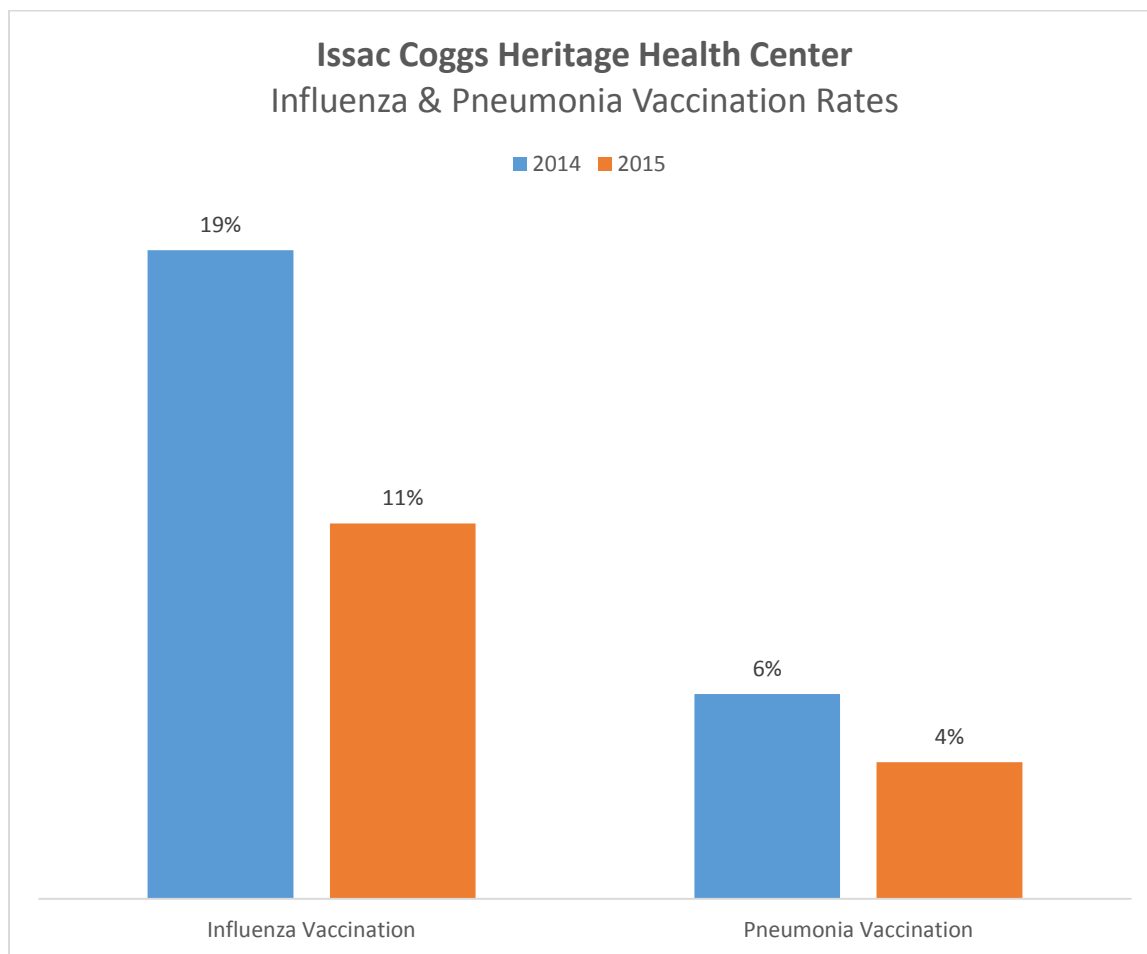


## Issac Coggs Heritage Health Center Quality Data

### Immunizations

1. Influenza immunization – The measure is defined as the “**Percentage of patients aged 50 years and older who received an influenza immunization during the measurement period’s flu season**”.
2. Pneumonia immunization- The measure is defined as the “**Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine**”.

