

This system generated document is securely emailed by a care manager to each employee with a chronic condition. A brief note is included to help employees identify areas in which they can improve their personal “best practices”. It reduces the need for outbound calls and provides an excellent basis for future conversations on closing “gaps in care”.

Health Care Impact Profile

Member Information			
Member ID	MSA000000011-00	Active (Y/N)	Y
Member Name	LA*****, JO*****	Rx Benefits (Y/N)	Y
Group Name	Sample Company 1	Address	123 Mockingbird Lane APT 1A
Age	50y	Address Line 2	Crown Point IN, 46307
Gender	M	Active PCP Name	Provider Not Assigned,

Guideline Gap Diseases			
Disease	Description	Current Compliance	Compliance Override
Diabetes	Nephropathy attention	YES	
Low Back Pain	Appropriate use of imaging studies	YES	
Drug Management	Annual monitoring for ACE/ARB use	NO	
Diabetes	HbA1c Testing	YES	
Drug Management	Annual monitoring for diuretic use	NO	
Low Back Pain	Minimized potential narcotic misuse	YES	
Preventive Care	Adult BMI Assessment	NO	
Preventive Care	Pneumococcal vaccine	NO	
Preventive Care	Annual Influenza Vaccination	NO	
Diabetes	Annual lipid profile	NO	
Diabetes	Eye exam	NO	
Low Back Pain	Appropriate use of surgery	YES	
Diabetes	LDL-C screening performed	NO	