

Practice-Level Report (PCMH)

Summit Internal Medicine Pneumococcal vaccine (Patients > 65)

Reporting Period: 10/1/2012 – 1/1/2013

eClinicalWorks (Montferret, Anne)

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (812-CT)Pneumococcal vaccine

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 01/01/2013

Reporting Begin Date: 10/01/2012

☐ Exclusions

☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Cross Tabs
Release lock

Quality Measure Reports

Numerator:
Number of patients in denominator who received the pneumococcal vaccination within the past 5 years OR since age 65

Denominator:
Number of unique patients seen for a visit in the reporting period who were age 65 or older or in a high risk group and age > 59 months

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
252	1232	20.45

Reporting Period: 1/1/2013 – 4/1/2013

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (812-CT)Pneumococcal vaccine

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 04/01/2013

Reporting Begin Date: 01/01/2013

☐ Exclusions

☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Cross Tabs
Release lock

Quality Measure Reports

Numerator:
Number of patients in denominator who received the pneumococcal vaccination within the past 5 years OR since age 65

Denominator:
Number of unique patients seen for a visit in the reporting period who were age 65 or older or in a high risk group and age > 59 months

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
261	1190	21.93

Reporting Period: 4/1/2013 – 7/1/2013

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (812-CT)Pneumococcal vaccine

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 07/01/2013

Reporting Begin Date: 04/01/2013

☐ Exclusions

☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Cross Tabs
Release lock

Quality Measure Reports

Numerator:
Number of patients in denominator who received the pneumococcal vaccination within the past 5 years OR since age 65

Denominator:
Number of unique patients seen for a visit in the reporting period who were age 65 or older or in a high risk group and age > 59 months

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
294	1202	24.46

Summit Internal Medicine

Cervical Cancer Screening (Female Patients 18-64)

Reporting Period: 10/1/2012 – 1/1/2013

eClinicalWorks (Montferret, Anne)

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (720-CE)Cervical cancer screening

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 01/01/2013

Reporting Begin Date: 10/01/2012

☐ Exclusions

Submit Clear

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Release lock

Quality Measure Reports

Numerator:
Number of patients in denominator having had a Cervical cancer screening test (PAP test) within 36 months up to and including the last day of the reporting period

Denominator:
Number of unique female patients age 18-64 with a visit in the reporting period

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
171	1611	10.61

Reporting Period: 1/1/2013 – 4/1/2013

eClinicalWorks (Montferret, Anne)

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (720-CE)Cervical cancer screening

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 04/01/2013

Reporting Begin Date: 01/01/2013

☐ Exclusions

Submit Clear

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Release lock

Quality Measure Reports

Numerator:
Number of patients in denominator having had a Cervical cancer screening test (PAP test) within 36 months up to and including the last day of the reporting period

Denominator:
Number of unique female patients age 18-64 with a visit in the reporting period

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
209	1605	13.02

Reporting Period: 4/1/2013 – 7/1/2013

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (720-CE)Cervical cancer screening

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 07/01/2013

Reporting Begin Date: 04/01/2013

☐ Exclusions

Submit Clear

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Release lock

Quality Measure Reports

Numerator:
Number of patients in denominator having had a Cervical cancer screening test (PAP test) within 36 months up to and including the last day of the reporting period

Denominator:
Number of unique female patients age 18-64 with a visit in the reporting period

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
243	1558	15.60

Summit Internal Medicine

Smoking cessation intervention

Reporting Period: 10/1/2012 – 1/1/2013

eClinicalWorks (MontferretAnne)

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (211-CM)Smoking cessation interv

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 01/01/2013

Reporting Begin Date: 10/01/2012

☐ Exclusions

Submit Clear

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Release lock

Quality Measure Reports

Numerator:
Number of patients in the denominator who received cessation intervention. Cessation intervention may include smoking cessation counseling (e.g., advise to quit, referral for counseling) and/or pharmacologic therapy in the reporting period

Denominator:
Number of unique patients at least 18 years of age, seen for a visit in the reporting period, who had a smoking status of current smoker within the past 12 months from the end of the reporting period

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
14	125	11.20

Reporting Period: 1/1/2013 – 4/1/2013

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (211-CM)Smoking cessation interv

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 04/01/2013

Reporting Begin Date: 01/01/2013

☐ Exclusions

Submit Clear

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Release lock

Quality Measure Reports

Numerator:
Number of patients in the denominator who received cessation intervention. Cessation intervention may include smoking cessation counseling (e.g., advise to quit, referral for counseling) and/or pharmacologic therapy in the reporting period

Denominator:
Number of unique patients at least 18 years of age, seen for a visit in the reporting period, who had a smoking status of current smoker within the past 12 months from the end of the reporting period

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
23	150	15.33

Reporting Period: 4/1/2013 – 7/1/2013

eClinicalWorks (MontferretAnne)

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (211-CM)Smoking cessation interv

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 07/01/2013

Reporting Begin Date: 04/01/2013

☐ Exclusions

Submit Clear

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity Refine Export

Release lock

Quality Measure Reports

Numerator:
Number of patients in the denominator who received cessation intervention. Cessation intervention may include smoking cessation counseling (e.g., advise to quit, referral for counseling) and/or pharmacologic therapy in the reporting period

Denominator:
Number of unique patients at least 18 years of age, seen for a visit in the reporting period, who had a smoking status of current smoker within the past 12 months from the end of the reporting period

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
35	141	24.82

Summit Internal Medicine

Blood pressure control in hypertensive (> 140/90) patients

Reporting Period: 10/1/2012 – 1/1/2013

The screenshot shows the eClinicalWorks interface for Quality Measures. The left sidebar contains navigation links: Admin, Practice, Registry, Patient Recall, Lookup Encount..., Registry, Registry Reports, and Quality Measures. The main content area is titled "Quality Measure Reports" and includes a form for configuring the report. The "Run Date" is 07/09/2013. The "Measure Dictionary" is "Quality Measures". The "Measure Name" is "(300-CE)BP control in HTN (140/90)". The "Select Provider" is "ALL". The "Reporting Interval" is "Custom". The "Reporting End Date" is 01/01/2013. The "Reporting Begin Date" is 10/01/2012. The "Exclusions" section is empty. The "Cross Tabs" section includes checkboxes for Facility, PCP, PCG, Insurance, and Race/Ethnicity. The "Refine" and "Export" buttons are visible. The "Numerator" is 389, the "Denominator" is 568, and the "Percentage" is 68.49.

