



# Gifford Health Care

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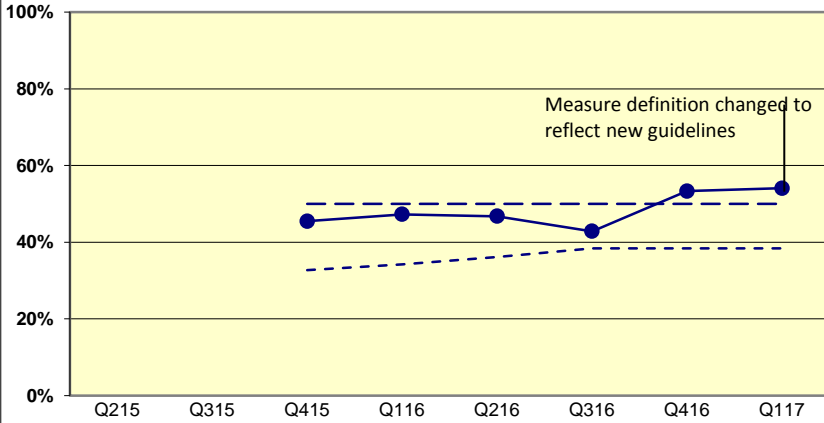
Patient-Centered Medical Home Reporting Dashboards  
2015-2016

44 South Main Street | PO Box 2000 | Randolph, VT 05060  
[www.giffordhealthcare.org](http://www.giffordhealthcare.org)



**Berlin**

**HPV Vaccination Rate**



8 qtr avg: 49% (187 / 384)

**Indicator Definition:**

Percentage of patients 12-17 years of age who have completed\* the human papillomavirus (HPV) vaccine series.

\*Two doses of HPV is a complete series if the first dose was received prior to age 15; otherwise a complete series is 3 doses.

Quarter	Denom.	Num.	Rate
Q415	55	25	45%
Q116	55	26	47%
Q216	62	29	47%
Q316	63	27	43%
Q416	75	40	53%
Q117	74	40	54%

**Comparative Data:**

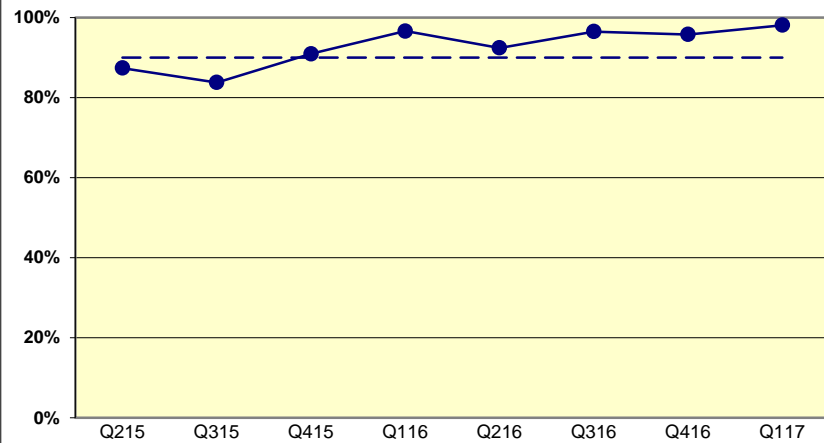
--- VT rate

**Goal:** Berlin will achieve a rate of 50%

--- >= 50%

**Data Source:** Vermont Immunization Registry

**BMI Screening**



8 qtr avg: 93% (4016 / 4330)

**Indicator Definition:**

Percentage of patients age 18 and older who were seen at least once in the quarter and who have a BMI documented in the EMR.

(Excludes pregnant patients).

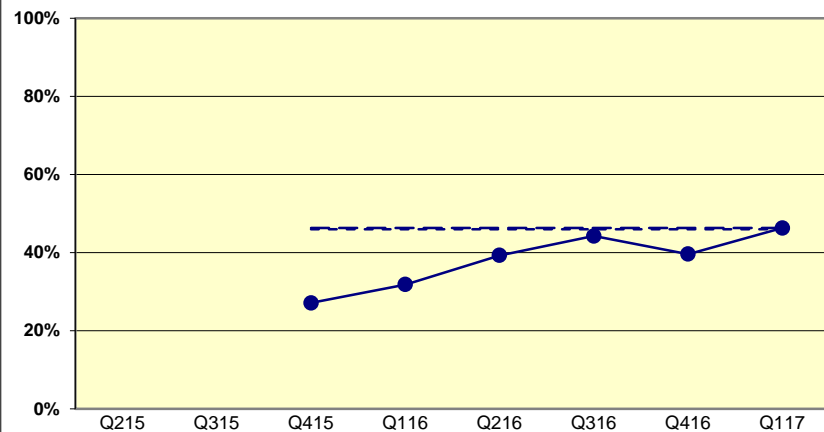
Quarter	Denom.	Num.	Rate
Q115	467	385	82%
Q215	547	478	87%
Q315	549	460	84%
Q415	430	391	91%
Q116	534	516	97%
Q216	606	560	92%
Q316	541	522	96%
Q416	544	521	96%
Q117	579	568	98%

**Goal:** Berlin will achieve a rate of 90%

--- >= 90%

**Data Source:** CPSI

**Diabetes Care: LDL < 100 mg/dL**



8 qtr avg: 38% (116 / 302)

**Indicator Definition:**

Percentage of diabetic patients age 18-75 who were seen at least once in the quarter and whose most recent LDL level was < 100 mg/dL (within the past year).

