

The General Practice Services Committee

Evaluation of the Full Service Family Practice Incentive Program and the Practice Support Program

Final Report on Conferencing Incentives and Palliative Care Planning and Follow-Up Incentives: Fiscal 2009/10

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HIGHLIGHTS OF FINDINGS

Community Conferencing data for all patients excluding patients who died and patients with other incentives:

- In fiscal 09/10 community conferencing incentives were billed for 11,902 patients.
- Overall, average annual costs for these patients were \$10,867; \$4,080 for RUB 3, \$9,503 for RUB 4 and \$22,598 for Rub 5. Costs increased to \$12,159 when one includes people who died.
- Total expenditures for community conferencing fees from April 2009 to March 2010 were \$1,051,080, some \$714,320 of this was for mental health/co-morbidities.
- Costs increased as age increased but dipped down again for patients who were 80 years of age or older. Overall average annual costs were \$10,609 for females and \$11,235 for males.

Facility Conferencing data for all patients excluding patients who died and patients with other incentives:

- In fiscal 09/10 facility conferencing fees were billed for 6,738 patients.
- Overall, average annual costs for patients were \$15,480; \$4,817 for RUB 3, \$11,424 for RUB 4 and \$26,415 for RUB 5. Costs increased to \$16,747 when one includes people who died.
- Total expenditures for facility conferencing fees from April 2009 to March 2010 were \$782,760, some \$366,640 was for the frail elderly and \$355,440 was for mental health/co-morbidity.
- Costs tended to decrease with age for patients 45 years of age or older. Overall, average annual costs for females were \$14,329 and \$17,608 for males.

Palliative Care Planning data (a new incentive, and not to be confused with the palliative/end of life conferencing fee) for all patients excluding patients who died and patients with other incentives:

- In fiscal 09/10 palliative care planning and follow-up incentives were billed for 1,880 patients.
- Overall, average costs for these patients were \$22,067; \$9,874 for RUB 3, \$16,331 for RUB 4 and \$29,869 for RUB 5.
- Total expenditures for palliative care planning and follow-up for the period June 2009 to March 2010 were \$199,860.
- Overall, average annual costs consistently decreased as age increased, going from \$38,900 for patients up to age 44 to \$19,983 for patients aged 80 years of age or older. Costs were essentially the same for males and females at just over \$22,000.

Other Findings

- Total annual costs for fiscal 09/10 were: \$1,111,600 for Mental Health/Co-Morbidity; \$641,680 for Frail Elderly; and \$153,080 for the Palliative/End of Life conferencing fee.
- GPs billed an average 5 to 6 conferencing incentives per month in fiscal 09/10. Monthly costs for these billings, per GP, ranged from \$202 to \$237.

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1. INTRODUCTION

The General Practice Services Committee (GPSC) has contracted with Hollander Analytical Services Ltd. to conduct an evaluation of incentive payments instituted under the Full Service Family Practice Incentive Program (FSFPIP). As part of the project to evaluate the FSFPIP, a range of analyses have been conducted on administrative health data. This report presents data on the Conferencing Incentives.

2. METHODS

With regard to the Conferencing Incentives, unlike diabetes and CHF, there are currently no comprehensive registries for people who are eligible for these types of incentive payments. Thus, it is not possible to identify a group which did not receive incentives that is similar to the group which did receive incentive based care. As a consequence, this report will primarily provide descriptive data on patients for whom GPs billed the incentive fees.

The following screens were used to delete outliers prior to the analysis. They are similar to the standard screens used for most of our reports, except we did not exclude people who died or were in a facility. In this analysis we excluded:

- People with hospital costs greater than \$100,000.
- People with billings for more than 25 payees.
- People with less than five GP services in the year.
- People with less than RUB 3.

3. CONFERENCING INCENTIVES

3.1 Overview

Data for two new incentives are included in this report. One is the acute care planning discharge incentive. (It has turned out that the uptake on the acute care planning fee has been modest [as can be seen in this report]). Thus, this fee will not be reported on for fiscal 10/11). New fees were also introduced for palliative care planning and palliative care follow-up. To avoid confusion, it is important to point out that these are new palliative care incentives and are not the same as the Palliative/End of Life Conferencing incentives. However, these new fees are for planning and follow-up, care similar to the conferencing fees and, thus, they are presented in this report.

This section presents descriptive data on the number of GPs billing incentive payments, and the number of patients for whom incentive payments were billed for fiscal 09/10. Comparable data for fiscal 07/08 and 08/08 are presented in Appendix A. Table 1 presents monthly data on the number of services billed for the Conferencing Incentives, from April 2009 to March of 2010, by the type of incentive billed. The most common conferencing incentive was for the mental health and co-morbidity incentive, followed by the frail elderly, the palliative care and the acute care incentives. Tables 2 to 4 present data on total expenditures, by month and by type of incentive payment. There are currently fairly consistent expenditures per month of some \$150,000 to \$180,000, although some months have higher or lower expenditures. The overall expenditure for the Conferencing Incentives from April 20079 to March 2010 was \$1.9 million, or an average of some

\$158,863 per month for the 12 month period reported in Table 3. Overall expenditures for the community, facility and acute care conferencing fees were \$1,051,080, \$782,760, and \$72,520, respectively. Table 5 presents data on unique GPs and their patterns of billings for their practices. Thus, on a monthly basis, GPs billed some 5 to 6 incentives per month in their practices and received an income of just over \$200 per month for these billings.

Table 6 presents data on a month by month basis of the number of patients who received incentive based care. Tables 7 to 10 present similar data for the new palliative care and follow-up incentives.