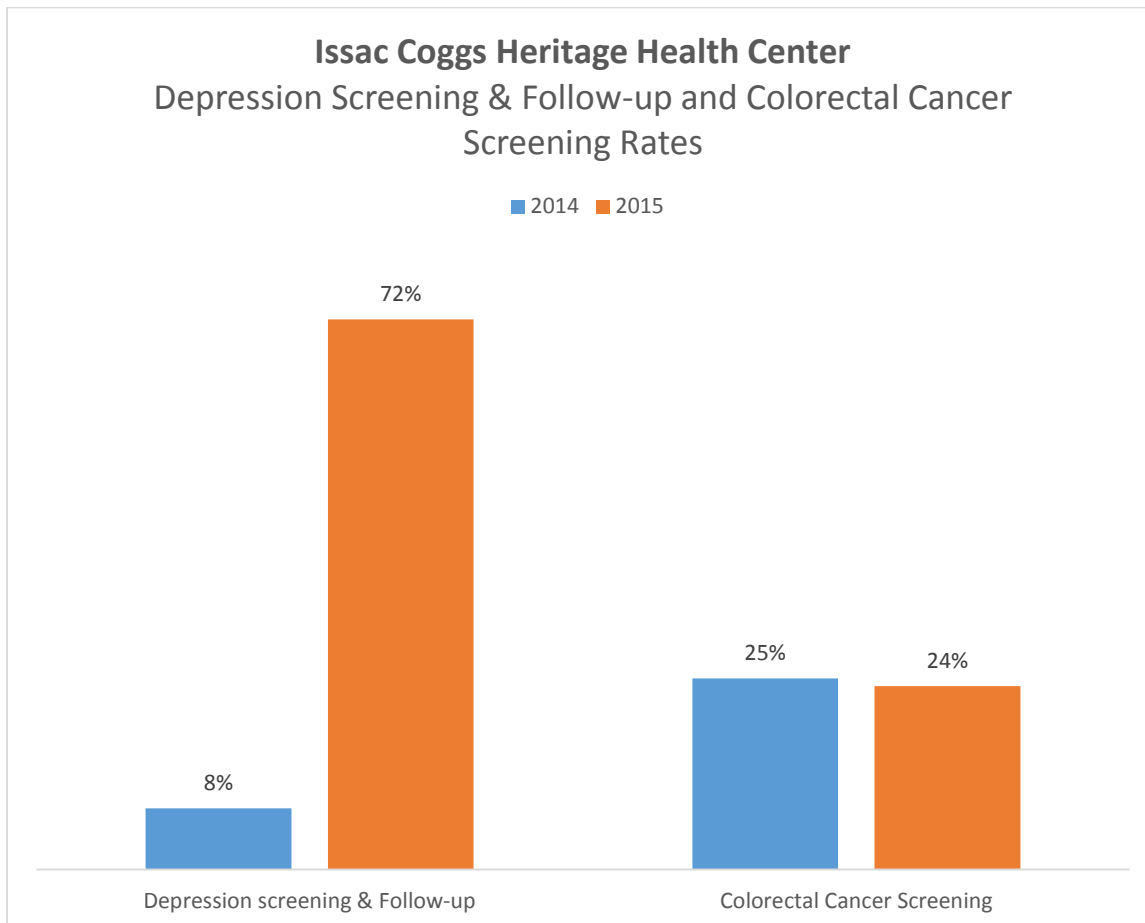
These are MU measures. The following graphs show the data collected at our Coggs location for CY 2014 and 2015. The data were collected by running reports in our EMR, GE Centricity CPS 12. For both immunizations, *the reporting periods are Jan 1- Dec 31, 2014 and Jan 1- Dec 31, 2015*. **The compliance rate for influenza in 2014 is 18.5% (405/2192). The compliance rate for influenza in 2015 is 10.5% (190/1813). The compliance rate for pneumonia in 2014 is 5.9% (43/730). The compliance rate for pneumonia in 2015 is 4.1% (28/684).**



## Preventive Care Measures

1. Depression Screening and Follow up – The measure is defined as the “**Percentage of patients ages 12 years and older who were screened for depression with a standardized tool and if screening was positive had a follow-up plan documented**”.
2. Colorectal Cancer Screening (CRC)- The measure is defined as the “**Percentage of patients, 51-74 years of age with appropriate screening for colorectal cancer**”.

