PCMH Quality of Care Indicators

**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 11.8%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 9.8%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 38.6%
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 14.4%

**WOMEN’S HEALTH**

- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 37.2%
- % of female patients ages 21-64 have a pap test every 3 years: 50.1%
- % of female patients ages 30-64 have a pap test with HPV (co-test) every 5 years: 53.3%
- % of female patients ages 50-74 have a mammogram in the last 2 years: 39.1%

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 65.4%

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last 1 year: 45.9%
- % of patients who had at least one lead screening by their second birthday: 57.4%
- % of patients ages 15-30 months who had a well child in the last year: 33.3%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 69.1%

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/Dm dx, who had a HbA1c Test completed in the last year: 94.8%
- % of patients ages 18-75 w/Dm dx, who received a retinal eye exam in the last year: 16.9%
- % of patients ages 18-75 w/Dm dx, who had a documented BMI percentile & counseling on nutrition or a referral for education in the last year: 63.0%
- % of patients ages 18-85 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: 76.0%

**GOALS**

- Immunizations: 38.2%
- Preventative Care: 53.9%
- Women’s Health: 50.1%
- Vulnerable - Elderly: 55.4%
- Chronic Disease Management: 52.6%

2ND QUARTER 2023
# PCMH Quality of Care Indicators

## Immunizations

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients (turning the age of 2) who were fully immunized</td>
<td>38.2%</td>
<td>N/A</td>
</tr>
<tr>
<td>% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal</td>
<td>36.7%</td>
<td>45.5%</td>
</tr>
<tr>
<td>% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years</td>
<td>52.6%</td>
<td>69.5%</td>
</tr>
<tr>
<td>% of patients (18 and over) who were immunized with Flu vaccine each flu season.</td>
<td>35.0%</td>
<td>43.0%</td>
</tr>
</tbody>
</table>

## Preventative Care

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 0-17 who had a medical visit in the last 1 year</td>
<td>60.0%</td>
<td>21.9%</td>
</tr>
<tr>
<td>% of patients who had at least one lead screening by their second birthday</td>
<td>50.0%</td>
<td>N/A</td>
</tr>
<tr>
<td>% of patients ages 15-30 months who had a well child in the last 1 year</td>
<td>35.0%</td>
<td>N/A</td>
</tr>
<tr>
<td>% of patients ages 3-21 who had a well child in the last 1 year</td>
<td>85.0%</td>
<td>87.2%</td>
</tr>
<tr>
<td>% of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st</td>
<td>60.0%</td>
<td>93.1%</td>
</tr>
<tr>
<td>% of patients who received one or more screenings for colorectal cancer</td>
<td>50.0%</td>
<td>68.6%</td>
</tr>
</tbody>
</table>

## Women’s Health

<table>
<thead>
<tr>
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<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months</td>
<td>35.0%</td>
<td>64.0%</td>
</tr>
<tr>
<td>% of female patients ages 21-64 have a pap test every 3 years</td>
<td>50.0%</td>
<td>66.7%</td>
</tr>
<tr>
<td>% of female patients ages 50-74 have a mammogram in the last 2 years</td>
<td>50.0%</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

## Vulnerable - Elderly

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 85-120 whose last blood pressure (BP) is &lt;150/90 in the last 1 year</td>
<td>65.1%</td>
<td>93.1%</td>
</tr>
</tbody>
</table>

## Chronic Disease Management

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 18-75 w/DM dx who received a retinal eye exam in the last year</td>
<td>81.5%</td>
<td>94.6%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year</td>
<td>77.6%</td>
<td>90.3%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received a foot exam in the last year</td>
<td>53.9%</td>
<td>66.0%</td>
</tr>
<tr>
<td>% of patients who received a follow-up plan documented since Jan 1st</td>
<td>73.1%</td>
<td>94.6%</td>
</tr>
<tr>
<td>% of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke</td>
<td>77.6%</td>
<td>94.6%</td>
</tr>
</tbody>
</table>
IMMUNIZATIONS

% of patients (turning the age of 2) who were fully immunized

N/A

GOAL: 38.2%

% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years

27.2%

GOAL: 52.6%

% of patients (18 and over) who were immunized with Flu vaccine each flu season.

17.5%

GOAL: 35.0%

PREVENTATIVE CARE

% of patients ages 0-17 who had a medical visit in the last 1 year

0.0%

GOAL: 58.3%

% of patients ages 18+ who had a medical visit in the last 1 year

49.2%

GOAL: 60.0%

% of patients who had at least one lead screening by their second birthday

N/A

GOAL: 54.3%

% of patients ages 0-15 months who had a well child in the last 1 year

N/A

GOAL: 62.3%

% of patients ages 15-30 months who had a well child in the last 1 year

N/A

GOAL: 62.3%

% of patients ages 0-17 who had a documented BMI percentile & counseling for physical activity or a referral for education in the last 1 year

0.0%

GOAL: 60.0%

% of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st

82.9%

GOAL: 70.1%

% of patients ages 15 to 65 will be screened for HIV at least once

64.2%

GOAL: 70.1%

WOMEN’S HEALTH

% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months

49.1%

GOAL: 54.9%

% of female patients ages 21-64 have a pap test every 3 years

39.6%

GOAL: 50.1%

% of female patients ages 30-64 have a pap test with HPV (co-test) every 5 years

32.2%

GOAL: 53.8%

% of female patients ages 50-74 have a mammogram in the last 2 years

31.2%

GOAL: 55.0%

VULNERABLE - ELDERLY

% of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year

70.3%

GOAL 55.4%

CHRONIC DISEASE MANAGEMENT

% of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year

90.8%

GOAL: 84.6%

% of patients ages 18-75 w/DM who received a retinal eye exam in the last year

20.0%

GOAL: 38.5%

% of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year

62.9%

GOAL: 53.0%

% of patients ages 18-45 w/DM whose last blood pressure (BP) is <140/90 in the last 1 year

79.4%

GOAL: 77.6%

% of patients with a diagnosis of CVD or a risk of CVD take aspirin or an antiplatelet medication to lower their risk of heart attack or stroke

75.6%

GOAL: 87.8%
**PCMH Quality of Care Indicators**

**Immunizations**
- % of patients (turning the age of 2) who were fully immunized: 27.5%
  - Goal: 38.2%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 27.2%
  - Goal: 36.7%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 51.2%
  - Goal: 52.6%
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 22.2%
  - Goal: 35.0%

**Women’s Health**
- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 41.8%
  - Goal: 54.3%
- % of female patients ages 21-64 who have a pap test every 3 years: 56.4%
  - Goal: 50.1%
- % of female patients ages 30-64 who have a pap test with HPV (co-test) every 5 years: 61.8%
  - Goal: 53.5%
- % of female patients ages 50-74 who have a mammogram in the last 2 years: 52.5%
  - Goal: 45.6%