Table 1: Number of Services for All Conference Incentives: Fiscal 2009/10

		Conference Fee Services								
		Fee Type								
		Frail/ Elderly			Mental Health/ Co-morbidity			Palliative/ End of Life		
		Acute Care	Community	Facility	Acute Care	Community	Facility	Acute Care	Community	Facility
Year	Month									
2009	4	.	464	926	.	1,471	805	.	190	131
	5	.	538	767	.	1,359	866	.	150	139
	6	77	579	773	65	1,549	907	24	212	129
	7	69	506	703	86	1,426	627	22	218	140
	8	61	529	582	82	1,114	424	10	170	139
	9	43	573	678	103	1,515	682	16	161	106
	10	52	470	762	83	1,498	779	21	149	76
	11	57	530	717	127	1,293	759	26	148	117
	12	41	552	657	119	1,335	627	12	171	112
2010	1	66	591	892	164	1,608	824	16	177	170
	2	63	475	869	89	1,620	782	26	173	108
	3	54	486	840	128	2,070	804	11	207	150
Total		583	6,293	9,166	1,046	17,858	8,886	184	2,126	1,517

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 2: Paid Amounts for Types of Conference Incentives: Fiscal 2009/10

		Amount Paid for Conference Fees								
		Fee Type								
		Frail/ Elderly			Mental Health/ Co-morbidity			Palliative/ End of Life		
		Acute Care	Community	Facility	Acute Care	Community	Facility	Acute Care	Community	Facility
Year	Month									
2009	4	.	18,560	37,040	.	58,840	32,200	.	7,600	5,240
	5	.	21,520	30,680	.	54,360	34,640	.	6,000	5,560
	6	3,080	23,160	30,920	2,600	61,960	36,280	960	8,480	5,160
	7	2,760	20,240	28,120	3,440	57,040	25,080	880	8,720	5,600
	8	2,440	21,160	23,280	3,280	44,560	16,960	400	6,800	5,560
	9	1,720	22,920	27,120	4,120	60,600	27,280	640	6,440	4,240
	10	2,080	18,800	30,480	3,320	59,920	31,160	840	5,960	3,040
	11	2,280	21,200	28,680	5,080	51,720	30,360	1,040	5,920	4,680
	12	1,640	22,080	26,280	4,760	53,400	25,080	480	6,840	4,480
2010	1	2,640	23,640	35,680	6,560	64,320	32,960	640	7,080	6,800
	2	2,520	19,000	34,760	3,560	64,800	31,280	1,040	6,920	4,320
	3	2,160	19,440	33,600	5,120	82,800	32,160	440	8,280	6,000
Total		23,320	251,720	366,640	41,840	714,320	355,440	7,360	85,040	60,680

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 3: Costs for Conferencing Fees by Type of Incentive: Fiscal 2009/10

		Amount Paid for Conference Fees			
		Frail/ Elderly	Mental Health/ Co-morbidity	Palliative/ End of Life	Total
Year	Month				
2009	4	55,600	91,040	12,840	159,480
	5	52,200	89,000	11,560	152,760
	6	57,160	100,840	14,600	172,600
	7	51,120	85,560	15,200	151,880
	8	46,880	64,800	12,760	124,440
	9	51,760	92,000	11,320	155,080
	10	51,360	94,400	9,840	155,600
	11	52,160	87,160	11,640	150,960
	12	50,000	83,240	11,800	145,040
2010	1	61,960	103,840	14,520	180,320
	2	56,280	99,640	12,280	168,200
	3	55,200	120,080	14,720	190,000
Total		641,680	1,111,600	153,080	1,906,360

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 4: Costs for Conferencing Fees by Category of Incentive: Fiscal 2009/10

		Amount Paid for Conference Fees			
		Acute Care	Community	Facility	Total
Year	Month				
2009	4	.	85,000	74,480	159,480
	5	.	81,880	70,880	152,760
	6	6,640	93,600	72,360	172,600
	7	7,080	86,000	58,800	151,880
	8	6,120	72,520	45,800	124,440
	9	6,480	89,960	58,640	155,080
	10	6,240	84,680	64,680	155,600
	11	8,400	78,840	63,720	150,960
	12	6,880	82,320	55,840	145,040
2010	1	9,840	95,040	75,440	180,320
	2	7,120	90,720	70,360	168,200
	3	7,720	110,520	71,760	190,000
Total		72,520	1,051,080	782,760	1,906,360

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 5: Services and Costs for GPs: Fiscal 2009/10

		No of Unique GPs	Total		Average		
Year	Month		Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives	
2009	4	713	3,987	159,480	5.6	223.67	
	5	736	3,819	152,760	5.2	207.55	
	6	782	4,315	172,600	5.5	220.72	
	7	719	3,797	151,880	5.3	211.24	
	8	615	3,111	124,440	5.1	202.34	
	9	713	3,877	155,080	5.4	217.50	
	10	716	3,890	155,600	5.4	217.32	
	11	692	3,774	150,960	5.5	218.15	
	12	683	3,626	145,040	5.3	212.36	
	2010	1	775	4,508	180,320	5.8	232.67
		2	761	4,205	168,200	5.5	221.02
		3	802	4,750	190,000	5.9	236.91

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 6: Number of Patients and Services, and Costs: Fiscal 2009/10

Year	Month	No of Unique Patients	Total		Average		
			Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives	
2009	4	2,568	3,987	159,480	1.6	62.10	
	5	2,522	3,819	152,760	1.5	60.57	
	6	2,725	4,315	172,600	1.6	63.34	
	7	2,430	3,797	151,880	1.6	62.50	
	8	2,000	3,111	124,440	1.6	62.22	
	9	2,485	3,877	155,080	1.6	62.41	
	10	2,530	3,890	155,600	1.5	61.50	
	11	2,328	3,774	150,960	1.6	64.85	
	12	2,272	3,626	145,040	1.6	63.84	
	2010	1	2,854	4,508	180,320	1.6	63.18
		2	2,729	4,205	168,200	1.5	61.63
		3	3,096	4,750	190,000	1.5	61.37

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 7: Number of Services for Palliative Care Planning and Follow-up Incentives: Fiscal 2009/10