Numerator	Denominator	Percentage
389	568	68.49

Reporting Period: 1/1/2013 – 4/1/2013

The screenshot shows the eClinicalWorks interface for Quality Measures. The left sidebar contains navigation links: Admin, Practice, Registry, Patient Recall, Lookup Encount..., Registry, Registry Reports, and Quality Measures. The main content area is titled "Quality Measure Reports" and includes a form for configuring the report. The "Run Date" is 07/09/2013. The "Measure Dictionary" is "Quality Measures". The "Measure Name" is "(300-CE)BP control in HTN (140/90)". The "Select Provider" is "ALL". The "Reporting Interval" is "Custom". The "Reporting End Date" is 04/01/2013. The "Reporting Begin Date" is 01/01/2013. The "Exclusions" section is empty. The "Cross Tabs" section includes checkboxes for Facility, PCP, PCG, Insurance, and Race/Ethnicity. The "Refine" and "Export" buttons are visible. The "Numerator" is 403, the "Denominator" is 574, and the "Percentage" is 70.21.

Numerator	Denominator	Percentage
403	574	70.21

Reporting Period: 4/1/2013 – 7/1/2013

The screenshot shows the eClinicalWorks interface for Quality Measures. The left sidebar contains navigation links: Admin, Practice, Registry, Patient Recall, Lookup Encount..., Registry, Registry Reports, and Quality Measures. The main content area is titled "Quality Measure Reports" and includes a form for configuring the report. The "Run Date" is 07/09/2013. The "Measure Dictionary" is "Quality Measures". The "Measure Name" is "(300-CE)BP control in HTN (140/90)". The "Select Provider" is "ALL". The "Reporting Interval" is "Custom". The "Reporting End Date" is 07/01/2013. The "Reporting Begin Date" is 04/01/2013. The "Exclusions" section is empty. The "Cross Tabs" section includes checkboxes for Facility, PCP, PCG, Insurance, and Race/Ethnicity. The "Refine" and "Export" buttons are visible. The "Numerator" is 402, the "Denominator" is 587, and the "Percentage" is 68.48.

Numerator	Denominator	Percentage
402	587	68.48

Summit Internal Medicine

LDL control (high risk)

Reporting Period: 10/1/2012 – 1/1/2013

eClinicalWorks (Montferret, Anne)

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eClinicalWorks 9.0

Admin Practice Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (350-B)LDL control (high risk)

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 01/01/2013

Reporting Begin Date: 10/01/2012

Exclusions: ☐

Submit Clear

Cross Tabs: Facility PCP PCG Insurance Race/Ethnicity Refine Export

Quality Measure Reports

Numerator:
Number of patients in denominator whose most recent recorded LDL level is < 100 mg/dl

Denominator:
Number of unique patients seen in the reporting period, 18-75 years of age, with a diagnosis of IVD or diabetes and an LDL Cholesterol level measured in the past 12 months up to and including the last day of the reporting period (Numerator of 350)

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
4	73	5.48

Reporting Period: 1/1/2013 – 4/1/2013

eClinicalWorks (Montferret, Anne)

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eClinicalWorks 9.0

Admin Practice Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (350-B)LDL control (high risk)

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 04/01/2013

Reporting Begin Date: 01/01/2013

Exclusions: ☐

Submit Clear

Cross Tabs: Facility PCP PCG Insurance Race/Ethnicity Refine Export

Quality Measure Reports

Numerator:
Number of patients in denominator whose most recent recorded LDL level is < 100 mg/dl

Denominator:
Number of unique patients seen in the reporting period, 18-75 years of age, with a diagnosis of IVD or diabetes and an LDL Cholesterol level measured in the past 12 months up to and including the last day of the reporting period (Numerator of 350)

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
5	81	6.17

Reporting Period: 4/1/2013 – 7/1/2013

eClinicalWorks (Montferret, Anne)

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eClinicalWorks 9.0

Admin Practice Registry

QualityMeasures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (350-B)LDL control (high risk)

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 07/01/2013

Reporting Begin Date: 04/01/2013

Exclusions: ☐

Submit Clear

Cross Tabs: Facility PCP PCG Insurance Race/Ethnicity Refine Export

Quality Measure Reports

Numerator:
Number of patients in denominator whose most recent recorded LDL level is < 100 mg/dl

Denominator:
Number of unique patients seen in the reporting period, 18-75 years of age, with a diagnosis of IVD or diabetes and an LDL Cholesterol level measured in the past 12 months up to and including the last day of the reporting period (Numerator of 350)

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
6	83	7.23

Summit Internal Medicine

Antithrombotic treatment (Ischemic Vascular Disease or Diabetes Mellitus)

Reporting Period: 10/1/2012 – 1/1/2013

eClinicalWorks (Montferret, Anne)

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eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

Quality Measures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (301-CE)Antithrombotic tx (IVD or D)

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 01/01/2013

Reporting Begin Date: 10/01/2012

☐ Exclusions

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity

Release lock

Quality Measure Reports

Numerator:
The number of patients who have documentation of use of aspirin or another antithrombotic

Denominator:
Number of unique patients seen in the reporting period, age 18 years and older with a diagnosis of ischemic vascular disease (IVD) or age 40 years and older with a diagnosis of Diabetes Mellitus (DM)

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
146	255	57.25

Reporting Period: 1/1/2013 – 4/1/2013

eClinicalWorks (Montferret, Anne)

