PCMH Quality of Care Indicators

**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 0%
  - **GOAL**: 79.56%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 25%
  - **GOAL**: 46.72%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 49.56%
  - **GOAL**: 73%

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 82.87%
  - **GOAL**: 92.7%
- % of patients ages 18-75, w/DM dx, whose HbA1c< 9% at the time of the last reading in the last year: 61.6%
  - **GOAL**: 81%
- % of patients ages 18-75 w/DM who received a foot exam in the last 1 year: 12.15%
  - **GOAL**: 29.68%
- % of pts ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 41.99%
  - **GOAL**: 68.81%
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last 1 year: 77.59%
  - **GOAL**: 80%
- % of patients ages 18-75 w/DM, whose last blood pressure (BP) is <140/90 in the last 1 year: 77.59%
  - **GOAL**: 80%

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last 1 year: 91.26%
  - **GOAL**: 82.72%
- % of patients ages 18+ who had a medical visit in the last 1 year: 87.16%
  - **GOAL**: 90.29%
- % of patients who had at least one lead screening by their second birthday: 30%
  - **GOAL**: 68.94%
- % of patients ages 3-6 who had a well child in the last 1 year: 58.06%
  - **GOAL**: 60%
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last 1 year: 82.72%
  - **GOAL**: 63.7%
- % 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: 67.9%
  - **GOAL**: 60.49%
- % patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 94.72%
  - **GOAL**: 67.9%

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 82.5%
  - **GOAL**: 80%
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CHULA VISTA 2019</th>
<th>GOAL 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients (turning the age of 2) who were fully immunized</td>
<td>47.34%</td>
<td>79.56%</td>
</tr>
<tr>
<td>% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal</td>
<td>42.59%</td>
<td>46.72%</td>
</tr>
<tr>
<td>% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years</td>
<td>62.24%</td>
<td>73%</td>
</tr>
</tbody>
</table>

**CHRONIC DISEASE MANAGEMENT**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CHULA VISTA 2019</th>
<th>GOAL 2019</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>82.72%</td>
<td>92.7%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM dx, whose HbA1c&lt; 9% at the time of the last reading in the last year</td>
<td>38.83%</td>
<td>91%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received a foot exam in the last 1 year</td>
<td>16.77%</td>
<td>29.48%</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>61.53%</td>
<td>93.23%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received a retinal eye exam in the last 1 year</td>
<td>31.46%</td>
<td>68.01%</td>
</tr>
<tr>
<td>% of pts ages 18-75 w/DM who received a HbA1c Test</td>
<td>74.48%</td>
<td>86%</td>
</tr>
</tbody>
</table>

**PREVENTATIVE CARE**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CHULA VISTA 2019</th>
<th>GOAL 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 0-17 who had a medical visit in the last 1 year</td>
<td>80.29%</td>
<td>80.29%</td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year</td>
<td>84.25%</td>
<td>89.6%</td>
</tr>
<tr>
<td>% of patients who had at least one lead screening by their second birthday</td>
<td>68.12%</td>
<td>63.7%</td>
</tr>
<tr>
<td>% of patients ages 3-6 who had a well child in the last 1 year</td>
<td>63.87%</td>
<td>63.4%</td>
</tr>
<tr>
<td>% of patients ages 3-17 who had a documented BMI percentile &amp; counseling for nutrition or a referral for education in the last 1 year</td>
<td>58.7%</td>
<td>63.4%</td>
</tr>
<tr>
<td>% 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</td>
<td>57.74%</td>
<td>65.83%</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>53.21%</td>
<td>60%</td>
</tr>
<tr>
<td>% of patients who received one or more screenings for colorectal cancer</td>
<td>39.33%</td>
<td>77%</td>
</tr>
<tr>
<td>% of women ages 50-74 who received one or more mammograms in the last 2 years</td>
<td>67.58%</td>
<td>88.64%</td>
</tr>
<tr>
<td>% of women ages 21-64 who received one or more pap tests to screen for cervical cancer in the last 3 years or women age 30-64 with pap/HPV co-testing last 5 years</td>
<td>51.22%</td>
<td>68.12%</td>
</tr>
</tbody>
</table>

**VULNERABLE - ELDERLY**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>CHULA VISTA 2019</th>
<th>GOAL 2019</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>79.12%</td>
<td>80%</td>
</tr>
</tbody>
</table>
**PCMH Quality of Care Indicators**