		Services		
		a. Planning	b. Follow-up	Total
Year	Month			
2009	6	238	55	293
	7	202	85	287
	8	149	68	217
	9	217	69	286
	10	143	74	217
	11	159	78	237
	12	193	88	281
2010	1	190	94	284
	2	180	106	286
	3	204	107	311
Total		1,875	824	2,699

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 8: Costs for Palliative Care Planning and Follow-up Incentives: Fiscal 2009/10

		Amount Paid for Incentives		
		a. Planning	b. Follow-up	Total
Year	Month			
2009	6	23,800	825	24,625
	7	20,200	1,275	21,475
	8	14,900	1,020	15,920
	9	21,700	1,035	22,735
	10	14,300	1,110	15,410
	11	15,900	1,170	17,070
	12	19,300	1,320	20,620
2010	1	19,000	1,410	20,410
	2	18,000	1,590	19,590
	3	20,400	1,605	22,005
Total		187,500	12,360	199,860

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 9: Practitioner Participation for Palliative Care Planning and Follow-up Incentives: Fiscal 2009/10

Year	Month	No of Unique GPs	Total		Average per GP	
			Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives
2009	6	162	293	24,625	1.8	152.01
	7	143	287	21,475	2.0	150.17
	8	108	217	15,920	2.0	147.41
	9	176	286	22,735	1.6	129.18
	10	143	217	15,410	1.5	107.76
	11	150	237	17,070	1.6	113.80
	12	150	281	20,620	1.9	137.47
2010	1	170	284	20,410	1.7	120.06
	2	177	286	19,590	1.6	110.68
	3	187	311	22,005	1.7	117.67

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 10: Patients with Palliative Care Planning and Follow-up Incentives: Fiscal 2009/10

Year	Month	No of Unique Patients	Total		Average per Patient	
			Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives
2009	6	246	293	24,625	1.2	100.10
	7	228	287	21,475	1.3	94.19
	8	169	217	15,920	1.3	94.20
	9	242	286	22,735	1.2	93.95
	10	180	217	15,410	1.2	85.61
	11	199	237	17,070	1.2	85.78
	12	220	281	20,620	1.3	93.73
2010	1	229	284	20,410	1.2	89.13
	2	230	286	19,590	1.2	85.17
	3	253	311	22,005	1.2	86.98

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

3.2 The Community Conferencing Fee

Table 11 presents the number of patients, by RUB, with a community conferencing incentive for fiscal 09/10, including patients who had other incentives.

Table 12 presents the cost break down for people who received care in the community. We looked at costs in several ways. In studying the data we found that there were a significant number of people who died. We also found that many of the patients who received incentive based care in regard to conferencing also received incentive based care for other incentives. Thus, Table 13 presents data on total costs for the main sample (i.e., this excludes people who died but includes people who received incentive based care for other incentives such as diabetes and chf), the main sample plus people who died, and the main sample minus people who had received another type of incentive based care.

The first column in Table 13 (the main sample) is the sum of the data presented in Table 12.

3.3 The Facility Conferencing Fee

Table 14 presents the number of patients, by RUB, with a facility conferencing incentive for fiscal 09/10, including patients who had other incentives.

Table 15 presents the cost breakdown for people who were in facilities and received incentive based care. Table 16 presents data for facility patients for the main sample, the main sample plus patients who died, and the main sample minus people who had received another type of incentive based care.

The first column in Table 16 (the main sample) is the sum of the data presented in Table 15.

3.4 The Acute Care Discharge Incentive

Table 17 presents the number of patients, by RUB, with the acute care discharge incentive for fiscal 09/10, including patients who had other incentives.

Table 18 presents the cost breakdown for people who received incentive based care (i.e., the acute care discharge incentive). Table 19 presents data for acute care patients for the main sample, the main sample plus patients who died, and the main sample minus people who had received another type of incentive based care.

The first column in Table 19 (the main sample) is the sum of the data presented in Table 18.

3.5 The Palliative Care Planning Incentive

For the palliative care fees, we only looked at people who died. Table 20 presents the number of patients, by RUB, with the palliative care planning incentive including people who died for fiscal 09/10, including patients who had other incentives.

Table 21 presents the cost breakdown for people who received incentive based care (i.e., the palliative care planning incentive). Table 22 presents data for palliative care patients for the main sample and the main sample minus people who had other incentives.

The first column in Table 22 (the main sample) is the sum of the data presented in Table 21.

Table 11: Indicators by RUB for Patients with a Community Conference Incentive April 2009 to March 2010 Excluding Patients who Died and Including Patients with Other Incentives

Averages	Number of Patients			
	All	Resource Utilization Band		
		3	4	5
All	11,902	5,078	3,481	3,343
Client Age Group				
0 - 44	2,338	1,414	719	205
45 - 59	2,068	1,095	520	453
60 - 69	1,623	741	454	428
70 - 79	2,124	735	638	751
80 and over	3,749	1,093	1,150	1,506
Gender				
Females	6,994	3,020	2,138	1,836
Males	4,908	2,058	1,343	1,507
Attachment to Practice				
1. Less than 40%	581	156	190	235
2. 40% - 59%	2,087	696	603	788
3. 60% - 79%	2,837	1,047	832	958
4. 80% - 89%	2,165	907	667	591
5. 90% or More	4,232	2,272	1,189	771

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 12: Average Annual Costs By RUB for Patients with a Community Conference Incentive: April 2009 to March 2010, Excluding Patients who Died and Including Patients with Other Incentives