File Patient Schedule EMR Billing Reports CCD Fax ePayment Tools Community Meaningful Use Lock Help

eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

Quality Measures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (301-CE)Antithrombotic tx (IVD or D)

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 04/01/2013

Reporting Begin Date: 01/01/2013

☐ Exclusions

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity

Release lock

Quality Measure Reports

Numerator:
The number of patients who have documentation of use of aspirin or another antithrombotic

Denominator:
Number of unique patients seen in the reporting period, age 18 years and older with a diagnosis of ischemic vascular disease (IVD) or age 40 years and older with a diagnosis of Diabetes Mellitus (DM)

To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
147	256	57.42

Reporting Period: 4/1/2013 – 7/1/2013

eClinicalWorks (Montferret, Anne)

File Patient Schedule EMR Billing Reports CCD Fax ePayment Tools Community Meaningful Use Lock Help

eClinicalWorks 9.0

P O E O S O D O R O T O L O M O

Admin
Practice
Registry

Quality Measures

Run Date: 07/09/2013

Measure Dictionary: Quality Measures

Measure Name: (301-CE)Antithrombotic tx (IVD or D)

Select Provider: ALL

Reporting Interval: Custom

Reporting End Date: 07/01/2013

Reporting Begin Date: 04/01/2013

☐ Exclusions

Cross Tabs: ☐ Facility ☐ PCP ☐ PCG ☐ Insurance ☐ Race/Ethnicity

Release lock

Quality Measure Reports

Numerator:
The number of patients who have documentation of use of aspirin or another antithrombotic

Denominator:
Number of unique patients seen in the reporting period, age 18 years and older with a diagnosis of ischemic vascular disease (IVD) or age 40 years and older with a diagnosis of Diabetes Mellitus (DM)

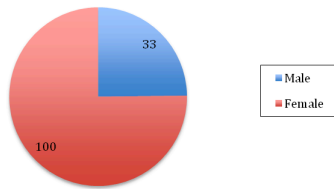
To generate quality measure for historical dates, run migrate vitals utility for the specific date range. To migrate vitals click on Tools menu -> Migrate Vitals(Date Range) or go to Registry band -> Vitals tab -> click on Migrate Vitals

