types of shots their children receive. It is helpful to give each new health care provider an up-to-date copy of the immunization record.



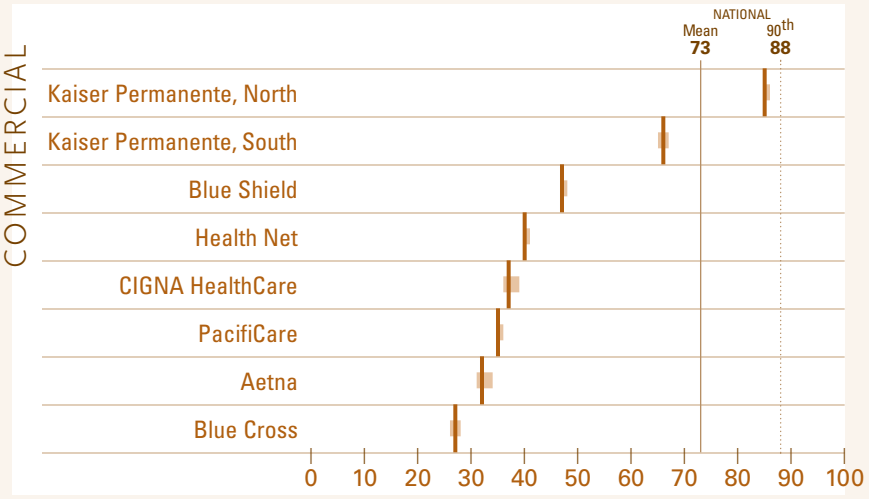



# CHILDREN WITH PHARYNGITIS

## APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Pharyngitis, or sore throat is one of the most common conditions encountered by the family physician. Acute pharyngitis accounts for 1.1 percent of visits in the primary care setting and is ranked in the top 20 reported primary diagnoses resulting in office visits. A sore throat most often is caused by direct infection of the pharynx, primarily by viruses or bacteria. Antibiotics are needed to treat bacterial pharyngitis, but are not useful for treating viral pharyngitis. Before antibiotics are prescribed, a throat culture needs to be completed to validate bacterial origin.

This HEDIS measure assesses the adequacy of clinical management of pharyngitis by looking at the percentage of children 2-18 years of age, who were diagnosed with pharyngitis, prescribed an antibiotic and received a group A streptococcus (strep) test for the episode. Excessive use of antibiotics for pharyngitis is common, represents unecessary cost, and contributes to antibiotic resistance.

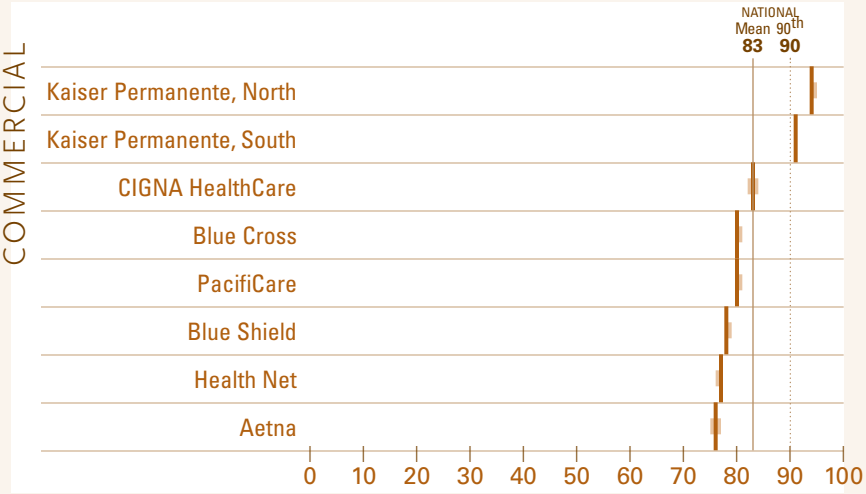


# CHILDREN WITH URI

## APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION

Upper respiratory infections (URI), or common colds, are most prevalent among children due to their high contact with other children. Children in day care in the U.S. are estimated to have an URI approximately every 3 weeks from the age of 6 months to 2 years. The incidence decreases at the time of school entry at which time a child has about 3-6 episodes of URI per year. URI's are almost always viral, therefore antibiotics are ineffective.

This HEDIS measures looks at the percentage of children 3 months to 18 years of age who were given a diagnosis of URI and were not dispensed an antibiotic prescription on or three days after the Episode Date. Excessive use of antibiotics for URI's is common, represents unecessary cost, and contributes to antibiotic resistance.



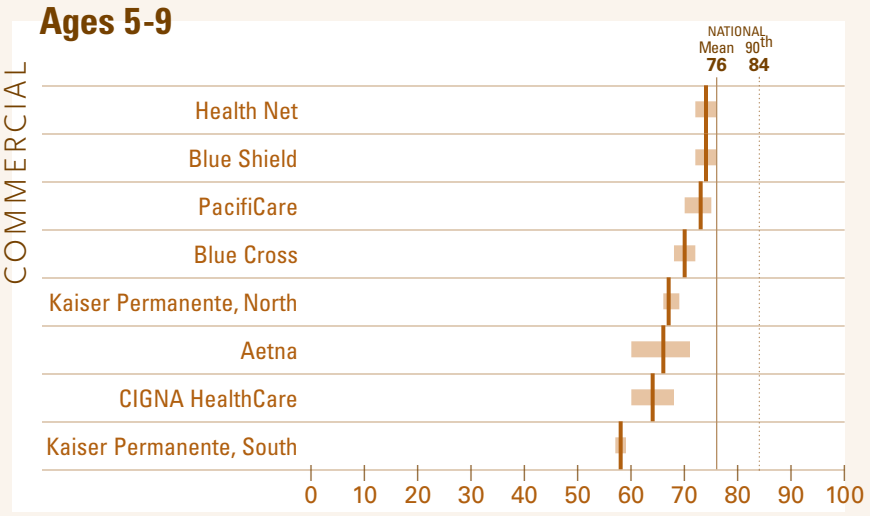
# ASTHMA

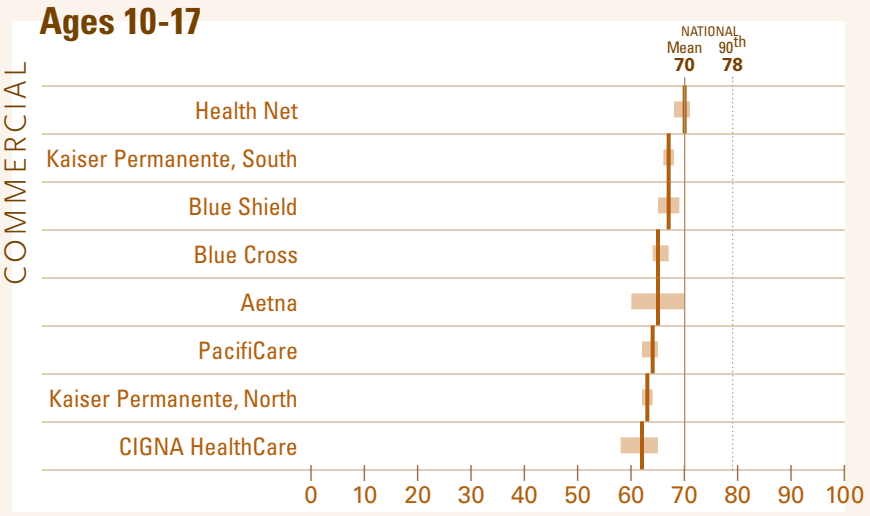
## USE OF APPROPRIATE MEDICATIONS FOR PEOPLE WITH ASTHMA

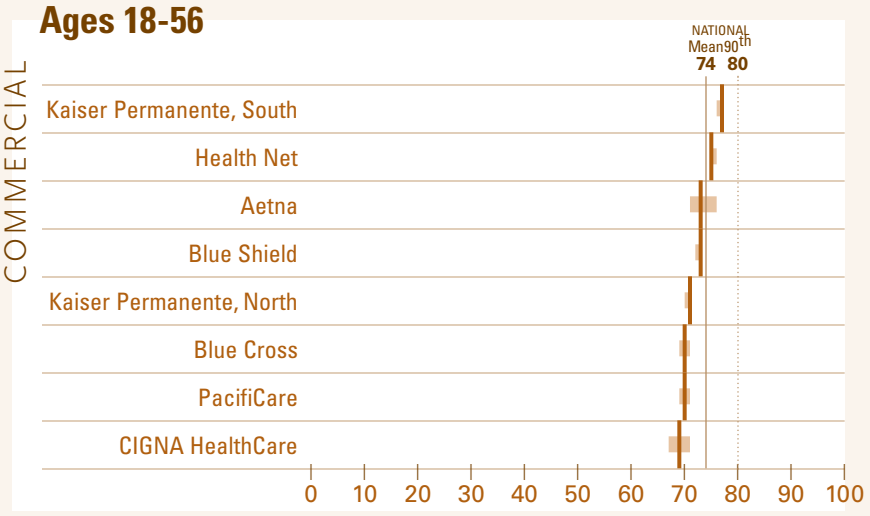
Asthma is a chronic lung disease and a rapidly growing public health problem. It is the most common chronic respiratory disease in children and can result in life-threatening episodes of illness for both adults and children. Asthma is the leading cause of school absenteeism from a chronic childhood condition. Unfortunately, asthma is becoming more common and currently affects more than 20 million Americans, including almost 6.1 million children.

The recommended treatment for most patients with persistent asthma emphasizes daily, long-term prevention therapy that improves the underlying airway inflammation. Appropriate preventive treatment can result in fewer episodes of wheezing and coughing and a decrease in the use of medications needed to treat these breakthrough symptoms. Commonly used preventive medications include anti-inflammatory prescriptions such as inhaled corticosteroids, Cromolyn Sodium and Nedocromil as well as other alternative oral medications.

Measuring whether HMO members with persistent asthma receive the recommended medications for long-term control of their asthma is very important. Because the challenges in accurately diagnosing and caring for children with persistent asthma are very different from the identification and treatment of asthma in adults, separate measures were obtained in those age groups. This measure reports the percentage of members diagnosed with asthma who received appropriate medication management during 2004.



# DIABETES *1 of 5*

## COMPREHENSIVE DIABETES CARE

Diabetes is the fifth leading cause of death in the United States. There are 18.2 million people in the U.S., or 6.3% of the population, who have diabetes. While an estimated 13 million have been diagnosed with diabetes, 5.2 million are unaware. Diabetes also contributes to higher rates of morbidity – people with diabetes are at higher risk for heart disease, blindness, kidney failure, extremity amputations and other chronic conditions.

## HEMOGLOBIN A1c TEST & LEVELS

High levels of sugar in the blood are one common finding in patients with diabetes. Frequent testing for glycated hemoglobin, also known as hemoglobin A1c (HbA1c), measures a patient's average blood sugar level for the 2-3 month period before the test.

People with poorly controlled diabetes as shown by high blood sugar levels are more likely to develop high blood pressure, high cholesterol and fat levels, heart disease, eye and nerve problems, and kidney problems.

Although HbA1c test results mean different things for different patients depending upon their over-all health status and age, most physicians believe, based on current medical evidence, that levels above 9.0 mean poor over-all diabetes control.

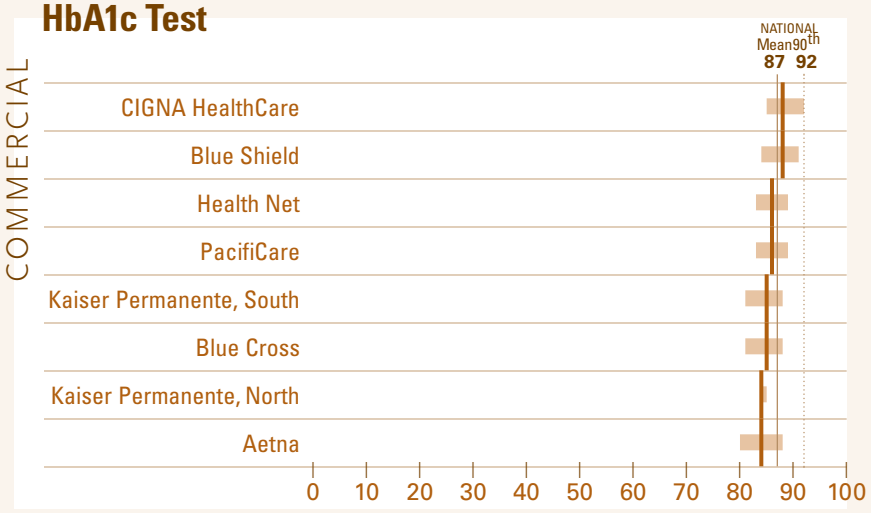
The first table displayed on this page measures the percentage of patients with diabetes who received at least one screening test for HbA1c during 2004. A higher screening rate can suggest that a health plan works with its provider network to promote more frequent and appropriate blood tests for patients. The second table displays the percentage of patients with HbA1c results less than 9.0.

## RETINAL EXAM

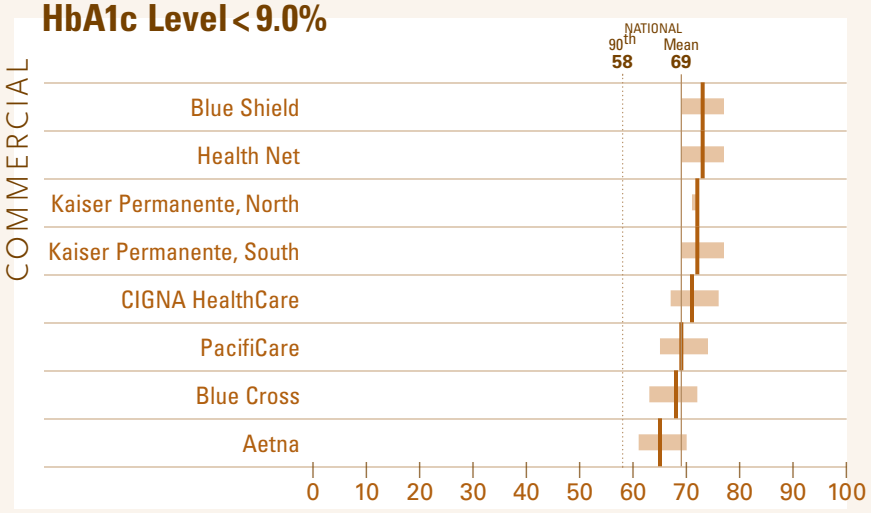
Diabetes is the leading cause of new cases of blindness in people 20-74. Every year 12,000-24,000 people lose their sight because of diabetes. Experts recommend that people with diabetes have an examination of their retina every year because diabetes-related eye disease can be present even if a person has no problem seeing. When doctors find eye disease in diabetic patients early, they can start treatment in time to save vision for most people.

*Continued on page 25*

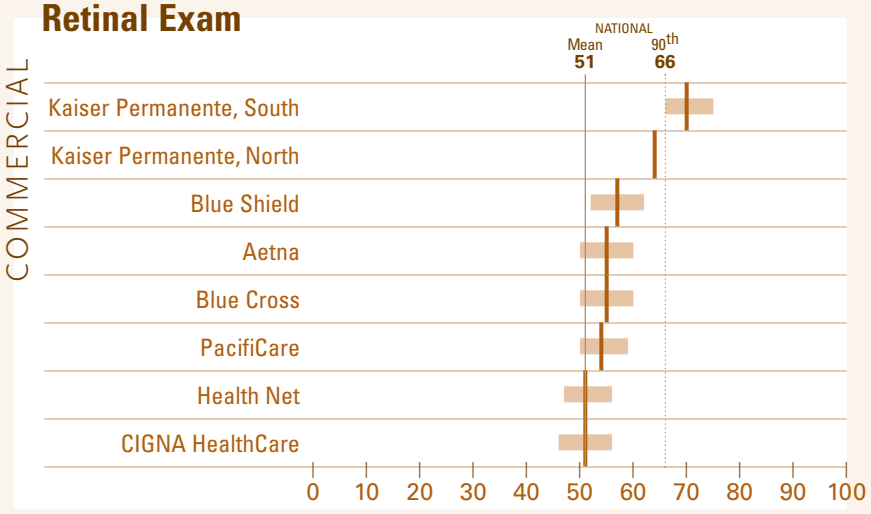
### HbA1c Test




### HbA1c Level < 9.0%




### Retinal Exam

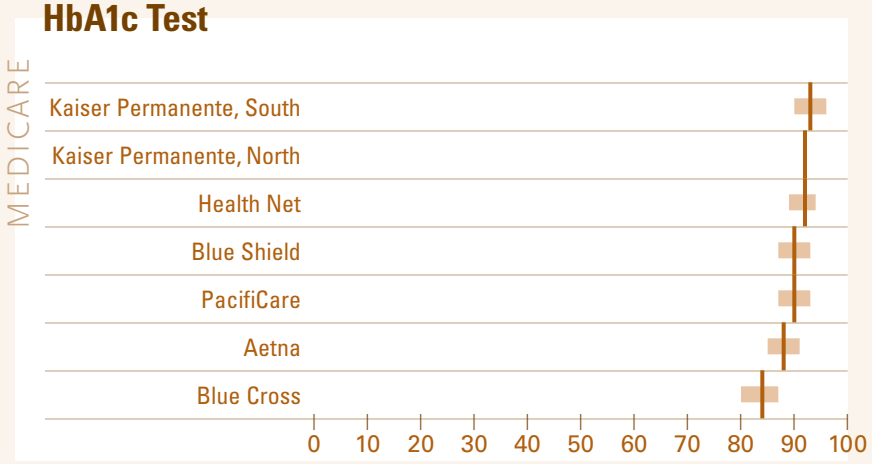


# DIABETES *2 of 5*

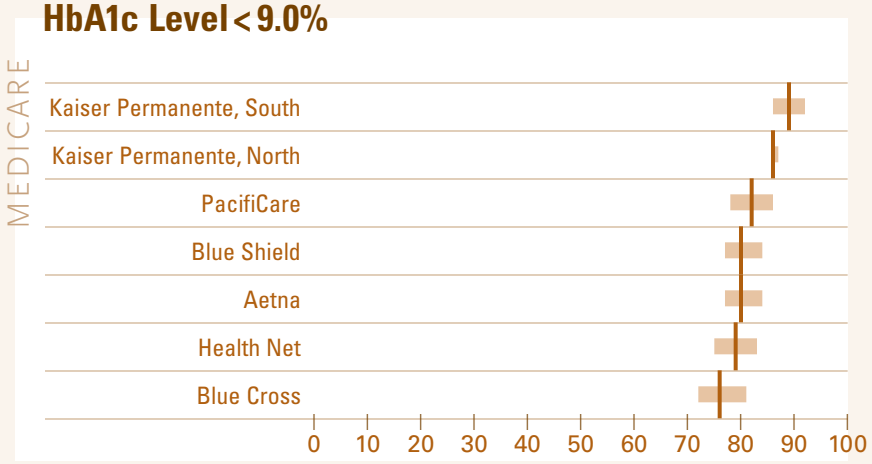
*Continued from page 24*

The HEDIS Comprehensive Diabetes Care measure reports how many people with diabetes had an examination by an eye care professional during 2004. For some patients, depending upon their over-all health status and how well their diabetes is controlled, an eye exam performed during 2003 was also counted in the results for this measure. A higher rate could mean the health plan works harder to promote regular exams or makes exams easier to obtain. More exams mean earlier medical treatment and less blindness in the diabetic population.

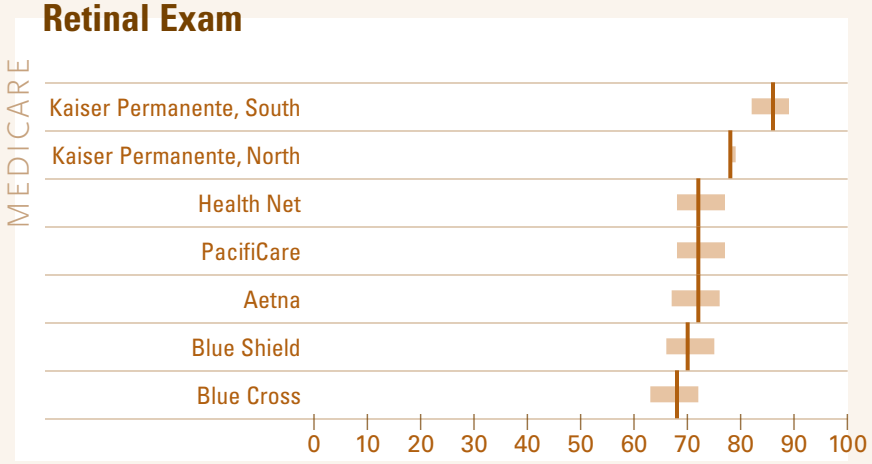
## HbA1c Test




## HbA1c Level < 9.0%




## Retinal Exam




## NOTES

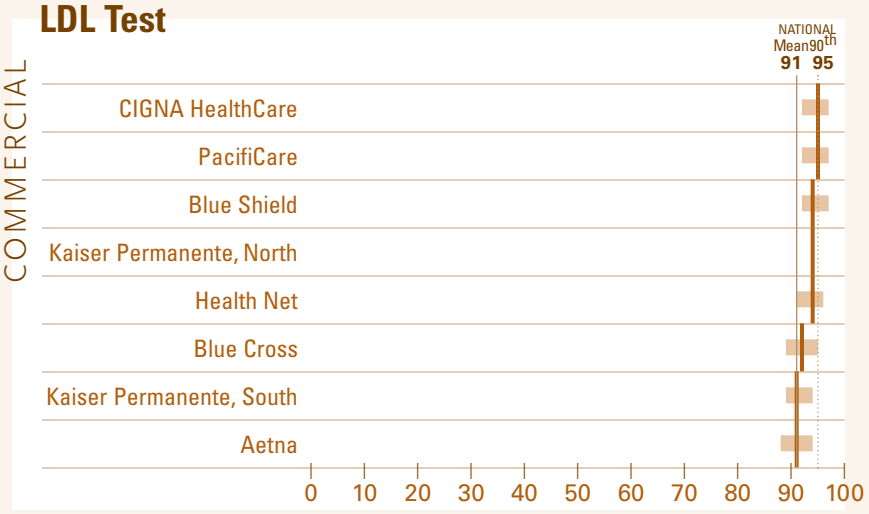
**National mean, percentiles, and health plan performance strata to be added when available.**

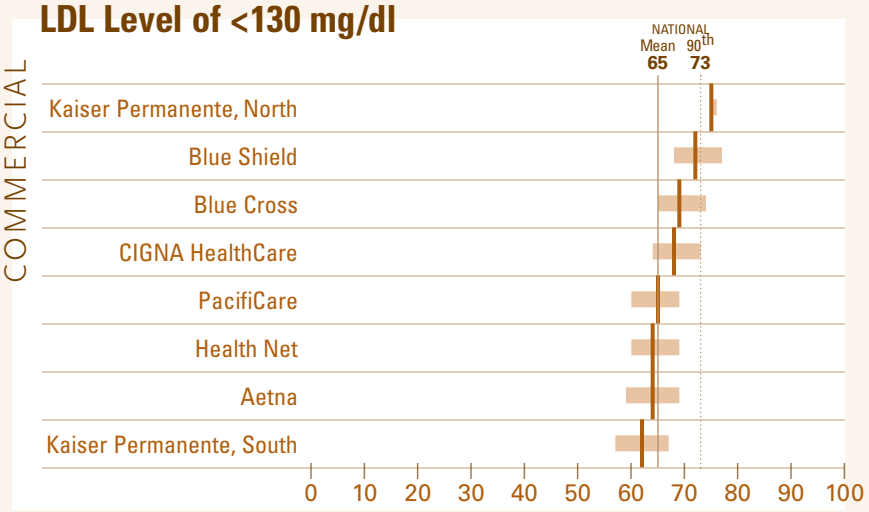
# DIABETES *3 of 5*

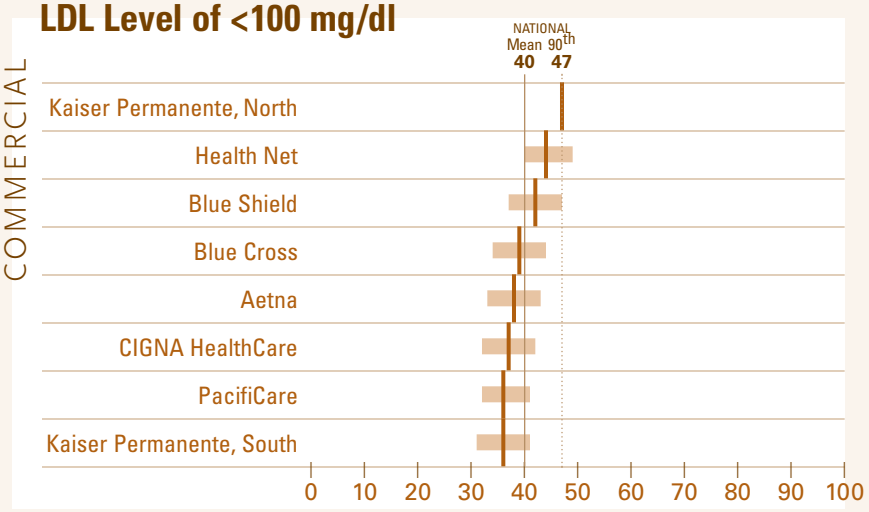
## CHOLESTEROL MANAGEMENT
### LDL Test

Heart disease strikes people with diabetes twice as often as people without diabetes and is one of the most common medical complications. Higher levels of cholesterol and fat in the blood greatly contribute to the increased incidence of coronary artery disease and heart disease.