Averages	MSP Costs				Pharmacare Costs				Hospital Costs			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	2,735	1,590	2,756	4,452	1,466	1,016	1,539	2,074	6,666	1,475	5,207	16,072
Client Age Group												
0 - 44	2,201	1,492	2,866	4,768	1,163	825	1,095	3,740	3,923	1,490	5,655	14,630
45 - 59	2,682	1,642	2,807	5,050	1,820	1,197	2,146	2,954	4,990	1,429	3,896	14,852
60 - 69	2,981	1,678	3,035	5,179	1,614	922	1,760	2,656	6,817	1,387	5,227	17,906
70 - 79	3,172	1,683	2,956	4,812	1,567	1,175	1,690	1,845	8,258	1,296	5,833	17,132
80 and over	2,743	1,542	2,444	3,843	1,339	1,039	1,372	1,531	8,335	1,680	5,164	15,587
Gender												
Females	2,672	1,588	2,806	4,300	1,488	979	1,594	2,202	6,449	1,543	5,160	16,019
Males	2,824	1,592	2,677	4,638	1,435	1,070	1,452	1,918	6,976	1,374	5,281	16,138
Attachment to Practice												
1. Less than 40%	4,117	2,135	3,315	6,080	1,754	1,049	1,155	2,707	14,569	5,170	8,357	25,831
2. 40% - 59%	3,361	1,668	2,977	5,149	1,584	1,060	1,498	2,111	11,359	2,201	7,414	22,467
3. 60% - 79%	2,948	1,705	2,845	4,394	1,558	1,044	1,631	2,056	8,693	2,104	6,697	17,627
4. 80% - 89%	2,618	1,507	2,829	4,086	1,312	824	1,478	1,874	5,552	1,422	4,820	12,717
5. 90% or More	2,154	1,509	2,452	3,596	1,386	1,064	1,592	2,019	2,479	729	2,758	7,203

* MSP Costs are the total costs for GP Services, Specialist Services and Diagnostic Services.

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 13: Average Annual Costs by RUB for Patients with a Community Conference Incentive: Fiscal 2007/08

Averages	Total Costs for Main Sample (excludes people who died and includes people with other incentives)				Total Costs For Main Sample Plus People Who Died				Total Costs for Main Sample Minus People Who Had Other Incentives			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	10,867	4,080	9,503	22,598	12,159	4,291	10,136	24,047	9,546	4,077	9,783	23,677
Client Age Group												
0 - 44	7,288	3,806	9,615	23,138	7,462	3,856	9,800	23,501	6,911	3,787	9,502	21,620
45 - 59	9,492	4,268	8,849	22,856	10,459	4,514	9,725	24,396	9,127	4,511	8,884	22,818
60 - 69	11,412	3,988	10,022	25,740	12,933	4,233	10,696	27,487	11,646	4,371	11,031	28,173
70 - 79	12,996	4,154	10,479	23,789	14,625	4,633	11,195	25,456	12,534	4,008	10,878	25,179
80 and over	12,417	4,261	8,980	20,961	13,725	4,397	9,713	22,372	11,834	4,037	9,841	22,491
Gender												
Females	10,609	4,110	9,561	22,520	11,679	4,321	10,113	23,702	9,217	4,038	9,417	22,921
Males	11,235	4,036	9,409	22,693	12,814	4,248	10,171	24,441	10,063	4,135	10,433	24,763
Attachment to Practice												
1. Less than 40%	20,440	8,355	12,828	34,617	22,035	8,991	13,272	34,726	16,075	8,408	11,252	30,204
2. 40% - 59%	16,303	4,929	11,890	29,727	17,773	5,375	12,697	29,867	12,642	4,638	11,571	27,668
3. 60% - 79%	13,198	4,853	11,173	24,076	14,791	5,158	12,043	25,642	11,658	4,676	11,041	25,533
4. 80% - 89%	9,483	3,754	9,126	18,677	10,460	3,948	9,575	20,139	7,826	3,627	8,881	19,373
5. 90% or More	6,019	3,302	6,802	12,818	6,407	3,343	7,011	13,872	4,856	3,121	6,785	11,820

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 14: Indicators by RUB for Patients with a Facility Conference Incentive April 2009 to March 2010 Excluding Patients who Died and Including Patients with Other Incentives

Averages	Number of Patients			
	All	Resource Utilization Band		
		3	4	5
All	6,738	2,103	1,885	2,750
Client Age Group				
0 - 44	277	107	116	54
45 - 59	384	119	100	165
60 - 69	534	178	132	224
70 - 79	1,196	308	335	553
80 and over	4,347	1,391	1,202	1,754
Gender				
Females	4,372	1,472	1,253	1,647
Males	2,366	631	632	1,103
Attachment to Practice				
1. Less than 40%	341	51	87	203
2. 40% - 59%	1,214	180	307	727
3. 60% - 79%	1,492	318	406	768
4. 80% - 89%	1,047	324	274	449
5. 90% or More	2,644	1,230	811	603

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 15: Average Annual Costs By RUB for Patients with a Facility Conference Incentive: April 2009 to March 2010, Excluding Patients who Died and Including Patients with Other Incentives

Averages	MSP Costs				Pharmacare Costs				Hospital Costs			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	2,656	1,229	2,251	4,026	1,451	1,165	1,411	1,698	11,372	2,422	7,762	20,691
Client Age Group												
0 - 44	3,659	2,577	3,831	5,435	1,611	1,181	1,292	3,144	14,513	10,723	14,627	21,776
45 - 59	4,036	1,768	3,497	6,000	2,629	2,161	2,113	3,280	16,404	5,568	9,525	28,387
60 - 69	3,508	1,592	2,891	5,394	2,009	1,785	2,399	1,958	15,113	3,968	11,259	26,241
70 - 79	3,038	1,209	2,433	4,423	1,844	1,397	1,707	2,175	13,808	2,069	9,193	23,142
80 and over	2,261	1,037	1,874	3,497	1,161	949	1,173	1,320	9,598	1,395	6,170	18,453
Gender												
Females	2,500	1,177	2,171	3,932	1,472	1,142	1,411	1,814	10,356	1,977	7,076	20,342
Males	2,945	1,349	2,409	4,166	1,413	1,220	1,411	1,524	13,250	3,462	9,122	21,213
Attachment to Practice												
1. Less than 40%	4,665	2,425	3,761	5,615	1,692	1,386	1,793	1,726	26,476	13,998	18,762	32,917
2. 40% - 59%	4,005	1,678	3,161	4,938	1,529	1,140	1,481	1,645	21,195	4,839	14,676	27,997
3. 60% - 79%	3,279	1,589	2,708	4,281	1,612	1,268	1,488	1,820	16,384	5,190	11,809	23,438
4. 80% - 89%	2,505	1,250	2,131	3,639	1,527	1,332	1,456	1,712	10,277	2,793	7,129	17,598
5. 90% or More	1,487	1,015	1,557	2,354	1,264	1,090	1,290	1,584	2,520	776	2,153	6,573

*MSP Costs are the total costs for GP Services, Specialist Services and Diagnostic Services.