These are UDS measures. The following graphs show the data collected at our Coggs location for CY 2014 and 2015. The data were collected by running reports in our EMR, GE Centricity CPS 12. For both measures, *the reporting periods are Jan 1- Dec 31, 2014 and Jan 1- Dec 31, 2015*. **The compliance rate for depression screening/follow up in 2014 is 7.6% (316/4156). The compliance rate for depression screening/follow up in 2015 is 72.3% (1802/2497). The compliance rate for CRC in 2014 is 25.2% (424/1681). The compliance rate for CRC in 2015 is 24.3% (283/1166).**

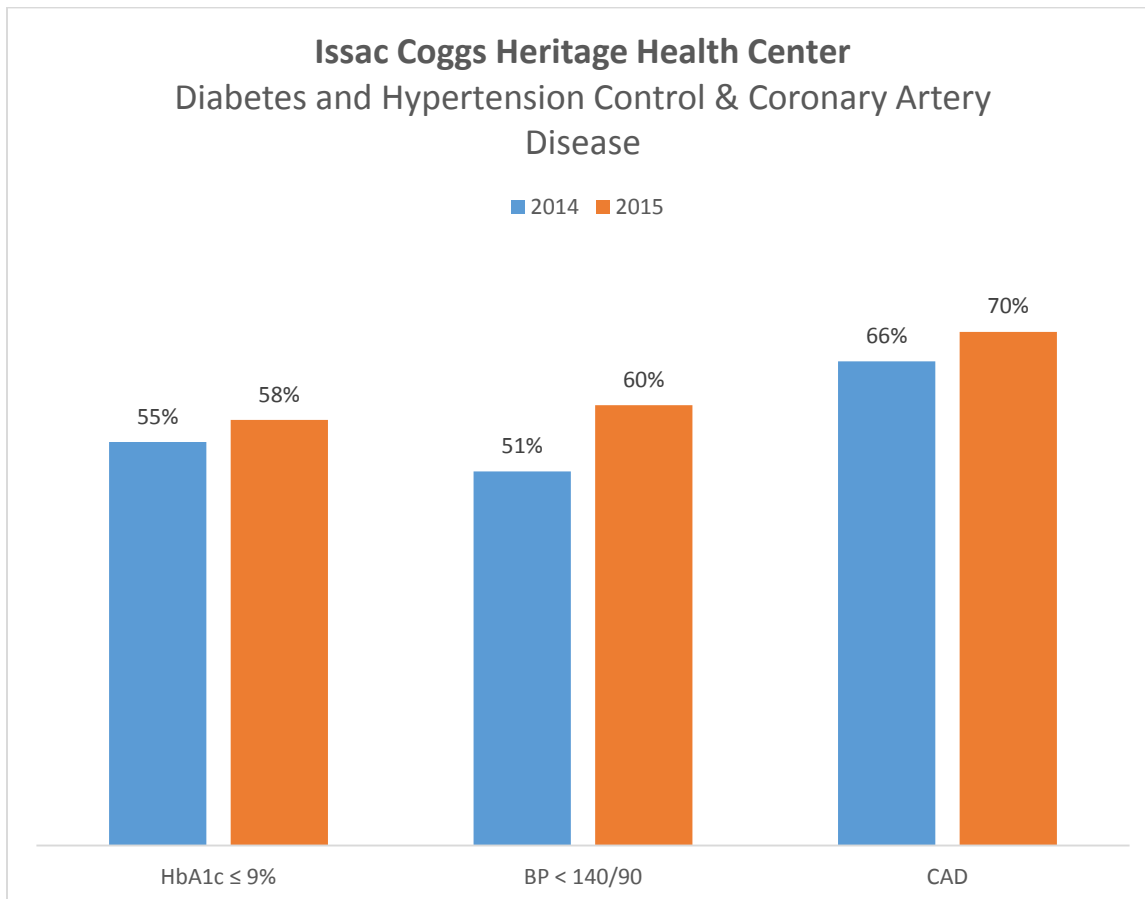


## Chronic Conditions

The conditions selected are the following:

1. Diabetes Control – The measure is defined as the “**Percentage of diabetic patients ages 18 to 75 years whose HbA1c  $\leq$  9%**”.
2. Hypertension Control- The measure is defined as the “**Percentage of hypertensive patients ages 18 to 85 years whose BP < 140/90**”.
3. Coronary Artery Disease (CAD) - The measure is defined as the “**Percentage of patients ages 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy like Statins**”.

These are UDS measures. The following graphs show the data collected at our Coggs location for CY 2014 and 2015. The data were collected by running reports in our EMR, GE Centricity CPS 12. For these measures, *the reporting periods are Jan 1- Dec 31, 2014 and Jan 1- Dec 31, 2015. The compliance rate for diabetes control in 2014 is 54.7% (422/772). The compliance rate for diabetes control in 2015 is 58.3% (315/540). The compliance rate for hypertension control in 2014 is 50.5% (760/1504). The compliance rate for hypertension control in 2015 is 59.6% (559/938). The compliance rate for CAD in 2014 is 66.1% (41/62). The compliance rate for CAD in 2015 is 70.2% (33/47).*



## HIV Patients' Data

The vulnerable population that we have identified consists of our HIV positive patients.

In 2015, we treated 173 HIV patients.