It is very important that LDL cholesterol levels be measured at least yearly in patients with diabetes. Efforts should be made, depending upon the patient, to maintain LDL cholesterol at levels lower than 130 and 100 mg/dl. The HEDIS Comprehensive Diabetes Care measure calculates the percentage of patients with diabetes who received an LDL cholesterol screening test during 2004 or 2003 and the percentage of those who had cholesterol levels below 130 and 100 mg/dl. A higher screening rate of LDL cholesterol could indicate that a health plan is working hard to promote regular medical exams for patients with diabetes.

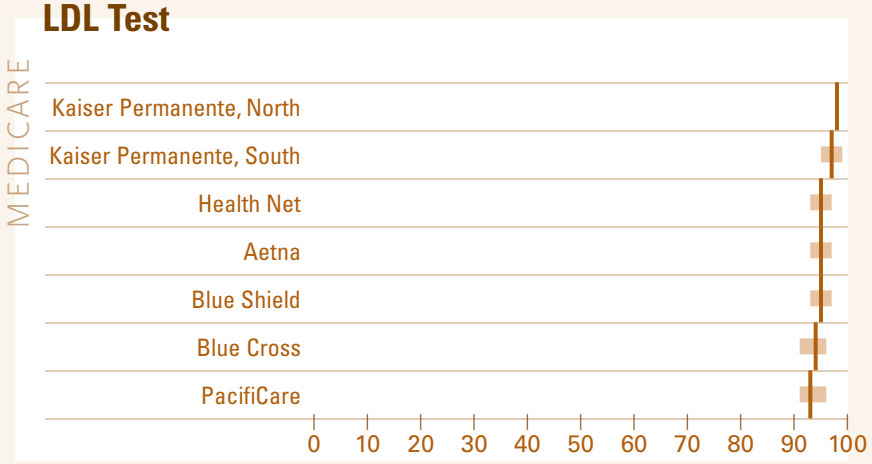


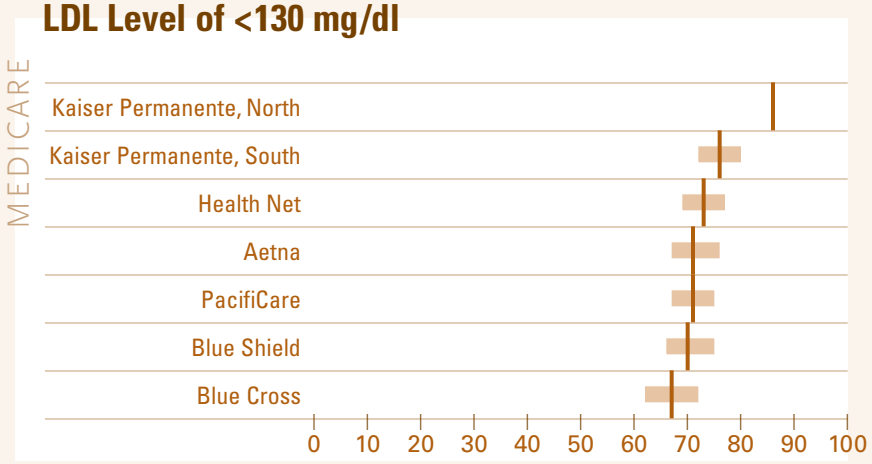



# DIABETES *4 of 5*

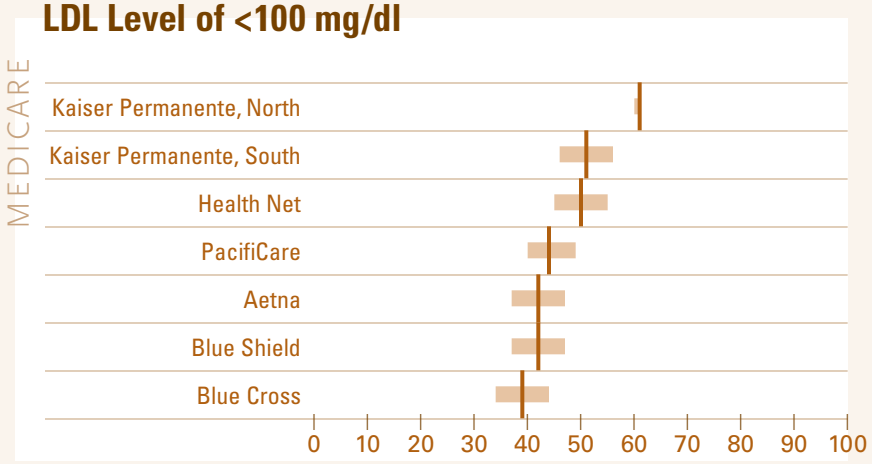
## LDL Test




## LDL Level of <130 mg/dl




## LDL Level of <100 mg/dl




## NOTES

National mean, percentiles, and health plan performance strata to be added when available.

# DIABETES *5 of 5*

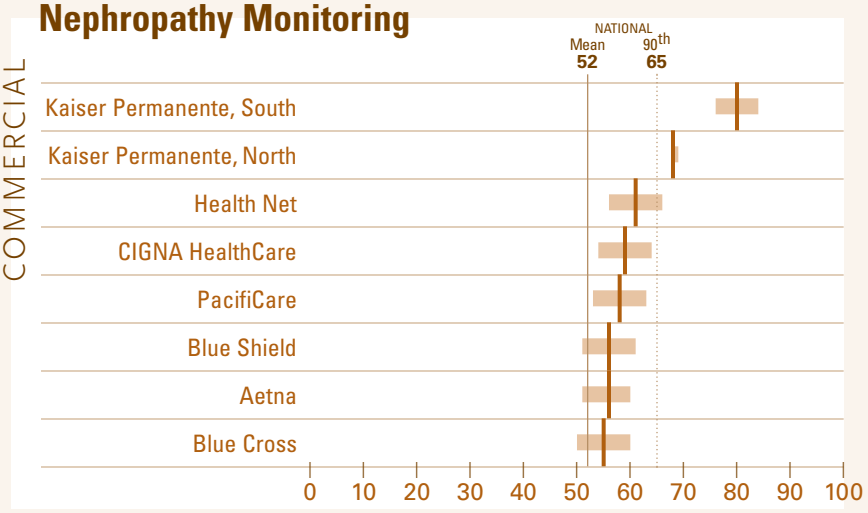
## KIDNEY DISEASE MONITORING

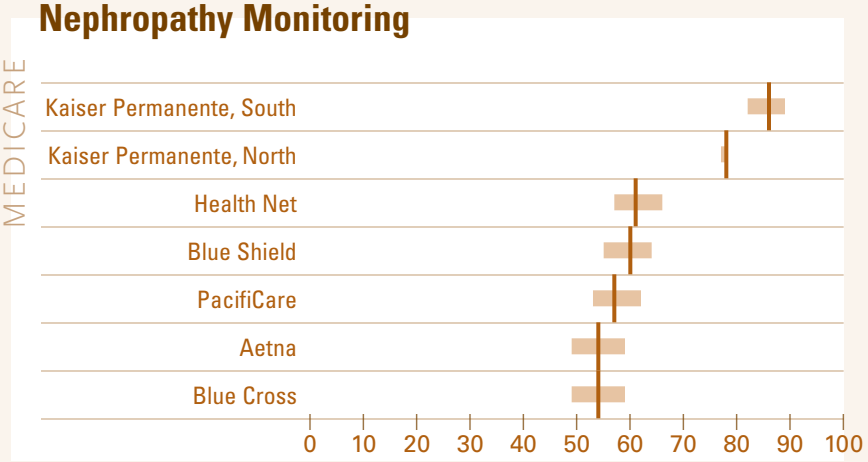
### Nephropathy Monitoring

Diabetes is the leading cause of end-stage renal disease accounting for 43% of new cases. People with diabetes are much more likely than the general population to develop acute and chronic kidney problems, such as renal insufficiency, end-stage renal disease and diabetic nephropathy. These serious complications can require long-term kidney dialysis or kidney transplant. Importantly, early detection of kidney disorders can lead to earlier treatment, and slow or prevent further deterioration of the kidneys and help avoid dialysis or transplant.

One of the first signs of kidney problems is protein in the urine. It is therefore very important that patients with diabetes have a test at least once a year that measures microalbuminuria. The HEDIS Comprehensive Diabetes Care measure reports the percentage of HMO patients with diabetes who received a screening for microalbuminuria during 2004.

Separate charts display results for both commercial and Medicare members.




## NOTES

**National mean, percentiles, and health plan performance strata to be added when available.**

# ANTIDEPRESSANT MEDICATION *1 of 2*

## ANTIDEPRESSANT MEDICATION MANAGEMENT

In any given one year period, 9.5% of the population or about 18.8 million American adults suffer from depressive illness. If not properly treated with counseling and medications, patients can sometimes experience serious complications. Approximately 70% of patients who are diagnosed with severe depression respond favorably to antidepressant medications.

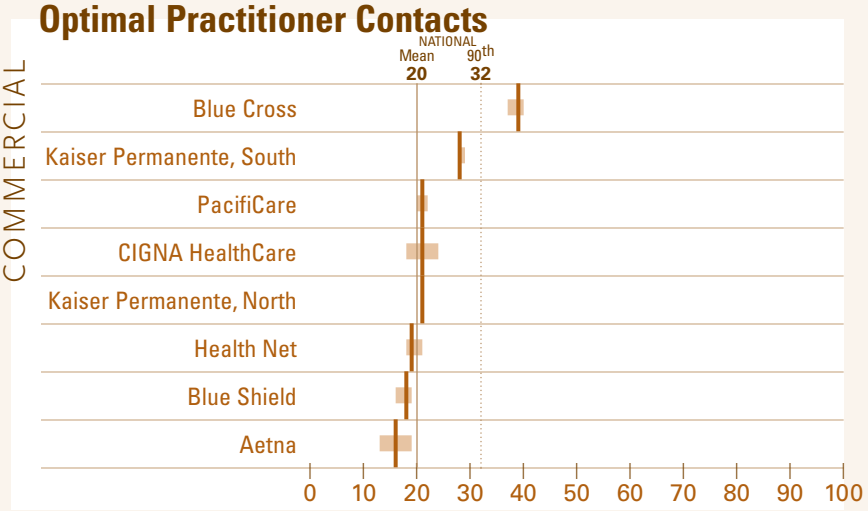
These charts display a three-part measure that looks at different facets of successful pharmacological management of depression. The three components of the measure estimate:

1. Optimal Practitioner Contacts: The percentage of eligible members who received at least three follow-up visits in the 12-week acute treatment phase after a new diagnosis of depression;
2. Effective Acute Phase: The percentage of eligible members who remained on antidepressant medication continuously for 12 weeks after the initial diagnosis;
3. Effective Continuation Phase: The percentage of eligible members who remained on antidepressant medication for at least six months after the initial diagnosis.

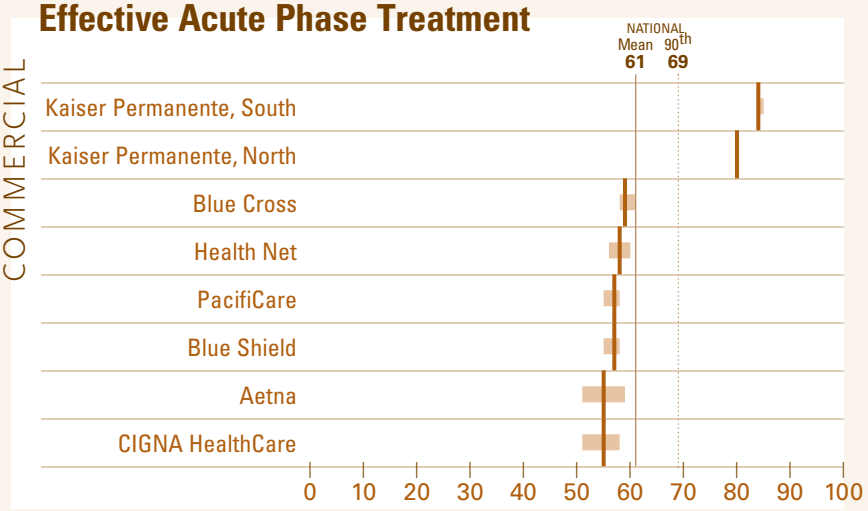
Nationally, only about half of all patients treated with antidepressant medications receive care for the recommended period of time, four to nine months. Better treatment rates suggest fewer patients are likely to experience a relapse of their depression symptoms. Health plans can improve clinical outcomes for their members by working in partnership with physicians to encourage appropriate treatment and improved medication management for patients with new episodes of depression.

Separate charts display results for both commercial and Medicare members.

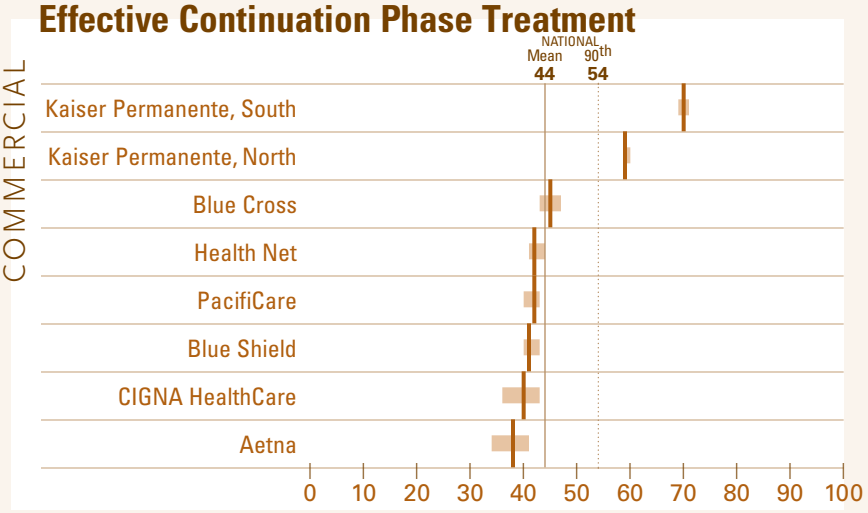
### Optimal Practitioner Contacts




### Effective Acute Phase Treatment

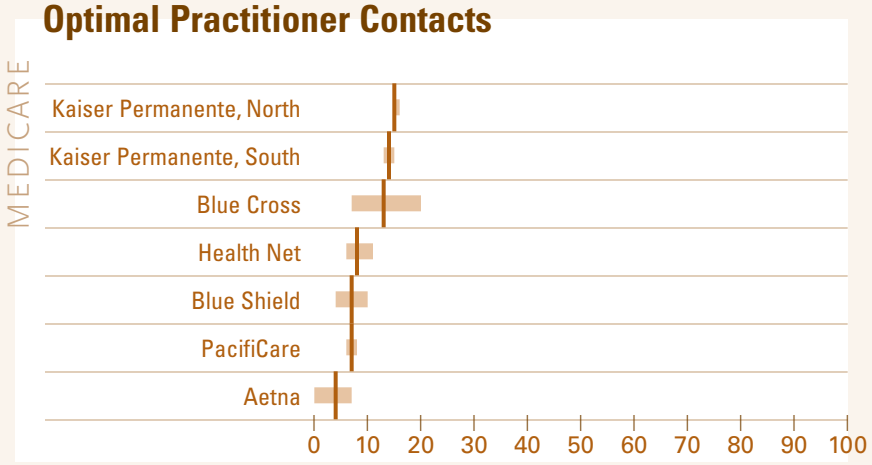



### Effective Continuation Phase Treatment

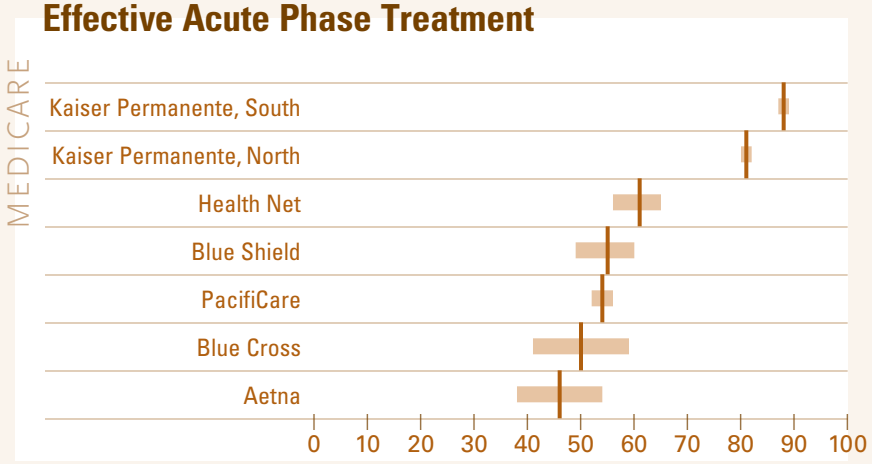


# ANTIDEPRESSANT MEDICATION *2 of 2*

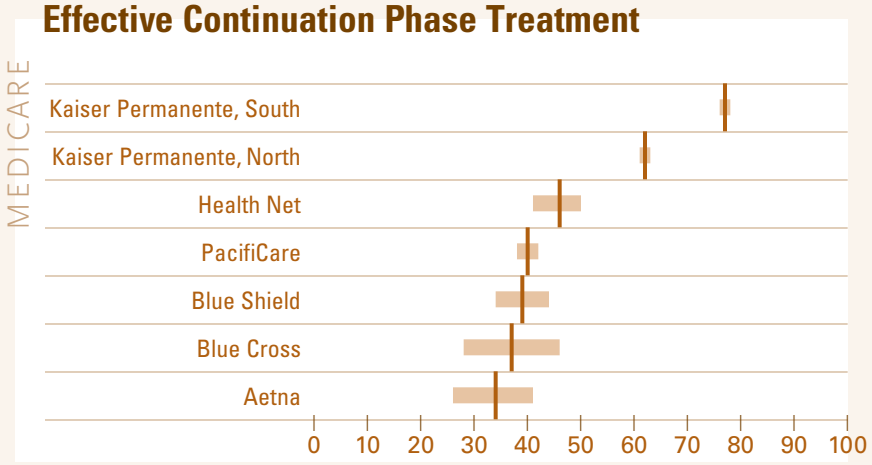
## Optimal Practitioner Contacts




## Effective Acute Phase Treatment




## Effective Continuation Phase Treatment




## NOTES

National mean, percentiles, and health plan performance strata to be added when available.

# MENTAL ILLNESS *1 of 2*

## FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

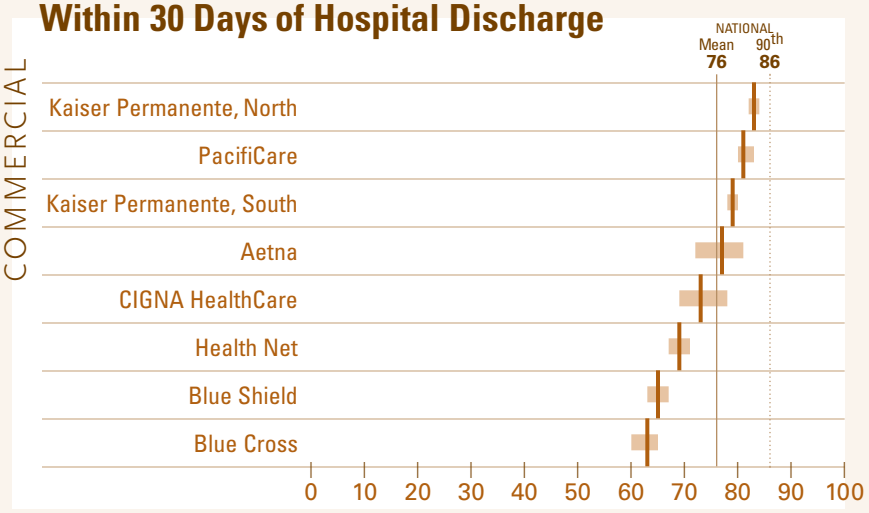
Mental illnesses such as depression, schizophrenia, and anxiety are real health conditions that, if untreated, can be as disabling and serious as cancer and heart disease. Fortunately, advances in mental health research and the availability of newer, more effective medication have broadened the treatment options for mental health problems and improved the overall level of mental health care.