Numerator	Denominator	Percentage
150	245	61.22

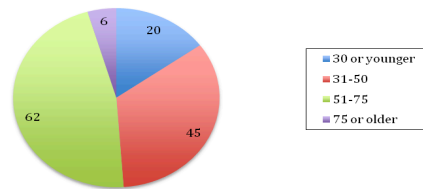
Summit Internal Medicine Survey Report

- Conducted over 1 week
- 134 patients completed the survey

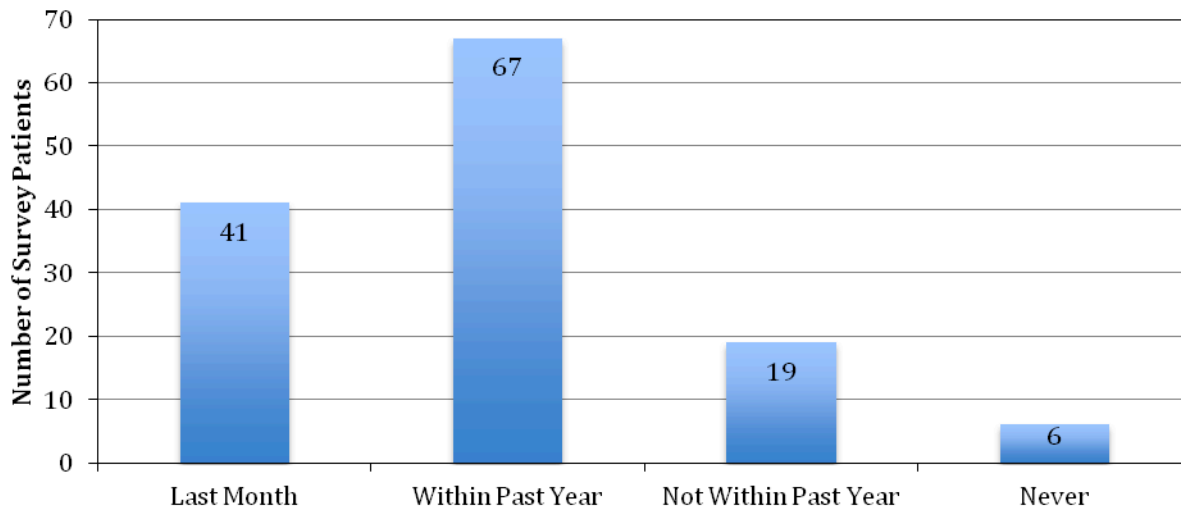
Gender of Survey Patient Population



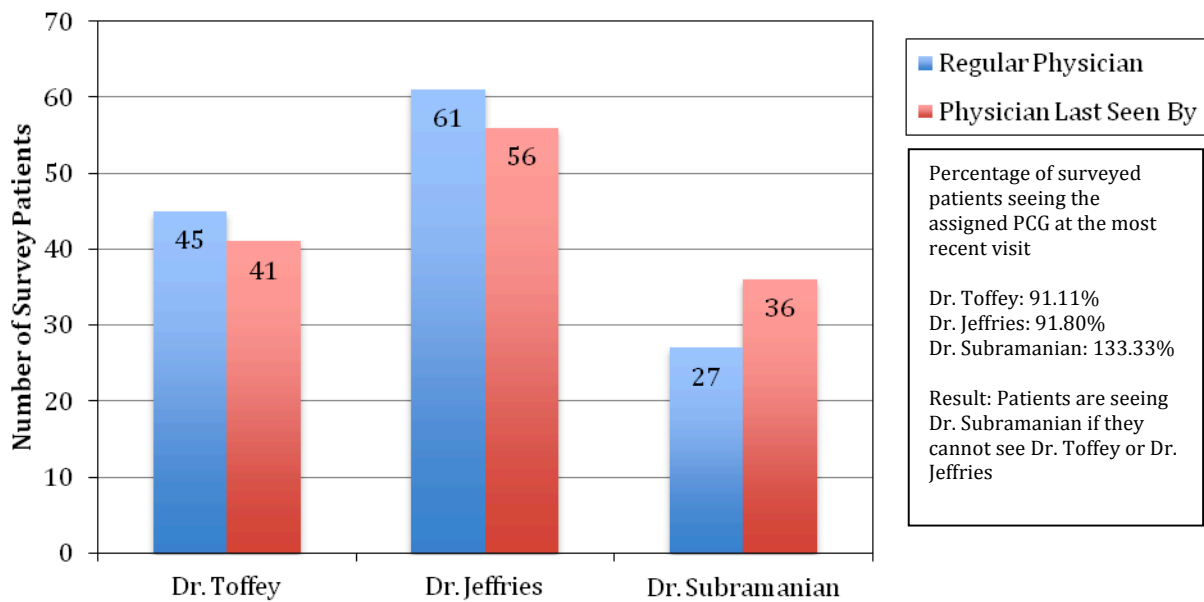
Age of Survey Patient Population



When the patient was last seen at Summit Internal Medicine



Selected Physician Care



Summit Internal Medicine

Access: Patients see assigned PCG

Reporting Period: 10/1/2012 – 1/1/2013

The screenshot shows the eClinicalWorks Quality Measures report for the period 10/1/2012 to 1/1/2013. The interface includes a sidebar with navigation options like Admin, Practice, Registry, Patient Recall, and Lookup Encount... The main content area is titled 'Quality Measures' and contains a 'Quality Measure Reports' section. This section includes fields for Run Date (07/09/2013), Measure Dictionary (Quality Measures), Measure Name ((101-01)Patients see assigned PCG), Select Provider (ALL), Reporting Interval (Custom), Reporting End Date (01/01/2013), and Reporting Begin Date (10/01/2012). There are checkboxes for Exclusions, Facility, PCP, PCG, Insurance, and Race/Ethnicity. A 'Cross Tabs' section has a 'Release lock' button. The 'Numerator' is defined as 'Number of patients in denominator who have seen their assigned PCG at least once in the last 12 months up to and including the last day of the reporting period'. The 'Denominator' is defined as 'Number of unique patients who were seen in the reporting period, who are not being seen for the first time in the health center'. A table at the bottom shows the results: Numerator 1006, Denominator 2286, and Percentage 44.01.

Numerator	Denominator	Percentage
1006	2286	44.01

Reporting Period: 1/1/2013 – 4/1/2013

The screenshot shows the eClinicalWorks Quality Measures report for the period 1/1/2013 to 4/1/2013. The interface is similar to the previous one, but the Reporting End Date is now 04/01/2013 and the Reporting Begin Date is 01/01/2013. The 'Numerator' and 'Denominator' definitions remain the same. The table at the bottom shows the results: Numerator 1019, Denominator 2275, and Percentage 44.79.

Numerator	Denominator	Percentage
1019	2275	44.79

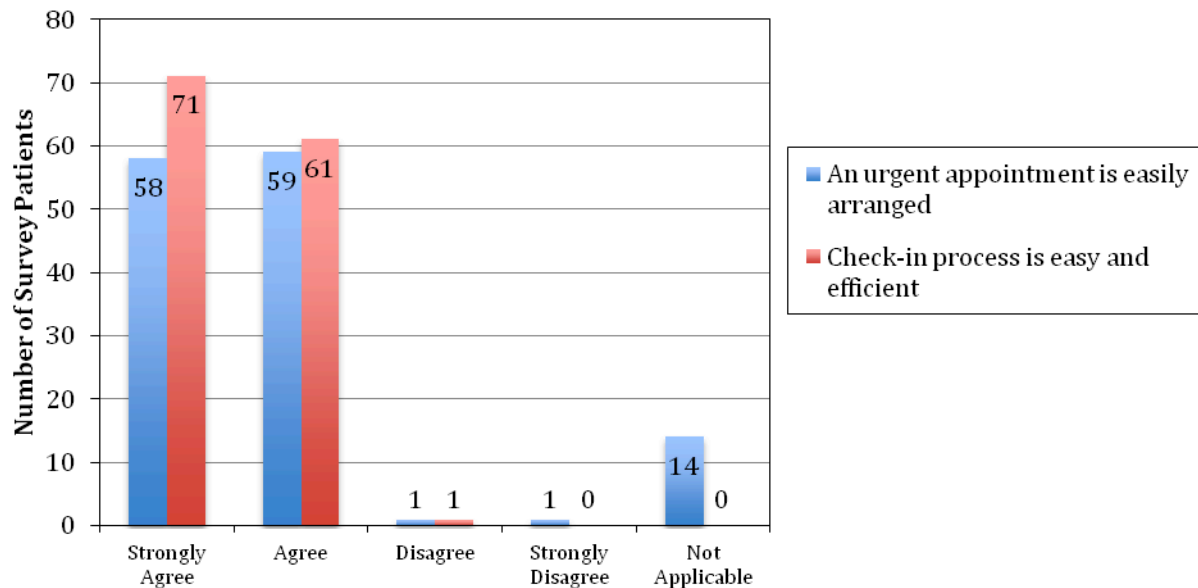
Reporting Period: 4/1/2013 – 7/1/2013

The screenshot shows the eClinicalWorks Quality Measures report for the period 4/1/2013 to 7/1/2013. The interface is similar to the previous ones, but the Reporting End Date is now 07/01/2013 and the Reporting Begin Date is 04/01/2013. The 'Numerator' and 'Denominator' definitions remain the same. The table at the bottom shows the results: Numerator 971, Denominator 2234, and Percentage 43.46.