Quarter	Denom.	Num.	Rate
Q415	48	13	27%
Q116	44	14	32%
Q216	56	22	39%
Q316	52	23	44%
Q416	48	19	40%
Q117	54	25	46%

**Comparative Data:**

--- US rate = 46% (PLOS ONE, 2011)

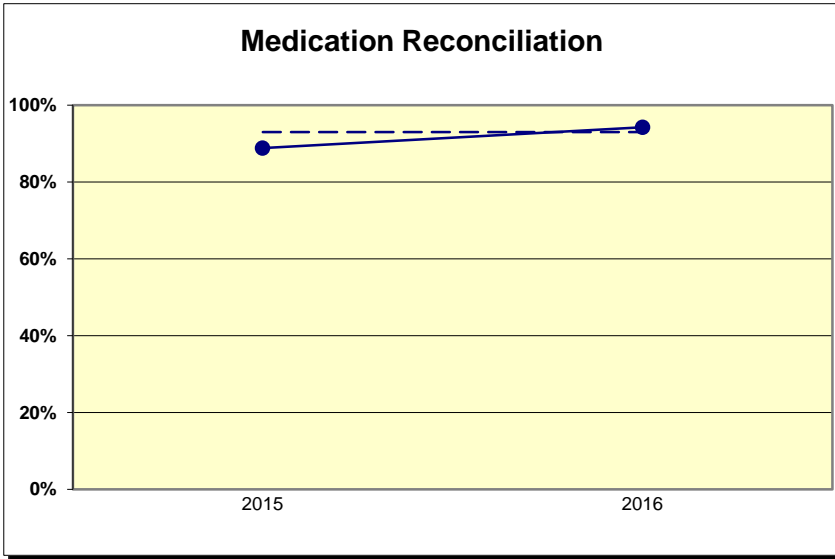
**Goal:** Berlin will achieve a rate of 46%

--- >= 46%

**Data Source:** CPSI



**Berlin**



**2 yr avg:** 92% (40623 / 44038)

**Indicator Definition:**

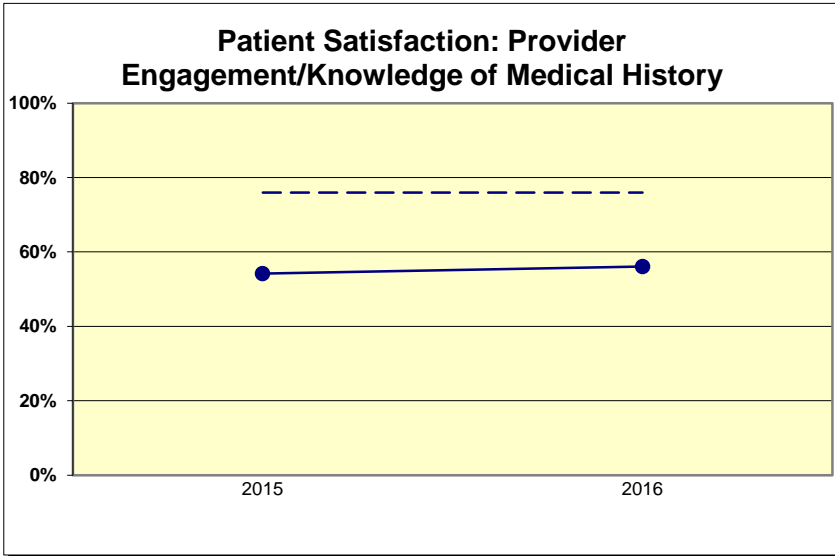
Percentage of medications reconciled for patients seen during the reporting period.

Year	Denom.	Num.	Rate
2015	16389	14558	89%
2016	27649	26065	94%

**Goal:** Berlin will achieve a rate of 93%

--- >= 93%

**Data Source:** CPSI



**2 yr avg:** 55% (63 / 114)

**Indicator Definition:**

Percentage of adult patients who returned the CAHPS survey and responded "Always" to the question "How often did this provider seem to know the important information about your medical history?"

Year	Denom.	Num.	Rate
2015	48	26	54%
2016	66	37	56%

**Goal:** Berlin will achieve a rate of 76% (the national average)

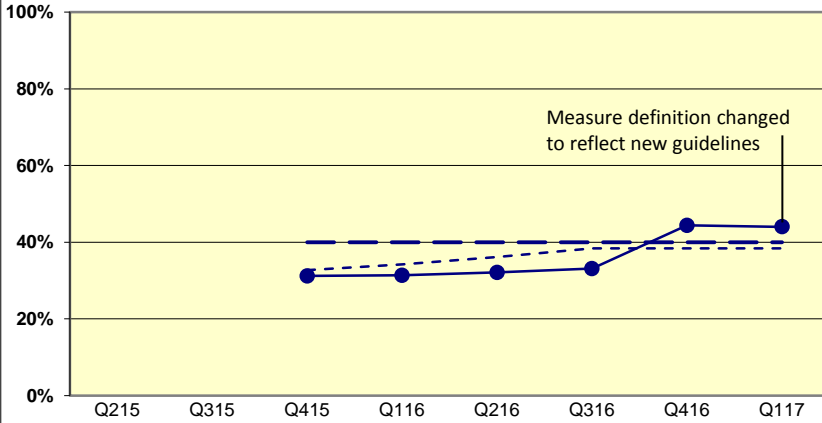
--- >= 76%

**Data Source:** CAHPS



**Bethel**

**HPV Vaccination Rate**



8 qtr avg: 36% (309 / 852)

**Indicator Definition:**

Percentage of patients 12-17 years of age who have completed\* the human papillomavirus (HPV) vaccine series.

\*Two doses of HPV is a complete series if the first dose was received prior to age 15; otherwise a complete series is 3 doses.