Of these 173 patients, 81 received the pneumonia vaccine in 2015. Therefore, **the compliance rate of pneumonia vaccination among our HIV patients is 47% (81/173).**

The following is the breakdown of the HIV patients who received the pneumonia vaccine:

**2-(2%) Whites (2 male)**

**4-(5%) Hispanic (3-male) (1-female)**

**75-(93%)-African Americans (50-male) (22-female) (3-transgender)**

## Care Coordination Measures

The first care coordination measure that we have selected is the MU measure, **Medication Reconciliation**. The data collected for Q1 2016 shows a compliance rate of **95% (893/943)**.

The second care coordination measure that we have selected is the MU measure, **Transition of Care**. The data collected for Q1 2016 shows a compliance rate of **0% (0/178)**.

## Utilization Measures

The first utilization measure that we have selected is “**Total Cost Per Patient**”.

In 2015, we had total costs of \$3,652,981 for our Coggs clinic. We saw 7,079 unique patients at the Coggs clinic during 2015.

Therefore, ***Total Cost Per Patient in 2015 = \$3,652,981 / 7,079 = \$516.03***

In 2014, we had total costs of \$4,959,769 for our Coggs clinic. We saw 7,483 unique patients at the Coggs clinic during 2014.

Therefore, ***Total Cost Per Patient in 2014 = \$4,959,769 / 7483 = \$662.80***

The second utilization measure that we have selected is “**Number of referrals made to Cardiologists**”. We selected this utilization measure because it is linked to two of our UDS clinical quality measures. We collect data on Coronary Artery Disease and Ischemic Vascular Disease for the federal government. We believe it is prudent to develop a better perspective on the referrals to cardiologists.

*During the time period, Jan 1 to March 31, 2016, our providers at the Coggs clinic made 20 referrals to Cardiologists. During this time period, we had 903 referrals at the Coggs clinic.*

Therefore, **the percentage of referrals made to cardiology is 2.2% (20/903).**