**Vulnerable - Elderly**
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 72.2%
  - Goal: 55.4%

**Preventative Care**
- % of patients ages 0-17 who had a medical visit in the last year: 39.1%
  - Goal: 50.5%
- % of patients who had at least one lead screening by their second birthday: 49.2%
  - Goal: 67.1%
- % of patients ages 15-30 months who had a well child in the last year: 16.7%
  - Goal: 35.8%
- % of patients ages 3-21 who had a well child in the last year: 63.9%
  - Goal: 50.1%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 52.5%
  - Goal: 65.1%

**Chronic Disease Management**
- % of patients ages 18-75 w/DM dx, who had a documented BMI percentile & counseling for physical activity or a referral for education in the last year: 63.4%
  - Goal: 66.2%
- % of patients ages 15-30 w/DM who received a foot exam in the last year: 44.5%
  - Goal: 50.3%
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 70.3%
  - Goal: 88.0%
- % of patients who had at least one lead screening by their second birthday: 83.7%
  - Goal: 81.5%
- % of patients ages 0-17 w/DM who had a medical visit in the last year: 45.6%
  - Goal: 76.5%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 52.5%
  - Goal: 65.1%
- % of patients ages 0-15 months who had a well child in the last year: 49.3%
  - Goal: 45.3%
- % of patients ages 3-21 who had a well child in the last year: 62.4%
  - Goal: 60.1%
- % of patients ages 18+ who had a medical visit in the last year: 45.6%
  - Goal: 76.5%
- % of patients ages 18-75 w/DM dx, who had a documented BMI percentile & counseling for nutrition or a referral for education in the last year: 63.9%
  - Goal: 70.1%
- % of patients ages 3-21 who had a well child in the last year: 63.4%
  - Goal: 66.2%
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 83.7%
  - Goal: 87.1%
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 83.0%
  - Goal: 87.5%
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 36.6%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 38.6%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 59.0%
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 28.3%

**GOALS**

- GOAL: 38.2%
- GOAL: 36.7%
- GOAL: 52.6%
- GOAL: 35.0%

**WOMEN’S HEALTH**

- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 45.8%
- % of female patients ages 21-64 have a pap test every 3 years: 60.1%
- % of female patients ages 30-64 have a pap test with HPV (co-test) every 5 years: 62.3%
- % of female patients ages 50-74 have a mammogram in the last 2 years: 51.7%

**GOALS**

- GOAL: 54.9%
- GOAL: 50.1%
- GOAL: 55.0%
- GOAL: 54.6%

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 71.9%
- % of patients ages 85-120 who had a medical visit in the last year: 42.6%

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last year: 49.0%
- % of patients who had at least one lead screening by their second birthday: 39.9%
- % of patients ages 10-21 who had a well-child in the last year: 67.3%
- % of patients ages 12-65 who had a mammogram during the last year: 68.7%

**GOALS**

- GOAL: 81.5%
- GOAL: 54.3%
- GOAL: 56.1%
- GOAL: 53.2%

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/Dx who received nephropathy screening or monitoring: 91.8%
- % of patients ages 18-75 w/Dx who received a retinal eye exam in the last year: 47.5%
- % of patients ages 18-75 w/Dx who were immunized with Flu vaccine each flu season: 70.6%
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to lower their cholesterol and risk of heart attack or stroke: 84.3%

**GOALS**

- GOAL: 85.4%
- GOAL: 59.5%
- GOAL: 80.4%
- GOAL: 81.1%
PCMH Quality of Care Indicators

**IMMUNIZATIONS**
- % of patients (turning the age of 2) who were fully immunized: 36.6%
  - Goal: 38.2%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 38.6%
  - Goal: 36.7%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 59.0%
  - Goal: 52.6%
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 28.3%
  - Goal: 35.0%

**WOMEN’S HEALTH**
- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 45.8%
  - Goal: 54.9%
- % of female patients ages 21-64 have a pap test every 3 years Ages 30-64 have a pap test with HPV (co-test) every 5 years: 60.1%
  - Goal: 59.1%
- % of female patients ages 50-74 have a mammogram in the last 2 years: 62.3%
  - Goal: 53.9%

**VULNERABLE - ELDERLY**
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 71.9%
  - Goal: 55.4%

**PREVENTATIVE CARE**
- % of patients ages 0-17 who had a medical visit in the last 1 year: 42.8%
  - Goal: 50.5%
- % of patients who had at least one lead screening by their second birthday: 66.5%
  - Goal: 75.7%
- % of patients ages 15-30 months who had a well child in the last 1 year: 48.9%
  - Goal: 50.3%
- % of patients ages 3-17 who had a well child in the last 1 year: 72.7%
  - Goal: 50.3%
- % of patients ages 15 to 65 will be screened for HIV at least once: 78.2%
  - Goal: 55.4%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 74.5%
  - Goal: 88.0%
- % of patients who had at least one lead screening by their second birthday: 74.5%
  - Goal: 88.0%
- % of patients who received one or more screenings for colorectal cancer: 77.9%
  - Goal: 55.1%
- % of patients who received nephropathy screening or monitoring test done during the last 1 year: 72.7%
  - Goal: 50.3%
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 83.1%
  - Goal: 83.1%
- % of patients with a diagnosis of OVD or at risk of OVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 84.3%
  - Goal: 55.4%
- % of patients with a diagnosis of OVD or at risk of OVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 83.1%
  - Goal: 83.1%

**CHRONIC DISEASE MANAGEMENT**
- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 91.8%
  - Goal: 88.6%
- % of patients ages 18-75 w/DM dx, who received nephropathy screening or monitoring test done during the last 1 year: 56.4%
  - Goal: 88.6%
- % of patients ages 18-75 w/DM dx, who received a retinal eye exam in the last year: 74.5%
  - Goal: 74.5%
- % of patients ages 18-75 w/DM dx, who received a foot exam in the last year: 70.6%
  - Goal: 88.6%
- % of patients ages 18-75 w/DM dx, who received a mammogram in the last year: 68.7%
  - Goal: 55.4%
- % of patients ages 15-65 will be screened for HIV at least once: 68.7%
  - Goal: 55.4%
- % of patients ages 0-17 who had a medical visit in the last 1 year: 42.6%
  - Goal: 76.5%
- % of patients ages 18-75 w/DM dx, who received a foot exam in the last year: 78.2%
  - Goal: 70.1%
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education: 78.3%
  - Goal: 66.2%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 72.7%
  - Goal: 50.3%
- % of patients ages 3-21 who had a well child in the last 1 year: 74.5%
  - Goal: 55.1%
- % of patients ages 18+ who had a medical visit in the last 1 year: 49.0%
  - Goal: 76.5%
PCMH Quality of Care Indicators

**Immunizations**
- % of patients (turning the age of 2) who were fully immunized: 0.0%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 21.4%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 59.7%
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 21.4%

**Women’s Health**
- % of female patients ages 16-24 who are sexually active and have a chlamydia screening every 12 months: 22.5%
- % of female patients ages 21-64 who have a pap test every 3 years: 42.1%
- % of female patients ages 30-64 who have a pap test with HPV (co-test) every 5 years: 28.6%
- % of female patients ages 50-74 who have a mammogram in the last 2 years: 25.8%