Quarter	Denom.	Num.	Rate
Q415	141	44	31%
Q116	134	42	31%
Q216	137	44	32%
Q316	139	46	33%
Q416	151	67	44%
Q117	150	66	44%

**Comparative Data:**

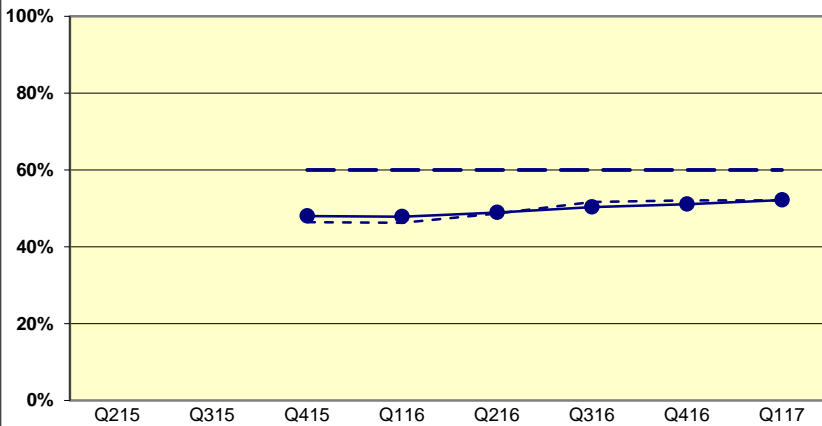
--- VT rate

**Goal:** Bethel will achieve a rate of 40%

--- >= 40%

**Data Source:** Vermont Immunization Registry

**Tdap Vaccination Rate**



8 qtr avg: 50% (2685 / 5380)

**Indicator Definition:**

Percentage of patients over age 59 who are up to date on the Tdap (tetanus, diphtheria, pertussis) vaccine.

Quarter	Denom.	Num.	Rate
Q415	787	378	48%
Q116	827	396	48%
Q216	872	427	49%
Q316	915	461	50%
Q416	968	495	51%
Q117	1011	528	52%

**Comparative Data:**

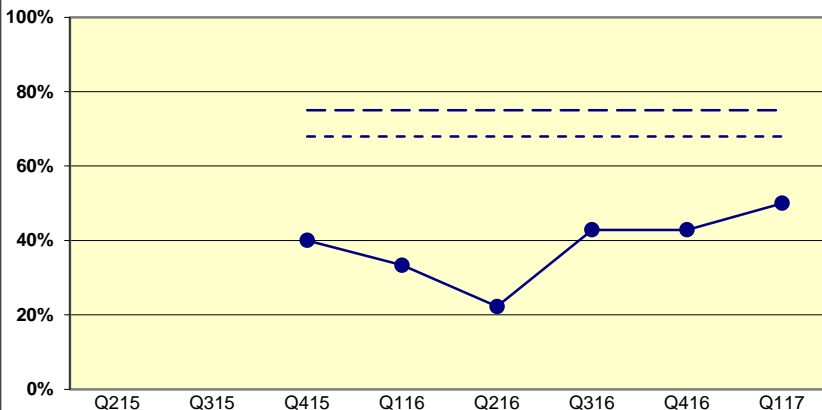
--- VT rate

**Goal:** Bethel will achieve a rate of 60%

--- >= 60%

**Data Source:** Vermont Immunization Registry

**Pediatric Lead Screening at 2 yrs**



8 qtr avg: 39% (17 / 44)

**Indicator Definition:**

Percentage of 2-year-olds who have received the 24-month blood lead screening.

Quarter	Denom.	Num.	Rate
Q415	5	2	40%
Q116	6	2	33%
Q216	9	2	22%
Q316	7	3	43%
Q416	7	3	43%
Q117	10	5	50%

**Comparative Data:**

--- VT rate = 68% (VDH 2015)

**Goal:** Bethel will achieve a rate of 75%

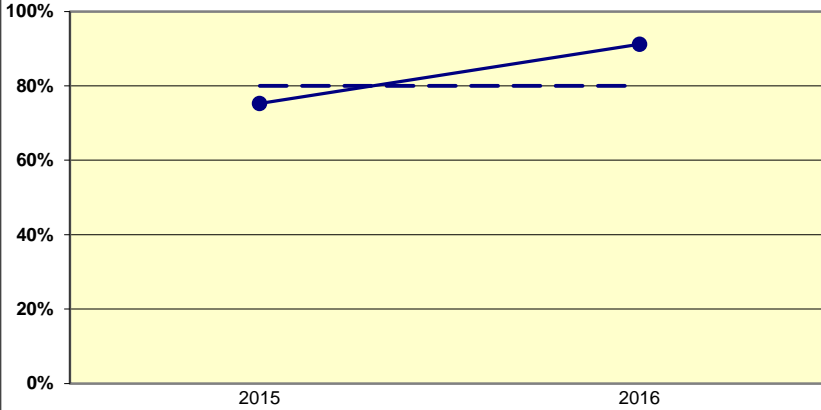
--- >= 75%

**Data Source:** Vermont Lead Registry



**Bethel**

**Medication Reconciliation**



2 yr avg: 84% (104500 / 124258)

**Indicator Definition:**

Percentage of medications reconciled for patients seen during the reporting period.

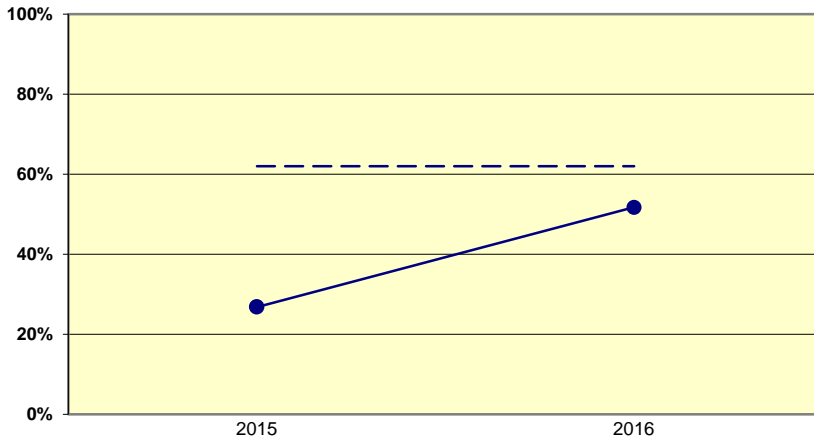
Year	Denom.	Num.	Rate
2015	55241	41580	75%
2016	69017	62920	91%

**Goal:** Bethel will achieve a rate of 80%

--- >= 80%

**Data Source:** CPSI

**Patient Satisfaction: Same Day Response  
(during regular office hours)**



2 yr avg: 76% (26 / 70)

**Indicator Definition:**

Percentage of adult patients who returned the CAHPS survey and responded "Always" to the question "When you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?"