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 16: Average Annual Costs by RUB for Patients with a Facility Conference Incentive: Fiscal 2009/10, Excluding Patients who Died and Including Patients with Other Incentives

Averages	Total Costs for Main Sample (excludes people who died and includes people with other incentives)				Total Costs For Main Sample Plus People Who Died				Total Costs for Main Sample Minus People Who Had Other Incentives			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	15,480	4,817	11,424	26,415	16,747	5,022	11,999	27,358	13,414	4,656	10,675	24,949
Client Age Group												
0 - 44	19,782	14,481	19,750	30,356	21,550	14,639	20,942	34,909	19,355	14,527	20,409	28,691
45 - 59	23,069	9,498	15,135	37,666	25,165	10,890	16,570	38,866	21,864	9,149	16,181	37,402
60 - 69	20,631	7,345	16,550	33,593	22,864	7,788	17,988	34,972	19,088	7,474	14,323	34,345
70 - 79	18,689	4,675	13,332	29,740	20,468	5,669	14,459	30,886	17,162	4,244	12,167	30,113
80 and over	13,020	3,381	9,217	23,270	13,961	3,413	9,519	23,968	10,281	3,021	7,973	20,348
Gender												
Females	14,329	4,296	10,658	26,088	15,420	4,446	11,196	26,972	12,111	4,077	9,813	24,334
Males	17,608	6,032	12,943	26,903	18,987	6,310	13,462	27,882	15,812	5,983	12,348	25,822
Attachment to Practice												
1. Less than 40%	32,833	17,810	24,315	40,258	33,290	17,989	22,482	40,203	29,247	17,964	22,485	36,754
2. 40% - 59%	26,729	7,657	19,317	34,580	27,261	8,891	19,432	34,121	24,433	6,427	18,968	33,453
3. 60% - 79%	21,275	8,047	16,004	29,540	22,115	8,072	16,523	29,866	19,426	7,789	14,809	29,137
4. 80% - 89%	14,309	5,375	10,715	22,949	15,511	5,778	11,208	24,341	11,592	5,294	8,890	20,588
5. 90% or More	5,271	2,880	5,000	10,511	5,658	2,833	5,234	11,588	4,275	2,768	4,208	8,501

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 17: Indicators by RUB for Patients with an Acute Care Discharge Incentive April 2009 to March 2010 Excluding Patients who Died and Including Patients with Other Incentives

Averages	Number of Patients			
	All	Resource Utilization Band		
		3	4	5
All	746	69	174	503
Client Age Group				
0 - 44	56	13	21	22
45 - 59	83	8	12	63
60 - 69	100	8	24	68
70 - 79	153	15	34	104
80 and over	354	25	83	246
Gender				
Females	416	35	109	272
Males	330	34	65	231
Attachment to Practice				
1. Less than 40%	87	10	19	58
2. 40% - 59%	168	22	31	115
3. 60% - 79%	271	21	70	180
4. 80% - 89%	137	5	35	97
5. 90% or More	83	11	19	53

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 18: Average Annual Costs By RUB for Patients with an Acute Care Discharge Incentive: April 2009 to March 2010, Excluding Patients who Died and Including Patients with Other Incentives

Averages	MSP Costs				Pharmacare Costs				Hospital Costs			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	4,405	2,455	3,559	4,965	1,790	995	1,736	1,918	21,974	10,735	15,498	25,755
Client Age Group												
0 - 44	4,842	3,097	4,686	6,022	1,443	751	1,147	2,134	18,808	12,596	15,958	25,198
45 - 59	4,821	1,779	4,019	5,361	2,688	1,226	5,381	2,361	22,632	6,543	23,170	24,573
60 - 69	4,523	2,234	3,644	5,102	1,798	883	1,200	2,117	21,106	7,277	12,175	25,885
70 - 79	4,621	2,824	3,747	5,166	1,999	630	2,071	2,174	23,507	13,458	20,006	26,101
80 and over	4,111	2,188	3,105	4,646	1,542	1,303	1,375	1,622	21,902	10,582	13,387	25,926
Gender												
Females	4,269	2,485	3,518	4,799	1,931	792	1,783	2,137	21,671	12,401	15,018	25,530
Males	4,576	2,425	3,627	5,160	1,612	1,205	1,656	1,660	22,355	9,020	16,304	26,020
Attachment to Practice												
1. Less than 40%	5,322	2,579	3,910	6,258	1,807	615	1,686	2,052	28,612	10,049	15,229	36,197
2. 40% - 59%	4,470	2,852	3,561	5,025	1,692	1,308	805	2,005	25,036	11,741	18,420	29,362
3. 60% - 79%	4,444	2,455	3,798	4,927	1,953	757	2,507	1,877	21,078	11,933	16,126	24,071
4. 80% - 89%	4,155	1,594	3,189	4,635	1,620	694	1,201	1,819	19,772	4,881	14,676	22,378
5. 90% or More	3,597	1,942	3,001	4,154	1,718	1,308	1,449	1,900	15,375	9,720	10,201	18,403

* MSP Costs are the total costs for GP Services, Specialist Services and Diagnostic Services.