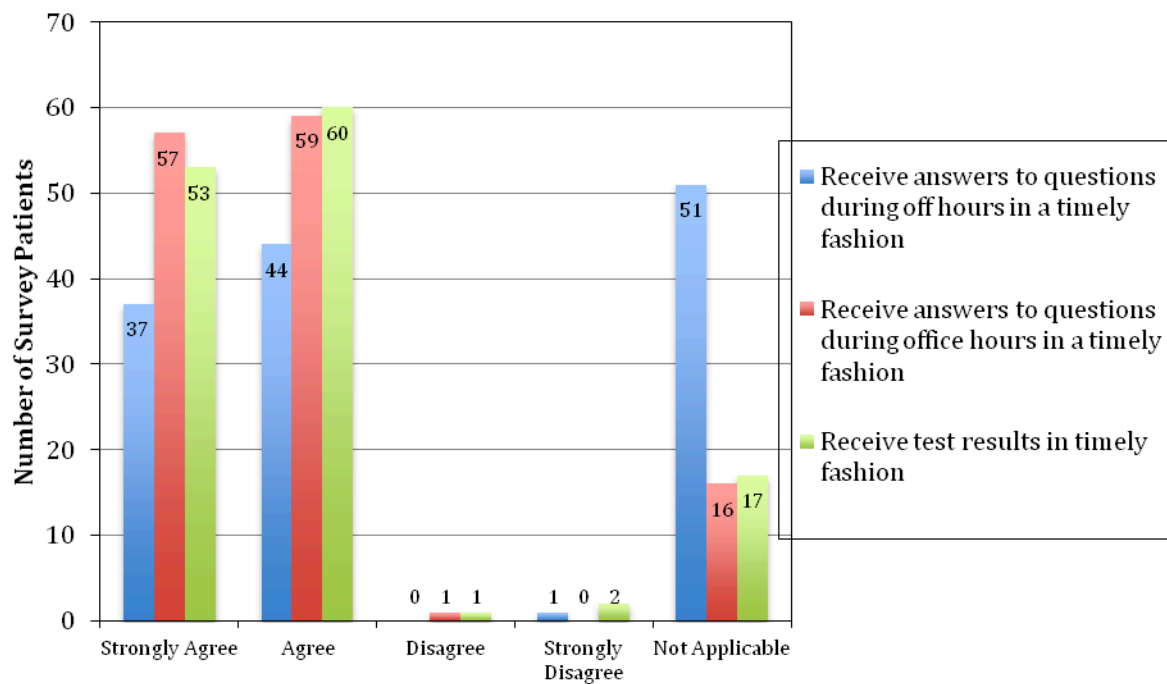
Numerator	Denominator	Percentage
971	2234	43.46

