Attachment D (Exhibit C)

AthenaClarity, formerly HealthCare Data Services (HDS), is a cloud-based analytic platform from AthenaHealth. AthenaClarity supports population-based cost and quality data analytics and has been used for ambulatory quality metric surveillance for the past several years. In particular, AthenaClarity has provided the Physician Network with the tools to monitor and track changes in health status among patients in the BCBS Alternative Quality Contract (BCBSMA AQC) and most recently for the Tufts Health Plan P4P, Harvard Pilgrim Health Care Rewards for Excellence Program, and Tufts Medicare Preferred program.

Diabetes All or None Composite Measure:

A major concern for the Physician's Network was the growing population of people with diabetes and associated risk factors. Southeastern Massachusetts has historically seen a higher prevalence of diabetes compared to other parts of the state and through the innovative use of AthenaClairty the Physician Network created a BCBSMA AQC Diabetes All or None Composite Measure. The diabetes process and outcomes metrics, when analyzed as individual metrics met the basic threshold requirements. However, when analyzed as a composite (having met all of the diabetes metrics), our overall performance was low. The metrics were annual eye exam, annual nephropathy screening, blood pressure control, LDL screening and LDL control, twice annual HbA1c, HbA1c control. Through the use of this All or None Composite Measure improving the eye exam performance rate and distributing diabetic lab profiles were identified as opportunities for improvement. Letters explaining what the patient was overdue for and diabetic lab profiles (lad slips pre-populated for completing an Hba1c, LDL and Micro albumin) were sent out to non-compliant patients with diabetes. In order to improve the overall eye exam performance rate, in addition to the letters, appointments with local eye doctors were scheduled with the patient's approval. As you can see below our All or None Composite measure results have been gradually improving (% improvement compared to baseline).

BCBSMA AQC Diabetes All or None Composite Measure: % Improvement (2010-2012)	
YEAR	**% Improvement**
2010 All or None Composite	Baseline Year
2011 All or None Composite	6.3%
2012 All or None Composite	7.8%

% Improvement is based on performance compared to baseline

Blood Pressure Awareness:

Identified a few years ago as an area for improvement through lower performing outcomes via AthenaClarity, Blood Pressure education was implemented throughout the Physician Network and to all staff in early 2011. This education focused on improving general awareness of diastolic and systolic readings and taking a proper blood pressure. Performance overall on this metric improved, in fact the Network saw a 3.9% improvement from 2010 to 2011, while there was a 14.5% improvement in the BP among people with diabetes during that same time period (diabetes hypertension threshold changed in 2011 going from 130/80 to 140/80).

BCBSMA AQC Hypertension Awareness: % Improvement (2010 vs. 2011)	
YEAR	**% Improvement**
2010 Hypertension	Baseline Year
2011 Hypertension	3.9%
2010 Diabetes Hypertension	Baseline Year
2011 Diabetes Hypertension	14.5%

% Improvement is based on performance compared to baseline
Diabetes BP threshold changed from 130/80 to 140/80

Non-Compliant Patient Management:

Non-compliant patients for most metrics are easily identified within the analytic platform and scheduled for necessary follow-up. Specifically identifying the metrics that were near misses last year, efforts for 2013 have been focused on increasing our overall Cancer and Chlamydia Screening performance. Controlling for the same time periods in order to compare accordingly to the results to date, % improvements are as follows:

BCBSMA AQC Chlamydia and Cancer Screening Metrics: % Improvement (Jan-July 2012 vs. Jan-Jul 2013)	
Metric	**% Improvement**
Chlamydia Screening 16-20 yrs. of age	17%
Chlamydia Screening 21-24 yrs. of age	12%
Mammography Screening	2%
Colorectal Screening	3%

% Improvement is based on performance compared to baseline