**Vulnerable - Elderly**
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 39.1%

**Preventative Care**
- % of patients ages 18-75 with DM dx who had a medical visit in the last year: 67.5%
- % of patients ages 18-75 with DM dx whose last blood pressure (BP) is <140/90 in the last year: 32.3%
- % of patients ages 18-75 with DM dx whose last blood pressure (BP) is <150/90 in the last year: 62.0%

**Chronic Disease Management**
- % of patients ages 18-75 with DM dx who had a retinal eye exam in the last year: 53.3%
- % of patients ages 18-75 with DM dx who had a foot exam in the last year: 55.4%
- % of patients ages 18-75 with DM dx who had a nephropathy screening or monitoring test done during the last year: 59.1%
- % of patients who received one or more screenings for colorectal cancer: 35.4%

**Goal Met?**
- GOAL: 38.2%
- GOAL: 62.0%
- GOAL: 35.0%
- GOAL: 88.6%
- GOAL: 55.4%
- GOAL: 55.1%
- GOAL: 65.1%
- GOAL: 66.7%
- GOAL: 73.13%
- GOAL: 70.7%
- GOAL: 70.1%
- GOAL: 70.3%
- GOAL: 70.7%
- GOAL: 76.5%
- GOAL: 66.2%
- GOAL: 70.7%
- GOAL: 66.2%
- GOAL: 70.0%
- GOAL: 70.1%
- GOAL: 70.1%
- GOAL: 70.3%
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

<table>
<thead>
<tr>
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<th>Goal</th>
<th>Progress</th>
</tr>
</thead>
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<td>21.4%</td>
<td>38.2%</td>
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<tr>
<td>% of patients (turning the age of 13) who received Tdap, HPV, and meningococal</td>
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<td>% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years</td>
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<td>52.6%</td>
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<tr>
<td>% of patients (18 and over) who were immunized with Flu vaccine each flu season</td>
<td>27.2%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

**PREVENTATIVE CARE**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 0-17 who had a medical visit in the last year</td>
<td>43.9%</td>
<td>51.9%</td>
</tr>
<tr>
<td>% of patients who had at least one lead screening by their second birthday</td>
<td>78.6%</td>
<td>62.5%</td>
</tr>
<tr>
<td>% of patients ages 15-30 months who had a well child in the last year</td>
<td>33.3%</td>
<td>60.9%</td>
</tr>
<tr>
<td>% of patients ages 3-21 who had a well child in the last year</td>
<td>76.5%</td>
<td>75.4%</td>
</tr>
<tr>
<td>% of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st</td>
<td>81.7%</td>
<td>71.8%</td>
</tr>
<tr>
<td>% of patients who received one or more screenings for colorectal cancer</td>
<td>52.9%</td>
<td>50.3%</td>
</tr>
<tr>
<td>% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months</td>
<td>46.3%</td>
<td>54.9%</td>
</tr>
<tr>
<td>% of female patients ages 21-64 have a pap test every 3 years</td>
<td>68.8%</td>
<td>90.1%</td>
</tr>
<tr>
<td>% of female patients ages 50-74 have a mammogram in the last 2 years</td>
<td>65.5%</td>
<td>53.5%</td>
</tr>
</tbody>
</table>

**WOMEN’S HEALTH**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of female patients ages 0-15 months who had a well child in the last year</td>
<td>52.9%</td>
<td>53.5%</td>
</tr>
<tr>
<td>% of patients ages 15 to 65 who will be screened for HIV at least once</td>
<td>27.2%</td>
<td>53.9%</td>
</tr>
<tr>
<td>% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months</td>
<td>46.3%</td>
<td>54.9%</td>
</tr>
<tr>
<td>% of female patients ages 18-75 who were immunized with Tdap, HPV, and meningococal</td>
<td>23.4%</td>
<td>36.7%</td>
</tr>
<tr>
<td>% of female patients ages 18-75 who were immunized with Flu vaccine each flu season</td>
<td>64.9%</td>
<td>52.6%</td>
</tr>
<tr>
<td>% of female patients ages 18-75 who were fully immunized</td>
<td>21.4%</td>
<td>38.2%</td>
</tr>
</tbody>
</table>

**CHRONIC DISEASE MANAGEMENT**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 18-75 with DM who received a retinal eye exam in the last year</td>
<td>89.3%</td>
<td>89.8%</td>
</tr>
<tr>
<td>% of patients ages 18-75 with DM who received nephropathy screening or monitoring test done during the last 1 year</td>
<td>45.9%</td>
<td>59.4%</td>
</tr>
<tr>
<td>% of patients ages 18-75 with DM who received a foot exam in the last year</td>
<td>70.9%</td>
<td>57.9%</td>
</tr>
<tr>
<td>% of patients ages 18-85 with hypertension whose last blood pressure (BP) is &lt;140/90 in the last year</td>
<td>86.8%</td>
<td>83.6%</td>
</tr>
<tr>
<td>% of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke</td>
<td>83.6%</td>
<td>83.6%</td>
</tr>
</tbody>
</table>

**VULNERABLE - ELDERLY**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 85-120 whose last blood pressure (BP) is &lt;150/90 in the last year</td>
<td>81.6%</td>
<td>55.4%</td>
</tr>
</tbody>
</table>

**KING CHAVEZ HEALTH CENTER**

2nd Quarter 2023
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 46.4% (GOAL: 38.2%)
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 45.2% (GOAL: 36.7%)
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 59.6% (GOAL: 52.6%)
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 22.6% (GOAL: 35.0%)

**WOMEN’S HEALTH**

- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 66.8% (GOAL: 54.9%)
- % of female patients ages 21-64 have a pap test every 3 years: 65.0% (GOAL: 59.1%)
- % of female patients ages 30-64 have a pap test with HPV (co-test) every 5 years: 31.5% (GOAL: 33.8%)
- % of female patients ages 50-74 have a mammogram in the last 2 years: 39.5% (GOAL: 52.6%)

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 100.0% (GOAL: 55.4%)

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last 1 year: 46.0% (GOAL: 38.2%)
- % of patients who had at least one lead screening by their second birthday: 81.0% (GOAL: 77.6%)
- % of patients ages 15-30 months who had a well child in the last 1 year: 54.4% (GOAL: 59.1%)
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 59.5% (GOAL: 54.9%)
- % of patients ages 15 to 65 will be screened for HIV at least once: 2.1% (GOAL: 55.4%)