Summit Internal Medicine Survey Report

Appointments

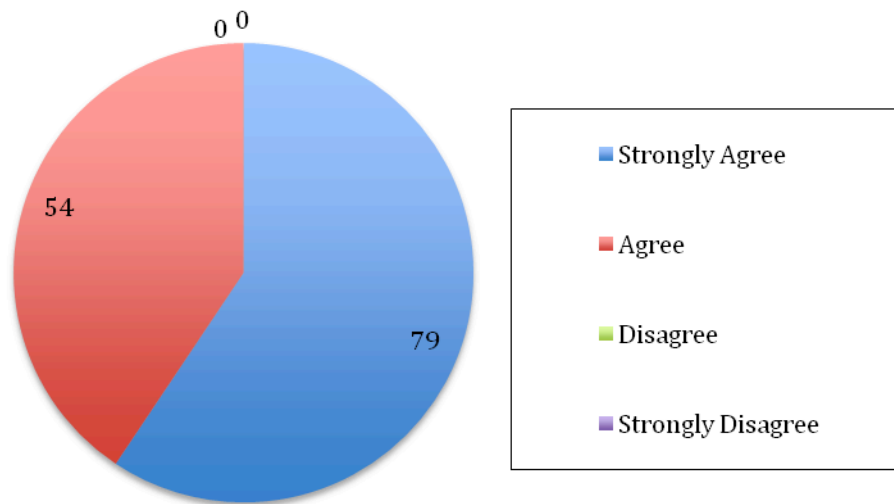


Timeliness of Communication

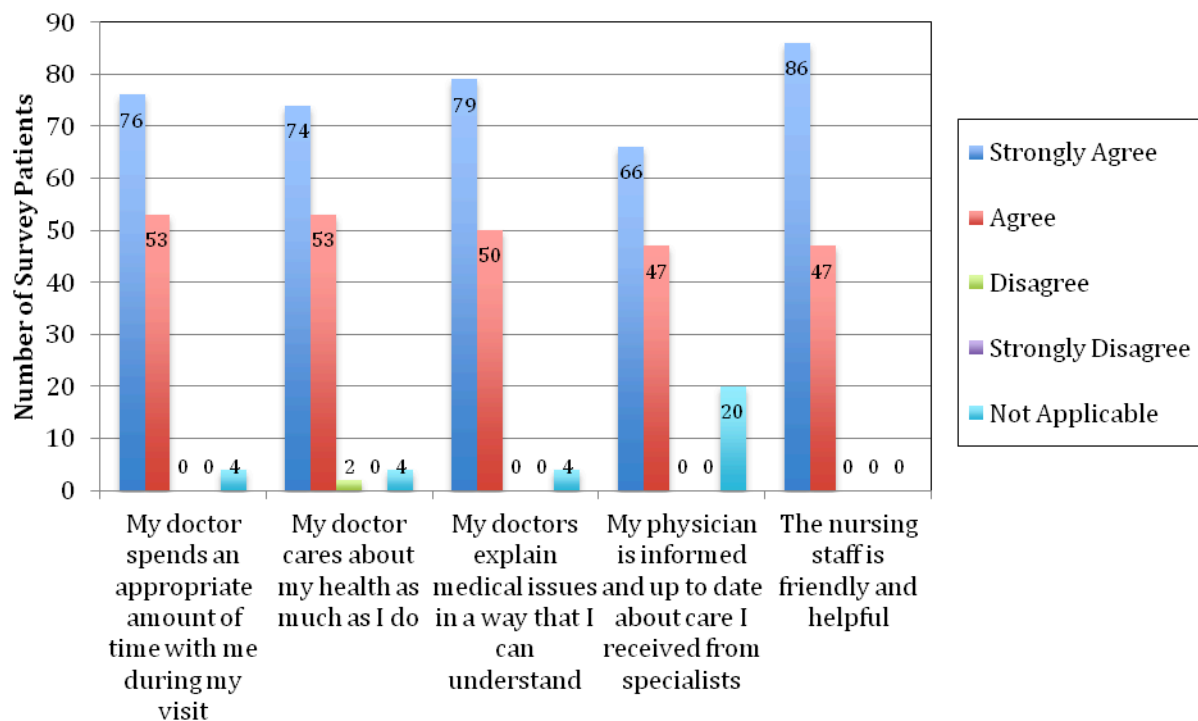


Summit Internal Medicine Survey Report

Cleanliness and Neatness of the Facility

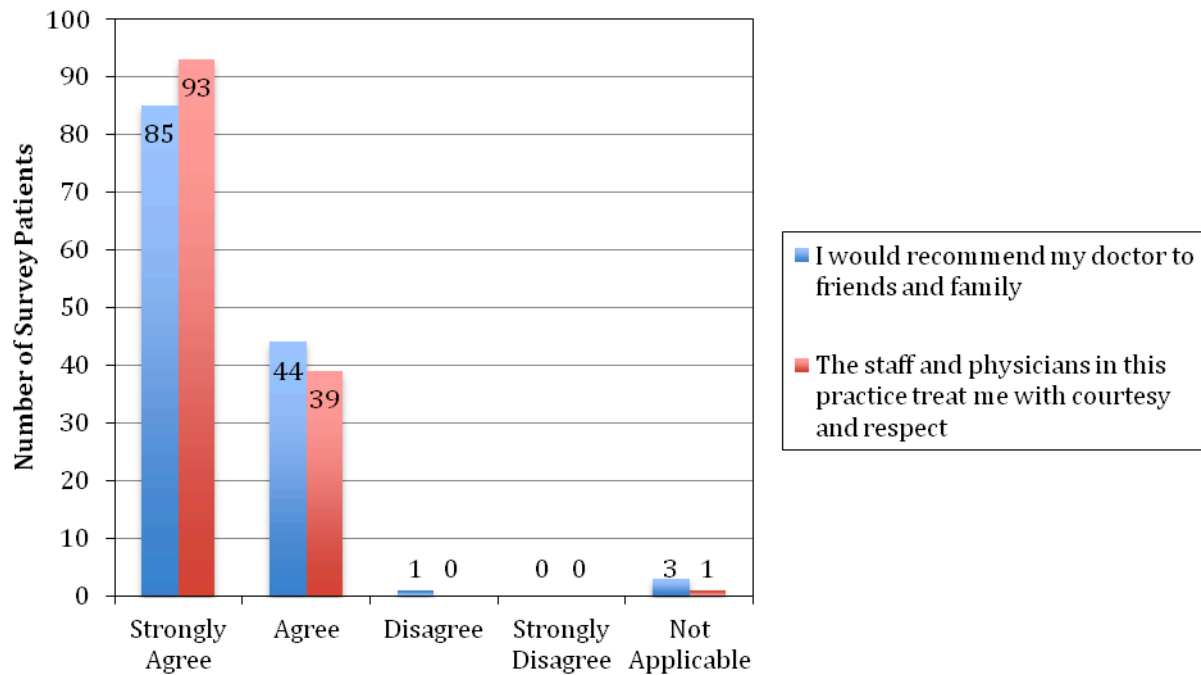


Clinical Team



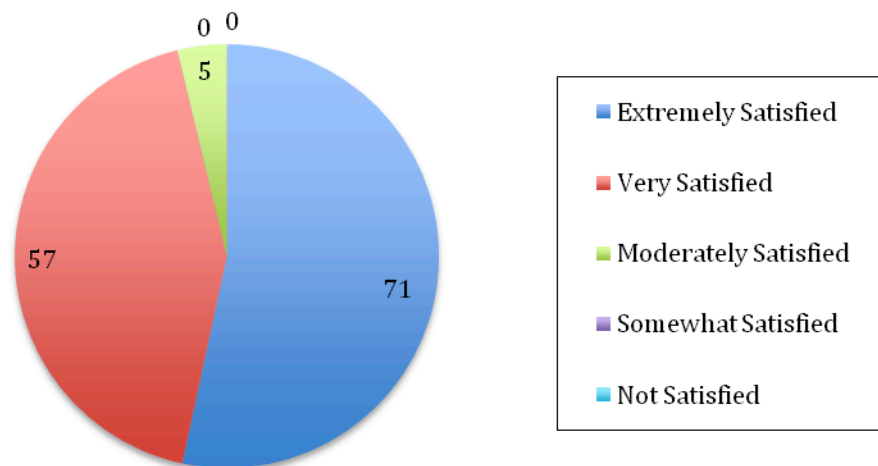
Summit Internal Medicine Survey Report

General



Patient Feedback

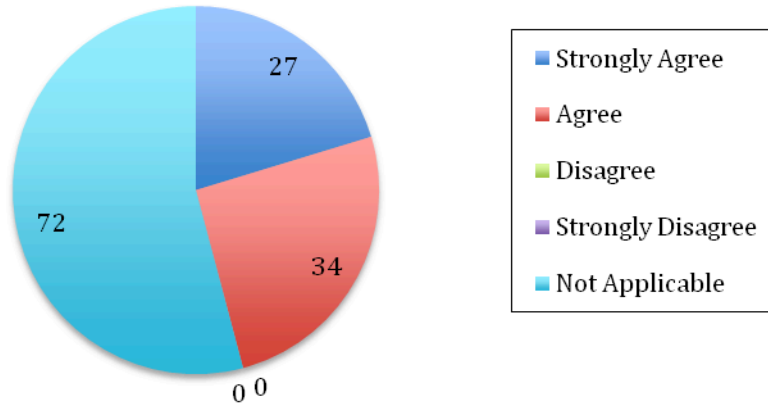
Overall, how satisfied or dissatisfied are you with our services?