Year	Denom.	Num.	Rate
2015	41	11	27%
2016	29	15	52%

**Goal:** Bethel will achieve a rate of 62% (the national average)

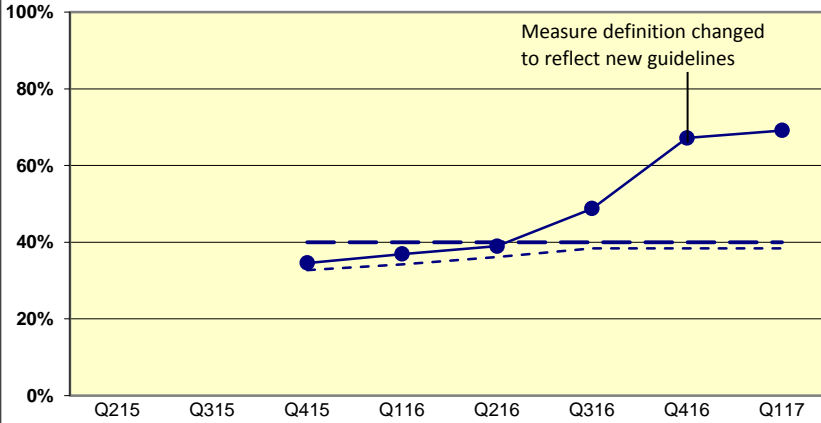
--- >= 62%

**Data Source:** CAHPS



Chelsea

HPV Vaccination Rate



8 qtr avg: 48% (220 / 457)

Indicator Definition:

Percentage of patients 12-17 years of age who have completed\* the human papillomavirus (HPV) vaccine series.

\*Two doses of HPV is a complete series if the first dose was received prior to age 15; otherwise a complete series is 3 doses.

Quarter	Denom.	Num.	Rate
Q415	81	28	35%
Q116	84	31	37%
Q216	77	30	39%
Q316	80	39	49%
Q416	67	45	67%
Q117	68	47	69%

Comparative Data:

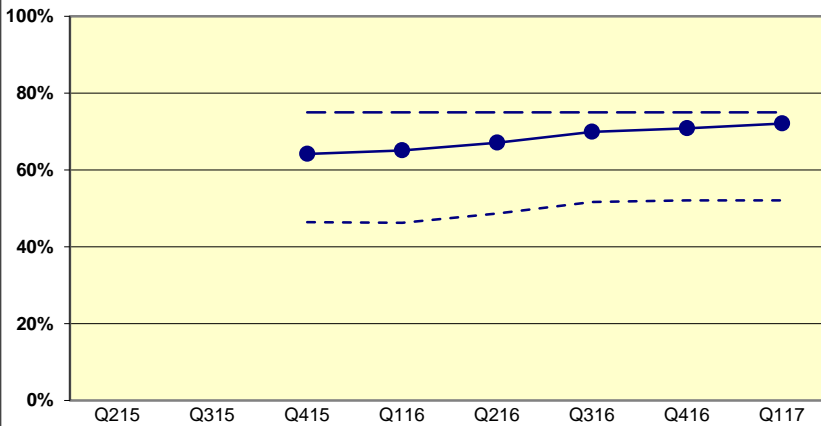
--- VT rate

Goal: Chelsea will achieve a rate of 40%

--- >= 40%

Data Source: Vermont Immunization Registry

Tdap Vaccination Rate



8 qtr avg: 69% (1619 / 2363)

Indicator Definition:

Percentage of patients over age 59 who are up to date on the Tdap (tetanus, diphtheria, pertussis) vaccine.

Quarter	Denom.	Num.	Rate
Q415	341	219	64%
Q116	367	239	65%
Q216	374	251	67%
Q316	393	275	70%
Q416	436	309	71%
Q117	452	326	72%

Comparative Data:

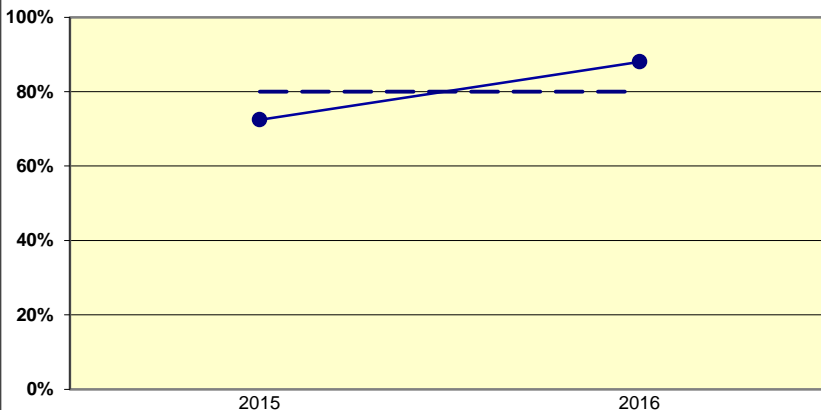
--- VT rate

Goal: Chelsea will achieve a rate of 75%

--- >= 75%

Data Source: Vermont Immunization Registry

Medication Reconciliation



2 yr avg: 81% (45134 / 55499)

Indicator Definition:

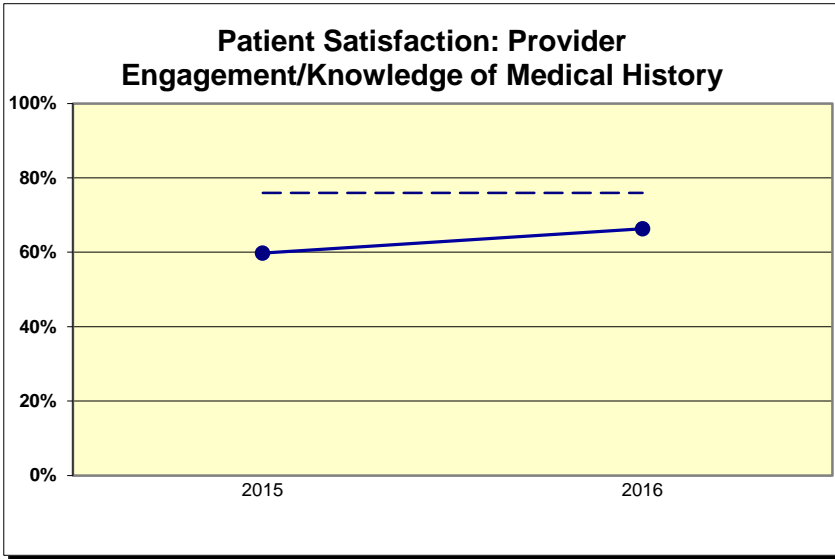
Percentage of medications reconciled for patients seen during the reporting period.

Year	Denom.	Num.	Rate
2015	23931	17338	72%
2016	31568	27796	88%

Goal: Chelsea will achieve a rate of 80%

--- >= 80%

Data Source: CPSI



2 yr avg: 63% (111 / 176)

**Indicator Definition:**

Percentage of adult patients who returned the CAHPS survey and responded "Always" to the question "How often did this provider seem to know the important information about your medical history?"

Year	Denom.	Num.	Rate
2015	87	52	60%
2016	89	59	66%

**Goal:** Chelsea will achieve a rate of 76% (the national average)

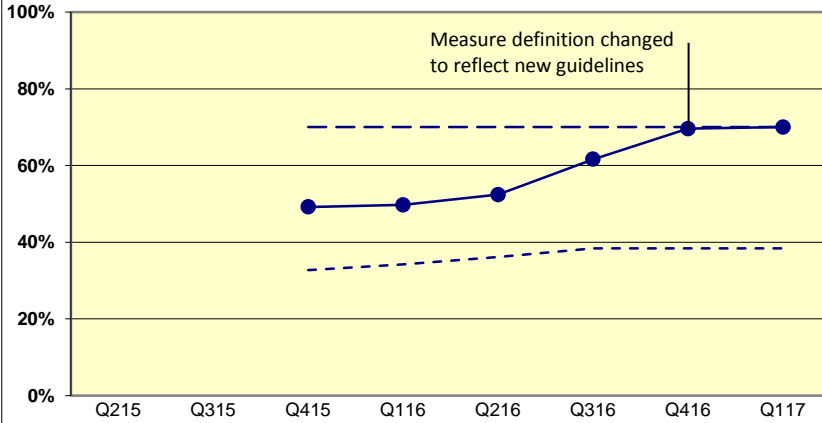
--- >= 76%

**Data Source:** CAHPS



**Randolph (Gifford Primary Care, Pediatrics, OB/GYN)**

**HPV Vaccination Rate**



8 qtr avg: 59% (2285 / 3897)

**Indicator Definition:**

Percentage of patients 12-17 years of age who have completed\* the human papillomavirus (HPV) vaccine series.

\*Two doses of HPV is a complete series if the first dose was received prior to age 15; otherwise a complete series is 3 doses.

Quarter	Denom.	Num.	Rate
Q415	685	337	49%
Q116	682	339	50%
Q216	649	340	52%
Q316	537	331	62%
Q416	664	462	70%
Q117	680	476	70%

**Comparative Data:**

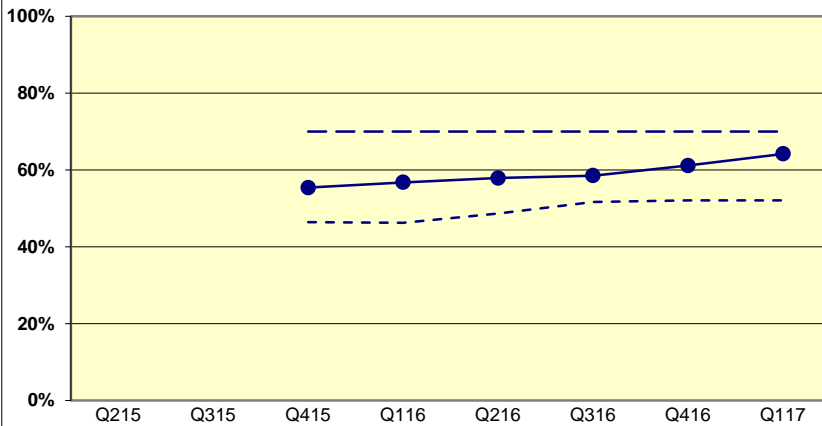
----- VT rate

**Goal:** GPC/Peds will achieve a rate of 70%

----- >= 70%

**Data Source:** Vermont Immunization Registry

**Tdap Vaccination Rate**



8 qtr avg: 59% (1370 / 2133)

**Indicator Definition:**

Percentage of patients over age 59 who are up to date on the Tdap (tetanus, diphtheria, pertussis) vaccine.