Hospitalization is sometimes the most appropriate treatment for serious mental illness. When patients are discharged from the hospital, ongoing medical care and emotional support is essential to continued recovery. Patients who receive regular follow-up therapy with a mental health provider usually experience a smoother transition back to their regular routines at home and work. They also have lower rates of relapse and re-hospitalization.

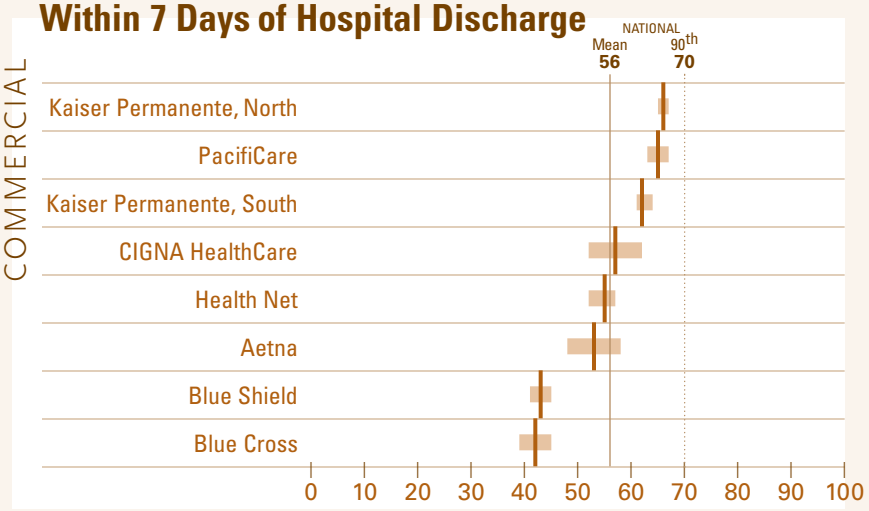
This HEDIS indicator measures the percentage of HMO members who were seen on an outpatient basis by a mental health provider within seven days and within 30 days after being discharged for an inpatient mental health stay. HMOs can encourage appropriate follow-up treatment by educating members and physicians regarding the benefits of continued therapy and support in the immediate post-hospitalization period and about the various treatment options available to them.

Separate charts display results for both commercial and Medicare members.

### Within 30 Days of Hospital Discharge

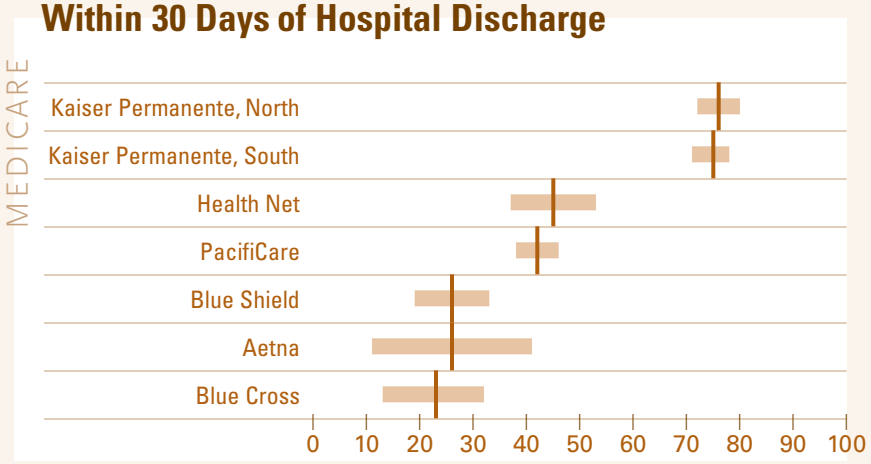



### Within 7 Days of Hospital Discharge

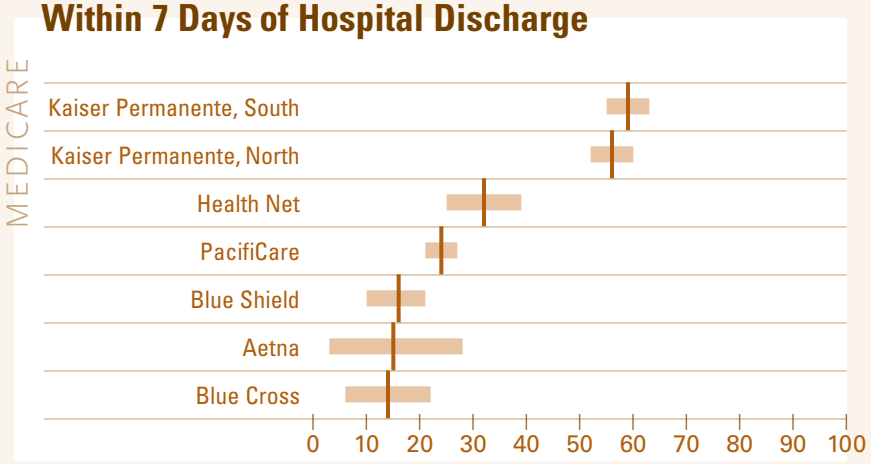


# MENTAL ILLNESS *2 of 2*

## Within 30 Days of Hospital Discharge




## Within 7 Days of Hospital Discharge




## NOTES

National mean, percentiles, and health plan performance strata to be added when available.

# BETA BLOCKER TREATMENT

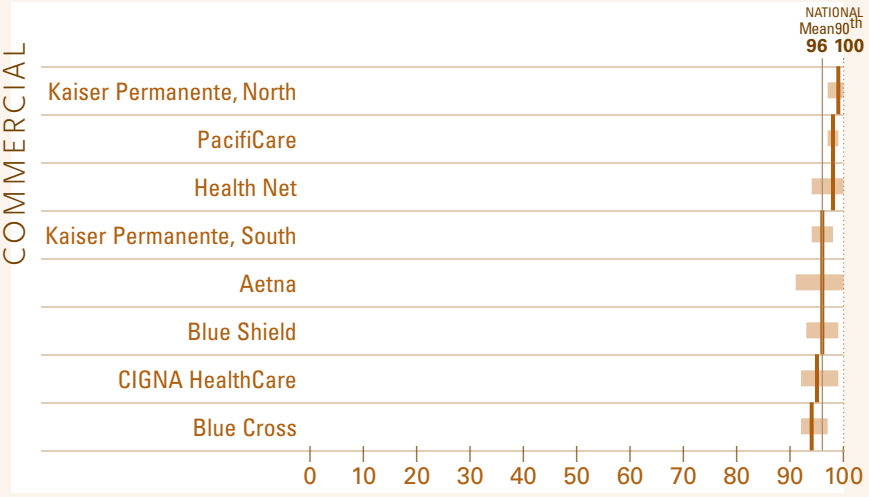
## BETA BLOCKER TREATMENT AFTER HEART ATTACK

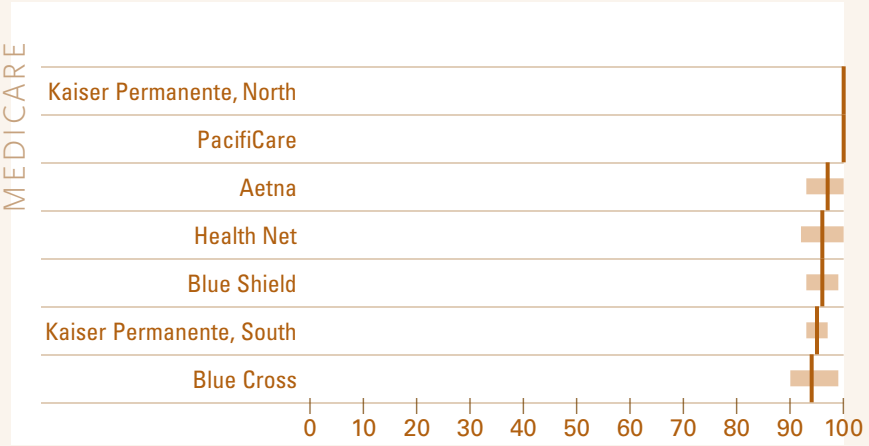
Heart attacks, also known as acute myocardial infarctions or AMI, occur in approximately 1.5 million Americans each year. Unfortunately, patients who have had a heart attack are at higher risk than the general public to have another one.

Medications called beta blockers are an important part of follow-up treatment after a heart attack. When taken shortly after a heart attack by patients without other heart problems, beta blockers can help prevent another heart attack by lowering blood pressure and decreasing how hard the heart has to work. Long term administration of beta blockers following a heart attack has been shown to improve survival and reduce the risk of future heart attacks.

This measure calculates the percentage of HMO members 35 years of age and older who were hospitalized and discharged from the hospital after surviving a heart attack and who received a prescription for a beta blocker. HMOs improve beta blocker treatment rates by encouraging physicians to evaluate clinical options, including the use of medications, for patients with heart disease and especially for those who have suffered a heart attack. Health plans also provide educational materials about the appropriate use of beta blockers to physicians and members.

Separate charts display results for both commercial and Medicare members.




## NOTES

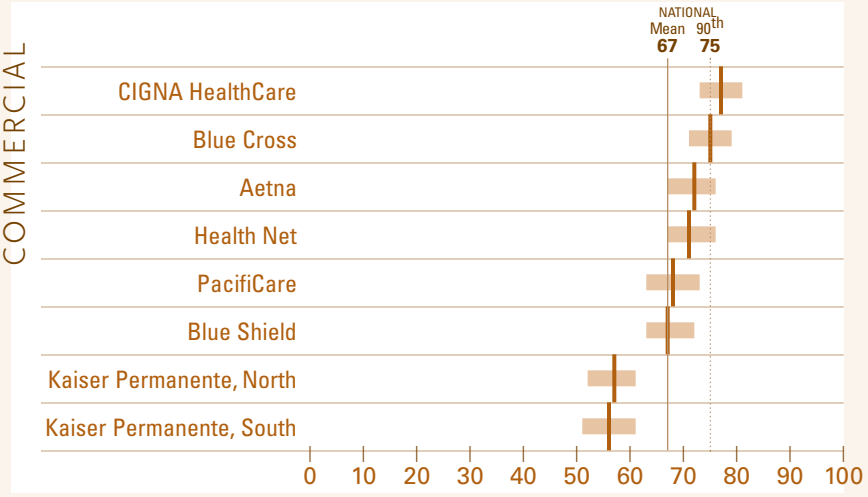
**National mean, percentiles, and health plan performance strata to be added when available.**

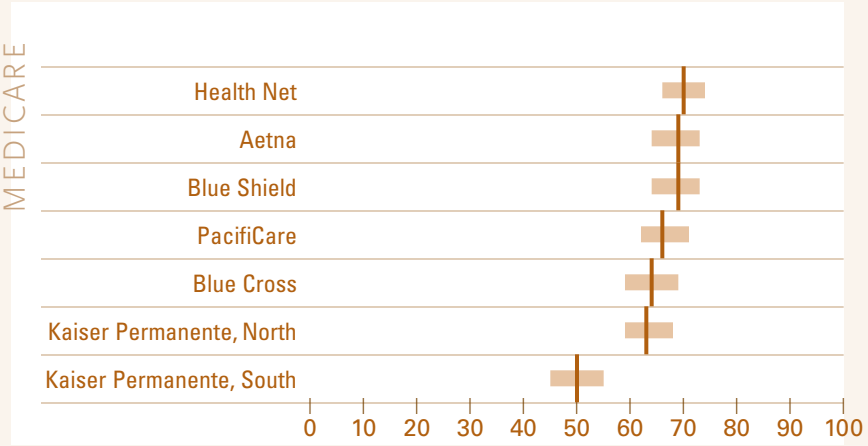
# HIGH BLOOD PRESSURE

## CONTROLLING HIGH BLOOD PRESSURE

More than 65 million American adults have high blood pressure. It is estimated that one in every four American adults has high blood pressure. High blood pressure can lead to numerous life-threatening conditions including heart disease, stroke and kidney failure, the number one, number three and number nine causes of death in the U.S. Lowering the blood pressure, even in amounts as small as 5-6mm, has many benefits, including decreased overall risk of developing serious medical problems. In elderly patients where the incidence of congestive heart failure is common, aggressively treating hypertension can reduce coronary heart disease and deaths from stroke.

Hypertension is defined as blood pressure readings consistently higher than 140/90. This measure looks at whether blood pressure was controlled in adults aged 46-85 years of age who have diagnosed hypertension during 2004. Adequate control was defined as a blood pressure of 140/90 mmHg or lower. Hypertension can improve with changes in diet and lifestyle, including increased exercise and the appropriate use and monitoring of medications. With careful, individualized treatment, up to three-quarters of patients diagnosed with hypertension can achieve and maintain adequate blood pressure control. HMOs can use educational programs and newsletters to increase provider and member awareness of the benefits of controlling high blood pressure.




## NOTES

**National mean, percentiles, and health plan performance strata to be added when available.**

# CHOLESTEROL MANAGEMENT *1 of 2*

## CHOLESTEROL MANAGEMENT AFTER ACUTE CARDIOVASCULAR EVENT

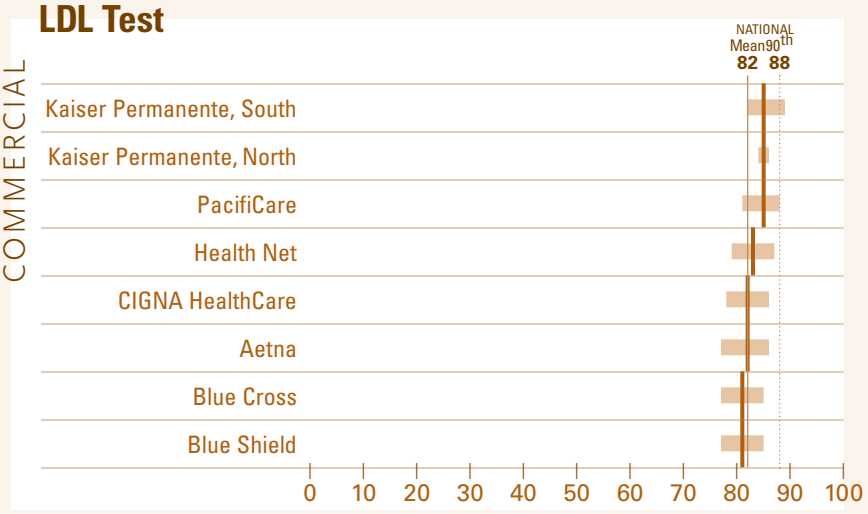
Cholesterol management is very important in the prevention and control of coronary artery disease, the leading cause of death in the United States. Approximately 490,000 deaths occur each year because of complications of this disease and many clinical studies have shown that high blood cholesterol levels are directly related to the development of coronary artery disease. However, only about one out of every four of the 50 million Americans with high cholesterol has the condition under adequate control.

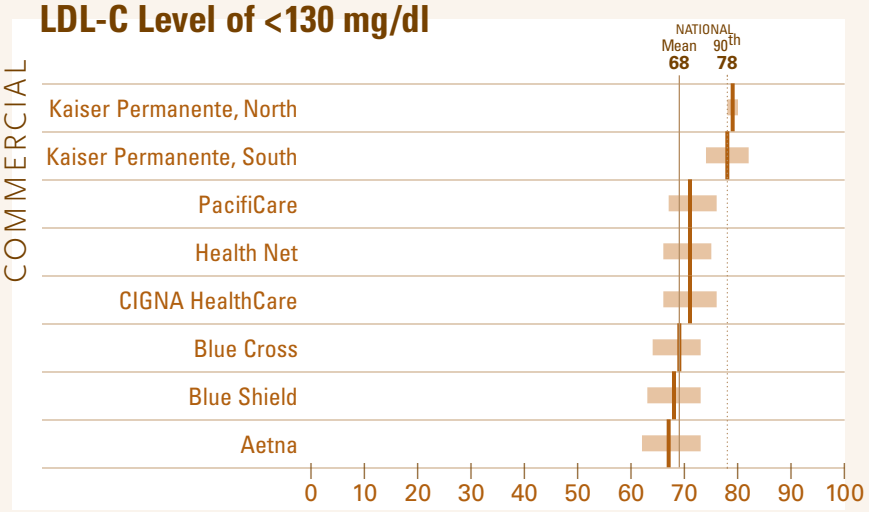
Elevated cholesterol levels can be lowered through a combination of lifestyle changes including a low-fat diet, increased physical activity and, when appropriate, treatment with cholesterol-lowering medications. Physicians routinely screen patients for high cholesterol. It is especially important for those who have already had a cardiac event such as a heart attack, bypass surgery, or coronary angioplasty to ask their doctors about treatment choices.

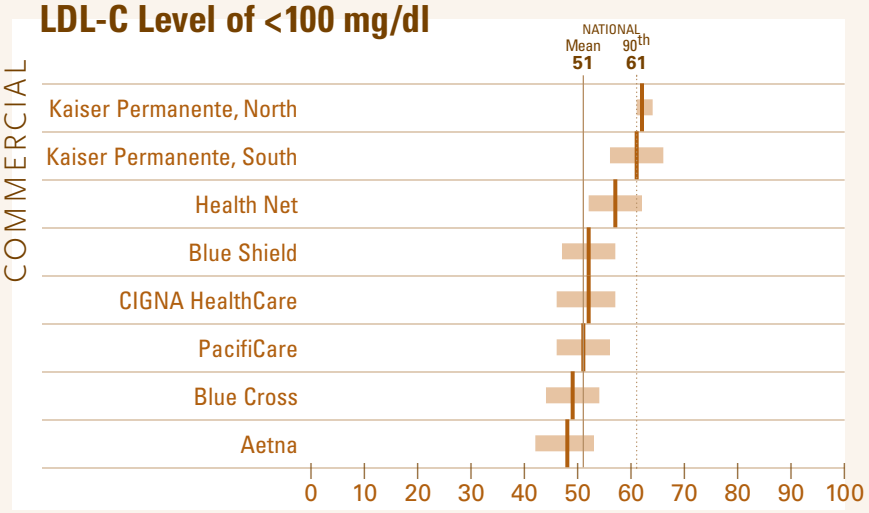
The first of the measures shown on these pages reports the percentage of California adult HMO members discharged from the hospital following a heart attack, bypass surgery, or coronary angioplasty, who had evidence of an LDL test during the year after their hospital discharge.

The second and third measure reflects the percentage of patients with known heart disease who have their cholesterol levels under control. Control for this measure means an LDL cholesterol level less than 130 mg/dl and/or less than 100mg/dl. Controlling LDL cholesterol levels is very important in patients with existing heart disease and can help reduce the risk of a second heart attack by as much as 40 percent.

Separate charts display results for both commercial and Medicare members.

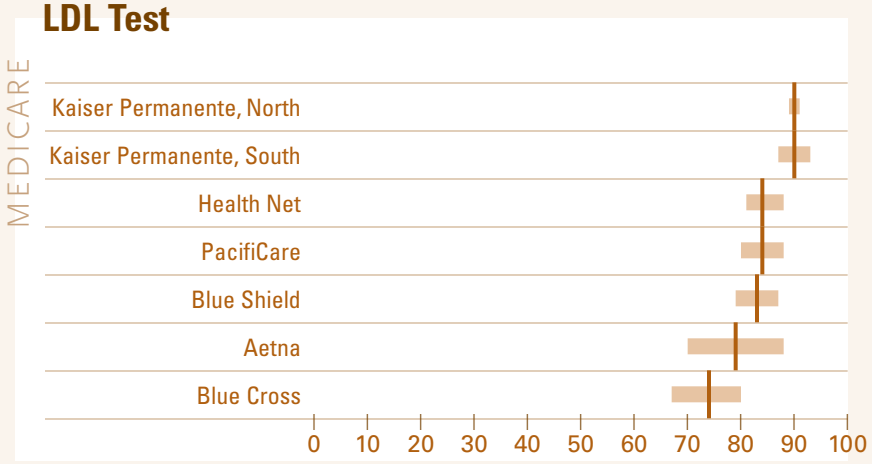


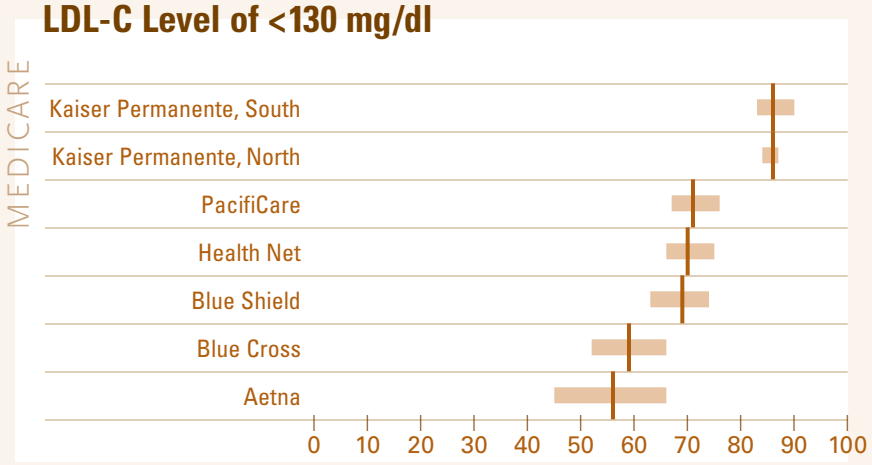



# CHOLESTEROL MANAGEMENT *2 of 2*

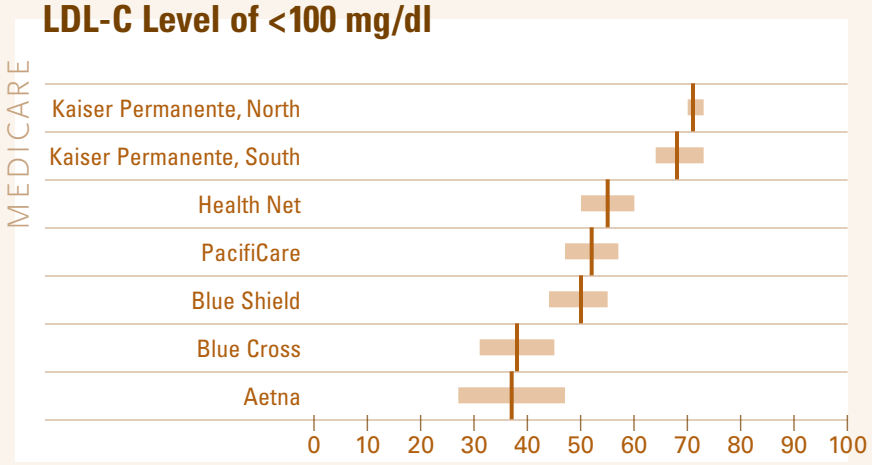
## LDL Test




## LDL-C Level of <130 mg/dl




## LDL-C Level of <100 mg/dl




## NOTES

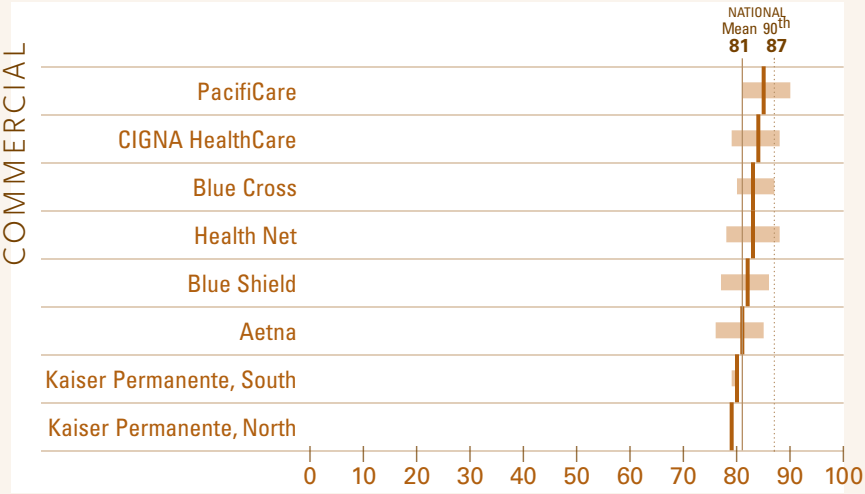
National mean, percentiles, and health plan performance strata to be added when available.