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 12.5% (GOAL: 22.6%)
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: 12.5% (GOAL: 12.5%)
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 12.5% (GOAL: 12.5%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: N/A (GOAL: 77.6%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking an antiplatelet medication to lower their risk of heart attack or stroke: N/A (GOAL: 58.3%)
- % of patients ages 18-65 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: N/A (GOAL: 55.4%)
- % of patients ages 0-15 months who had a well child in the last 1 year: 54.4% (GOAL: 70.7%)
- % of patients ages 3-21 who had a well child in the last 1 year: 78.1% (GOAL: 45.3%)
- % of patients ages 18+ who had a medical visit in the last 1 year: 20.2% (GOAL: 76.5%)
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last 1 year: 83.4% (GOAL: 70.1%)
- % of patients ages 3-21 who had a well child in the last 1 year: 88.0% (GOAL: 88.6%)
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: N/A (GOAL: 59.5%)
- % of patients ages 15-65 will be screened for HIV at least once: N/A (GOAL: 59.5%)
- % of patients ages 15 to 65 will be screened for HIV at least once: N/A (GOAL: 59.5%)
- % of patients ages 3-17 who had a documented BMI percentile & counseling for physical activity or a referral for education in the last 1 year: N/A (GOAL: 83.4%)
- % of patients ages 0-17 who had a medical visit in the last 1 year: N/A (GOAL: 70.1%)
- % of patients ages 3-17 who had a documented BMI percentile & counseling for physical activity or a referral for education in the last 1 year: N/A (GOAL: 70.1%)
- % of patients ages 3-21 who had a well child in the last 1 year: N/A (GOAL: 70.1%)
- % of patients ages 15-65 will be screened for HIV at least once: N/A (GOAL: 59.5%)
- % of patients ages 15-65 will be screened for HIV at least once: N/A (GOAL: 59.5%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking an antiplatelet medication to lower their risk of heart attack or stroke: N/A (GOAL: 59.5%)
- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: N/A (GOAL: 39.5%)
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: N/A (GOAL: 39.5%)
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: N/A (GOAL: 39.5%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: N/A (GOAL: 39.5%)
- % of patients ages 18-65 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: N/A (GOAL: 39.5%)
- % of patients ages 18-65 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: N/A (GOAL: 39.5%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking an antiplatelet medication to lower their risk of heart attack or stroke: N/A (GOAL: 39.5%)
- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: N/A (GOAL: 39.5%)
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: N/A (GOAL: 39.5%)
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: N/A (GOAL: 39.5%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: N/A (GOAL: 39.5%)
- % of patients ages 18-65 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: N/A (GOAL: 39.5%)
- % of patients ages 18-65 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: N/A (GOAL: 39.5%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking an antiplatelet medication to lower their risk of heart attack or stroke: N/A (GOAL: 39.5%)

**MATERNAL & CHILD HEALTH CENTER**

2ND QUARTER 2023
**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 22.2% (GOAL: 38.2%)
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 38.5% (GOAL: 36.7%)
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 53.3% (GOAL: 52.6%)
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 20.8% (GOAL: 35.0%)

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last year: 30.7% (GOAL: 35.0%)
- % of patients ages 16+ who had a medical visit in the last year: 45.8% (GOAL: 50.0%)
- % of patients who had at least one lead screening by their second birthday: 66.7% (GOAL: 54.9%)
- % of patients ages 0-15 months who had a well child visit in the last year: 50.3% (GOAL: 77.6%)
- % of patients ages 15-30 months who had a well child visit in the last year: 88.2% (GOAL: 81.5%)
- % of patients ages 3-21 who had a well child visit in the last year: 75.0% (GOAL: 66.2%)

**WOMEN’S HEALTH**

- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 43.0% (GOAL: 54.3%)
- % of female patients ages 21-64 have a pap test every 3 years: 48.5% (GOAL: 50.7%)
- % of female patients ages 30-64 have a pap test with HPV (co-test) every 5 years: 62.5% (GOAL: 53.5%)
- % of female patients ages 50-74 have a mammogram in the last 2 years: 90.8% (GOAL: 88.0%)
- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 43.0% (GOAL: 54.3%)
- % of female patients ages 50-74 have a mammogram in the last 2 years: 90.8% (GOAL: 88.0%)

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/DM dx, who had a retinal eye exam in the last year: 90.6% (GOAL: 88.6%)
- % of patients ages 18-75 w/DM dx, whose HbA1c is <9% at the time of the last reading: 95.7% (GOAL: 55.4%)
- % of patients ages 18-75 w/DM dx, who received a Lipid panel completed in the last year: 40.6% (GOAL: 35.0%)
- % of patients ages 18-75 w/DM dx, who received a Lipid panel completed in the last year: 40.6% (GOAL: 35.0%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin or other cholesterol lowering medication: 66.7% (GOAL: 65.1%)

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 95.7% (GOAL: 55.4%)
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 95.7% (GOAL: 55.4%)
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 95.7% (GOAL: 55.4%)
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 95.7% (GOAL: 55.4%)
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 95.7% (GOAL: 55.4%)

**MOUNTAIN HEALTH FAMILY MEDICINE**

2ND QUARTER 2023
**PCMH Quality of Care Indicators**

### Immunizations
- **% of patients (turning the age of 2) who were fully immunized**: 36.7%
- **% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal**: 47.5%
- **% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years**: 79.0%
- **% of patients (18 and over) who were immunized with Flu vaccine each flu season**: 46.8%

### Preventative Care
- **% of patients ages 18-75, w/DM dx, whose HbA1c< 9% at the time of the last reading in the last year**: 61.7%
- **% of patients ages 15-30 months who had a well child in the last year**: 78.7%
- **% of patients ages 12-13 who had an HbA1c screening in the last year**: 62.1%
- **% of patients ages 0-17 who had a medical visit in the last 1 year**: 44.8%
- **% of patients ages 18+ who had a medical visit in the last 1 year**: 56.6%
- **% of patients who received one or more screenings for colorectal cancer**: 62.1%
- **% of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year**: 81.9%

### Women’s Health
- **% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months**: 72.8%
- **% of female patients ages 21-64 have a pap test every 3 years**: 71.7%
- **% of female patients ages 50-74 have a mammogram in the last 2 years**: 62.1%

### Vulnerable - Elderly
- **% of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year**: 81.9%

### Chronic Disease Management
- **% of patients ages 18-75 w/DM dx, who had a retinal eye exam in the last year**: 94.7%
- **% of patients ages 18-75 w/DM who received a nephropathy screening or monitoring test done during the last 1 year**: 78.8%
- **% of patients ages 18-85 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year**: 75.8%
- **% of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke**: 86.3%
- **% of patients with a diagnosis of IVD or at risk for IVD take aspirin or an antiplatelet medication to lower their risk of heart attack or stroke**: 94.7%
**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 40.0% (Goal: 38.2%)
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 36.5% (Goal: 36.7%)
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 67.6% (Goal: 52.6%)
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 34.2% (Goal: 35.0%)

**WOMEN’S HEALTH**

- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 51.3% (Goal: 54.9%)
- % of female patients ages 21-64 have a pap test every 3 years: 65.1% (Goal: 59.1%)
- % of female patients ages 30-64 have a pap test with HPV (co-test) every 5 years: 71.8% (Goal: 53.3%)
- % of female patients ages 50-74 have a mammogram in the last 2 years: 55.9% (Goal: 59.5%)
- % of female patients ages 16-24 who are sexually active: 40.0% (Goal: 38.2%)
- % of female patients ages 21-64: 36.5% (Goal: 36.7%)
- % of female patients ages 18-75: 67.6% (Goal: 52.6%)
- % of female patients ages 18 and over who were immunized with Flu vaccine each flu season: 34.2% (Goal: 35.0%)