Summit Internal Medicine Survey Report

Help with barriers to care

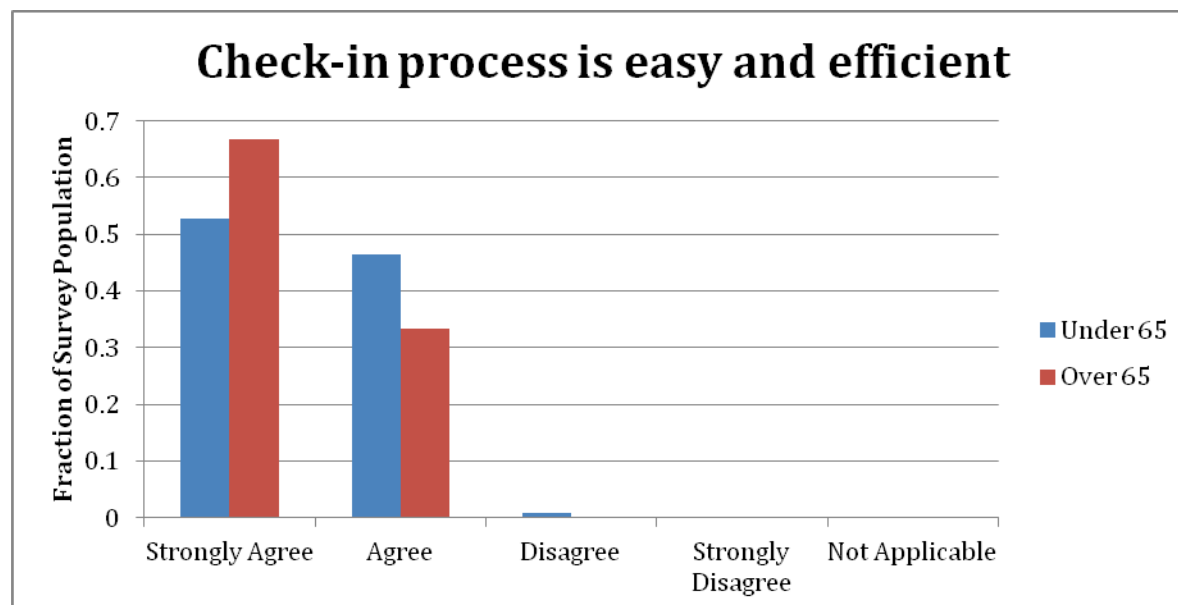
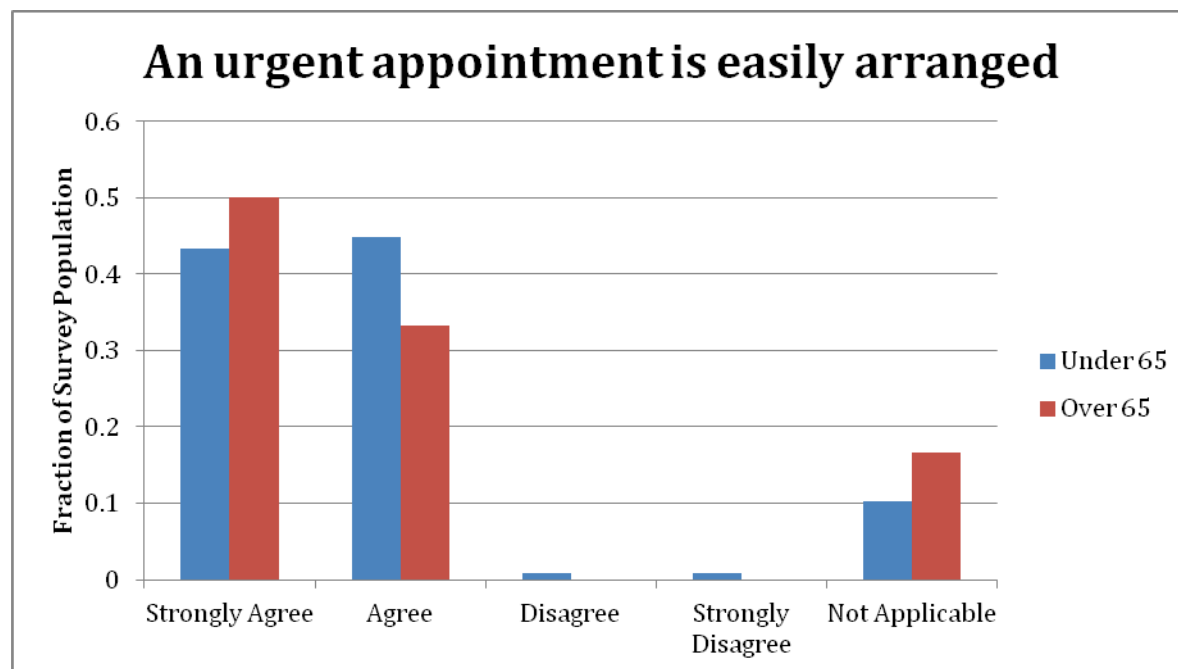
The physician and clinical team at Summit internal Medicine helps me overcome barriers to treatment, such as obstacles to purchasing medication