# CERVICAL CANCER

## CERVICAL CANCER SCREENING

The American Cancer Society estimates that in 2005, about 10,370 cases of invasive cervical cancer will be diagnosed and 3,710 deaths expected from the disease in the U.S. The number of cervical cancer deaths in the U.S. continues to decline by about 2% a year. The main reason for this decline is the increased use of the Papanicolau (Pap) test. Cervical cancer can be detected early, when it is most treatable, by the use of routine Pap tests. For this reason, all women between the ages of 21 and 64 should have a Pap test at least once every three years.

California HMOs provide coverage for regular Pap testing. The chart below shows the percentage of women between the ages of 21 and 64 who had at least one Pap test during the past three years. Women can help reduce the risk of cervical cancer by getting regular Pap tests according to the schedules recommended by their doctors. Most HMOs compare the frequency of Pap tests for their members to the recommended schedule for screenings and remind both women and their physicians when appointments or tests should be scheduled.



# BREAST CANCER

## BREAST CANCER SCREENING

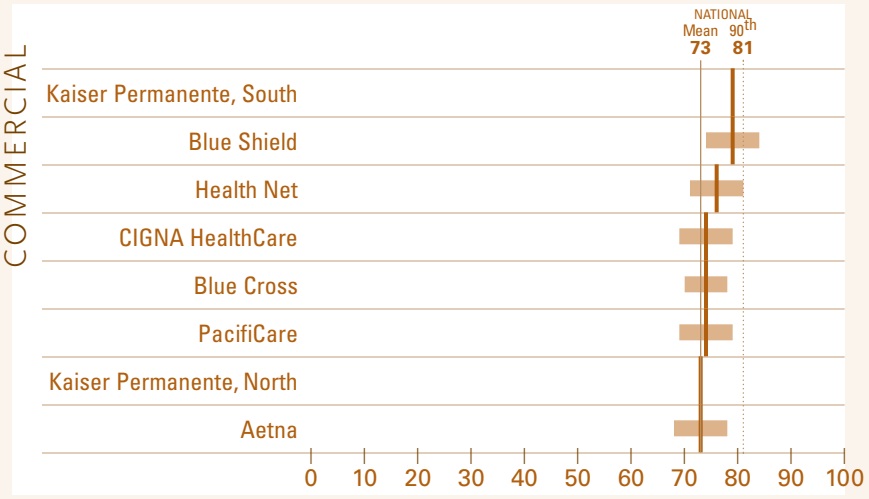
One out of every eight women will develop breast cancer in the course of a 90-year life span. This year in the U.S., more than 211,000 women will be diagnosed with breast cancer and 43,300 will die. If detected early, the 5-year survival rate exceeds 95%. Mammograms are among the best early detection methods, increasing chances for survival and cure. Mammography screening has been shown to reduce mortality by 20 to 40% among women aged 50 and older.

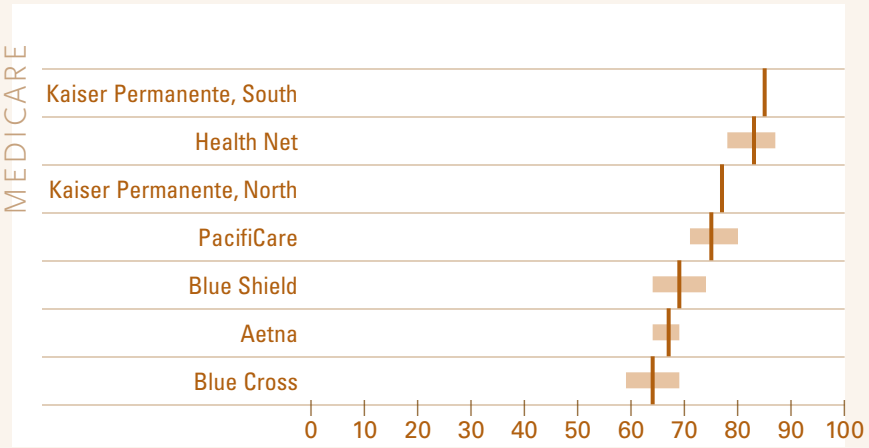
The breast cancer screening rate measures the percentage of women in the HMO population, between the ages of 52 and 69, who were continuously enrolled in their health plan during 2003 and 2004 and had at least one mammogram during that two-year period.

Screening the Medicare population is especially important because some women in this age group are very reluctant to have a mammogram and need additional encouragement to do so. Early detection leads to earlier treatment of breast cancer, and the potential for better outcomes, for women of all ages.

The charts on this page show the relative performance of HMOs in providing mammograms to their commercial and Medicare enrollees. HMOs can encourage regular breast cancer screenings by promoting routine physical health exams and providing members with cancer awareness materials. Health plans also send women and their physician's reminders to schedule a mammogram.

Separate charts display results for both commercial and Medicare members.




## NOTES

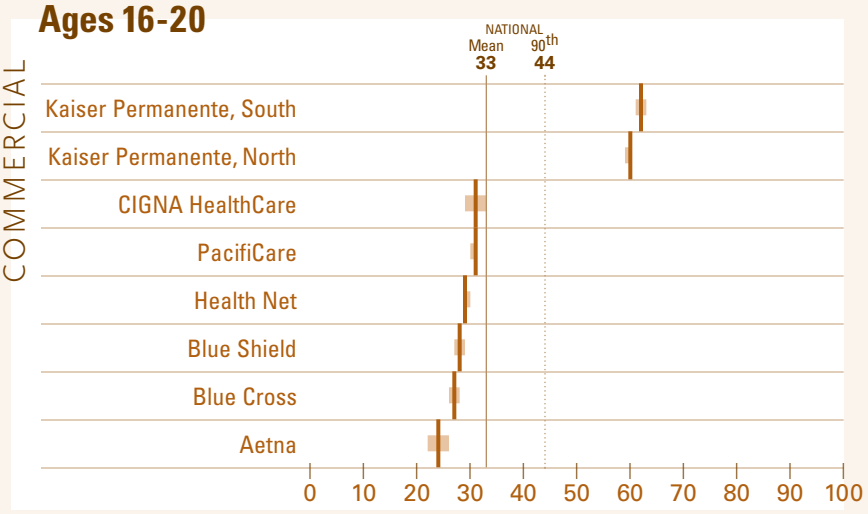
**National mean, percentiles, and health plan performance strata to be added when available.**

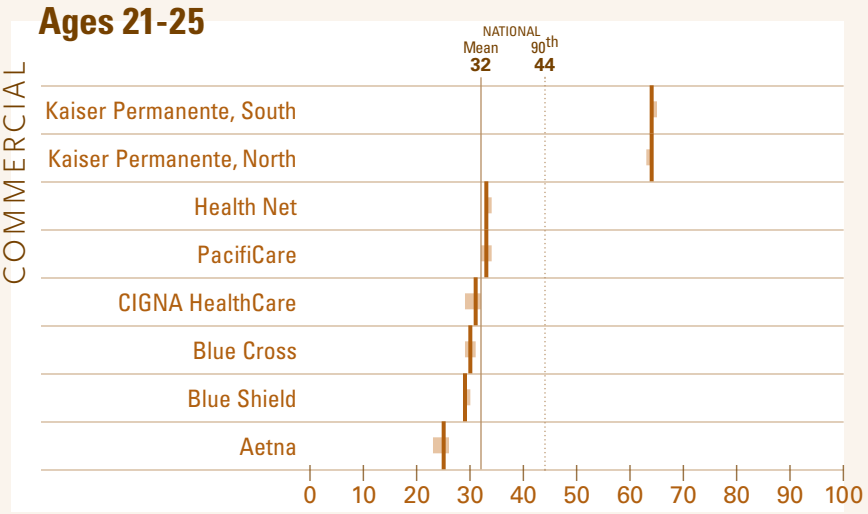
# CHLAMYDIA

## CHLAMYDIA SCREENING IN WOMEN

Chlamydia is currently the most commonly reported infectious sexually transmitted disease in the United States with an estimated three million cases occurring each year. Chlamydia is especially common in teenagers and young adults. Untreated infections are easily spread between sexual partners and can cause serious health complications. Chlamydia is frequently called a "hidden" disease since approximately 75% of women and 50% of men have no symptoms. Therefore, routine screening tests are very important in limiting the complications of an infection. Chlamydia can cause pelvic inflammatory disease, infertility, and tubal or ectopic pregnancies and some of these complications may be life threatening. Chlamydia infections can also cause health problems in newborns whose mothers have an undetected or untreated infection during pregnancy.

Simple, routine-screening tests identify the presence of Chlamydia infections. Treatment with antibiotics is usually successful in preventing further transmission of the disease and limiting future complications. The screening rates reported on this page are intended to measure the percentage of sexually active women between the ages of sixteen and twenty-five who received at least one routine screening test for Chlamydia during 2004. Health plans can successfully improve Chlamydia screening rates through distribution of educational materials to both physicians and HMO members.



# COLORECTAL CANCER

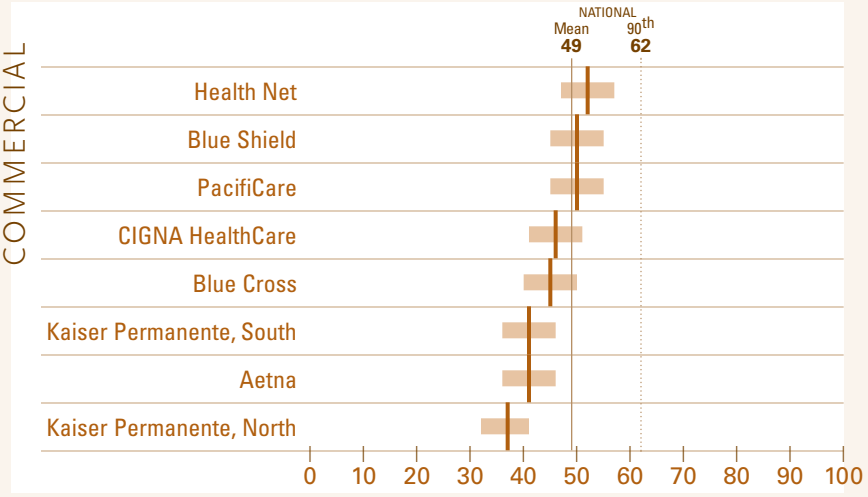
## COLORECTAL CANCER SCREENING

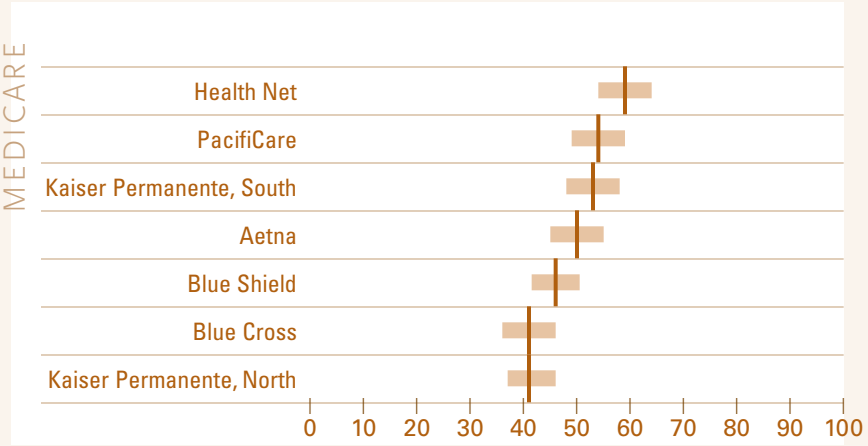
Colorectal cancer – cancer of the colon or rectum- is the second leading cause of cancer-related deaths in the U.S. The American Cancer Society estimates that 56,730 Americans will die of colorectal cancer this year. Colorectal cancer is also one of the most commonly diagnosed cancers in the U.S.; approximately 146,940 new cases will be diagnosed in 2004. Colorectal cancer is the third most common cancer in men and in women. The risk of developing colorectal cancer increases with advancing age, with more than 90% of cases occurring in persons aged 50 years or older.

Reducing the number of deaths from colorectal cancer depends on detecting and removing precancerous colorectal polyps, as well as detecting and treating the cancer in its early stages. Colorectal cancer can be prevented by removing precancerous polyps or growths, which can be present in the colon for years before invasive cancer develops. Findings from the National Health Interview Survey indicate that in 2000, only 42.5% of U.S. adults aged 50 years or older had undergone a sigmoidoscopy or colonoscopy within the previous 10 years or had used an FOBT home test kit within the preceding year.

This HEDIS measure estimates the percentage of adults 50-80 years of age who had appropriate screening for colorectal cancer. The screening criteria can be met with any one of four tests: a fecal occult blood test (FOBT) during 2004; a flexible sigmoidoscopy within the last four years prior to 2004; a double contrast barium enema within the last four years prior to 2004; or a colonoscopy within the last nine years prior to the measurement year. Screening for colorectal cancer lags far behind screening for breast and cervical cancers.

Separate charts display results for both commercial and Medicare members.




## NOTES

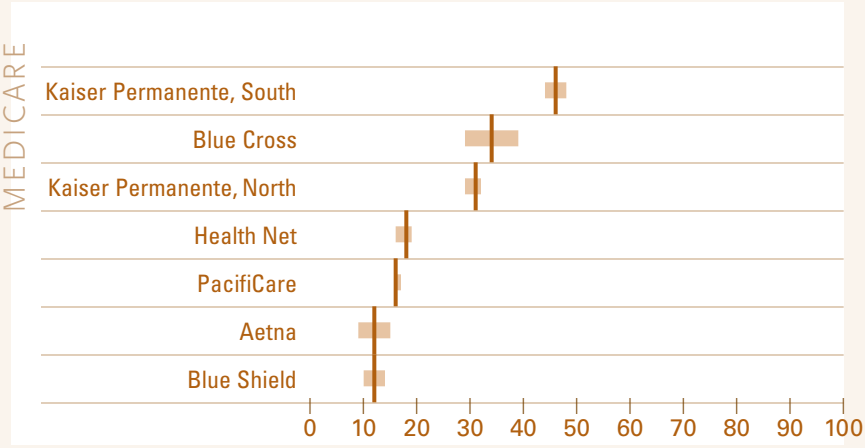
**National mean, percentiles, and health plan performance strata to be added when available.**

# OSTEOPOROSIS

## OSTEOPOROSIS MANAGEMENT IN WOMEN WHO HAD A FRACTURE

Osteoporosis is a disease characterized by low bone mass and structural deterioration of bone tissue, leading to bone fragility and an increased susceptibility to fractures, especially of the hip, spine, and wrist, although any bone can be affected. Osteoporosis is a major public health threat for an estimated 44 million Americans or 55 percent of the people 50 years of age or older. In the U.S. today, 10 million individuals are estimated to already have the disease and almost 34 million more are estimated to have low bone mass, placing them at risk for osteoporosis. Eighty percent of those affected by osteoporosis are women.

This HEDIS measures estimates the percentage of women 67 years of age and older who suffered a fracture, and who had either a bone mineral density test or prescription for a drug to treat or prevent osteoporosis in the six months after the date of fracture during the Intake Period. Osteoporosis is responsible for more than 1.5 million fractures annually. A balanced diet rich in calcium and vitamin D, weight-bearing exercise, a healthy lifestyle with no smoking or excessive alcohol intake, and bone density testing and medication (when appropriate) completed together can optimize bone health and help prevent osteoporosis.




## NOTES

**National mean, percentiles, and health plan performance strata to be added when available.**

# SMOKING CESSATION

## MEDICAL ASSISTANCE WITH SMOKING CESSATION

Cigarette smoking remains the leading preventable cause of death in the United States, accounting for approximately one out of every 5 deaths each year. An estimated, 22.5% of all adults smoke cigarettes in the U.S.

It has been shown that smoking has a detrimental effect on every organ in the body. Smoking is associated with lung cancer and cancer of the esophagus, larynx, kidney, pancreas and cervix. Smoking also increases the risk of other health problems, such as chronic lung disease and heart disease.

The health benefits of smoking cessation are immediate and substantial. Almost immediately, a person's circulation begins to improve and the level of carbon monoxide in the blood begins to decline. Within a few days of quitting, a person's sense of taste and smell return, and breathing becomes increasingly easier. Smokers quit more frequently when a physician provides advice and/or help.

This measure is collected using survey methodology and evaluates three components:

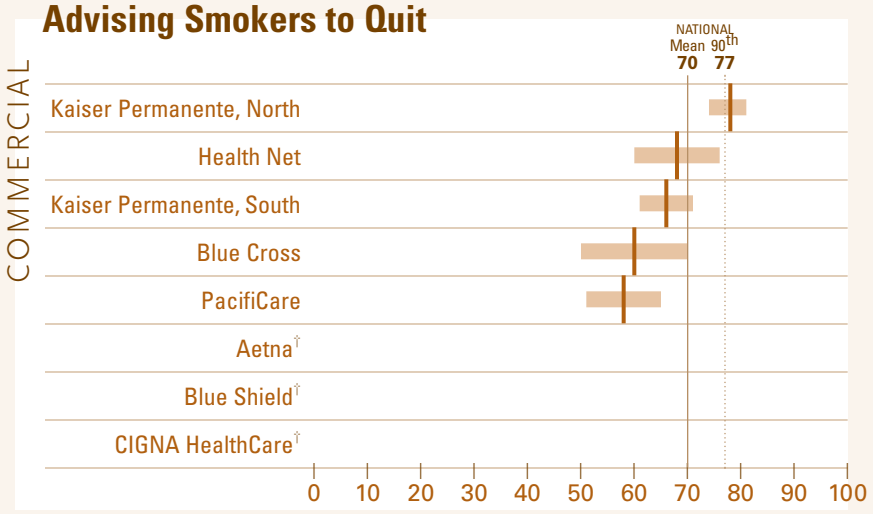
1. Advising Smokers to Quit: the percentage who received advice to quit smoking from their practitioner during 2004;
2. Discussing Smoking Cessation Medications: the percentage whose practitioner discussed smoking cessation medications during 2004;
3. Discussing Smoking Cessation Strategies: the percentage whose practitioner discussed smoking cessation methods or strategies during 2004.

People who quit smoking live longer than those who continue to smoke. After 10 to 15 years, a previous tobacco user's risk of premature death approaches that of a person who has never smoked. About 10 years after quitting, an ex-smoker's risk of dying from lung cancer is 30 percent to 50 percent less than the risk for those who continue to smoke.

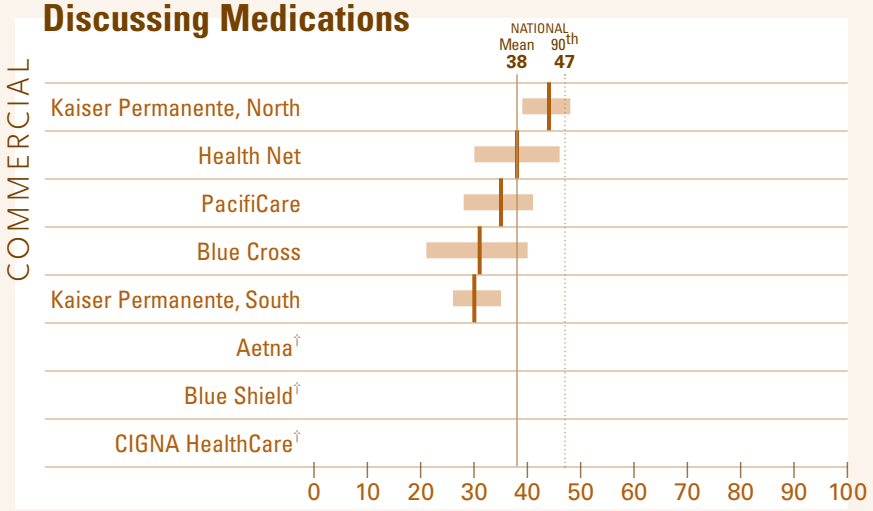
### NOTES

† - No rate reported due to denominator was less than 100.