**PREVENTATIVE CARE**

- % of patients ages 18-17 who had a medical visit in the last 1 year: 37.7% (Goal: 40.0%)
- % of patients who had at least one lead screening by their second birthday: 46.0% (Goal: 75.0%)
- % of patients ages 15-30 months who had a well child in the last year: 20.0% (Goal: 40.7%)
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 71.8% (Goal: 55.9%)
- % of women ages 18+ who had a medical visit in the last year: 47.3% (Goal: 76.8%)
- % of patients ages 0-15 months who had a well child in the last year: 0.0% (Goal: 54.9%)
- % of patients ages 3-21 who had a well child in the last year: 67.8% (Goal: 67.4%)
- % of patients ages 12 to 65 who will be screened for HIV at least once: 77.5% (Goal: 65.1%)
- % of patients who received one or more screenings for colorectal cancer: 55.9% (Goal: 59.5%)
- % of patients ages 0-15 months who had a well child in the last year: 20.0% (Goal: 70.7%)

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 92.8% (Goal: 95.4%)
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: 19.9% (Goal: 43.3%)
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 43.3% (Goal: 50.0%)
- % of patients ages 18-85 w/DM whose last blood pressure (BP) is <140/90 in the last 1 year: 65.4% (Goal: 76.8%)
- % of patients ages 18-85 w/DM who received a foot exam in the last year: 86.2% (Goal: 85.7%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 89.5% (Goal: 85.1%)
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 71.8% (Goal: 65.1%)
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last year: 67.4% (Goal: 70.1%)
- % of patients ages 3-21 who had a well child in the last year: 67.8% (Goal: 45.3%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking an aspirin or an antiplatelet medication to lower their risk of heart attack or stroke: 77.5% (Goal: 55.1%)
- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 92.8% (Goal: 95.4%)
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: 19.9% (Goal: 43.3%)
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 43.3% (Goal: 50.0%)
- % of patients ages 18-85 w/DM whose last blood pressure (BP) is <140/90 in the last 1 year: 65.4% (Goal: 76.8%)
- % of patients ages 18-85 w/DM who received a foot exam in the last year: 86.2% (Goal: 85.7%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 89.5% (Goal: 85.1%)
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 71.8% (Goal: 65.1%)
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last year: 67.4% (Goal: 70.1%)
- % of patients ages 3-21 who had a well child in the last year: 67.8% (Goal: 45.3%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking an aspirin or an antiplatelet medication to lower their risk of heart attack or stroke: 77.5% (Goal: 55.1%)
- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 92.8% (Goal: 95.4%)
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: 19.9% (Goal: 43.3%)
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 43.3% (Goal: 50.0%)
- % of patients ages 18-85 w/DM whose last blood pressure (BP) is <140/90 in the last 1 year: 65.4% (Goal: 76.8%)
- % of patients ages 18-85 w/DM who received a foot exam in the last year: 86.2% (Goal: 85.7%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 89.5% (Goal: 85.1%)
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 71.8% (Goal: 65.1%)
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last year: 67.4% (Goal: 70.1%)
- % of patients ages 3-21 who had a well child in the last year: 67.8% (Goal: 45.3%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking an aspirin or an antiplatelet medication to lower their risk of heart attack or stroke: 77.5% (Goal: 55.1%)
- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 92.8% (Goal: 95.4%)
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: 19.9% (Goal: 43.3%)
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 43.3% (Goal: 50.0%)
- % of patients ages 18-85 w/DM whose last blood pressure (BP) is <140/90 in the last 1 year: 65.4% (Goal: 76.8%)
- % of patients ages 18-85 w/DM who received a foot exam in the last year: 86.2% (Goal: 85.7%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 89.5% (Goal: 85.1%)
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 71.8% (Goal: 65.1%)
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last year: 67.4% (Goal: 70.1%)
- % of patients ages 3-21 who had a well child in the last year: 67.8% (Goal: 45.3%)
- % of patients with a diagnosis of CVD or at risk for CVD, taking an aspirin or an antiplatelet medication to lower their risk of heart attack or stroke: 77.5% (Goal: 55.1%)

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 75.0% (Goal: 55.4%)
- % of patients ages 85-120 who were immunized with Tdap vaccine in the last 10 years: 67.6% (Goal: 52.6%)
- % of patients ages 18 and over who were immunized with Flu vaccine each flu season: 34.2% (Goal: 35.0%)

**OTAY**

- 2ND QUARTER 2023
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Goal</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients (turning the age of 2) who were fully immunized</td>
<td>33.3%</td>
<td>38.2%</td>
<td></td>
</tr>
<tr>
<td>% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal</td>
<td>37.9%</td>
<td>36.7%</td>
<td></td>
</tr>
<tr>
<td>% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years</td>
<td>66.5%</td>
<td>52.6%</td>
<td></td>
</tr>
<tr>
<td>% of patients (18 and over) who were immunized with Flu vaccine each flu season.</td>
<td>32.3%</td>
<td>35.0%</td>
<td></td>
</tr>
</tbody>
</table>

**WOMEN’S HEALTH**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Goal</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months</td>
<td>42.3%</td>
<td>43.9%</td>
<td></td>
</tr>
<tr>
<td>% of female patients ages 21-64 have a pap test every 3 years Ages 30-64 have a pap test with HPV (co-test) every 5 years</td>
<td>65.6%</td>
<td>67.8%</td>
<td></td>
</tr>
<tr>
<td>% of female patients ages 50-74 have a mammogram in the last 2 years</td>
<td>64.8%</td>
<td>65.8%</td>
<td></td>
</tr>
</tbody>
</table>

**VULNERABLE - ELDERLY**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Goal</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 85-120 whose last blood pressure (BP) is &lt;150/90 in the last 1 year</td>
<td>69.8%</td>
<td>55.4%</td>
<td></td>
</tr>
</tbody>
</table>

**PREVENTATIVE CARE**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Goal</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 0-17 who had a medical visit in the last 1 year</td>
<td>38.5%</td>
<td>35.0%</td>
<td></td>
</tr>
<tr>
<td>% of patients who had at least one lead screening by their second birthday</td>
<td>73.8%</td>
<td>75.1%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 15-30 months who had a well child in the last 1 year</td>
<td>22.2%</td>
<td>20.7%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 3-21 who had a well child in the last 1 year</td>
<td>77.8%</td>
<td>77.2%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st</td>
<td>68.9%</td>
<td>65.4%</td>
<td></td>
</tr>
<tr>
<td>% of patients who received one or more screenings for colorectal cancer</td>
<td>50.5%</td>
<td>56.5%</td>
<td></td>
</tr>
</tbody>
</table>