Quarter	Denom.	Num.	Rate
Q415	1796	995	55%
Q116	1873	1064	57%
Q216	1940	1124	58%
Q316	1995	1168	59%
Q416	2063	1262	61%
Q117	2133	1370	64%

**Comparative Data:**

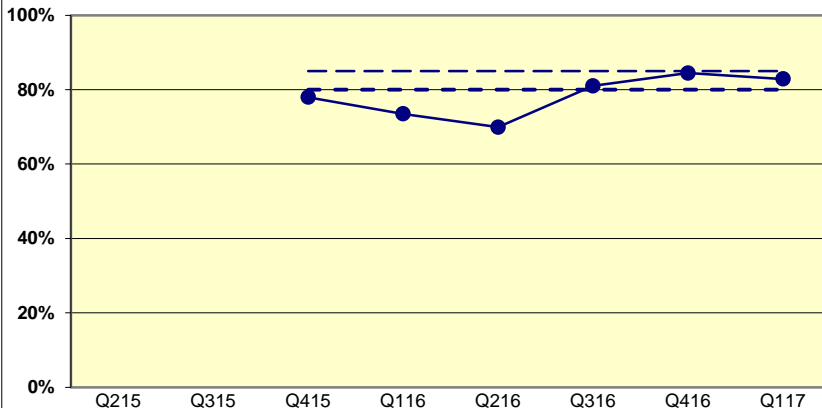
----- VT rate

**Goal:** GPC/Peds will achieve a rate of 70%

----- >= 70%

**Data Source:** Vermont Immunization Registry

**Pediatric Lead Screening at 1 yr**



8 qtr avg: 78% (519 / 665)

**Indicator Definition:**

Percentage of 1-year-olds who have received the 12-month blood lead screening.

Quarter	Denom.	Num.	Rate
Q415	127	99	78%
Q116	117	86	74%
Q216	113	79	70%
Q316	100	81	81%
Q416	103	87	84%
Q117	105	87	83%

**Comparative Data:**

----- VT rate = 80% (VDH 2015)

**Goal:** GPC/Peds will achieve a rate of 85%

----- >= 85%

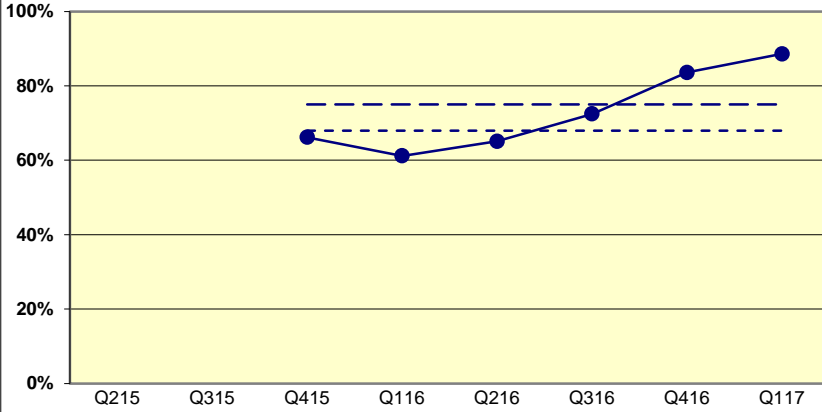
**Data Source:** Vermont Lead Registry





**Randolph (Gifford Primary Care, Pediatrics, OB/GYN)**

**Pediatric Lead Screening at 2 yrs**



8 qtr avg: 72% (557 / 770)

**Indicator Definition:**

Percentage of 2-year-olds who have received the 24-month blood lead screening.

Quarter	Denom.	Num.	Rate
Q415	133	88	66%
Q116	134	82	61%
Q216	129	84	65%
Q316	138	100	72%
Q416	122	102	84%
Q117	114	101	89%

**Comparative Data:**

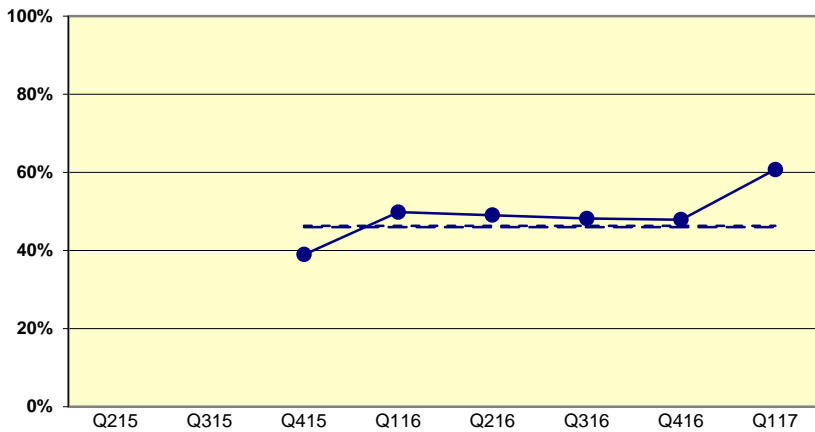
--- VT rate = 68% (VDH 2015)

**Goal:** GPC/Peds will achieve a rate of 75%

--- >= 75%

**Data Source:** Vermont Lead Registry

**Diabetes Care: LDL < 100 mg/dL**



8 qtr avg: 48% (726 / 1498)

**Indicator Definition:**

Percentage of diabetic patients age 18-75 who were seen at least once in the quarter and whose most recent LDL level was < 100 mg/dL (within the past year).

Quarter	Denom.	Num.	Rate
Q415	285	111	39%
Q116	279	139	50%
Q216	259	127	49%
Q316	245	118	48%
Q416	234	112	48%
Q117	196	119	61%

**Comparative Data:**

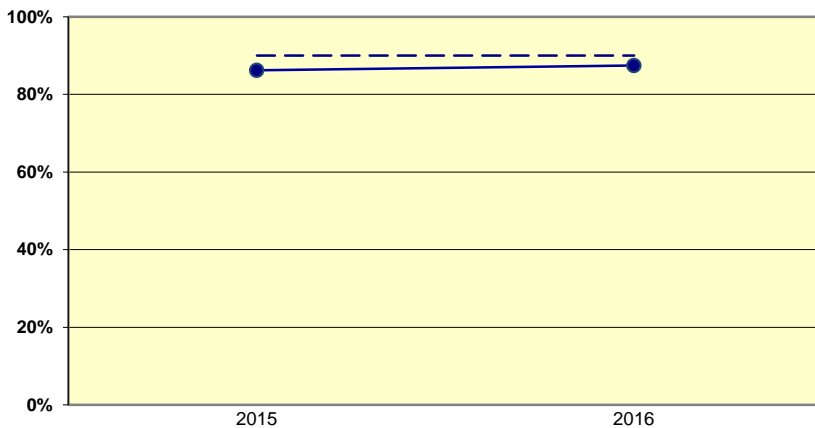
--- US rate = 46% (PLOS ONE, 2011)

**Goal:** GPC/OBGYN will achieve a rate of 46%

--- >= 46%

**Data Source:** CPSI

**Medication Reconciliation**



2 yr avg: 87% (228546 / 263344)

**Indicator Definition:**

Percentage of medications reconciled for patients seen during the reporting period.