**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 52.74%
  - **GOAL:** 79.56%

- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 50.42%
  - **GOAL:** 46.72%

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 5-64 with persistent asthma who were appropriately ordered medication during the measurement period: 76.00%
  - **GOAL:** 95.00%

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last 1 year: 86.02%
  - **GOAL:** 90.29%

- % of patients who had at least one lead screening by their second birthday: 54.11%
  - **GOAL:** 85%

- % of patients ages 3-6 who had a well child in the last 1 year: 72.27%
  - **GOAL:** 83.7%

- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last 1 year: 85.35%
  - **GOAL:** 83.45%

- % of patients ages 3-17 who had a documented BMI percentile & counseling for physical activity or referral for education in the last 1 year: 84.11%
  - **GOAL:** 78.35%

- % patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 60.5%
  - **GOAL:** 85%

**CHULA VISTA PEDIATRICS**

**4th QUARTER 2019**
## PCMH Quality of Care Indicators

### Immunizations
- **% of patients (turning the age of 2) who were fully immunized**: 48%
- **GOAL**: 79.56%
- **% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal**: 49.12%
- **GOAL**: 46.72%
- **% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years**: 74.44%
- **GOAL**: 73%

### Chronic Disease Management
- **% of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year**: 76.96%
- **GOAL**: 92.7%
- **% of patients ages 18-75 w/DM dx, whose HbA1c< 9% at the time of the last reading in the last year**: 48.11%
- **GOAL**: 91%
- **% of patients ages 18-75 w/DM who received a foot exam in the last year**: 17.42%
- **GOAL**: 30.68%
- **% of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last year**: 57.68%
- **GOAL**: 92.68%
- **% of patients ages 18-85 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year**: 70.02%
- **GOAL**: 80%

### Preventative Care
- **% of patients ages 0-17 who had a medical visit in the last year**: 82.93%
- **GOAL**: 82.93%
- **% of patients ages 18-75 who had a medical visit in the last year**: 64.68%
- **GOAL**: 70.68%
- **% of patients ages 3-6 who had a well child in the last year**: 74.39%
- **GOAL**: 83.45%
- **% 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**: 73.04%
- **GOAL**: 85%
- **% of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st**: 74.65%
- **GOAL**: 61.83%
- **% of women ages 50-74 who received one or more mammograms in the last 2 years**: 64.68%
- **GOAL**: 64.68%
- **% of women ages 21-64 who received one or more pap tests to screen for cervical cancer in the last 3 years or women age 30-64 with pap/HPV co-testing last 5 years**: 78.38%
- **GOAL**: 78.38%
- **% of women ages 21-64 who received one or more pap tests to screen for cervical cancer in the last 3 years or women age 30-64 with pap/HPV co-testing last 5 years**: 78.38%
- **GOAL**: 78.38%

### Vulnerable - Elderly
- **% of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year**: 78.38%
- **GOAL**: 80%
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

- **% of patients (turning the age of 2) who were fully immunized**: 53.93%
  - **GOAL**: 79.56%

- **% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal vaccines**: 59.55%
  - **GOAL**: 46.72%

**CHRONIC DISEASE MANAGEMENT**

- **% of patients ages 5-64 with persistent asthma who were appropriately ordered medication during the measurement period**: 91.11%
  - **GOAL**: 95.00%

**PREVENTATIVE CARE**

- **% of patients ages 0-17 who had a medical visit in the last 1 year**: 82.99%
  - **GOAL**: 90.29%

- **% of patients who had at least one lead screening by their second birthday**: 86.07%
  - **GOAL**: 84%

- **% of patients ages 3-6 who had a well child in the last 1 year**: 69.08%
  - **GOAL**: 83.7%

- **% of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last 1 year**: 76.52%
  - **GOAL**: 83.45%

- **% 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**: 75.67%
  - **GOAL**: 78.35%

- **% of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st**: 58.66%
  - **GOAL**: 85%

- **% of women ages 50-74 who received one or more mammograms in the last 2 years**: 64.08%
  - **GOAL**: 68.94%

- **% of women ages 21-64 who received one or more pap tests to screen for cervical cancer in the last 3 years or women age 30-64 with pap/HPV co-testing last 5 years**: 62.35%
  - **GOAL**: 70.68%
IMMUNIZATIONS