**CHRONIC DISEASE MANAGEMENT**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
<th>Goal</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year</td>
<td>93.4%</td>
<td>93.4%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received a retinal eye exam in the last year</td>
<td>23.1%</td>
<td>25.5%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year</td>
<td>40.3%</td>
<td>39.4%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM, whose HbA1c&lt; 6% at the time of the last reading</td>
<td>61.7%</td>
<td>61.8%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM, who received a foot exam in the last 1 year</td>
<td>70.6%</td>
<td>81.0%</td>
<td></td>
</tr>
<tr>
<td>% of patients who have a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke</td>
<td>72.8%</td>
<td>85.4%</td>
<td></td>
</tr>
<tr>
<td>% of patients who had at least one lead screening by their second birthday</td>
<td>78.9%</td>
<td>87.3%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 18-85 w/DM whose last blood pressure (BP) is &lt;140/90 in the last 1 year</td>
<td>0.0%</td>
<td>45.1%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 0-15 months who had a well child in the last 1 year</td>
<td>70.1%</td>
<td>77.6%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 3-21 who had a well child in the last 1 year</td>
<td>77.2%</td>
<td>81.9%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 15 to 65 will be screened for HIV at least once</td>
<td>75.0%</td>
<td>75.0%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 0-15 months who had a well child in the last 1 year</td>
<td>70.1%</td>
<td>45.3%</td>
<td></td>
</tr>
</tbody>
</table>

**GOAL**

- Immunizations
  - 38.2%
  - 36.7%
  - 52.6%
  - 35.0%
- Preventative Care
  - 35.0%
  - 75.1%
  - 20.7%
  - 77.2%
  - 65.4%
- Chronic Disease Management
  - 93.4%
  - 25.5%
  - 39.4%
  - 87.3%
  - 45.1%
### PCMH Quality of Care Indicators

#### Immunizations

<table>
<thead>
<tr>
<th>Category</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients (turning the age of 2) who were fully immunized</td>
<td>46.9%</td>
<td>50.0%</td>
</tr>
<tr>
<td>% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal</td>
<td>50.0%</td>
<td>59.7%</td>
</tr>
<tr>
<td>% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years</td>
<td>69.7%</td>
<td>63.9%</td>
</tr>
<tr>
<td>% of patients (18 and over) who were immunized with Flu vaccine each flu season</td>
<td>34.9%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

#### Preventative Care

<table>
<thead>
<tr>
<th>Category</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 0-17 who had a medical visit in the last 1 year</td>
<td>43.3%</td>
<td>50.6%</td>
</tr>
<tr>
<td>% of patients who had at least one lead screening by their second birthday</td>
<td>90.6%</td>
<td>89.5%</td>
</tr>
<tr>
<td>% of patients ages 15-30 months who had a well child in the last 1 year</td>
<td>60.0%</td>
<td>65.7%</td>
</tr>
<tr>
<td>% of patients ages 3-21 who had a well child in the last 1 year</td>
<td>84.6%</td>
<td>85.6%</td>
</tr>
<tr>
<td>% of patients ages 12 and older who were screened for depression and had a follow-up plan documented since Jan 1st</td>
<td>77.0%</td>
<td>88.0%</td>
</tr>
<tr>
<td>% of patients who received one or more screenings for colorectal cancer</td>
<td>59.6%</td>
<td>54.0%</td>
</tr>
<tr>
<td>% of patients ages 18+ who had a medical visit in the last 1 year</td>
<td>49.8%</td>
<td>50.3%</td>
</tr>
</tbody>
</table>

#### Women's Health

<table>
<thead>
<tr>
<th>Category</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months</td>
<td>68.8%</td>
<td>59.0%</td>
</tr>
<tr>
<td>% of female patients ages 21-64 who received a Pap test every 3 years</td>
<td>70.9%</td>
<td>76.7%</td>
</tr>
<tr>
<td>% of female patients ages 50-74 who received a mammogram in the last 2 years</td>
<td>59.6%</td>
<td>71.1%</td>
</tr>
</tbody>
</table>

#### Vulnerable - Elderly

<table>
<thead>
<tr>
<th>Category</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 85-120 whose last blood pressure (BP) is &lt;150/90 in the last 1 year</td>
<td>74.0%</td>
<td>55.4%</td>
</tr>
</tbody>
</table>

#### Chronic Disease Management

<table>
<thead>
<tr>
<th>Category</th>
<th>Goal</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year</td>
<td>92.5%</td>
<td>87.6%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received a retinal eye exam in the last year</td>
<td>17.7%</td>
<td>13.6%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year</td>
<td>44.3%</td>
<td>35.0%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM dx, whose HbA1c &lt; 6% at the time of the last reading in the last year</td>
<td>86.4%</td>
<td>73.3%</td>
</tr>
<tr>
<td>% of patients ages 18-85 w/DM whose last blood pressure (BP) is &lt;140/90 in the last 1 year</td>
<td>73.3%</td>
<td>74.1%</td>
</tr>
<tr>
<td>% of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke</td>
<td>75.0%</td>
<td>69.1%</td>
</tr>
<tr>
<td>% of patients with a diagnosis of KD or at risk of KD take aspirin or an antplatelet medication to lower their risk of heart attack or stroke</td>
<td>87.9%</td>
<td>87.5%</td>
</tr>
</tbody>
</table>
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 74.8%
  - Goal: 52.6%
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 55.1%
  - Goal: 35.0%

**WOMEN’S HEALTH**

- % of female patients ages 16-24 who are sexually active and have a chlamydia screening every 12 months: N/A
  - Goal: 54.9%
- % of female patients ages 21-64 who have a pap test every 3 years: 60.4%
  - Goal: 55.1%
- % of female patients ages 50-74 who have a mammogram in the last 2 years: 65.1%
  - Goal: 53.9%

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 69.8%
  - Goal: 55.4%

**PREVENTATIVE CARE**

- % of patients ages 18+ who had a medical visit in the last 1 year: 73.2%
  - Goal: 78.5%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 88.6%
  - Goal: 68.1%
- % of patients ages 15 to 65 will be screened for HIV at least once: 60.0%
  - Goal: 56.1%
- % of patients who received one or more screenings for colorectal cancer: 66.4%
  - Goal: 54.8%

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/ DM dx, who had an HbA1c Test completed in the last year: 93.2%
  - Goal: 84.4%
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: 12.4%
  - Goal: 39.5%
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 54.8%
  - Goal: 43.9%
- % of patients ages 18-75 w/DM dx who had a HbA1c< 9% at the time of the last reading: 65.9%
  - Goal: 53.9%
- % of patients ages 18-75 w/DM who received a foot exam in the last year: 83.1%
  - Goal: 83.7%
- % of patients ages 65+ whose last blood pressure (BP) is <140/90 in the last year: 64.2%
  - Goal: 55.1%
- % of patients with a diagnosis of CVD or a risk of CVD who take aspirin or an antplatelet medication to lower their risk of heart attack or stroke: 92.7%
  - Goal: 77.3%
- % of patients with a diagnosis of VHD or a risk of VHD who take aspirin or an antplatelet medication to lower their risk of heart attack or stroke: 91.3%
  - Goal: 87.5%