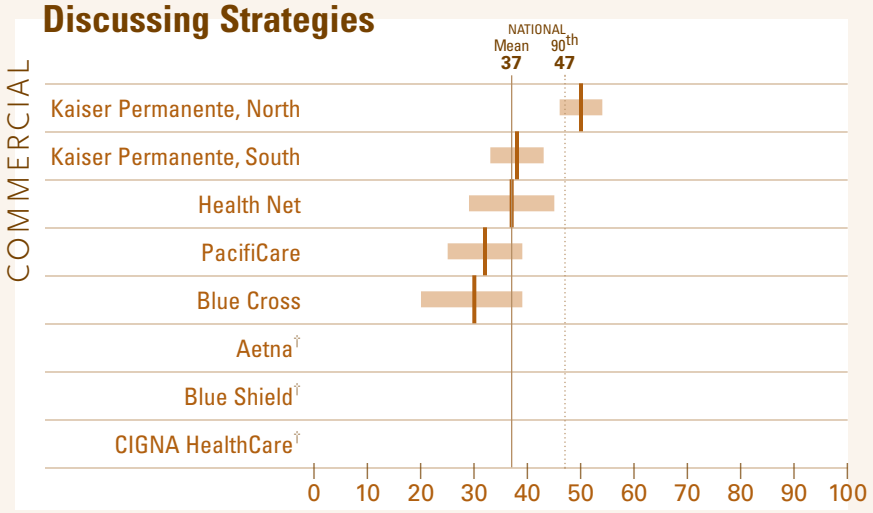
### Advising Smokers to Quit




### Discussing Medications




### Discussing Strategies



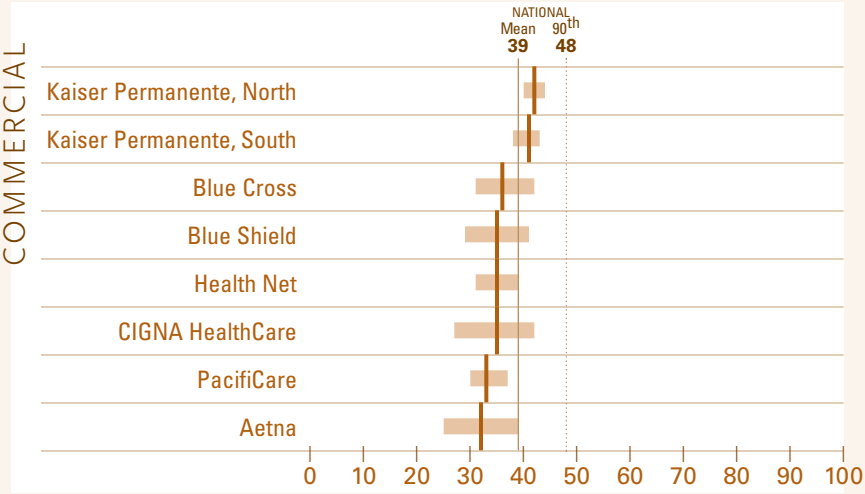
# FLU SHOT

## FLU SHOT FOR ADULTS

Influenza, also know as the flu, is a contagious disease that is caused by the influenza virus. Millions of people in the U.S. – about 5% to 20% of U.S. residents – will get influenza each year. Most people who get influenza will recover in one or two weeks, but some people will develop life-threatening complications as a result of the flu. An average of about 36,000 people each year in the U.S. dies from influenza, and more than 200,000 have to be admitted to the hospital as a result of influenza. Some people with certain health conditions are at high risk for serious flu complications such as bacterial pneumonia, dehydration and worsening of chronic medical conditions such as asthma or diabetes. Nearly one-third of people 50-64 years of age in the U.S. have one or more medical conditions that place them at increased risk for serious flu complications.

This HEDIS measure is collected using survey methodology and estimates the percentage of members 50-64 who received an influenza vaccination during 2004. The single best way to prevent the flu is to get a flu vaccination each fall. People who are at high risk of having serious flu complications or people who live with or care for those at high risk for serious complications should get vaccinated each year.

Caution is advised in interpreting these results due to the flu vaccine shortage in 2004.



# MEMBER SURVEY INTRODUCTION

## ABOUT THE MEMBER SURVEYS

Another important part of the HEDIS measurement set is a standardized member survey used by HMOs to evaluate patients' experience and satisfaction with their health plan. Information obtained from these surveys helps plans improve the quality of their services. Consumers use the comparative results to learn more about CCHRI health plans.

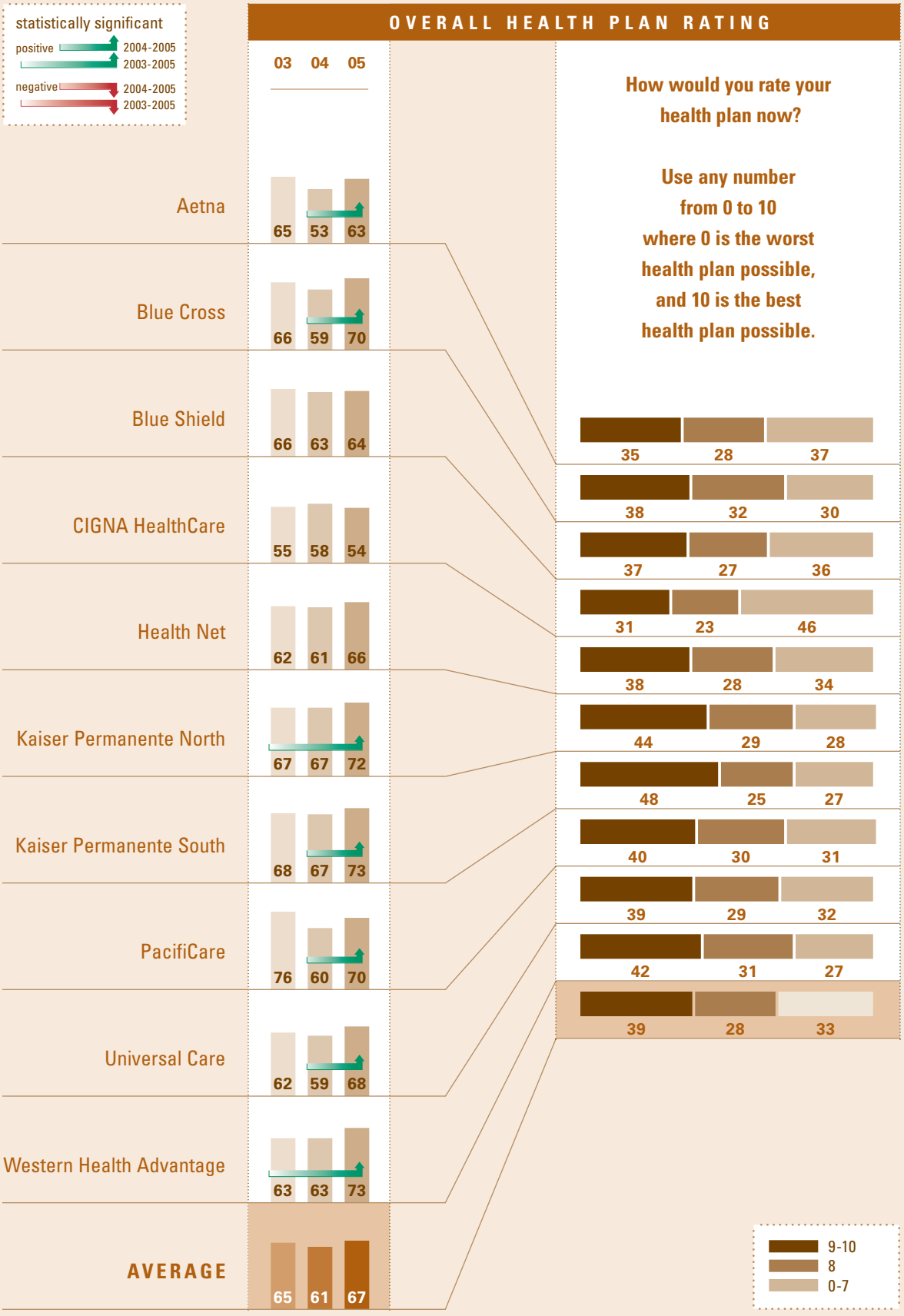
An independent research firm, using a uniform process that produces accurate and comparable results about specific plans, administered the NCQA-approved member survey for CCHRI. The survey was mailed to a randomly selected sub-set of members from each health plan and follow-up telephone calls were conducted for those members who didn't respond to the initial questionnaire.

In early 2005, approximately 27,000 members received questionnaires asking them to evaluate their experiences with their health plan during 2004. The research firm tabulated and reported the results based on answers from members who replied to the survey. Findings shown in this report include responses to individual questions as well as combined responses from several similar questions that are summarized into composite categories.

**It is possible that members who participated in this survey are more satisfied or less satisfied than members who did not receive questionnaires or participate in the survey.**

# HEALTH PLAN *1 of 2*

## MEMBER SURVEY

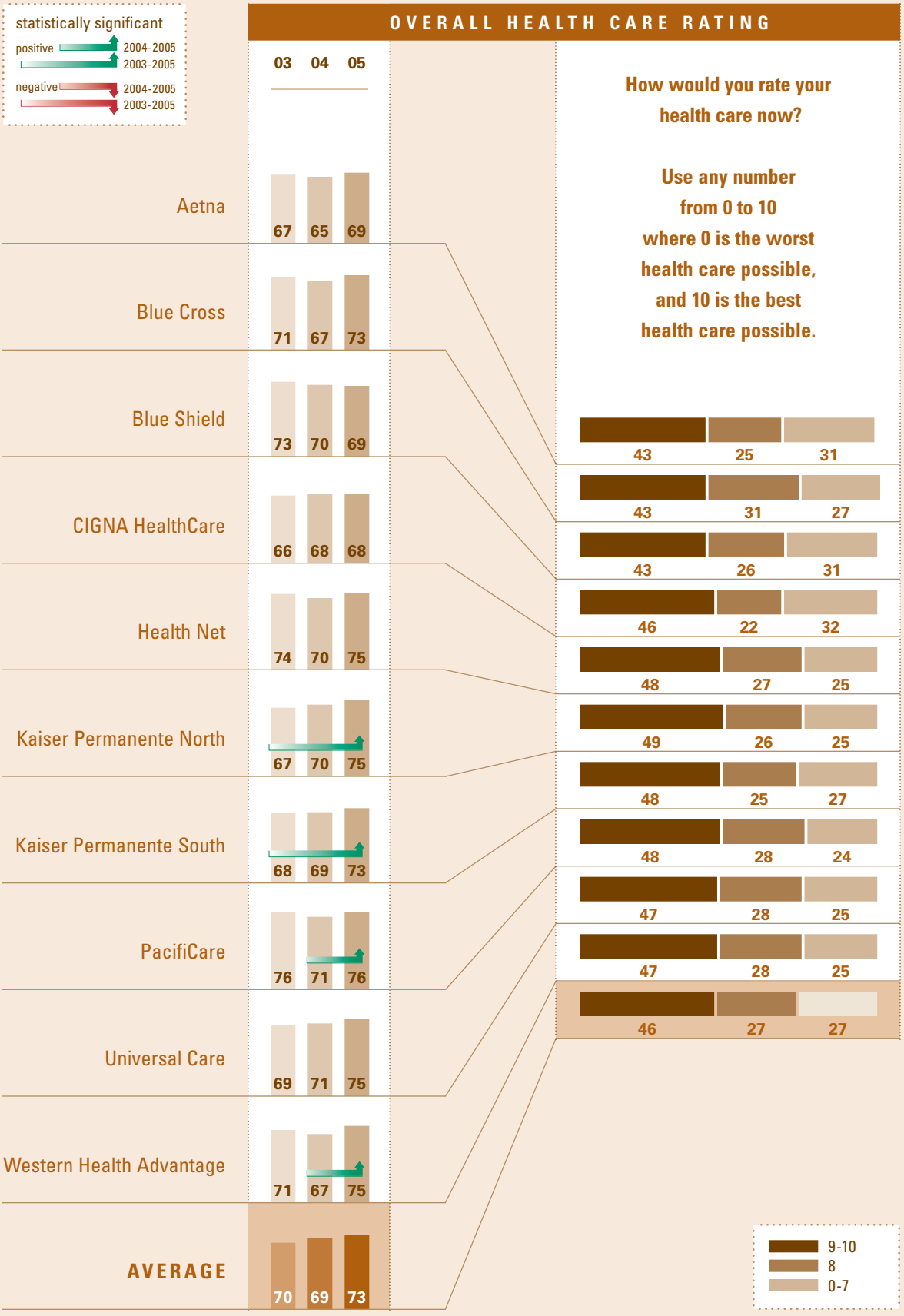


# MEMBER SURVEY



# HEALTH CARE *1 of 2*

## MEMBER SURVEY



# MEMBER SURVEY



# TREND DATA INTRODUCTION

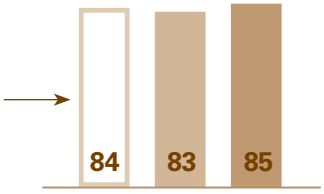
## MEASURES OF EFFECTIVENESS OF CARE

Looking at results obtained over a period of several years can help evaluate whether plans are improving the way they provide care in certain clinical areas.

This chart compares health plan performance for nineteen clinical measures in the commercial population. Several of the measures contain more than one rate. Depending on the availability of comparable data, results are trended over two or three years. NCQA continuously improves the way performance measures are collected, and occasionally adds new measures, making it difficult to compare ratings for more than three years for specific measures.

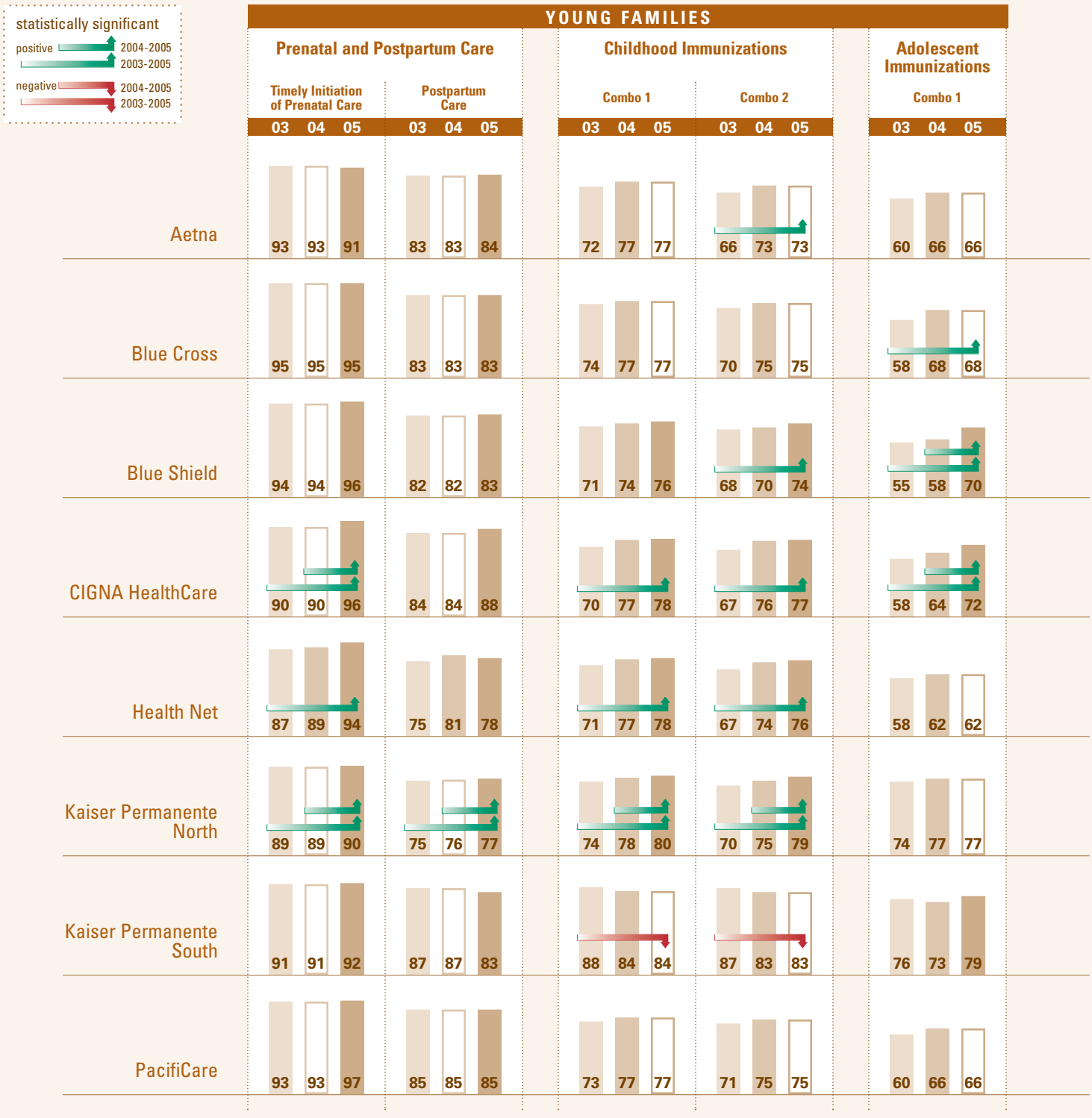
Many year-to-year changes are small and may not be meaningful. Changes that are statistically significant are noted with a red or green arrow crossing this year's and last year's rates. In addition, longer-term meaningful changes are noted where the arrow crosses all three years of trend data and compares this year's results to the 2003 results. Changes not noted with an arrow are not meaningful and may be due to random chance.

## HOW TO READ THESE GRAPHS

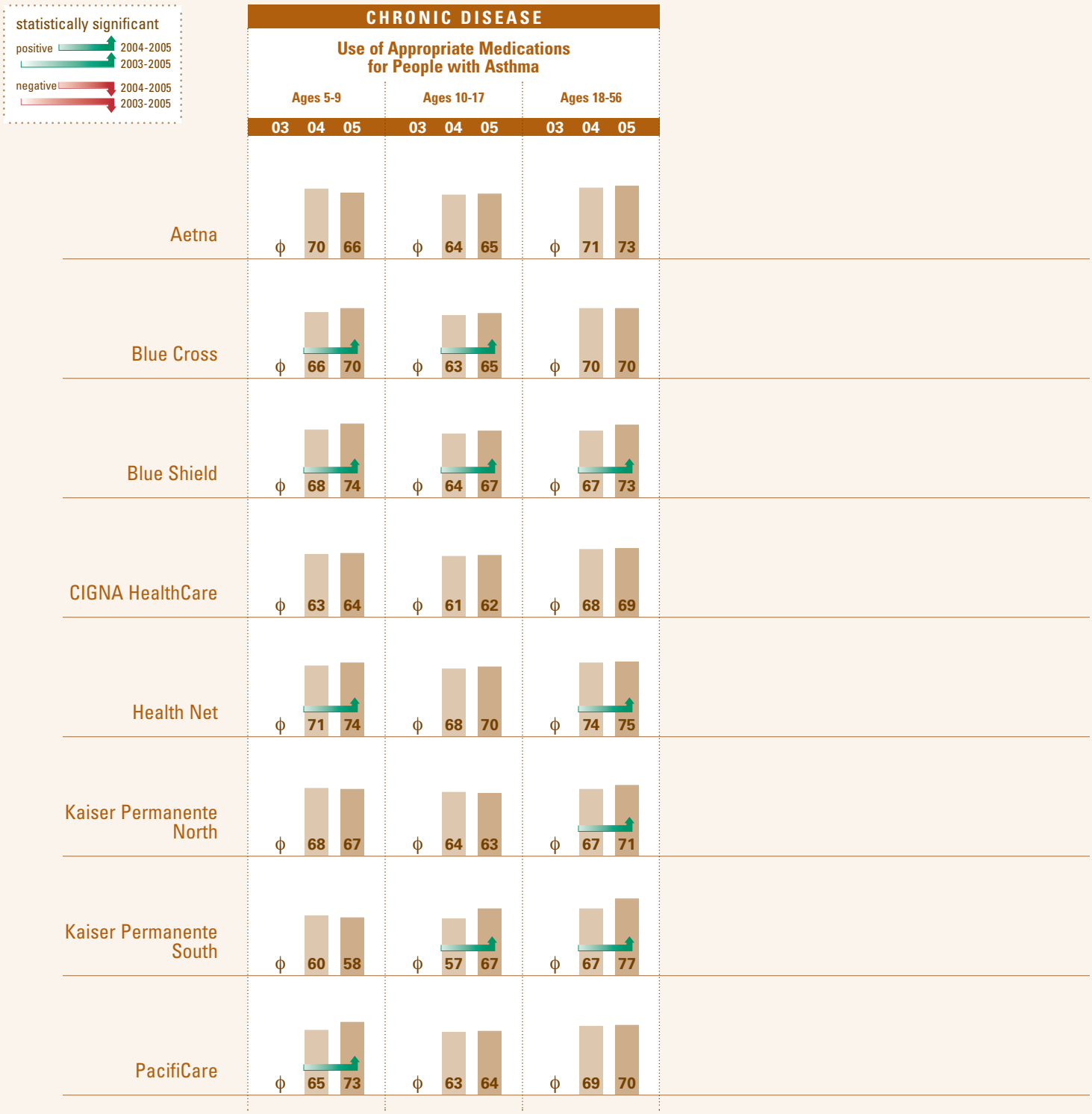



Not all data are required to be collected yearly. Therefore, the hollow bars in the graphs on the following pages indicate that the health plan elected to honor the NCQA rotation strategy for that measurement year and therefore the most recently available data reported by the health plan is from the prior measurement year.