- % of patients (turning the age of 2) who were fully immunized: 50.62%
  
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 78.16%
  
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 76.73%
  
GOAL: 79.56%

PREVENTATIVE CARE

- % of patients ages 0-17 who had a medical visit in the last 1 year: 85.07%
  
- % of patients ages 18+ who had a medical visit in the last 1 year: 85.92%
  
- % of patients who had at least one lead screening by their second birthday: 86.42%
  
- % of patients ages 3-6 who had a well child in the last 1 year: 73.29%
  
- % 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: 72.88%
  
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 77.28%
  
- % of patients who received one or more screenings for colorectal cancer: 50.44%
  
- % of women ages 50-74 who received one or more mammograms in the last 2 years: 69.02%
  
- % of women age 30-64 with pap/HPV co-testing last 5 years: 62.61%

CHRONIC DISEASE MANAGEMENT

- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 83.81%
  
- % of patients ages 18-75 w/DM dx, whose HbA1c <9% at the time of the last reading in the last year: 53.91%
  
- % of patients ages 18-75 w/DM who received a foot exam in the last 1 year: 15.92%
  
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 66.86%
  
- % of patients ages 18-75 w/DM who received an eye exam in the last year: 36.52%
  
- % of patients ages 18-85 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: 71.31%
  
GOAL: 80%

VULNERABLE - ELDERLY

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 85.71%
  
GOAL: 80%

NATIONAL CITY

4th QUARTER 2019
PCMH Quality of Care Indicators

**IMMUNIZATIONS**
- % of patients (turning the age of 2) who were fully immunized: 58.14%
  - **GOAL:** 79.56%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 59.32%
  - **GOAL:** 46.72%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 69.47%
  - **GOAL:** 73%

**CHRONIC DISEASE MANAGEMENT**
- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 81.59%
  - **GOAL:** 62.73%
- % of patients ages 18-75, w/DM dx, whose HbA1c< 9% at the time of the last reading in the last year: 60.11%
  - **GOAL:** 81%
- % of patients ages 18-75 w/DM who received a foot exam in the last 1 year: 19.49%
  - **GOAL:** 29.66%
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 69.62%
  - **GOAL:** 82.16%
- % of patients ages 18-75 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: 44.40%
  - **GOAL:** 60.81%

**PREVENTATIVE CARE**
- % of patients ages 0-17 who had a medical visit in the last 1 year: 75.99%
  - **GOAL:** 90.29%
- % of patients ages 18-75 who had a medical visit in the last 1 year: 83.94%
  - **GOAL:** 80%
- % of patients who had at least one lead screening by their second birthday: 74.42%
  - **GOAL:** 67%
- % of patients ages 3-6 who had a well child in the last 1 year: 62.73%
  - **GOAL:** 82.37%
- % 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: 70.82%
  - **GOAL:** 81.99%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 68.56%
  - **GOAL:** 80%
- % of patients who received one or more screenings for colorectal cancer: 73.38%
  - **GOAL:** 71%
- % of women ages 50-74 who received one or more mammograms in the last 2 years: 56.41%
  - **GOAL:** 61%
- % of women ages 21-64 who received one or more pap tests to screen for cervical cancer in the last 3 years or women age 30-64 with pap/HPV co-testing last 5 years: 76.12%
  - **GOAL:** 68.34%
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 61.69%
  - **GOAL:** 90.29%

**VULNERABLE - ELDERLY**
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 81.82%
  - **GOAL:** 80%
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 41.23%
  - Goal: 79.56%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 57.43%
  - Goal: 46.72%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 66.25%
  - Goal: 73%

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 84.60%
  - Goal: 92.77%
- % of patients ages 18-75, w/DM dx, whose HbA1c< 9% at the time of the last reading in the last year: 60.39%
  - Goal: 81%
- % of patients ages 18-75 w/DM who received a foot exam in the last 1 year: 22.80%
  - Goal: 29.68%
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 67.52%
  - Goal: 93.67%
- % of patients ages 18-75 w/DM who received a retinal eye exam in the last 1 year: 39.69%
  - Goal: 68.81%
- % of pts ages 18-75 w/DM who received a HbA1c Test in the last year: 68.61%
  - Goal: 80%