**Precision Park Senior Health Center**

2nd Quarter 2023
### PCMH Quality of Care Indicators

#### Immunizations

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
<th>Goal 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients (turning the age of 2) who were fully immunized</td>
<td>0.0%</td>
<td>29.4%</td>
<td>56.7%</td>
<td>19.0%</td>
</tr>
<tr>
<td>% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal</td>
<td>0%</td>
<td>38.2%</td>
<td>36.7%</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

#### Preventative Care

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
<th>Goal 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 0-17 who had a medical visit in the last 1 year</td>
<td>33.5%</td>
<td>80.5%</td>
<td>94.0%</td>
<td>44.0%</td>
</tr>
<tr>
<td>% of patients who had at least one lead screening by their second birthday</td>
<td>75.0%</td>
<td>57.0%</td>
<td>47.0%</td>
<td>N/A</td>
</tr>
<tr>
<td>% of patients ages 15-30 months who had a well child in the last 1 year</td>
<td>N/A</td>
<td>62.9%</td>
<td>79.3%</td>
<td>59.3%</td>
</tr>
<tr>
<td>% of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st</td>
<td>86.9%</td>
<td>65.7%</td>
<td>73.3%</td>
<td>67.3%</td>
</tr>
<tr>
<td>% of patients 15 to 65 will be screened for HIV at least once</td>
<td>72.8%</td>
<td>65.1%</td>
<td>71.6%</td>
<td>50.3%</td>
</tr>
<tr>
<td>% of patients ages 3-17 who had a documented BMI percentile &amp; counseling on nutrition or a referral for education in the last 1 year</td>
<td>78.2%</td>
<td>59.1%</td>
<td>55.4%</td>
<td>60.1%</td>
</tr>
<tr>
<td>% of patients ages 18+ who had a medical visit in the last 1 year</td>
<td>44.0%</td>
<td>87.5%</td>
<td>71.6%</td>
<td>66.5%</td>
</tr>
</tbody>
</table>

#### Women’s Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months</td>
<td>48.2%</td>
<td>54.9%</td>
<td></td>
</tr>
<tr>
<td>% of female patients ages 21-64 have a pap test every 3 years</td>
<td>64.9%</td>
<td>59.9%</td>
<td></td>
</tr>
<tr>
<td>% of female patients ages 50-74 have a mammogram in the last 2 years</td>
<td>59.0%</td>
<td>55.0%</td>
<td></td>
</tr>
</tbody>
</table>

#### Vulnerable - Elderly

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 85-120 whose last blood pressure (BP) is &lt;150/90 in the last 1 year</td>
<td>84.6%</td>
<td>55.4%</td>
<td></td>
</tr>
</tbody>
</table>

#### Chronic Disease Management

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Goal 1</th>
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<th>Goal 3</th>
<th>Goal 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year</td>
<td>91.3%</td>
<td>88.6%</td>
<td>85.6%</td>
<td>81.3%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM dx, who received a retinal eye exam in the last year</td>
<td>19.9%</td>
<td>14.0%</td>
<td>22.0%</td>
<td>24.2%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM dx, who received nephropathy screening or monitoring test done during the last 1 year</td>
<td>52.4%</td>
<td>45.0%</td>
<td>59.4%</td>
<td>65.7%</td>
</tr>
<tr>
<td>% of patients ages 18-85 w/DM w/Flu whose last blood pressure (BP) is &lt;140/90 in the last 1 year</td>
<td>74.3%</td>
<td>68.3%</td>
<td>81.3%</td>
<td>68.5%</td>
</tr>
<tr>
<td>% of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke</td>
<td>76.1%</td>
<td>70.9%</td>
<td>80.4%</td>
<td>72.8%</td>
</tr>
</tbody>
</table>
## PCMH Quality of Care Indicators

### Preventative Care

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
<th>Goal (%)</th>
<th>Current (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% of patients ages 0-17 who had a medical visit in the last 1 year</strong></td>
<td></td>
<td></td>
<td>49.6%</td>
</tr>
<tr>
<td><strong>% of patients ages 18+ who had a medical visit in the last 1 year</strong></td>
<td></td>
<td></td>
<td>25.7%</td>
</tr>
<tr>
<td><strong>% of patients who had at least one lead screening by their second birthday</strong></td>
<td></td>
<td></td>
<td>57.2%</td>
</tr>
<tr>
<td><strong>% of patients ages 0-15 months who’ve had one medical visit during the last 12 months</strong></td>
<td></td>
<td></td>
<td>43.3%</td>
</tr>
<tr>
<td><strong>% of patients ages 15-30 months who’ve had one medical visit during the last 12 months</strong></td>
<td></td>
<td></td>
<td>71.0%</td>
</tr>
<tr>
<td><strong>% of patients ages 3-21 who’ve had one medical visit during the last 12 months</strong></td>
<td></td>
<td></td>
<td>79.0%</td>
</tr>
<tr>
<td><strong>% of patients ages 3-17 who had a documented BMI percentile &amp; counseling on nutrition or a referral for education in the last 1 year</strong></td>
<td></td>
<td></td>
<td>83.8%</td>
</tr>
<tr>
<td><strong>% of patients ages 3-17 who had a documented BMI percentile &amp; counseling for physical activity or a referral for education in the last 1 year</strong></td>
<td></td>
<td></td>
<td>83.0%</td>
</tr>
<tr>
<td><strong>% of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st</strong></td>
<td></td>
<td></td>
<td>84.6%</td>
</tr>
<tr>
<td><strong>% of patients ages 15 to 65 will be screened for HIV at least once</strong></td>
<td></td>
<td></td>
<td>48.6%</td>
</tr>
</tbody>
</table>

### Immunizations

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicator</th>
<th>Goal (%)</th>
<th>Current (%)</th>
</tr>
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<tbody>
<tr>
<td><strong>% of patients (turning the age of 2) who were fully immunized</strong></td>
<td></td>
<td></td>
<td>37.2%</td>
</tr>
<tr>
<td><strong>% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal</strong></td>
<td></td>
<td></td>
<td>51.5%</td>
</tr>
<tr>
<td><strong>% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years</strong></td>
<td></td>
<td></td>
<td>90.9%</td>
</tr>
<tr>
<td><strong>% of patients (18 and over) who were immunized with Flu vaccine each flu season.</strong></td>
<td></td>
<td></td>
<td>18.2%</td>
</tr>
</tbody>
</table>

### Women’s Health

<table>
<thead>
<tr>
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<th>Goal (%)</th>
<th>Current (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% of patients ages 18-85 w/HTN whose last blood pressure (BP) is &lt;140/90 in the last 1 year</strong></td>
<td></td>
<td></td>
<td>66.7%</td>
</tr>
</tbody>
</table>

### Chronic Disease Management

<table>
<thead>
<tr>
<th>Category</th>
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<th>Goal (%)</th>
<th>Current (%)</th>
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<tbody>
<tr>
<td><strong>% of patients ages 16-24 who are sexually active have a chlamydia screening every 12 months</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>% of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months</strong></td>
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<td><strong>% of patients (turning the age of 2) who were fully immunized</strong></td>
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<tr>
<td><strong>% of patients (18 and over) who were immunized with Flu vaccine each flu season.</strong></td>
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<td>18.2%</td>
</tr>
</tbody>
</table>