# TREND DATA COMMERCIAL *1 of 6*



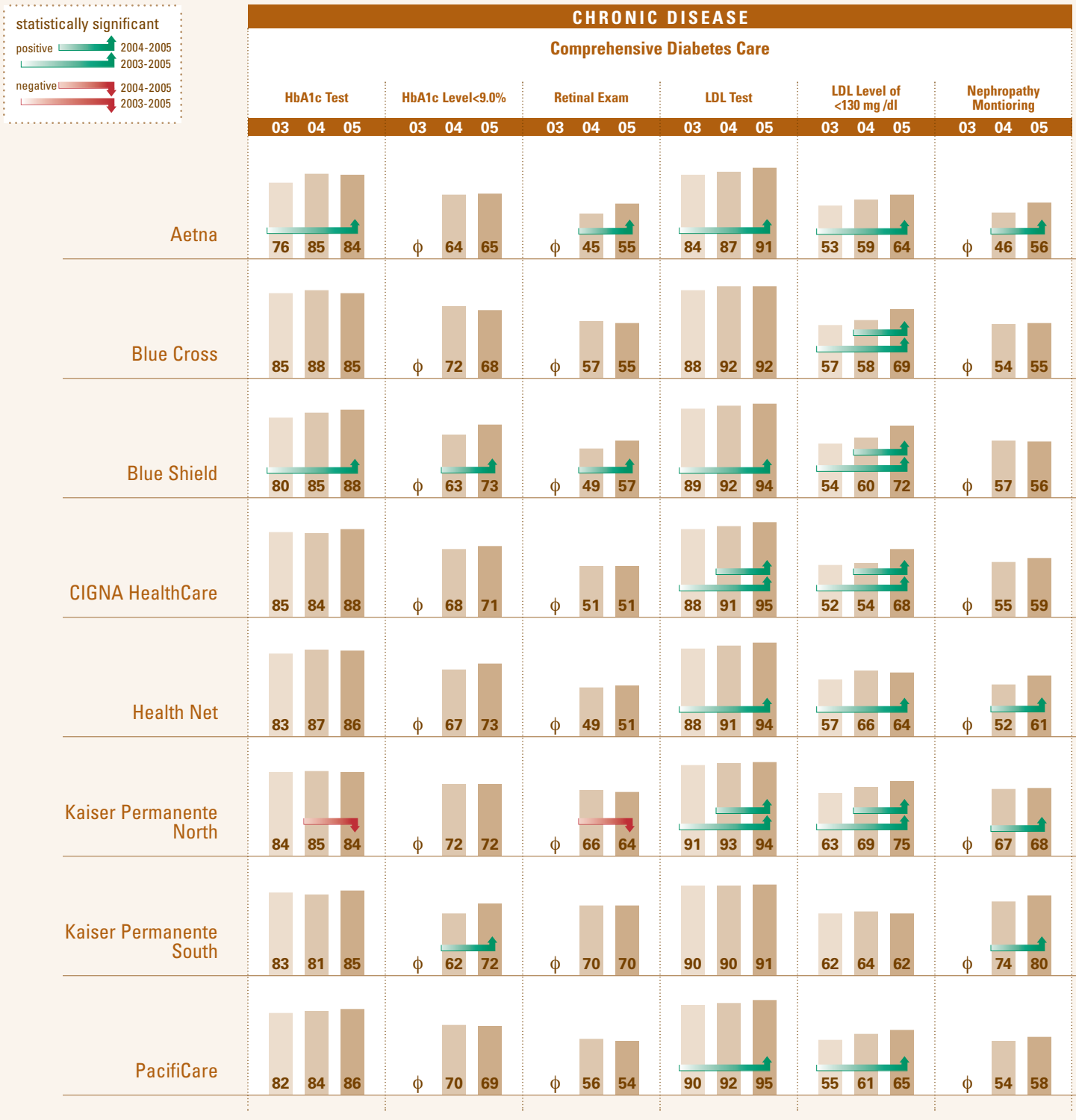
# TREND DATA COMMERCIAL *2 of 6*




## NOTES

ϕ – No rate reported due to specification changes.

# TREND DATA COMMERCIAL *3 of 6*




## NOTES

ϕ – No rate reported due to specification changes.

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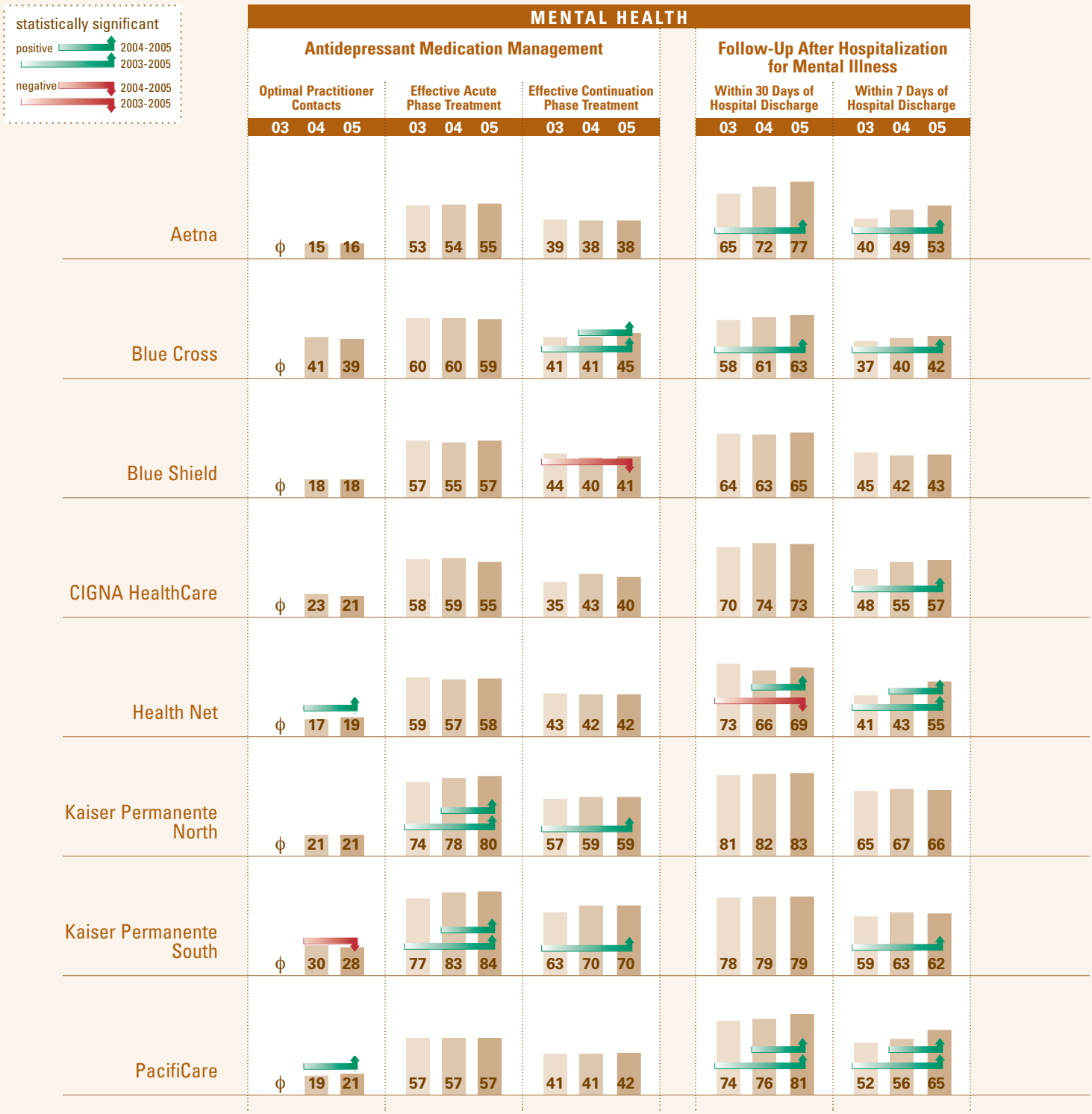
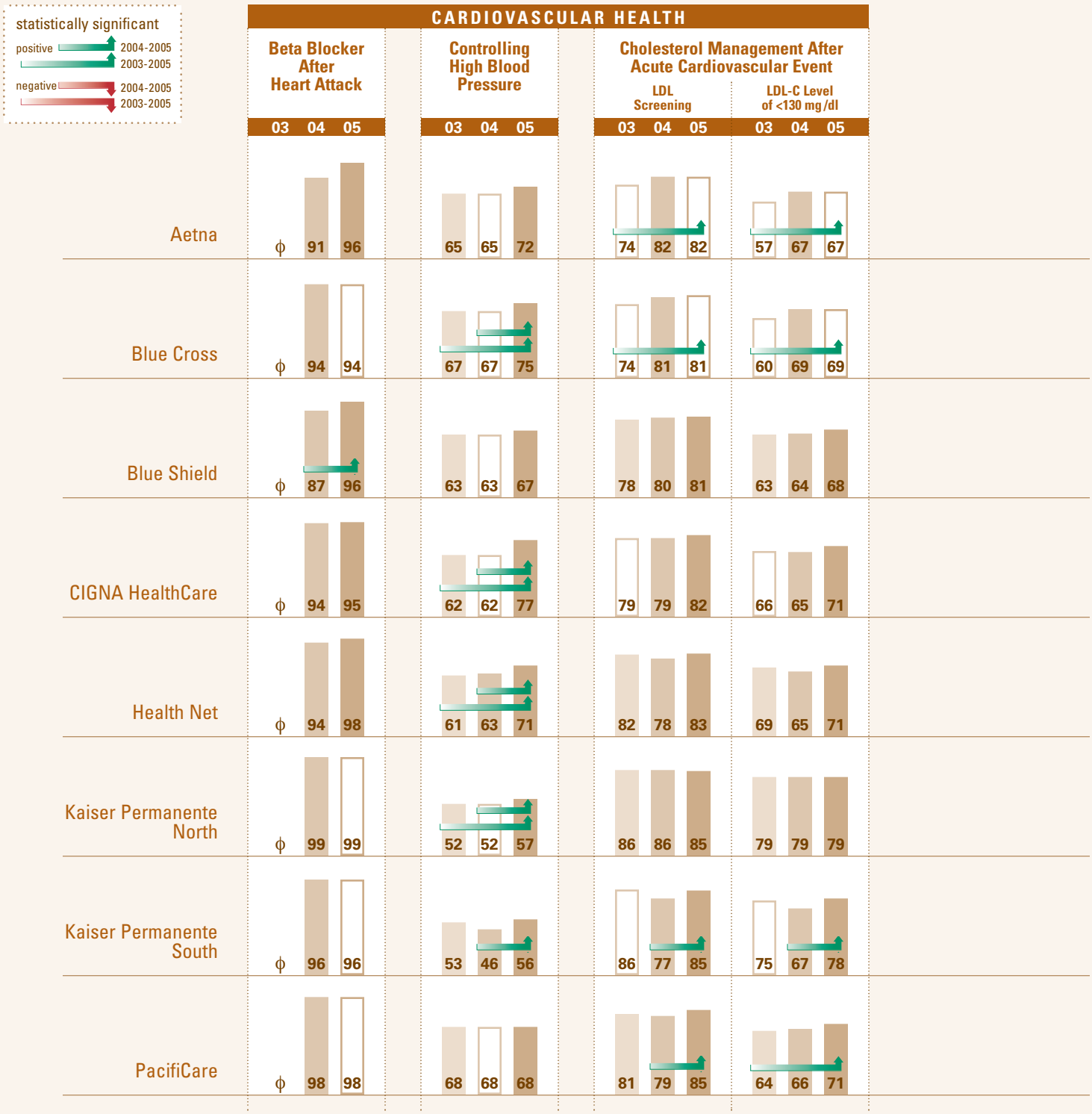



## NOTES

ϕ – No rate reported due to specification changes.

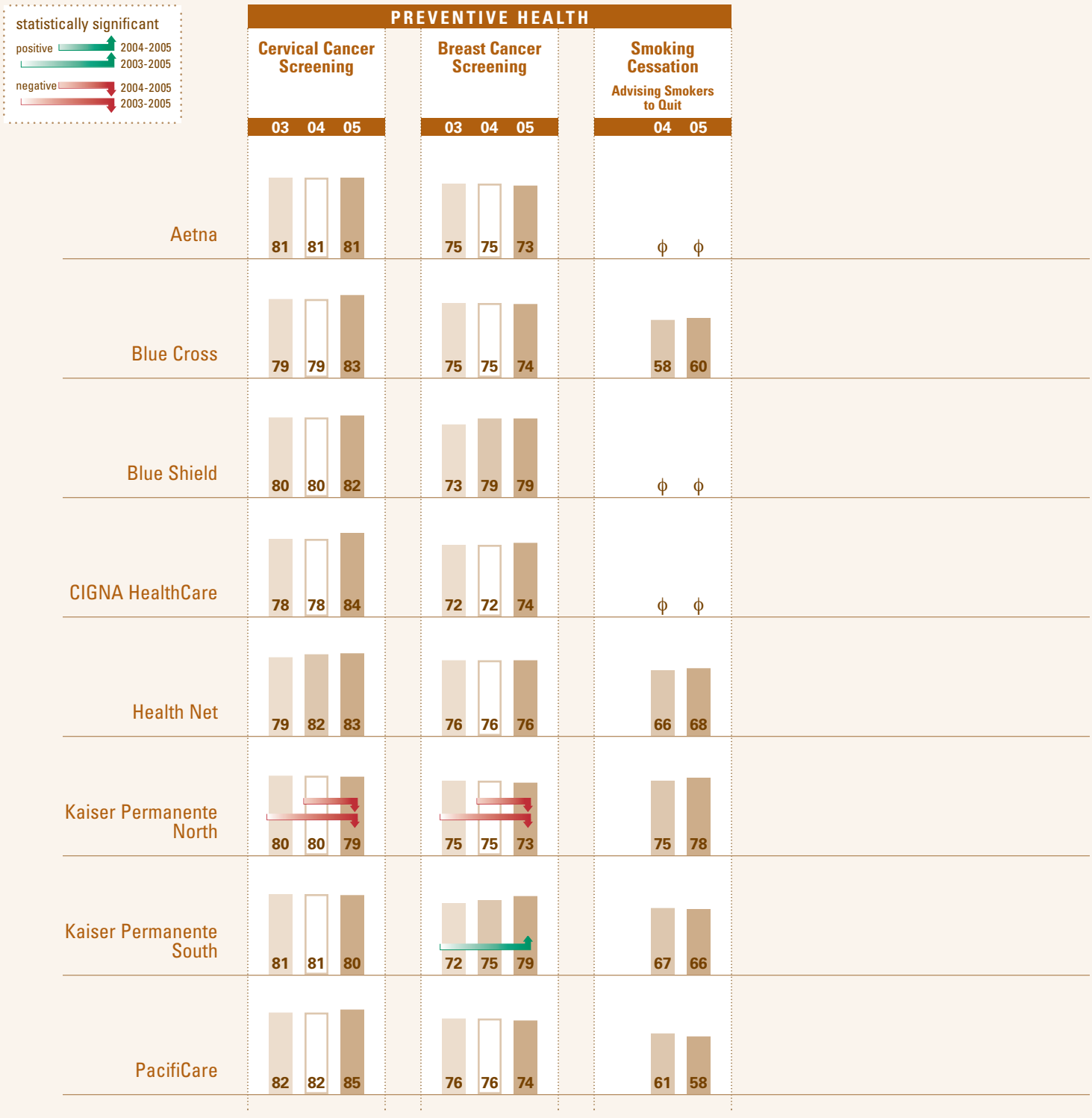
# TREND DATA COMMERCIAL *5 of 6*




## NOTES

ϕ – No rate reported due to specification changes.

# TREND DATA COMMERCIAL *6 of 6*




## NOTES

ϕ – No rate reported due to denominator was less than 100.

Smoking Cessation: too few plans had reportable data in 2003, therefore measure was not reported.

# TREND DATA MEDICARE *1 of 4*


Looking at performance results obtained over a period of several years can help evaluate whether plans are improving the way they provide care in certain clinical areas.

The trend charts on the next few pages compare health plan performance for nine clinical measures for the Medicare population.

Several of the measures contain more than one rate. Depending on the availability of comparable data, results are trended over two or three years. NCQA continuously improves the way performance measures are collected, and occasionally adds new measures, making it difficult to compare ratings for more than three years for specific measures.

Many year-to-year changes are small and may not be meaningful. Changes that are statistically significant are noted with a red or green arrow crossing this year's and last year's rates. In addition, longer-term meaningful changes are noted where the arrow crosses all three years of trend data and compares this year's results to the 2003 results. Changes not noted with an arrow are not meaningful and may be due to random chance.

## NOTES

ϕ – No rate reported due to specification changes.

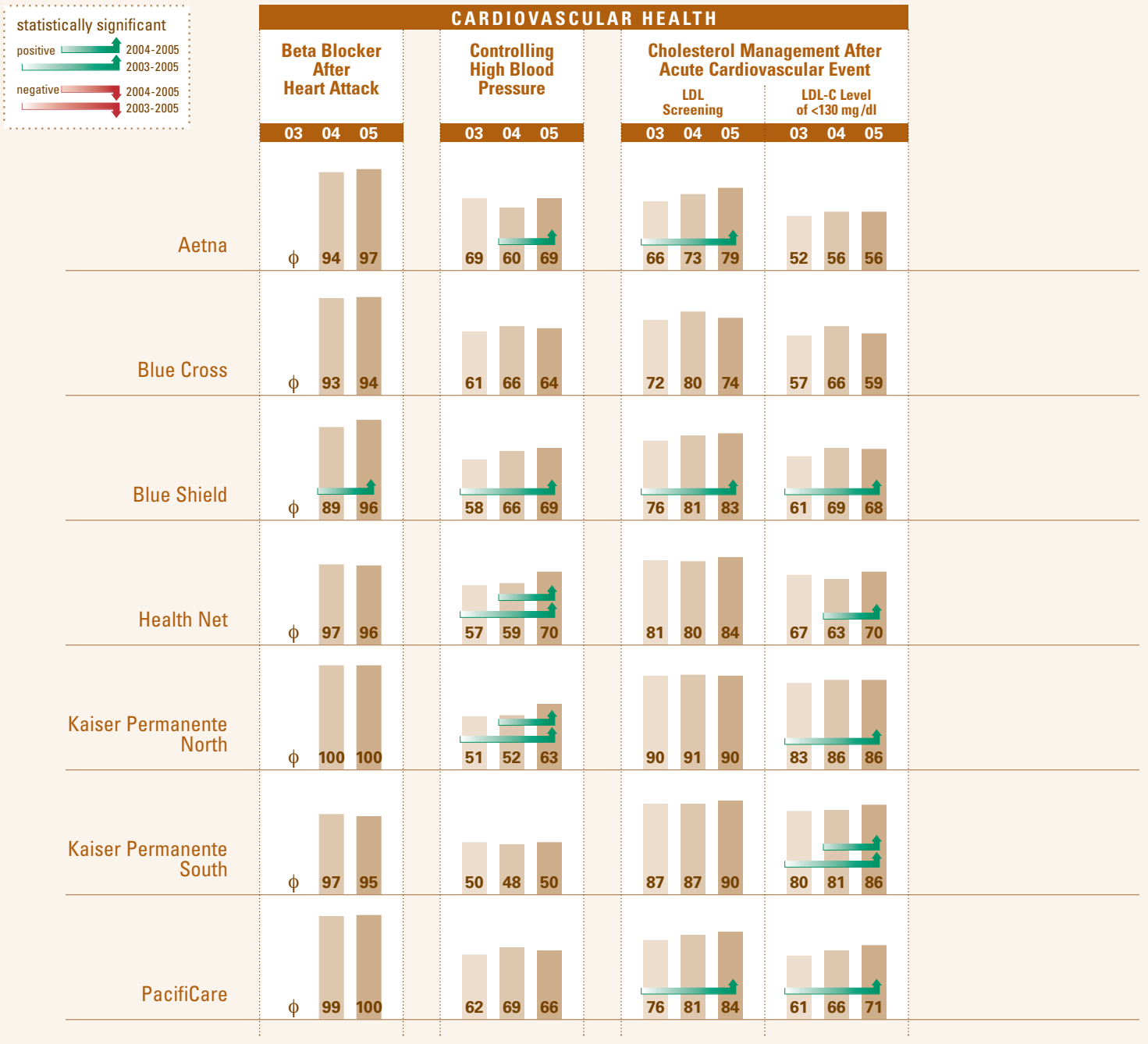
# TREND DATA MEDICARE *2 of 4*


## NOTES

ϕ – No rate reported due to specification changes

◊ – Denominator was less than 30.

# TREND DATA MEDICARE *3 of 4*




## NOTES

ϕ – No rate reported due to specification changes.

# TREND DATA MEDICARE *4 of 4*

## ABOUT THE SURVEYS

Other sections of this Report help consumers understand the role of health plans in assuring that patients receive good medical care. However, it is also important for consumers to know whether their local medical groups and IPAs provide readily accessible medical treatment and other important health care services for their patients.

For the fifth year in a row, CCHRI administered the Consumer Assessment Survey (CAS), a nationally recognized and standardized questionnaire used to evaluate and publicly report patient experience with their physician group. This survey is different from the member survey used by health plans because it provides an assessment of care delivered by medical groups and IPAs in California.

This Report summarizes the findings of the 2005 Consumer Assessment Survey. Most of the questions from the CAS are grouped with related questions and are reported as composite scores. For example, the "Timely Care and Service" composite measure includes questions about getting an appointment, getting help or advice during regular office hours, after hours care, and timeliness of care. For more information about particular questions included in each CAS composite category, and for results to specific questions, please go to www.cchri.org where a full report is available.

CCHRI was able to implement the 2005 Consumer Assessment Survey because of the financial support and assistance from participating medical groups and IPAs and the following health plans:

- Aetna Health of California, Inc.
- Blue Cross of California - HMO
- Blue Shield of California
- CIGNA HealthCare of California
- Health Net of California
- Kaiser Foundation Health Plan
- PacifiCare of California
- Universal Care
- Western Health Advantage

## CONSUMER ASSESSMENT SURVEY

The 2005 Consumer Assessment Survey evaluated patients' experience with the care they received from 159 medical groups and IPAs in northern and southern California (this represents 174 reporting units). These provider groups ranged in size from 2,500 to 2.8 million members. The results were calculated from 51,407 individual patients who responded to the survey. Participating medical groups and IPAs agree to publicly report the results from the survey.

Because the California health care delivery system covers such a large geographic area and is so diverse, CCHRI tried to obtain specific information from the Consumer Assessment Survey that is helpful to members in making important health care decisions. Consumers frequently ask the following kinds of questions when weighing decisions about where to receive their health care: "Is my primary care physician available after-hours? Can I get an appointment with my doctor when I need one? Will I receive the important preventive health care services that are recommended for me?" The Consumer Assessment Survey attempts to help answer these questions.

HMO patients enrolled in the 159 medical groups and IPAs participating in the survey were asked to evaluate the following features of the medical care they receive:

- Overall ratings of their care;
- Communication between doctor and patient;
- Counseling on preventive care topics such as diet, nutrition and exercise;
- Access to primary and specialist care for urgent and non-urgent situations.

Nine hundred adults (ages 18-64) were randomly selected from each medical group or IPA to participate in the survey. The CAS questionnaire was mailed directly to them from an independent research organization and all responses were confidential. The results shown on the following pages were tabulated from the mailed survey responses and from follow-up telephone calls to those patients who did not return the mailed questionnaire.

### NOTES

∉ – Responses were fewer than 100.

✻ – Overall repsonse rate <25%

## HOW TO READ THESE GRAPHS

Responses included in a composite category are combined to obtain a single score and items are weighted equally.

In addition, the Consumer Assessment Survey used a 0-10 rating for measuring overall experience with care from a doctor's office or clinic, care from a personal doctor or nurse, and care from specialists. The scores reported here show the percentage of patients responding to the survey who gave the most favorable ratings—8, 9, or 10 on a 10-point scale.