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last 1 year: 85.42%
  - Goal: 86.33%
- % of patients ages 18+ who had a medical visit in the last 1 year: 85.44%
  - Goal: 86.29%
- % of patients who had at least one lead screening by their second birthday: 83.33%
  - Goal: 89.89%
- % of patients ages 3-6 who had a well child in the last 1 year: 73.65%
  - Goal: 83.33%
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last 1 year: 77.92%
  - Goal: 94.15%
- % 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: 76.77%
  - Goal: 80.16%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 72.75%
  - Goal: 80%
- % of women ages 50-74 who received one or more mammograms in the last 2 years: 66.62%
  - Goal: 83.34%
- % of women ages 21-64 who received one or more pap tests to screen for cervical cancer in the last 3 years or women age 30-64 with pap/HPV co-testing last 5 years: 64.4%
  - Goal: 83.34%
- % of patients who had at least one lead screening by their second birthday: 83.7%
  - Goal: 85%
- % of women ages 50-74 who received one or more mammograms in the last 2 years: 85.44%
  - Goal: 85%
- % of patients who had at least one lead screening by their second birthday: 83.33%
  - Goal: 85%
- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 85.44%
  - Goal: 85.44%

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 78.95%
  - Goal: 80%
**PCMH Quality of Care Indicators**

**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 40%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 60.94%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 70.3%

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year: 89.54%
- % of patients ages 18-75, w/DM dx, whose HbA1c< 9% at the time of the last reading in the last year: 65.48%
- % of patients ages 18-75 w/DM who received a foot exam in the last 1 year: 16.61%
- % of patients ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year: 26.43%
- % of pts ages 18-75 w/DM who received a HbA1c Test completed in the last year: 78.88%
- % of patients ages 18-85 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: 75.17%

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last 1 year: 84.6%
- % of patients ages 18-75 who had at least one lead screening by their second birthday: 85.94%
- % of patients ages 3-6 who had a well child in the last 1 year: 70.81%
- % 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: 71.22%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 71.22%
- % of patients ages 21-64 who received one or more pap tests to screen for cervical cancer in the last 3 years or women age 30-64 with pap/HPV co-testing last 5 years: 83.05%
- % of patients ages 3-17 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last 1 year: 56.48%
- % of patients ages 50-74 who received nephropathy screening or monitoring test done during the last 1 year: 73.18%
- % of women ages 50-74 who received one or more mammograms in the last 2 years: 65.3%

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 84.62%

**PARADISE HILLS**

4th QUARTER 2019
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

- % of patients (turning the age of 2) who were fully immunized: 27.78%
  - Goal: 79.56%
- % of patients (turning the age of 13) who received Tdap, HPV, and meningococcal: 64.29%
  - Goal: 46.72%
- % of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years: 74.9%
  - Goal: 73%

**CHRONIC DISEASE MANAGEMENT**

- % of patients ages 18-75 w/DM dx, who had a Hba1c Test completed in the last year: 80.35%
  - Goal: 82.27%
- % of patients ages 18-75, w/DM dx, whose Hba1c< 9% at the time of the last reading in the last year: 65.96%
  - Goal: 61%
- % of patients ages 18-75 w/DM who received a foot exam in the last 1 year: 22.81%
  - Goal: 23.88%
- % of pts ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last year: 66.91%
  - Goal: 53.49%
- % of patients ages 18-75 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year: 30.53%
  - Goal: 68.91%
- % of patients ages 18-85 w/HTN whose last blood pressure (BP) is <150/90 in the last 1 year: 68.09%
  - Goal: 60%

**PREVENTATIVE CARE**

- % of patients ages 0-17 who had a medical visit in the last 1 year: 83.91%
  - Goal: 80.29%
- % of patients ages 18-75 who had a medical visit in the last 1 year: 82.54%
  - Goal: 80.29%
- % of patients who had at least one lead screening by their second birthday: 77.78%
  - Goal: 80%
- % of patients ages 3-6 who had a well child in the last 1 year: 69.41%
  - Goal: 83.45%
- % of patients ages 3-7 who had a documented BMI percentile & counseling on nutrition or a referral for education in the last 1 year: 53.5%
  - Goal: 50.49%
- % of patients ages 3-7 who had a documented BMI percentile & counseling for physical activity or a referral for education in the last 1 year: 55%
  - Goal: 50.49%
- % of patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st: 77.37%
  - Goal: 80%
- % of patients who received one or more screenings for colorectal cancer: 45.59%
  - Goal: 71%
- % of women ages 50-74 who received one or more mammograms in the last 2 years: 63.73%
  - Goal: 68.34%
- % of women age 30-64 with pap/HPV co-testing last 5 years: 64.62%
  - Goal: 60%