Year	Denom.	Num.	Rate
2015	140123	120787	86%
2016	123221	107759	87%

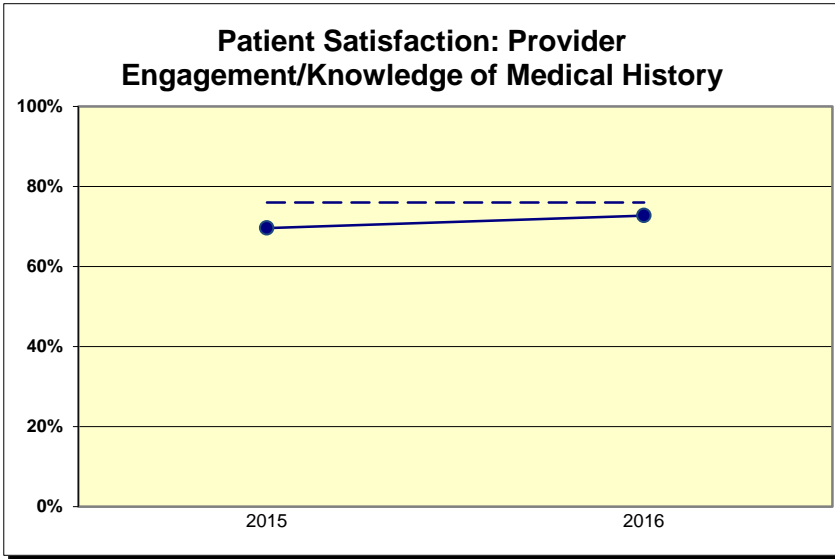
**Goal:** GPC/OBGYN will achieve a rate of 90%

--- >= 90%

**Data Source:** CPSI



**Randolph (Gifford Primary Care, Pediatrics, OB/GYN)**



2 yr avg: 71% (230/324)

**Indicator Definition:**

Percentage of adult patients who returned the CAHPS survey and responded "Always" to the question "How often did this provider seem to know the important information about your medical history?"

Year	Denom.	Num.	Rate
2015	181	126	70%
2016	143	104	73%

**Goal:** GPC/OBGYN will achieve a rate of 76% (the national average)

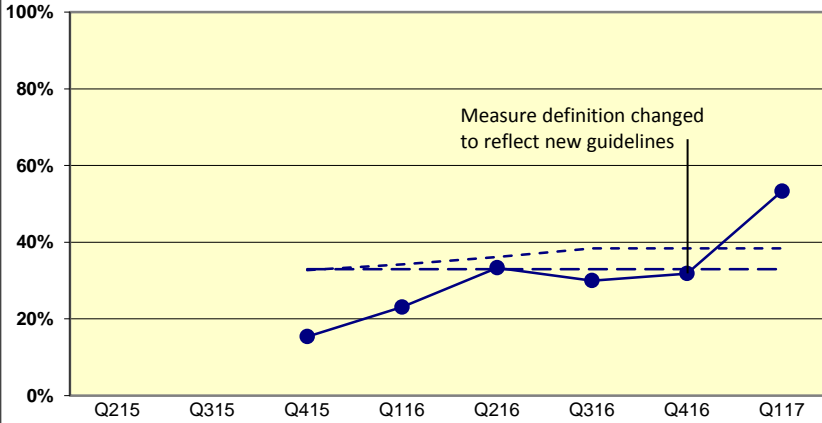
--- >= 76%

**Data Source:** CAHPS



**Rochester**

**HPV Vaccination Rate**



8 qtr avg: 32% (31 / 98)

**Indicator Definition:**

Percentage of patients 12-17 years of age who have completed\* the human papillomavirus (HPV) vaccine series.

\*Two doses of HPV is a complete series if the first dose was received prior to age 15; otherwise a complete series is 3 doses.

Quarter	Denom.	Num.	Rate
Q415	13	2	15%
Q116	13	3	23%
Q216	15	5	33%
Q316	20	6	30%
Q416	22	7	32%
Q117	15	8	53%

**Comparative Data:**

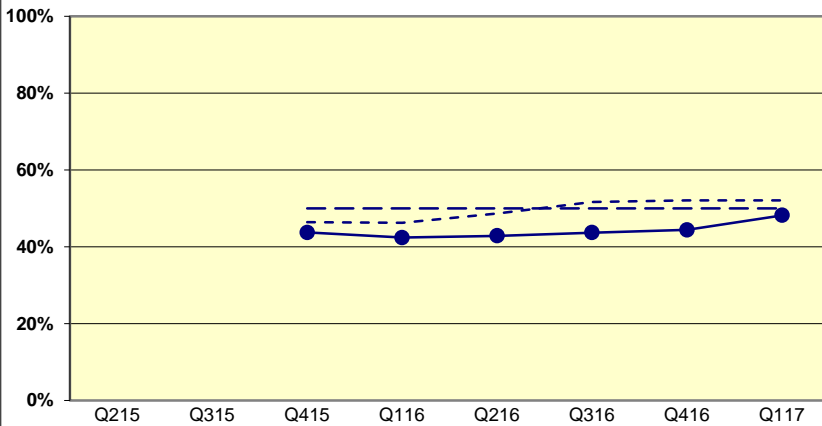
--- VT rate

**Goal:** Rochester will achieve a rate of 33%

--- >= 33%

**Data Source:** Vermont Immunization Registry

**Tdap Vaccination Rate**



8 qtr avg: 44% (539 / 1216)

**Indicator Definition:**

Percentage of patients over age 59 who are up to date on the Tdap (tetanus, diphtheria, pertussis) vaccine.