Each group's score is compared to the overall statewide average score and statistically significant results above or below the statewide average are displayed by arrows. ▲ ▼

When reviewing the results, please compare each group to the statewide average and not to the other groups.

## AFTER HOURS ACCESS SURVEY

In order to supplement important access information obtained from the Consumer Assessment Survey, such as appointment availability and access to care information, CCHRI also conducted an after-hours telephone survey of physicians' offices. This Provider Telephone Access Survey focused on the same primary care physicians associated with the 143 medical groups and IPAs participating in the CAS. An impartial research firm used a CCHRI-developed telephone interview survey to assess whether PCPs are available after-hours to speak with their patients. They also evaluated whether office recordings and answering services offer appropriate information to after-hours callers experiencing a medical emergency.

CCHRI asked participating medical groups and IPAs to assist with the provider survey by supplying contact information and telephone numbers for their primary care physicians. Fifty PCP offices were randomly selected from each provider organization. Results obtained from these phone calls are included, side-by-side, in the same tables that contain results for the access to care and appointment availability questions from the Consumer Assessment Survey.

Results for the 2005 After Hours Access Survey will be added to this report when they become available.

# NORTHERN CALIFORNIA *1 of 2*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

| | CONSUMER ASSESSMENT SURVEY | | | | | |
|---|---|---|---|---|---|---|
| | Rating Overall Health Care | Rating of Personal Doctor or Nurse | Rating of Specialist Most Often Seen | Timely Care & Service | Getting Treatment & Specialty Care | Communicating with Patients |
| Affinity Medical Group | 73 | 84 | 76 | 79 ▲ | 81 ▲ | 88 |
| AllCare | 72 | 79 | 74 | 78 ▲ | 70 | 86 |
| Alta Bates Medical Group | 70 | 80 | 72 | 76 | 65 | 88 |
| Bakersfield Family Medical Center / Heritage Physicians Network | 71 | 84 | 70 | 74 | 68 | 88 |
| Bay Valley Medical Group | 75 | 81 | 65 | 83 ▲ | 73 | 88 |
| Brown & Toland Medical Group | 75 | 80 | 77 | 74 | 75 ▲ | 88 |
| Camino Medical Group | 80 ▲ | 83 | 78 | 82 ▲ | 79 ▲ | 91 ▲ |
| Central Valley Medical Group | 76 | 84 | 76 | 78 ▲ | 71 | 89 |
| Chinese Community Health Care Association | 74 | 79 | 75 | 67 ▼ | 69 | 87 |
| GEMCare | 75 | 86 | 72 | 77 | 71 | 90 |
| Golden State Medical Group | 74 | 83 | 65 | 78 | 71 | 89 |
| Hill Physicians Medical Group - East Bay | 78 ▲ | 84 | 73 | 81 ▲ | 73 | 91 ▲ |
| Hill Physicians Medical Group - Sacramento | 73 | 79 | 75 | 79 ▲ | 72 | 90 |
| Hill Physicians Medical Group - San Francisco | 81 ▲ | 85 | 72 | 83 ▲ | 78 ▲ | 92 ▲ |
| Hill Physicians Medical Group - San Joaquin | 71 | 81 | 75 | 80 ▲ | 71 | 87 |
| Hill Physicians Medical Group - Solano | 77 ▲ | 84 | 72 | 81 ▲ | 79 ▲ | 93 ▲ |
| Humboldt-Del Norte IPA | 78 ▲ | 84 | 76 | 85 ▲ | 76 ▲ | 91 ▲ |
| Integrated Medical Group | 73 | 83 | 69 | 76 | 75 | 91 ▲ |
| John Muir/Mt. Diablo Health Network | 79 ▲ | 83 | 77 | 80 ▲ | 72 | 90 ▲ |
| Key Medical Group, Inc. | 68 | 75 ▼ | 74 | 74 | 72 | 87 |
| Marin IPA | 79 ▲ | 81 | 78 ▲ | 80 ▲ | 76 ▲ | 90 ▲ |
| MedClinic Medical Group | 69 | 78 | 72 | 76 | 72 | 86 |
| Mills Peninsula Medical Group | 74 | 83 | 80 ▲ | 81 ▲ | 78 ▲ | 90 ▲ |
| Omni IPA / Medcore Medical Group | 65 ▼ | 75 ▼ | 67 | 76 | 65 | 83 ▼ |
| Palo Alto Medical Foundation | 88 ▲ | 88 ▲ | 81 ▲ | 86 ▲ | 84 ▲ | 92 ▲ |
| Physicians Medical Group of San Jose | 85 ▲ | 88 ▲ | ∉ | 78 | 76 | 91 ▲ |
| Physicians Medical Group of Santa Cruz County | 77 ▲ | 84 | 86 ▲ | 78 ▲ | 76 ▲ | 89 |
| San Jose Medical Group | 68 | 77 | 77 | 77 | 72 | 88 |
| Santé Community Physicians | 71 | 83 | 69 | 78 | 76 ▲ | 88 |
| Santa Clara County IPA | 70 | 82 | 77 | 78 ▲ | 75 ▲ | 85 |
| Santa Cruz Medical Foundation | 70 | 81 | 73 | 72 | 71 | 90 ▲ |
| Sierra Nevada Medical Associates, Inc. | 80 ▲ | 85 ▲ | 82 ▲ | 83 ▲ | 79 ▲ | 91 ▲ |
| Solano Regional Medical Group | 69 | 77 | 72 | 72 | 65 | 85 |
| Sonoma County Primary Care IPA | 82 ▲ | 89 ▲ | 69 | 87 ▲ | 73 | 92 ▲ |
| Sutter Gould Medical Foundation | 74 | 83 | 75 | 76 | 72 | 89 |
| Sutter Independent Physicians | 79 ▲ | 80 | 86 ▲ | 79 ▲ | 76 ▲ | 88 |
| Sutter Medical Group | 81 ▲ | 84 | 81 ▲ | 82 ▲ | 77 ▲ | 89 |
| Sutter Medical Group of the Redwoods | 80 ▲ | 88 ▲ | 76 | 85 ▲ | 77 ▲ | 92 ▲ |
| Sutter West Medical Group | 81 ▲ | 88 ▲ | 76 | 81 ▲ | 72 | 93 ▲ |
| The Permanente Medical Group (Sacramento area) | 75 | 81 | 75 | 79 ▲ | 72 | 87 |
| The Permanente Medical Group (San Francisco Bay area) | 68 | 80 | 75 | 79 ▲ | 73 | 88 |
| University of California Davis Medical Group | 83 ▲ | 87 ▲ | 76 | 80 ▲ | 69 | 91 ▲ |
| Valley of the Moon Medical Group | 75 | 79 | 78 | 82 ▲ | 76 ▲ | 90 ▲ |
| Woodland Clinic Medical Group | 75 | 85 | 74 | 75 | 73 | 90 |
| **CALIFORNIA STATEWIDE AVERAGE** | **72** | **81** | **72** | **75** | **70** | **87** |

# NORTHERN CALIFORNIA *2 of 2*

## PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

| | CONSUMER ASSESSMENT SURVEY | | | | |
|---|---|---|---|---|---|
| | ACCESS TO YOUR PCP | | | ACCESS TO SPECIALISTS | |
| | Routine Care | Urgent Care | Preventive Care | Routine Care | Urgent Care |
| Affinity Medical Group | 87 | 84 | 86 | 89 ▲ | ∉ |
| AllCare | 91 ▲ | 84 | 91 ▲ | 79 | ∉ |
| Alta Bates Medical Group | 83 | 82 | 86 | 75 | ∉ |
| Bakersfield Family Medical Center / Heritage Physicians Network | 82 | 77 | 86 | 78 | ∉ |
| Bay Valley Medical Group | 92 ▲ | 89 ▲ | 89 | 80 | ∉ |
| Brown & Toland Medical Group | 81 | 81 | 86 | 84 | ∉ |
| Camino Medical Group | 90 ▲ | 84 | 87 | 88 ▲ | ∉ |
| Central Valley Medical Group | 89 ▲ | 80 | 85 | 80 | ∉ |
| Chinese Community Health Care Association | 81 | 56 ▼ | 75 ▼ | 78 | ∉ |
| GEMCare | 89 ▲ | 84 | 87 | 85 | ∉ |
| Golden State Medical Group | 89 ▲ | 87 ▲ | 90 ▲ | 84 | ∉ |
| Hill Physicians Medical Group - East Bay | 91 ▲ | 88 ▲ | 89 ▲ | 85 | ∉ |
| Hill Physicians Medical Group - Sacramento | 91 ▲ | 88 ▲ | 88 | 83 | ∉ |
| Hill Physicians Medical Group - San Francisco | 92 ▲ | 89 ▲ | 89 | 88 ▲ | ∉ |
| Hill Physicians Medical Group - San Joaquin | 90 ▲ | 83 | 89 | 80 | ∉ |
| Hill Physicians Medical Group - Solano | 93 ▲ | 87 ▲ | 96 ▲ | 88 ▲ | ∉ |
| Humboldt-Del Norte IPA | 93 ▲ | 89 ▲ | 92 ▲ | 87 ▲ | ∉ |
| Integrated Medical Group | 85 | 84 | 85 | 85 | ∉ |
| John Muir/Mt. Diablo Health Network | 89 ▲ | 83 | 85 | 84 | ∉ |
| Key Medical Group, Inc. | 86 | 83 | 86 | 82 | 75 |
| Marin IPA | 85 | 87 ▲ | 88 | 86 ▲ | ∉ |
| MedClinic Medical Group | 83 | 79 | 84 | 82 | 79 |
| Mills Peninsula Medical Group | 88 | 89 ▲ | 92 ▲ | 88 ▲ | ∉ |
| Omni IPA / Medcore Medical Group | 90 ▲ | 88 ▲ | 87 | 79 | ∉ |
| Palo Alto Medical Foundation | 94 ▲ | 90 ▲ | 95 ▲ | 88 ▲ | 90 ▲ |
| Physicians Medical Group of San Jose | 84 | 81 | 86 | ∉ | ∉ |
| Physicians Medical Group of Santa Cruz County | 87 | 83 | 88 | 84 | 77 |
| San Jose Medical Group | 86 | 81 | 88 | 83 | 76 |
| Santé Community Physicians | 89 | 84 | 92 ▲ | 90 ▲ | ∉ |
| Santa Clara County IPA | 88 | 89 ▲ | 86 | 89 ▲ | ∉ |
| Santa Cruz Medical Foundation | 78 ▼ | 76 | 82 | 82 | 78 |
| Sierra Nevada Medical Associates, Inc. | 92 ▲ | 88 ▲ | 89 ▲ | 86 ▲ | 81 |
| Solano Regional Medical Group | 81 | 74 | 81 | 74 | 64 ▼ |
| Sonoma County Primary Care IPA | 93 ▲ | 91 ▲ | 93 ▲ | 81 | ∉ |
| Sutter Gould Medical Foundation | 86 | 78 | 85 | 79 | 75 |
| Sutter Independent Physicians | 87 | 87 ▲ | 87 | 84 | 87 ▲ |
| Sutter Medical Group | 91 ▲ | 88 ▲ | 91 ▲ | 85 | ∉ |
| Sutter Medical Group of the Redwoods | 93 ▲ | 91 ▲ | 92 ▲ | 86 ▲ | ∉ |
| Sutter West Medical Group | 87 | 84 | 88 | 76 | ∉ |
| The Permanente Medical Group (Sacramento area) | 88 ▲ | 85 ▲ | 86 | 80 | 76 |
| The Permanente Medical Group (San Francisco Bay area) | 88 | 81 | 87 | 78 | 81 |
| University of California Davis Medical Group | 89 ▲ | 86 ▲ | 90 ▲ | 75 | 70 |
| Valley of the Moon Medical Group | 89 ▲ | 90 ▲ | 94 ▲ | 83 | ∉ |
| Woodland Clinic Medical Group | 84 | 73 ▼ | 81 | 78 | ∉ |
| **CALIFORNIA STATEWIDE AVERAGE** | **84** | **80** | **85** | **80** | **75** |

# SOUTHERN CALIFORNIA *1 of 6*

## PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

| | CONSUMER ASSESSMENT SURVEY | | | | | |
|---|---|---|---|---|---|---|
| | Rating Overall Health Care | Rating of Personal Doctor or Nurse | Rating of Specialist Most Often Seen | Timely Care & Service | Getting Treatment & Specialty Care | Communicating with Patients |
| Accountable Health Care IPA | * | * ∉ | * ∉ | * | * ∉ | * |
| AKM Medical Group | ∉ | ∉ | ∉ | ∉ | ∉ | ∉ |
| Alamitos IPA | 68 | 83 | 70 | 74 | 72 | 85 |
| All Care Medical Group, Inc. | 75 | 84 | ∉ | 66 ▼ | ∉ | 87 |
| AMVI Medical Group | 68 | 77 | ∉ | 76 | ∉ | 81 ▼ |
| Anaheim Memorial IPA | 72 | 84 | 68 | 79 ▲ | 63 | 82 ▼ |
| Antelope Valley Medical Associates | 61 ▼ | 72 ▼ | 77 | 79 ▲ | 70 | 77 ▼ |
| Antelope Valley/Pegasus Medical Group | 60 ▼ | 71 ▼ | 75 | 75 | 69 | 78 ▼ |
| Arta Health Network | * | * | * ∉ | * | * ∉ | * |
| Axminster Medical Group, Inc. | 71 | 82 | 78 | 72 | 74 | 85 |
| Bay Area Community Medical Group, Inc. (IPA) | 71 | 83 | 63 ▼ | 76 | 70 | 88 |
| Beaver Medical Group | 71 | 77 | 72 | 68 ▼ | 64 ▼ | 85 |
| Bright Medical Associates | 73 | 80 | 75 | 75 | 71 | 87 |
| Bristol Park Medical Group | 72 | 82 | 75 | 79 ▲ | 69 | 88 |
| Buenaventura Medical Group, Inc. | 71 | 83 | 76 | 71 ▼ | 68 | 85 |
| California Desert IPA | 60 ▼ | 73 ▼ | 59 ▼ | 61 ▼ | 54 ▼ | 78 ▼ |
| Cedars-Sinai Health Associates | 70 | 78 | 74 | 75 | 74 | 85 |
| Cedars-Sinai Medical Group | 72 | 81 | 70 | 72 | 71 | 86 |
| Centinela IPA | 63 ▼ | 73 ▼ | 67 | 66 ▼ | 63 | 81 ▼ |
| Centre for Health Care | 71 | 83 | 72 | 73 | 71 | 88 |
| Community Medical Group | 67 | 82 | 62 ▼ | 70 ▼ | 66 | 87 |
| Desert Medical Group | 68 | 78 | 69 | 69 ▼ | 64 | 83 |
| Downey Select IPA Medical Group | 72 | 81 | 73 | 75 | 77 ▲ | 90 |
| Eastland Medical Group | 72 | 83 | 68 | 75 | 65 | 88 |
| Edinger Medical Group | 77 ▲ | 86 ▲ | 80 ▲ | 75 | 79 ▲ | 87 |
| Exceptional Care Medical Group (ECMG) | * ∉ | * ∉ | * ∉ | * ∉ | * ∉ | * ∉ |
| Facey Medical Group Foundation | 74 | 87 ▲ | 62 ▼ | 75 | 71 | 89 |
| Family Care Specialists Medical Group, Inc. | 76 | 93 ▲ | ∉ | 70 | ∉ | 86 |
| Family/Seniors Medical Group | 71 | 78 | ∉ | 76 | ∉ | 88 |
| Freeman Medical Group IPA, Inc. | 64 ▼ | 77 | 68 | 72 | 65 | 87 |
| Genesis Healthcare | 63 ▼ | 73 ▼ | 71 | 74 | 61 ▼ | 81 ▼ |
| Glendale Physicians Alliance | 62 ▼ | 74 ▼ | 51 ▼ | 69 ▼ | 51 ▼ | 81 ▼ |
| Global Care Medical Group IPA | 64 ▼ | 73 ▼ | ∉ | 69 ▼ | 63 | 82 ▼ |
| Good Samaritan Medical Practice Association | 76 | 80 | 75 | 79 ▲ | 68 | 87 |
| Greater Newport Physicians | 75 | 84 | 76 | 75 | 76 ▲ | 89 |
| Greater Tri-Cities IPA | 70 | 80 | 71 | 75 | 63 | 87 |
| Harriman Jones Medical Group | 68 | 78 | 72 | 74 | 66 | 84 |
| HealthCare Partners IPA | 73 | 79 | 70 | 77 | 68 | 88 |
| HealthCare Partners Medical Group | 83 ▲ | 91 ▲ | 76 | 83 ▲ | 76 ▲ | 91 ▲ |
| Heritage Victor Valley | 57 ▼ | 75 ▼ | 60 ▼ | 71 ▼ | 51 ▼ | 83 ▼ |
| High Desert Medical Group | 60 ▼ | 74 ▼ | 61 ▼ | 59 ▼ | 58 ▼ | 78 ▼ |
| High Desert Medical Groups | 60 ▼ | 74 ▼ | 60 ▼ | 61 ▼ | 56 ▼ | 79 ▼ |
| High Desert Primary Care Medical Group | 60 ▼ | 79 | 72 | 66 ▼ | 63 ▼ | 86 |
| Hollywood Presbyterian Medical Group | * | * | * ∉ | * | * ∉ | * |
| Imperial County Physicians Medical Group | 65 ▼ | 73 ▼ | 69 | 72 | 65 | 83 |
| **CALIFORNIA STATEWIDE AVERAGE** | **72** | **81** | **72** | **75** | **70** | **87** |

# SOUTHERN CALIFORNIA *2 of 6*

## PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

| | CONSUMER ASSESSMENT SURVEY | | | | | |
|---|---|---|---|---|---|---|
| | Rating Overall Health Care | Rating of Personal Doctor or Nurse | Rating of Specialist Most Often Seen | Timely Care & Service | Getting Treatment & Specialty Care | Communicating with Patients |
| Korean American Medical Group | 58 ▼ | 69 ▼ | ∉ | 79 | ∉ | 80 ▼ |
| La Vida Glendale/Burbank | 56 ▼ | 70 ▼ | 58 ▼ | 60 ▼ | 58 ▼ | 75 ▼ |
| La Vida Multi-Specialty Medical Centers | 51 ▼ | 67 ▼ | ∉ | 64 ▼ | ∉ | 79 ▼ |
| Lakeside Medical Group, Inc. | 73 | 80 | 70 | 75 | 72 | 84 |
| Lakewood Health Plan, Inc. | 68 | 77 | 70 | 74 | 70 | 85 |
| Loma Linda University Health Care | 73 | 84 | 78 | 64 ▼ | 65 | 86 |
| Memorial HealthCare IPA | 72 | 82 | 65 ▼ | 69 ▼ | 66 | 88 |
| Memorial HealthCare IPA (Long Beach) | 71 | 81 | 64 ▼ | 68 ▼ | 66 | 89 |
| Mercy Physicians Medical Group | 76 | 82 | 75 | 81 ▲ | 68 | 87 |
| Midcoast Care IPA | 70 | 77 | 73 | 75 | 70 | 89 |
| MidCounty Physicians Medical Group | 73 | 84 | 67 | 76 | 60 ▼ | 87 |
| Monarch HealthCare | 64 ▼ | 76 | 71 | 77 | 71 | 89 |
| MultiCultural Primary Care Medical Group | 70 | 83 | 73 | 66 ▼ | 55 ▼ | 88 |
| Network Medical Management/Allied Physicians of California | * | * | * ∉ | * | * | * |
| Noble AMA | * | * | * ∉ | * | * | * |
| Noble Community Medical Associates | 63 ▼ | 71 ▼ | 68 | 69 ▼ | 64 | 81 ▼ |
| Northridge Medical Group | 64 ▼ | 77 | 65 | 70 ▼ | 65 | 85 |
| Nuestra Familia Medical Group | * | * ∉ | * ∉ | * | * ∉ | * |
| Oasis IPA | 63 ▼ | 79 | 58 ▼ | 73 | 55 ▼ | 83 ▼ |
| Ojai Valley Community Medical Group | 79 ▲ | 85 | 71 | 81 ▲ | 69 | 91 ▲ |
| Omnicare Medical Group | * | * | * ∉ | * | * | * |
| Orange Coast Memorial IPA | 74 | 87 ▲ | 77 | 76 | 74 | 89 |
| Pacific Independent Physician Association | 68 | 76 | 57 ▼ | 72 | 63 ▼ | 88 |
| Pegasus Medical Group | ∉ | ∉ | ∉ | ∉ | ∉ | 84 |
| Penn Elm Medical Group | 76 | 85 ▲ | 77 | 78 ▲ | 75 ▲ | 91 ▲ |
| Physician Associates of the Greater San Gabriel Valley | 80 ▲ | 88 ▲ | 77 | 77 | 73 | 89 |
| Physicians' Healthways IPA | * | * | * ∉ | * | * ∉ | * |
| Pinnacle Medical Group | 60 ▼ | 76 | 79 | 69 ▼ | 60 ▼ | 77 ▼ |
| Pioneer Medical Group | 78 ▲ | 85 | 74 | 80 ▲ | 69 | 90 |
| Prairie Medical Group | 59 ▼ | 73 ▼ | 67 | 64 ▼ | 61 ▼ | 83 ▼ |
| Presbyterian Health Physicians | 69 | 81 | 72 | 74 | 77 ▲ | 87 |
| Primary Care Associates Medical Group, Inc. | 66 | 77 | 70 | 72 | 68 | 85 |
| PrimeCare of Chino IPA | * | * | * ∉ | * | * ∉ | * |
| PrimeCare of Corona IPA | 70 | 84 | ∉ | 76 | 70 | 87 |
| PrimeCare of Hemet IPA | 59 ▼ | 76 | ∉ | 70 | ∉ | 79 ▼ |
| PrimeCare of Inland Valley IPA | 68 | 81 | 65 | 69 ▼ | 64 | 84 |
| PrimeCare of Moreno Valley IPA | * | * ∉ | * ∉ | * ∉ | * ∉ | * |
| PrimeCare of Redlands IPA | * | * ∉ | * ∉ | * | * ∉ | * |
| PrimeCare of Riverside IPA | * | * | * ∉ | * | * | * |
| PrimeCare of Sun City IPA | 66 | 72 ▼ | 63 ▼ | 68 ▼ | 66 | 85 |
| PrimeCare of Temecula IPA | 67 | 73 ▼ | 62 ▼ | 71 | 63 | 82 ▼ |
| ProMed Health Network of Pomona | 76 | 86 | 69 | 76 | 73 | 89 |
| Prospect Healthsource Medical Group | 60 ▼ | 65 ▼ | 54 ▼ | 65 ▼ | 59 ▼ | 80 ▼ |
| Prospect Medical Group | 63 ▼ | 79 | 58 ▼ | 69 ▼ | 57 ▼ | 82 ▼ |
| Prospect Northwest Orange County Medical Group, Inc. | 60 ▼ | 74 ▼ | ∉ | 73 | 57 ▼ | 82 ▼ |
| **CALIFORNIA STATEWIDE AVERAGE** | **72** | **81** | **72** | **75** | **70** | **87** |