**South Bay Pediatrics**

**2nd Quarter 2023**
**PCMH Quality of Care Indicators**

**IMMUNIZATIONS**
- % of patients (turning the age of 2) who were fully immunized: 33.3%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 57.1%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 72.2%
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 32.1%

**WOMEN’S HEALTH**
- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 67.7%
- % of female patients ages 21-64 have a pap test every 3 years: 67.3%
- % of female patients ages 30-64 have a pap test with HPV (co-test) every 5 years: 71.1%
- % of female patients ages 50-74 have a mammogram in the last 2 years: 71.1%

**VULNERABLE - ELDERLY**
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last year: 87.5%

**PREVENTATIVE CARE**

**CHRONIC DISEASE MANAGEMENT**
- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 93.5%
- % of patients ages 18-75 w/DM dx, who had a retinal eye exam in the last year: 45.5%
- % of patients ages 18-75 w/DM dx, who received nephropathy screening or monitoring test done during the last 1 year: 78.5%
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 82.1%

**GOALS**
- % of patients ages 0-17 who had a medical visit in the last year: 29.3%
- % of patients who had at least one lead screening by their second birthday: 33.3%
- % of patients ages 15-30 months who had a well child in the last year: 100%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 92.5%
- % of patients who received one or more screenings for colorectal cancer: 56.8%
- % of patients ages 18+ who had a medical visit in the last year: 46.6%
- % of patients who had at least one lead screening by their second birthday: 33.3%
- % of patients ages 0-15 months who had a well child in the last year: 68.6%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 84.9%
- % of patients ages 15 to 65 will be screened for HIV at least once: 83.0%
- % of patients ages 18-75 w/DM dx, who had a retinal eye exam in the last year: 45.5%
- % of patients ages 18-75 w/DM dx, who received nephropathy screening or monitoring test done during the last 1 year: 78.5%

**GOALS**
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 82.1%
- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 82.1%
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- % of patients with a diagnosis of CVD or at risk for CVD, taking a statin medication to reduce their cholesterol and risk of heart attack and stroke: 82.1%

**SHERMAN HEIGHTS**

**2ND QUARTER 2023**
**PCMH Quality of Care Indicators**

**IMMUNIZATIONS**
- % of patients (turning the age of 2) who were fully immunized: 26.9%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 40.0%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 47.3%
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 17.7%

**GOAL:**
- 38.2%
- 36.7%
- 52.6%
- 35.0%

**PREVENTATIVE CARE**
- % of patients ages 0-17 who had a medical visit in the last 1 year: 37.8%
- % of patients who had at least one lead screening by their second birthday: 53.8%
- % of patients ages 15-30 months who had a medical visit in the last 1 year: 40.4%
- % of patients who received one or more screenings for colorectal cancer: 29.4%

**GOAL:**
- 54.9%
- 59.1%
- 55.4%

**WOMEN’S HEALTH**
- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 37.1%
- % of female patients ages 21-64 have a pap test every 3 years: 48.5%
- % of female patients ages 50-74 have a mammogram in the last 2 years: 40.4%

**GOAL:**
- 50.1%
- 53.5%

**CHRONIC DISEASE MANAGEMENT**
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last year: 88.3%
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 51.1%
- % of patients ages 18-65 w/DM whose last blood pressure (BP) is <140/90 in the last 1 year: 66.4%

**GOAL:**
- 81.6%
- 69.7%

**VULNERABLE - ELDERLY**
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 53.8%

**GOAL:**
- 54.9%
**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 4.0% (Goal: 38.2%)
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 0.0% (Goal: 36.7%)
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 66.2% (Goal: 52.6%)
- % of patients (18 and over) who were immunized with Flu vaccine each flu season: 33.8% (Goal: 35.0%)

**PREVENTATIVE CARE**

- % of patients ages 18-75, w/DM dx, whose HbA1c< 9% at the time of the last reading in the last year: 62.7% (Goal: 67.7%)
- % of patients ages 18-85, w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: 72.4% (Goal: 78.1%)
- % of patients ages 18-75, w/DM dx, who had a HbA1c Test completed in the last year: 82.3% (Goal: 85.1%)
- % of patients ages 18-75, w/DM dx, who received a retinal eye exam in the last year: 71.5% (Goal: 85.4%)
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 83.5% (Goal: 90.3%)

**WOMEN’S HEALTH**

- % of female patients ages 16-24 who are sexually active have a chlamydia screening every 12 months: 44.6% (Goal: 59.3%)
- % of female patients ages 21-64 have a pap test every 3 years: 64.3% (Goal: 70.1%)
- % of female patients ages 50-74 have a mammogram in the last 2 years: 62.9% (Goal: 55.9%)

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 66.9% (Goal: 55.4%)

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/DM dx, who had a medical visit in the last year: 54.2% (Goal: 60.5%)
- % of patients ages 0-17 who had a medical visit in the last year: 10.8% (Goal: 20.5%)
- % of patients who had at least one lead screening by their second birthday: 4.0% (Goal: 1.0%)
- % of patients who had at least one lead screening by their second birthday: 4.0% (Goal: 1.0%)
- % of patients ages 18-75, w/DM dx, who had a well-child in the last year: 12.1% (Goal: 17.1%)
- % of patients ages 3-21 who had a well-child in the last year: 27.6% (Goal: 41.0%)
- % of patients ages 50-74 who received a mammogram in the last 2 years: 12.6% (Goal: 20.5%)

**SAN YSIDRO HEALTH CENTER**

2ND QUARTER 2023
How satisfied are SAN YSIDRO HEALTH PATIENTS with their HEALTH CARE?

- SAN YSIDRO HEALTH CHULA VISTA - 93.1
- SAN YSIDRO HEALTH CENTER - 91.9
- MATERNAL & CHILD HEALTH CENTER - 93.2
- EL CAJON - 89.3
- OCEAN VIEW HEALTH CENTER - 90.7
- KING-CHAVEZ HEALTH CENTER - 89.8
- PARADISE HILLS - 89.9
- OTAY - 92.7
- NATIONAL CITY - 97.1
- PRECISION PARK SENIOR HEALTH CENTER - 92.1
- Santee FAMILY MEDICINE - 89.5
- ESCONDIDO FAMILY MEDICINE - 89.3
- CARE VIEW HEALTH CENTER - 88.3
- SOUTHBAY - 93.2
- SOUTH BAY PEDIATRICS - 91.9
- SHERMAN HEIGHTS - 90.8
- ALPINE FAMILY MEDICINE - 92.0
- COMMUNITY HEIGHTS FAMILY MEDICINE - 93.2
- MOUNTAIN HEALTH FAMILY MEDICINE - 96.0
- JULIAN FAMILY MEDICINE - 90.3
- CHULA VISTA PEDIATRICS - 89.7
- CHULA VISTA URGENT CARE - 90.5

2ND QUARTER 2023