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 19: Average Annual Costs by RUB for Patients with an Acute Care Discharge Incentive: Fiscal 2009/10

Averages	Total Costs for Main Sample (excludes people who died and includes people with other incentives)				Total Costs For Main Sample Plus People Who Died				Total Costs for Main Sample Minus People Who Had Other Incentives			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	28,168	14,186	20,793	32,638	29,194	13,939	20,537	33,736	27,375	13,992	21,360	33,861
Client Age Group												
0 - 44	25,092	16,444	21,791	33,354	24,538	15,823	21,268	33,354	24,548	16,444	22,690	32,822
45 - 59	30,142	9,548	32,570	32,295	31,306	9,548	29,652	34,130	26,994	9,781	22,956	32,262
60 - 69	27,427	10,394	17,019	33,104	27,258	11,092	16,369	33,018	24,367	11,461	15,469	30,720
70 - 79	30,128	16,912	25,825	33,440	32,199	16,146	24,129	36,419	29,594	15,726	26,410	36,201
80 and over	27,555	14,073	17,867	32,194	28,539	13,998	18,504	32,735	28,769	13,382	19,067	34,850
Gender												
Females	27,871	15,677	20,319	32,466	28,639	15,690	20,320	33,253	27,681	14,349	21,066	34,137
Males	28,543	12,650	21,587	32,840	29,831	12,098	20,868	34,248	26,952	13,621	21,863	33,477
Attachment to Practice												
1. Less than 40%	35,741	13,243	20,825	44,507	35,999	13,454	22,321	43,128	32,488	13,886	24,496	39,783
2. 40% - 59%	31,198	15,901	22,786	36,392	31,572	15,901	21,703	36,194	29,059	14,416	20,337	36,909
3. 60% - 79%	27,475	15,145	22,432	30,874	29,293	15,135	21,682	33,599	28,396	16,293	25,369	33,571
4. 80% - 89%	25,547	7,169	19,066	28,832	27,214	7,050	19,272	30,517	18,456	7,227	11,448	24,002
5. 90% or More	20,690	12,970	14,652	24,457	20,457	12,099	15,379	24,134	19,015	9,698	13,454	24,725

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 20: Indicators by RUB for Patients with a Palliative Care Planning Incentive April 2009 to March 2010 Excluding Patients who Died and Including Patients with Other Incentives

Averages	Number of Patients			
	All	Resource Utilization Band		
		3	4	5
All	1,880	374	531	975
Client Age Group				
0 - 44	33	5	13	15
45 - 59	236	61	69	106
60 - 69	383	79	121	183
70 - 79	507	96	133	278
80 and over	721	133	195	393
Gender				
Females	962	192	289	481
Males	918	182	242	494
Attachment to Practice				
1. Less than 40%	142	13	32	97
2. 40% - 59%	426	50	124	252
3. 60% - 79%	605	90	157	358
4. 80% - 89%	300	63	99	138
5. 90% or More	407	158	119	130

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 21: Average Annual Costs By RUB for Patients with a Palliative Care Planning Incentive: April 2009 to March 2010, Excluding Patients who Died and Including Patients with Other Incentives

Averages	MSP Costs				Pharmacare Costs				Hospital Costs			
	All	Resource Utilization Band			All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5		3	4	5
All	3,761	2,145	3,110	4,736	1,851	1,498	1,730	2,053	16,455	6,231	11,491	23,080
Client Age Group												
0 - 44	5,696	4,183	4,864	6,923	3,299	2,074	4,786	2,418	29,904	12,080	23,768	41,164
45 - 59	4,300	2,155	3,536	6,033	2,786	2,909	2,733	2,748	17,261	8,309	12,341	25,615
60 - 69	3,943	2,514	3,174	5,069	2,111	1,571	1,836	2,526	16,633	7,131	12,012	23,789
70 - 79	3,907	2,291	3,191	4,808	1,981	1,363	1,735	2,312	16,519	6,142	10,438	23,012
80 and over	3,296	1,740	2,747	4,096	1,250	882	1,103	1,447	15,437	4,589	10,767	21,425
Gender												
Females	3,717	2,167	3,157	4,672	1,881	1,568	1,855	2,021	16,452	5,898	11,851	23,429
Males	3,807	2,122	3,054	4,798	1,820	1,424	1,581	2,084	16,459	6,583	11,061	22,741
Attachment to Practice												
1. Less than 40%	4,851	2,575	3,327	5,660	1,803	1,174	1,557	1,968	24,588	10,712	13,856	29,987
2. 40% - 59%	4,194	2,648	3,301	4,940	1,808	1,337	1,371	2,116	19,460	12,326	14,968	23,085
3. 60% - 79%	4,219	2,459	3,491	4,981	1,777	1,052	1,796	1,951	19,938	7,914	12,947	26,026
4. 80% - 89%	3,377	2,175	3,045	4,165	1,869	2,235	1,700	1,822	12,857	3,614	9,819	19,256
5. 90% or More	2,530	1,759	2,403	3,582	2,012	1,535	2,091	2,518	7,948	4,019	6,702	13,865

* MSP Costs are the total costs for GP Services, Specialist Services and Diagnostic Services.

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

Table 22: Average Annual Costs by RUB for Patients with a Palliative Care Planning Incentive: Fiscal 2009/10

Averages	Total Costs for Main Sample (including people who died and people with other incentives)				Total Costs For Main Sample Minus People Who Had Other Incentives			
	All	Resource Utilization Band			All	Resource Utilization Band		
		3	4	5		3	4	5
All	22,067	9,874	16,331	29,869	21,527	10,162	17,263	30,181
Client Age Group								
0 - 44	38,900	18,337	33,418	50,505	39,557	18,337	34,715	50,505
45 - 59	24,347	13,373	18,611	34,395	23,794	14,147	18,290	33,788
60 - 69	22,687	11,216	17,022	31,385	21,833	11,691	18,210	29,883
70 - 79	22,407	9,796	15,364	30,132	20,518	9,138	14,713	29,188
80 and over	19,983	7,211	14,617	26,967	19,493	7,370	16,021	27,911
Gender								
Females	22,049	9,633	16,863	30,121	22,088	10,119	18,239	30,311
Males	22,087	10,129	15,696	29,623	20,911	10,204	16,135	30,034
Attachment to Practice								
1. Less than 40%	31,242	14,461	18,740	37,615	29,104	14,461	19,964	34,746
2. 40% - 59%	25,461	16,311	19,640	30,141	25,138	17,907	20,841	29,821
3. 60% - 79%	25,933	11,425	18,234	32,957	25,193	11,160	17,977	33,882
4. 80% - 89%	18,103	8,024	14,565	25,243	17,210	7,692	14,621	26,556
5. 90% or More	12,490	7,314	11,195	19,964	11,661	7,561	12,447	18,258