**VULNERABLE - ELDERLY**

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year: 83.33%
  - Goal: 80%
**PCMH Quality of Care Indicators**

### IMMUNIZATIONS

- **% of patients (18 and over) who were immunized with Tdap vaccine in the last 10 years**
  - 88.25%
  - **GOAL:** 73%

### CHRONIC DISEASE MANAGEMENT

- % of patients ages 18-75 w/DM dx, who had an HbA1c completed in the last year
  - 90.54%
  - **GOAL:** 92.7%

- % of patients ages 18-75, w/DM dx, whose HbA1c < 9% at the time of the last reading in the last year
  - 12.66%
  - **GOAL:** 23.68%

- % of patients ages 18-75 w/DM who received a retinal eye exam in the last 1 year
  - 58.22%
  - **GOAL:** 60.01%

- % of pts ages 18-75 w/DM who received a foot exam in the last 1 year
  - 68.7%
  - **GOAL:** 81%

- % of pts ages 18-75 w/DM who received nephropathy screening or monitoring test done during the last 1 year
  - 76.32%
  - **GOAL:** 83.34%

- % of patients ages 18-85 w/HTN whose last blood pressure (BP) is <140/90 in the last 1 year
  - 63.14%
  - **GOAL:** 80%

### PREVENTATIVE CARE

- % of patients ages 18+ who had a medical visit in the last 1 year
  - 93.41%
  - **GOAL:** 90.29%

- % patients ages 12 and older who were screened for depression and if positive, had a follow-up plan documented since Jan 1st
  - 92.39%
  - **GOAL:** 85%

- % of patients who received one or more screenings for colorectal cancer
  - 68.6%
  - **GOAL:** 71%

- % of women ages 50-74 who received one or more mammograms in the last 2 years
  - 78.24%
  - **GOAL:** 68.94%

- % of women ages 21-64 who received one or more pap tests to screen for cervical cancer in the last 3 years or women age 30-64 with pap/HPV co-testing last 5 years
  - 70.56%
  - **GOAL:** 70.68%

### VULNERABLE - ELDERLY

- % of patients ages 85-120 whose last blood pressure (BP) is <150/90 in the last 1 year
  - 68.25%
  - **GOAL:** 80%
PCMH Quality of Care Indicators

**IMMUNIZATIONS**

<table>
<thead>
<tr>
<th>Category</th>
<th>Goal</th>
<th>Measurement</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients (turning the age of 2) who were fully immunized</td>
<td>79.56%</td>
<td>0%</td>
<td>75.48%</td>
</tr>
<tr>
<td>% of patients (turning the age of 13) who received Tdap, HPV, and meningococcal</td>
<td>46.72%</td>
<td>0%</td>
<td>73%</td>
</tr>
</tbody>
</table>

**CHRONIC DISEASE MANAGEMENT**

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<tbody>
<tr>
<td>% of patients ages 18-75 w/DM dx, who had a HbA1c Test completed in the last year</td>
<td>83.8%</td>
<td>56.97%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 18-75, w/DM dx, whose HbA1c&lt; 9% at the time of the last reading in the last year</td>
<td>18.83%</td>
<td>60.45%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 18-75 w/DM who received a retinal eye exam in the last 1 year</td>
<td>42.19%</td>
<td>70.87%</td>
<td></td>
</tr>
</tbody>
</table>

**PREVENTATIVE CARE**

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</tr>
</thead>
<tbody>
<tr>
<td>% of patients ages 0-17 who had a medical visit in the last year</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 18+ who had a medical visit in the last year</td>
<td>84.33%</td>
<td>62.86%</td>
<td></td>
</tr>
<tr>
<td>% of patients who had at least one lead screening by their second birthday</td>
<td>0%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 3-6 who had a well child in the last year</td>
<td>100%</td>
<td>71.76%</td>
<td></td>
</tr>
<tr>
<td>% of patients ages 3-17 who had a documented BMI percentile &amp; counseling for physical activity or a referral for education in the last year</td>
<td>60.18%</td>
<td>54.53%</td>
<td></td>
</tr>
<tr>
<td>% of patients who received one or more screenings for colorectal cancer</td>
<td>65.5%</td>
<td>60.18%</td>
<td></td>
</tr>
</tbody>
</table>

**VULNERABLE - ELDERLY**

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</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>80%</td>
<td>77.91%</td>
<td></td>
</tr>
</tbody>
</table>