# SOUTHERN CALIFORNIA *3 of 6*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

| | CONSUMER ASSESSMENT SURVEY | | | | | |
|---|---|---|---|---|---|---|
| | Rating Overall Health Care | Rating of Personal Doctor or Nurse | Rating of Specialist Most Often Seen | Timely Care & Service | Getting Treatment & Specialty Care | Communicating with Patients |
| Prospect Professional Care Medical Group | 71 | 84 | 68 | 77 | 68 | 87 |
| Redlands Yucaipa Medical Group | 79 ▲ | 87 ▲ | 78 | 71 | 74 | 92 ▲ |
| Regal Medical Group | 64 ▼ | 75 ▼ | 66 | 71 | 56 ▼ | 88 |
| Riverside Medical Clinic | 70 | 77 | 68 | 65 ▼ | 71 | 87 |
| Riverside Physician Network (RPN) | 70 | 81 | 70 | 75 | 69 | 86 |
| San Bernardino Medical Group, Inc. | 76 | 85 | 74 | 73 | 77 ▲ | 91 ▲ |
| San Diego Physicians Medical Group | 69 | 75 ▼ | 79 | 77 | 71 | 86 |
| San Luis Obispo Select IPA | 65 ▼ | 73 ▼ | 80 ▲ | 73 | 64 | 83 ▼ |
| Sansum-Santa Barbara Medical Foundation Clinic | 69 | 83 | 76 | 73 | 76 ▲ | 88 |
| Santa Barbara Select IPA Medical Group | 74 | 82 | 76 | 82 ▲ | 71 | 88 |
| Scripps Clinic Medical Group | 77 ▲ | 83 | 78 ▲ | 74 | 75 ▲ | 90 ▲ |
| Scripps Mercy Medical Group | 82 ▲ | 90 ▲ | 78 | 80 ▲ | 75 ▲ | 92 ▲ |
| SeaView IPA | 71 | 77 | 64 ▼ | 74 | 65 | 88 |
| Seoul Medical Group | ∉ | ∉ | ∉ | ∉ | ∉ | ∉ |
| Sharp Community Medical Group | 74 | 84 ▲ | 75 | 76 | 75 ▲ | 89 ▲ |
| Sharp Community Medical Group - Chula Vista | 73 | 84 | 78 | 76 | 77 ▲ | 91 ▲ |
| Sharp Community Medical Group - Coronado | 79 ▲ | 85 | 72 | 86 ▲ | 72 | 92 ▲ |
| Sharp Community Medical Group - Graybill | 72 | 85 | 74 | 69 ▼ | 74 | 88 |
| Sharp Community Medical Group - Grossmont | 76 | 83 | 72 | 75 | 73 | 88 |
| Sharp Community Medical Group - Inland North | 75 | 82 | 80 ▲ | 77 | 75 ▲ | 90 ▲ |
| Sharp Community Medical Group - San Diego | 72 | 85 | 77 | 77 | 75 ▲ | 88 |
| Sharp Mission Park | 76 ▲ | 86 ▲ | 79 | 78 ▲ | 72 | 90 |
| Sharp Rees-Stealy | 72 | 80 | 75 | 71 ▼ | 69 | 90 ▲ |
| Sierra Primary Care Medical Group | 65 ▼ | 80 | 61 ▼ | 69 ▼ | 68 | 85 |
| Southern California Permanente Medical Group (Greater LA metro area) | 72 | 86 ▲ | 82 ▲ | 71 | 72 | 87 |
| Southern California Permanente Medical Group (San Diego area) | 72 | 81 | 76 | 75 | 67 | 87 |
| St. Francis IPA Medical Group | 74 | 83 | ∉ | 73 | ∉ | 86 |
| St. Joseph Heritage Medical Group | 79 ▲ | 86 ▲ | 72 | 77 | 74 | 92 ▲ |
| St. Joseph Hospital Affiliated Physicians | 71 | 80 | 76 | 78 ▲ | 78 ▲ | 89 |
| St. Jude Affiliated Providers | 74 | 80 | 77 | 75 | 78 ▲ | 87 |
| St. Jude Heritage Medical Group | 76 | 85 ▲ | 74 | 75 | 70 | 90 ▲ |
| St. Mary Choice Medical Group | 57 ▼ | 73 ▼ | 63 ▼ | 64 ▼ | 52 ▼ | 81 ▼ |
| St. Vincent IPA | 77 | 84 | 73 | 83 ▲ | 73 | 91 |
| StarCare Medical Group, Inc. d/b/a Gateway Medical Group, Inc. | 68 | 78 | 65 | 70 ▼ | 67 | 89 |
| Talbert Medical Group | 73 | 84 | 72 | 78 ▲ | 66 | 90 |
| The Industry Health Network | 86 ▲ | 93 ▲ | 81 ▲ | 84 ▲ | 84 ▲ | 93 ▲ |
| Torrance Hospital IPA | 70 | 79 | 75 | 78 | 69 | 88 |
| UCI University Physicians & Surgeons | 82 ▲ | 93 ▲ | 78 ▲ | 71 ▼ | 65 | 93 ▲ |
| UCLA Medical Group | 71 | 84 | 75 | 70 ▼ | 67 | 87 |
| UCSD Medical Group | 67 | 80 | 79 ▲ | 64 ▼ | 62 ▼ | 87 |
| United FamilyCare, Inc. | 60 ▼ | 78 | 65 | 58 ▼ | 57 ▼ | 82 ▼ |
| Upland Medical Group | 72 | 79 | 60 ▼ | 78 | 66 | 84 |
| Valley Care IPA | 82 ▲ | 90 ▲ | 76 | 82 ▲ | 67 | 94 ▲ |
| West Covina Medical Group | 59 ▼ | 78 | ∉ | 63 ▼ | ∉ | 79 ▼ |
| **CALIFORNIA STATEWIDE AVERAGE** | **72** | **81** | **72** | **75** | **70** | **87** |

# SOUTHERN CALIFORNIA *4 of 6*

▲ significantly above statewide average
▼ significantly below statewide average

| | CONSUMER ASSESSMENT SURVEY | | | | |
|---|---|---|---|---|---|
| | ACCESS TO YOUR PCP | | | ACCESS TO SPECIALISTS | |
| | Routine Care | Urgent Care | Preventive Care | Routine Care | Urgent Care |
| Accountable Health Care IPA | * ∉ | * ∉ | * ∉ | * ∉ | * ∉ |
| AKM Medical Group | ∉ | ∉ | ∉ | ∉ | ∉ |
| Alamitos IPA | 85 | 79 | 90 ▲ | 84 | ∉ |
| All Care Medical Group, Inc. | 75 ▼ | ∉ | 74 ▼ | ∉ | ∉ |
| AMVI Medical Group | 84 | ∉ | 85 | ∉ | ∉ |
| Anaheim Memorial IPA | 89 | 85 | 87 | 75 | ∉ |
| Antelope Valley Medical Associates | 88 | 84 | 89 ▲ | 86 ▲ | 76 |
| Antelope Valley/Pegasus Medical Group | 85 | 79 | 86 | 84 | 75 |
| Arta Health Network | * | * ∉ | * | * ∉ | * ∉ |
| Axminster Medical Group, Inc. | 80 | 80 | 82 | 84 | ∉ |
| Bay Area Community Medical Group, Inc. (IPA) | 86 | 83 | 86 | 77 | ∉ |
| Beaver Medical Group | 75 ▼ | 66 ▼ | 77 ▼ | 75 | 66 |
| Bright Medical Associates | 87 | 81 | 86 | 85 | ∉ |
| Bristol Park Medical Group | 88 | 76 | 87 | 85 | ∉ |
| Buenaventura Medical Group, Inc. | 76 ▼ | 76 | 79 ▼ | 81 | 69 |
| California Desert IPA | 77 ▼ | 70 ▼ | 83 | 62 ▼ | ∉ |
| Cedars-Sinai Health Associates | 85 | 82 | 87 | 81 | ∉ |
| Cedars-Sinai Medical Group | 80 | 80 | 80 | 78 | 72 |
| Centinela IPA | 78 | 74 | 82 | 76 | ∉ |
| Centre for Health Care | 79 ▼ | 77 | 81 | 80 | ∉ |
| Community Medical Group | 78 ▼ | 77 | 78 ▼ | 78 | 82 |
| Desert Medical Group | 79 | 77 | 76 ▼ | 77 | ∉ |
| Downey Select IPA Medical Group | 85 | 78 | 87 | 82 | ∉ |
| Eastland Medical Group | 83 | 81 | 86 | 81 | ∉ |
| Edinger Medical Group | 78 ▼ | 76 | 80 | 85 | 83 ▲ |
| Exceptional Care Medical Group (ECMG) | * ∉ | * ∉ | * ∉ | * ∉ | * ∉ |
| Facey Medical Group Foundation | 83 | 76 | 82 | 81 | 79 |
| Family Care Specialists Medical Group, Inc. | 84 | ∉ | 86 | ∉ | ∉ |
| Family/Seniors Medical Group | 84 | 81 | 86 | ∉ | ∉ |
| Freeman Medical Group IPA, Inc. | 83 | 79 | 84 | 75 | ∉ |
| Genesis Healthcare | 88 | 78 | 80 | 77 | ∉ |
| Glendale Physicians Alliance | 82 | 80 | 83 | 57 ▼ | ∉ |
| Global Care Medical Group IPA | 78 | 79 | 83 | ∉ | ∉ |
| Good Samaritan Medical Practice Association | 91 ▲ | 86 | 91 ▲ | 82 | ∉ |
| Greater Newport Physicians | 84 | 82 | 80 | 86 ▲ | ∉ |
| Greater Tri-Cities IPA | 83 | 82 | 80 | 72 | ∉ |
| Harriman Jones Medical Group | 83 | 75 | 81 | 75 | ∉ |
| HealthCare Partners IPA | 86 | 79 | 87 | 70 ▼ | ∉ |
| HealthCare Partners Medical Group | 94 ▲ | 84 | 88 | 84 | ∉ |
| Heritage Victor Valley | 82 | 78 | 84 | 66 ▼ | ∉ |
| High Desert Medical Group | 73 ▼ | 65 ▼ | 75 ▼ | 66 ▼ | ∉ |
| High Desert Medical Groups | 75 ▼ | 68 ▼ | 78 ▼ | 65 ▼ | 61 ▼ |
| High Desert Primary Care Medical Group | 71 ▼ | 78 | 78 ▼ | 84 | ∉ |
| Hollywood Presbyterian Medical Group | * | * ∉ | * ∉ | * ∉ | * ∉ |
| Imperial County Physicians Medical Group | 86 | 81 | 87 | 79 | ∉ |
| **CALIFORNIA STATEWIDE AVERAGE** | **84** | **80** | **85** | **80** | **75** |

# SOUTHERN CALIFORNIA *5 of 6*

▲ significantly above statewide average
▼ significantly below statewide average

| | CONSUMER ASSESSMENT SURVEY | | | | |
|---|---|---|---|---|---|
| | ACCESS TO YOUR PCP | | | ACCESS TO SPECIALISTS | |
| | Routine Care | Urgent Care | Preventive Care | Routine Care | Urgent Care |
| Korean American Medical Group | 92 ▲ | ∉ | 89 | ∉ | ∉ |
| La Vida Glendale/Burbank | 72 ▼ | 63 ▼ | 74 ▼ | 71 ▼ | ∉ |
| La Vida Multi-Specialty Medical Centers | 81 | ∉ | 79 | ∉ | ∉ |
| Lakeside Medical Group, Inc. | 85 | 76 | 84 | 81 | ∉ |
| Lakewood Health Plan, Inc. | 85 | 77 | 86 | 81 | ∉ |
| Loma Linda University Health Care | 73 ▼ | 65 ▼ | 81 | 75 | 71 |
| Memorial HealthCare IPA | 80 ▼ | 75 ▼ | 81 | 74 ▼ | 75 |
| Memorial HealthCare IPA (Long Beach) | 79 | 73 | 80 | 73 | ∉ |
| Mercy Physicians Medical Group | 90 ▲ | 79 | 89 | 83 | ∉ |
| Midcoast Care IPA | 84 | 79 | 85 | 84 | ∉ |
| MidCounty Physicians Medical Group | 84 | 80 | 79 ▼ | 79 | ∉ |
| Monarch HealthCare | 86 | 84 | 87 | 80 | ∉ |
| MultiCultural Primary Care Medical Group | 84 | 67 ▼ | 83 | 68 ▼ | ∉ |
| Network Medical Management/Allied Physicians of California | * | * ∉ | * | * ∉ | * ∉ |
| Noble AMA | * | * ∉ | * | * ∉ | * ∉ |
| Noble Community Medical Associates | 82 | 74 | 81 | 74 | ∉ |
| Northridge Medical Group | 81 | 77 | 82 | 78 | ∉ |
| Nuestra Familia Medical Group | * ∉ | * ∉ | * ∉ | * ∉ | * ∉ |
| Oasis IPA | 85 | 84 | 85 | 62 ▼ | ∉ |
| Ojai Valley Community Medical Group | 87 | 85 ▲ | 90 ▲ | 80 | ∉ |
| Omnicare Medical Group | * | * ∉ | * | * ∉ | * ∉ |
| Orange Coast Memorial IPA | 84 | 79 | 86 | 88 ▲ | ∉ |
| Pacific Independent Physician Association | 83 | 71 ▼ | 72 ▼ | 76 | ∉ |
| Pegasus Medical Group | ∉ | ∉ | ∉ | ∉ | ∉ |
| Penn Elm Medical Group | 89 ▲ | 82 | 88 | 81 | 79 |
| Physician Associates of the Greater San Gabriel Valley | 90 ▲ | 82 | 90 ▲ | 86 ▲ | ∉ |
| Physicians' Healthways IPA | * | * ∉ | * | * ∉ | * ∉ |
| Pinnacle Medical Group | 76 ▼ | 72 ▼ | 84 | 77 | ∉ |
| Pioneer Medical Group | 90 ▲ | 81 | 92 ▲ | 80 | ∉ |
| Prairie Medical Group | 78 ▼ | 77 | 81 | 71 ▼ | ∉ |
| Presbyterian Health Physicians | 86 | 83 | 88 | 84 | ∉ |
| Primary Care Associates Medical Group, Inc. | 79 | 74 | 82 | 78 | ∉ |
| PrimeCare of Chino IPA | * | * ∉ | * | * ∉ | * ∉ |
| PrimeCare of Corona IPA | 89 | 81 | 89 | ∉ | ∉ |
| PrimeCare of Hemet IPA | 84 | ∉ | ∉ | ∉ | ∉ |
| PrimeCare of Inland Valley IPA | 82 | 78 | 83 | 77 | ∉ |
| PrimeCare of Moreno Valley IPA | * ∉ | * ∉ | * ∉ | * ∉ | * ∉ |
| PrimeCare of Redlands IPA | * ∉ | * ∉ | * ∉ | * ∉ | * ∉ |
| PrimeCare of Riverside IPA | * | * ∉ | * | * ∉ | * ∉ |
| PrimeCare of Sun City IPA | 74 ▼ | 71 ▼ | 65 ▼ | 71 | ∉ |
| PrimeCare of Temecula IPA | 82 | 81 | 82 | 73 | ∉ |
| ProMed Health Network of Pomona | 86 | 82 | 87 | 81 | ∉ |
| Prospect Healthsource Medical Group | 74 ▼ | 66 ▼ | 79 | 65 ▼ | ∉ |
| Prospect Medical Group | 84 | 75 | 86 | 69 ▼ | ∉ |
| Prospect Northwest Orange County Medical Group, Inc. | 79 | 79 | 83 | ∉ | ∉ |
| **CALIFORNIA STATEWIDE AVERAGE** | **84** | **80** | **85** | **80** | **75** |

# SOUTHERN CALIFORNIA *6 of 6*

PHYSICIAN GROUP RESULTS

▲ significantly above statewide average
▼ significantly below statewide average

| | CONSUMER ASSESSMENT SURVEY | | | | | | |
|---|---|---|---|---|---|---|---|
| | ACCESS TO YOUR PCP | | | ACCESS TO SPECIALISTS | | AFTER HOURS | |
| | Routine Care | Urgent Care | Preventive Care | Routine Care | Urgent Care | Appropriate Emergency Instructions | Physician Availability |
| Prospect Professional Care Medical Group | 88 | 81 | 87 | 84 | ∉ | 92 | 83 |
| Redlands Yucaipa Medical Group | 81 | 79 | 82 | 82 | 77 | ϕ | ϕ |
| Regal Medical Group | 83 | 77 | 85 | 68 ▼ | ∉ | ϕ | ϕ |
| Riverside Medical Clinic | 71 ▼ | 70 ▼ | 80 ▼ | 76 | 71 | 98 | 100 ▲ |
| Riverside Physician Network (RPN) | 85 | 80 | 84 | 79 | 76 | 100 ▲ | 83 |
| San Bernardino Medical Group, Inc. | 85 | 80 | 89 ▲ | 89 ▲ | 82 ▲ | 100 ▲ | 100 ▲ |
| San Diego Physicians Medical Group | 88 | 81 | 90 ▲ | 87 ▲ | ∉ | 85 | 83 |
| San Luis Obispo Select IPA | 82 | 73 | 85 | 77 | ∉ | 100 ▲ | 50 |
| Sansum-Santa Barbara Medical Foundation Clinic | 82 | 74 | 80 | 81 | 79 | 100 ▲ | 100 ▲ |
| Santa Barbara Select IPA Medical Group | 94 ▲ | 87 ▲ | 92 ▲ | ∉ | ∉ | 53 ▼ | 67 |
| Scripps Clinic Medical Group | 80 | 78 | 81 | 80 | 81 | 75 | 85 |
| Scripps Mercy Medical Group | 86 | 86 ▲ | 88 | 85 ▲ | 81 | 84 | 96 ▲ |
| SeaView IPA | 89 ▲ | 84 | 89 | 74 | ∉ ▼ | 90 | 90 |
| Seoul Medical Group | ∉ | ∉ | ∉ | ∉ | ∉ | 92 | 81 |
| Sharp Community Medical Group | 85 | 82 | 85 | 84 ▲ | 79 ▲ | ϕ | ϕ |
| Sharp Community Medical Group - Chula Vista | 87 | 88 ▲ | 88 | 82 | ∉ | 96 | 86 |
| Sharp Community Medical Group - Coronado | 92 ▲ | 89 ▲ | 94 ▲ | 80 | ∉ | 100 ▲ | 92 |
| Sharp Community Medical Group - Graybill | 77 ▼ | 74 | 80 | 84 | ∉ | 94 | 94 |
| Sharp Community Medical Group - Grossmont | 85 | 79 | 82 | 82 | 77 | 90 | 96 ▲ |
| Sharp Community Medical Group - Inland North | 85 | 81 | 88 | 85 | ∉ | 72 ▼ | 100 ▲ |
| Sharp Community Medical Group - San Diego | 85 | 85 | 85 | 86 ▲ | ∉ | 93 | 95 |
| Sharp Mission Park | 85 | 77 | 85 | 80 | ∉ | 100 ▲ | 100 ▲ |
| Sharp Rees-Stealy | 75 ▼ | 76 | 78 ▼ | 72 ▼ | ∉ | 89 | 67 |
| Sierra Primary Care Medical Group | 82 | 75 | 83 | 82 | 77 | 100 ▲ | 100 ▲ |
| Southern California Permanente Medical Group (Greater LA metro area) | 76 ▼ | 76 | 82 | 78 | ∉ | ϕ | ϕ |
| Southern California Permanente Medical Group (San Diego area) | 74 ▼ | 79 | 77 ▼ | 73 | 74 | ϕ | ϕ |
| St. Francis IPA Medical Group | 87 | ∉ | 77 | ∉ | ∉ | 98 | 90 |
| St. Joseph Heritage Medical Group | 87 | 81 | 89 | 78 | 76 | 100 ▲ | 94 |
| St. Joseph Hospital Affiliated Physicians | 87 | 83 | 88 | 87 ▲ | ∉ | 100 ▲ | 94 |
| St. Jude Affiliated Providers | 85 | 85 | 86 | 88 ▲ | ∉ | ϕ | ϕ |
| St. Jude Heritage Medical Group | 82 | 79 | 85 | 79 | 79 | ϕ | ϕ |
| St. Mary Choice Medical Group | 76 ▼ | 74 | 80 | 66 ▼ | ∉ | 80 ▼ | 93 |
| St. Vincent IPA | 90 ▲ | 86 | 88 | 85 | ∉ | 100 ▲ | 85 |
| StarCare Medical Group, Inc. d/b/a Gateway Medical Group, Inc. | 84 | 78 | 86 | 76 | ∉ | 92 | 85 |
| Talbert Medical Group | 89 | 82 | 88 | 73 | ∉ | 100 ▲ | 96 |
| The Industry Health Network | 93 ▲ | ∉ | 90 ▲ | 92 ▲ | ∉ | ϕ | ϕ |
| Torrance Hospital IPA | 91 ▲ | 84 | 87 | 77 | ∉ | 100 ▲ | 100 ▲ |
| UCI University Physicians & Surgeons | 83 | 78 | 86 | 75 | 62 ▼ | 100 ▲ | 100 ▲ |
| UCLA Medical Group | 80 | 80 | 79 ▼ | 73 ▼ | ∉ | 100 ▲ | 100 ▲ |
| UCSD Medical Group | 72 ▼ | 73 ▼ | 70 ▼ | 71 ▼ | 69 | 98 ▲ | 93 |
| United FamilyCare, Inc. | 63 ▼ | 65 ▼ | 74 ▼ | 67 ▼ | ∉ | 98 ▲ | 96 ▲ |
| Upland Medical Group | 88 | 84 | 86 | 76 | ∉ | 94 | 94 |
| Valley Care IPA | 92 ▲ | 86 ▲ | 89 ▲ | 82 | ∉ | 100 ▲ | 86 |
| West Covina Medical Group | ∉ | ∉ | ∉ | ∉ | ∉ | 100 ▲ | ⊗ |
| **CALIFORNIA STATEWIDE AVERAGE** | **84** | **80** | **85** | **80** | **75** | **94** | **89** |

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