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

4. DISCUSSION

It is interesting to note that costs were consistently less for females than males across all four categories of incentive payments. There was quite a different pattern in costs between community and facility clients with regard to age. For the community clients, costs generally increased with age, up to 79 years of age, but costs were lower for the 80+. For facility care there was generally an inverse relationship between age and costs, with costs decreasing as age increased. This was also so for the palliative incentive. Costs by age were mixed for the acute care incentive. Overall, the inverse relationships between attachment and costs held consistently for the conferencing incentives, although the pattern was not quite as clear within the RUB levels themselves.

Appendix A:

Data for Fiscal 07/08 and 08/09

Table 1: Number of Services for All Conference Incentives

Fiscal 07/08		Conference Fee Services						
		Fee Type						
		Frail/ Elderly		Mental Health/ Co-morbidity		Palliative/ End of Life		
Community	Facility	Community	Facility	Community	Facility			
Year	Month							
2007	4	626	471	1,291	619	164	100	
	5	778	643	1,683	817	310	157	
	6	893	703	1,754	813	321	140	
	7	611	489	1,403	555	282	125	
	8	624	406	1,278	609	295	103	
	9	598	524	1,344	716	241	129	
	10	745	750	1,753	834	251	134	
	11	693	655	1,488	782	228	141	
	12	572	456	1,245	671	202	102	
	2008	1	611	770	1,563	883	286	122
		2	615	738	1,500	939	227	142
		3	545	558	1,147	694	193	142
Total		7,911	7,163	17,449	8,932	3,000	1,537	
Fiscal 08/09		Conference Fee Services						
		Fee Type						
		Frail/ Elderly		Mental Health/ Co-morbidity		Palliative/ End of Life		
Community	Facility	Community	Facility	Community	Facility			
Year	Month							
2008	4	704	814	1,587	854	265	138	
	5	676	890	1,462	840	209	139	
	6	772	837	1,435	844	205	173	
	7	601	473	1,232	538	210	125	
	8	469	496	970	566	164	118	
	9	489	718	1,296	723	188	80	
	10	620	751	1,355	859	155	150	
	11	574	690	1,137	778	155	99	
	12	477	680	1,188	677	178	138	
	2009	1	555	869	1,389	775	207	148
		2	531	774	1,307	684	204	126
		3	522	853	1,283	750	167	132
Total		6,990	8,845	15,641	8,888	2,307	1,566	

Table 2: Paid Amounts for Types of Conference Incentives

Fiscal 07/08		Amount Paid for Conference Fees						
		Fee Type						
		Frail/ Elderly		Mental Health/ Co-morbidity		Palliative/ End of Life		
Community	Facility	Community	Facility	Community	Facility	Community	Facility	
Year	Month							
2007	4	25,040	18,840	51,640	24,760	6,560	4,000	
	5	31,120	25,720	67,320	32,680	12,400	6,280	
	6	35,720	28,120	70,160	32,520	12,840	5,600	
	7	24,440	19,560	56,120	22,200	11,280	5,000	
	8	24,960	16,240	51,120	24,360	11,800	4,120	
	9	23,920	20,960	53,760	28,640	9,640	5,160	
	10	29,800	30,000	70,120	33,360	10,040	5,360	
	11	27,720	26,200	59,520	31,280	9,120	5,640	
	12	22,880	18,240	49,800	26,840	8,080	4,080	
	2008	1	24,440	30,800	62,520	35,320	11,440	4,880
		2	24,600	29,520	59,986	37,560	9,080	5,680
		3	21,800	22,320	45,880	27,760	7,720	5,680
Total		316,440	286,520	697,946	357,280	120,000	61,480	
Fiscal 08/09		Amount Paid for Conference Fees						
		Fee Type						
		Frail/ Elderly		Mental Health/ Co-morbidity		Palliative/ End of Life		
Community	Facility	Community	Facility	Community	Facility	Community	Facility	
Year	Month							
2008	4	28,160	32,540	63,480	34,160	10,600	5,520	
	5	27,040	35,600	58,460	33,600	8,360	5,560	
	6	30,880	33,480	57,400	33,760	8,200	6,920	
	7	24,040	18,920	49,280	21,520	8,400	5,000	
	8	18,760	19,840	38,800	22,640	6,560	4,720	
	9	19,560	28,720	51,840	28,920	7,520	3,200	
	10	24,800	30,040	54,200	34,360	6,200	6,000	
	11	22,960	27,600	45,480	31,120	6,200	3,960	
	12	19,080	27,200	47,520	27,080	7,120	5,520	
	2009	1	22,200	34,760	55,560	31,000	8,280	5,920
		2	21,240	30,960	52,280	27,360	8,160	5,040
		3	20,880	34,120	51,320	30,000	6,680	5,280
Total		279,600	353,780	625,620	355,520	92,280	62,640	