Quarter	Denom.	Num.	Rate
Q415	192	84	44%
Q116	191	81	42%
Q216	189	81	43%
Q316	199	87	44%
Q416	223	99	44%
Q117	222	107	48%

**Comparative Data:**

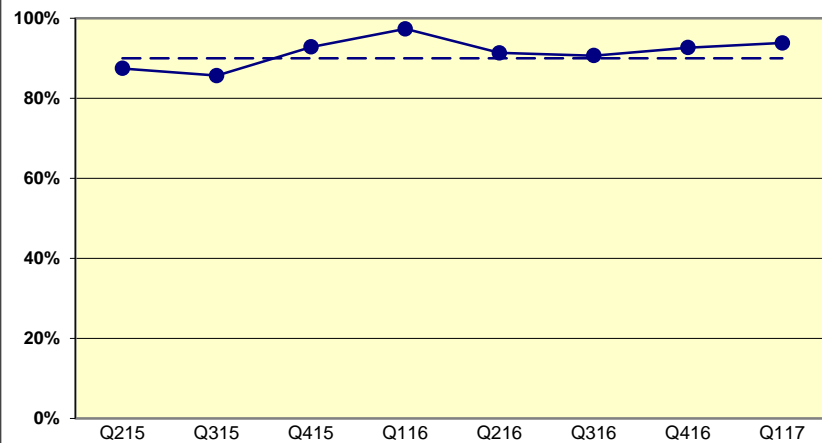
--- VT rate

**Goal:** Rochester will achieve a rate of 50%

--- >= 50%

**Data Source:** Vermont Immunization Registry

**BMI Screening**



8 qtr avg: 91% (2435 / 2668)

**Indicator Definition:**

Percentage of patients age 18 and older who were seen at least once in the quarter and who have a BMI documented in the EMR.

(Excludes pregnant patients).

Quarter	Denom.	Num.	Rate
Q115	419	343	82%
Q215	435	376	86%
Q315	300	251	84%
Q415	264	245	93%
Q116	301	293	97%
Q216	358	327	91%
Q316	386	350	91%
Q416	313	290	93%
Q117	323	303	94%

**Goal:** Rochester will achieve a rate of 90%

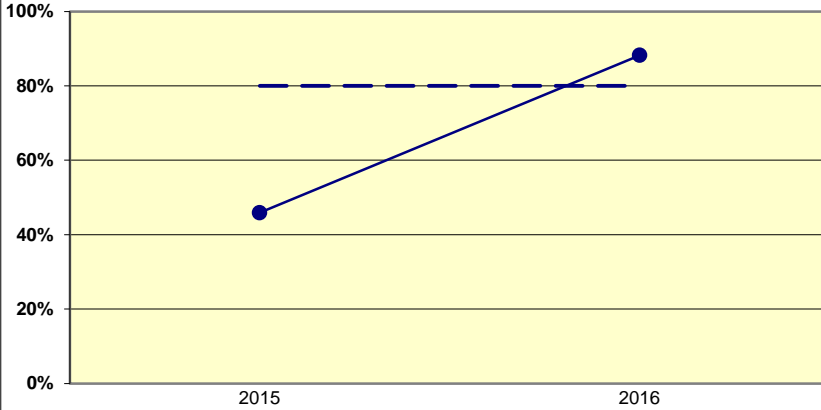
--- >= 90%

**Data Source:** CPSI



**Rochester**

**Medication Reconciliation**



2 yr avg: 74% (25194 / 34102)

**Indicator Definition:**

Percentage of medications reconciled for patients seen during the reporting period.

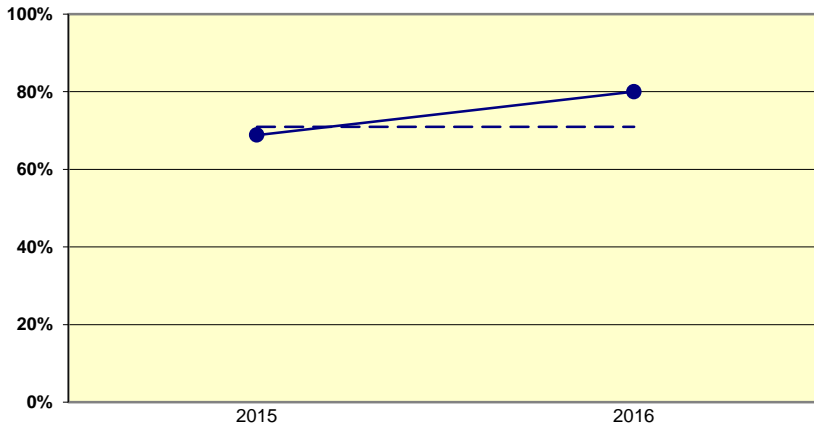
Year	Denom.	Num.	Rate
2015	11561	5307	46%
2016	22541	19887	88%

**Goal:** Rochester will achieve a rate of 80%

--- >= 80%

**Data Source:** CPSI

**Patient Satisfaction: Scheduling Routine Appointments**



2 yr avg: 73% (70 / 96)

**Indicator Definition:**

Percentage of adult patients who returned the CAHPS survey and responded "Always" to the question "When you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?"

Year	Denom.	Num.	Rate
2015	61	42	69%
2016	35	28	80%

**Goal:** Rochester will achieve a rate of 71% (the national average)

--- >= 71%

**Data Source:** CAHPS