Table 3: Cost for Conferencing Fees by Type of Incentive

Fiscal 07/08		Amount Paid for Conference Fees			
		Frail/ Elderly	Mental Health/ Co-morbidity	Palliative/ End of Life	Total
Year	Month				
2007	4	43,880	76,400	10,560	130,840
	5	56,840	100,000	18,680	175,520
	6	63,840	102,680	18,440	184,960
	7	44,000	78,320	16,280	138,600
	8	41,200	75,480	15,920	132,600
	9	44,880	82,400	14,800	142,080
	10	59,800	103,480	15,400	178,680
	11	53,920	90,800	14,760	159,480
	12	41,120	76,640	12,160	129,920
2008	1	55,240	97,840	16,320	169,400
	2	54,120	97,546	14,760	166,426
	3	44,120	73,640	13,400	131,160
Total		602,960	1,055,226	181,480	1,839,666
Fiscal 08/09		Amount Paid for Conference Fees			
		Frail/ Elderly	Mental Health/ Co-morbidity	Palliative/ End of Life	Total
Year	Month				
2008	4	60,700	97,640	16,120	174,460
	5	62,640	92,060	13,920	168,620
	6	64,360	91,160	15,120	170,640
	7	42,960	70,800	13,400	127,160
	8	38,600	61,440	11,280	111,320
	9	48,280	80,760	10,720	139,760
	10	54,840	88,560	12,200	155,600
	11	50,560	76,600	10,160	137,320
	12	46,280	74,600	12,640	133,520
2009	1	56,960	86,560	14,200	157,720
	2	52,200	79,640	13,200	145,040
	3	55,000	81,320	11,960	148,280
Total		633,380	981,140	154,920	1,769,440

Table 4: Costs for Conferencing Fees by Category of Incentive

Fiscal 07/08		Amount Paid for Conference Fees			
Year	Month	Community	Facility	Total	
2007	4	83,240	47,600	130,840	
	5	110,840	64,680	175,520	
	6	118,720	66,240	184,960	
	7	91,840	46,760	138,600	
	8	87,880	44,720	132,600	
	9	87,320	54,760	142,080	
	10	109,960	68,720	178,680	
	11	96,360	63,120	159,480	
	12	80,760	49,160	129,920	
	2008	1	98,400	71,000	169,400
		2	93,666	72,760	166,426
		3	75,400	55,760	131,160
Total		1,134,386	705,280	1,839,666	
Fiscal 08/09		Amount Paid for Conference Fees			
Year	Month	Community	Facility	Total	
2008	4	102,240	72,220	174,460	
	5	93,860	74,760	168,620	
	6	96,480	74,160	170,640	
	7	81,720	45,440	127,160	
	8	64,120	47,200	111,320	
	9	78,920	60,840	139,760	
	10	85,200	70,400	155,600	
	11	74,640	62,680	137,320	
	12	73,720	59,800	133,520	
	2009	1	86,040	71,680	157,720
		2	81,680	63,360	145,040
		3	78,880	69,400	148,280
Total		997,500	771,940	1,769,440	

Table 5: Services and Costs for GPs

Fiscal 07/08		No of Unique GPs	Total		Average	
Year	Month		Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives
2007	4	599	3,271	130,840	5.5	218.43
	5	806	4,388	175,520	5.4	217.77
	6	908	4,624	184,960	5.1	203.70
	7	750	3,465	138,600	4.6	184.80
	8	682	3,315	132,600	4.9	194.43
	9	705	3,552	142,080	5.0	201.53
	10	780	4,467	178,680	5.7	229.08
	11	714	3,987	159,480	5.6	223.36
	12	637	3,248	129,920	5.1	203.96
2008	1	762	4,235	169,400	5.6	222.31
	2	770	4,161	166,426	5.4	216.14
	3	709	3,279	131,160	4.6	184.99
Fiscal 08/09		No of Unique GPs	Total		Average	
Year	Month		Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives
2008	4	825	4,362	174,460	5.3	211.47
	5	770	4,216	168,620	5.5	218.99
	6	748	4,266	170,640	5.7	228.13
	7	658	3,179	127,160	4.8	193.25
	8	565	2,783	111,320	4.9	197.03
	9	681	3,494	139,760	5.1	205.23
	10	752	3,890	155,600	5.2	206.91
	11	667	3,433	137,320	5.1	205.88
	12	657	3,338	133,520	5.1	203.23
2009	1	767	3,943	157,720	5.1	205.63
	2	742	3,626	145,040	4.9	195.47
	3	718	3,707	148,280	5.2	206.52

Table 6: Number of Patients and Services, and Costs

Fiscal 07/08		No of Unique Patients	Total		Average		
Year	Month		Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives	
2007	4	1,960	3,271	130,840	1.7	66.76	
	5	2,700	4,388	175,520	1.6	65.01	
	6	2,825	4,624	184,960	1.6	65.47	
	7	2,163	3,465	138,600	1.6	64.08	
	8	1,959	3,315	132,600	1.7	67.69	
	9	2,193	3,552	142,080	1.6	64.79	
	10	2,749	4,467	178,680	1.6	65.00	
	11	2,431	3,987	159,480	1.6	65.60	
	12	1,961	3,248	129,920	1.7	66.25	
	2008	1	2,505	4,235	169,400	1.7	67.62
		2	2,536	4,161	166,426	1.6	65.63
		3	2,068	3,279	131,160	1.6	63.42
Fiscal 08/09		No of Unique Patients	Total		Average		
Year	Month		Incentive Services	Paid for Incentives	Incentive Services	Paid for Incentives	
2008	4	2,704	4,362	174,460	1.6	64.52	
	5	2,652	4,216	168,620	1.6	63.58	
	6	2,654	4,266	170,640	1.6	64.30	
	7	2,013	3,179	127,160	1.6	63.17	
	8	1,755	2,783	111,320	1.6	63.43	
	9	2,264	3,494	139,760	1.5	61.73	
	10	2,439	3,890	155,600	1.6	63.80	
	11	2,166	3,433	137,320	1.6	63.40	
	12	2,090	3,338	133,520	1.6	63.89	
	2009	1	2,508	3,943	157,720	1.6	62.89
		2	2,278	3,626	145,040	1.6	63.67
		3	2,349	3,707	148,280	1.6	63.12