Summit Internal Medicine Survey Report

The practice obtains feedback on the experiences of patient groups

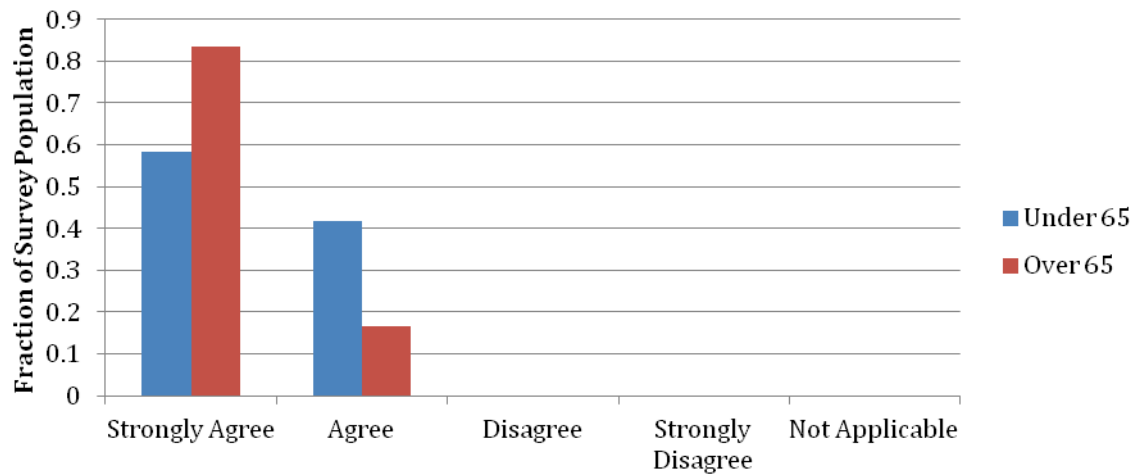
Patients Under 65-year-old versus Patients over 65-years-old (Medicare)



Summit Internal Medicine Survey Report

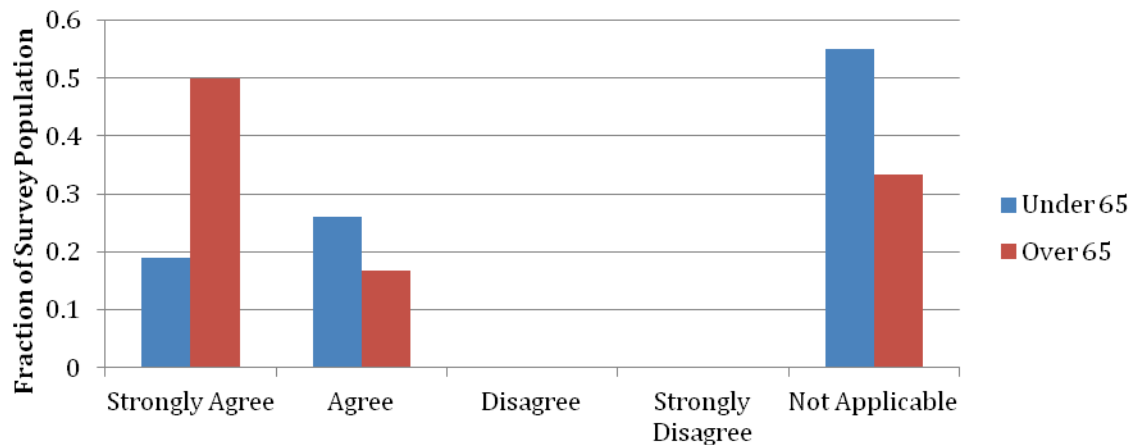
The practice obtains feedback on the experiences of patient groups

The facility is neat and clean



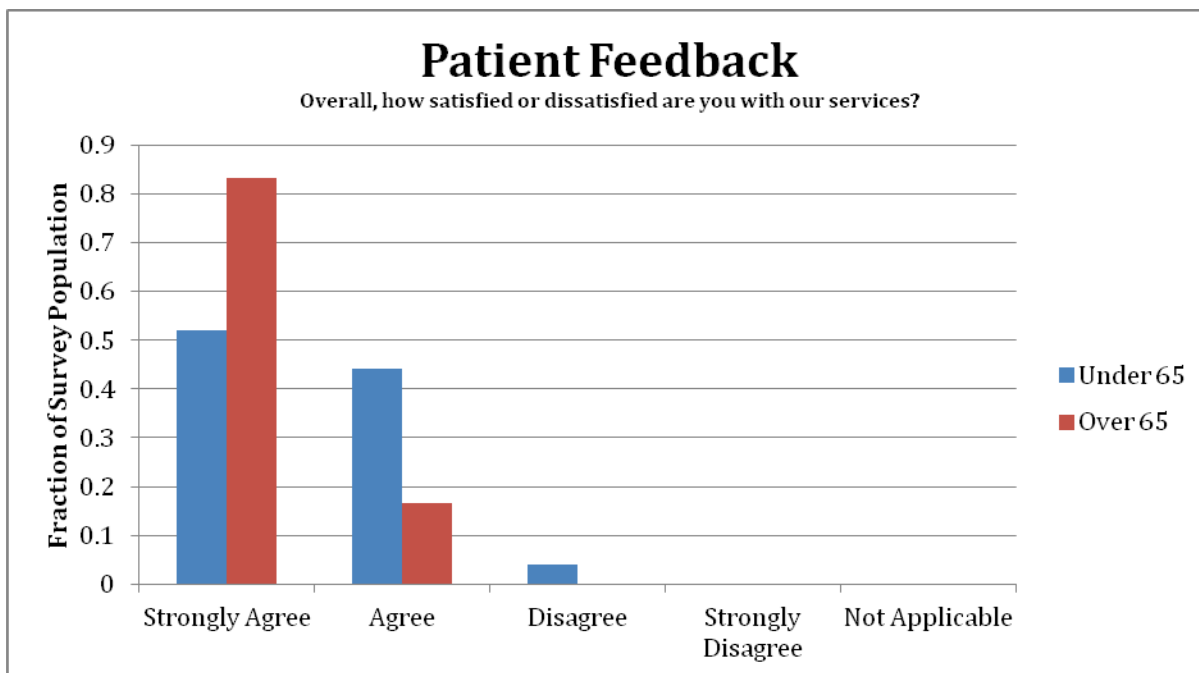
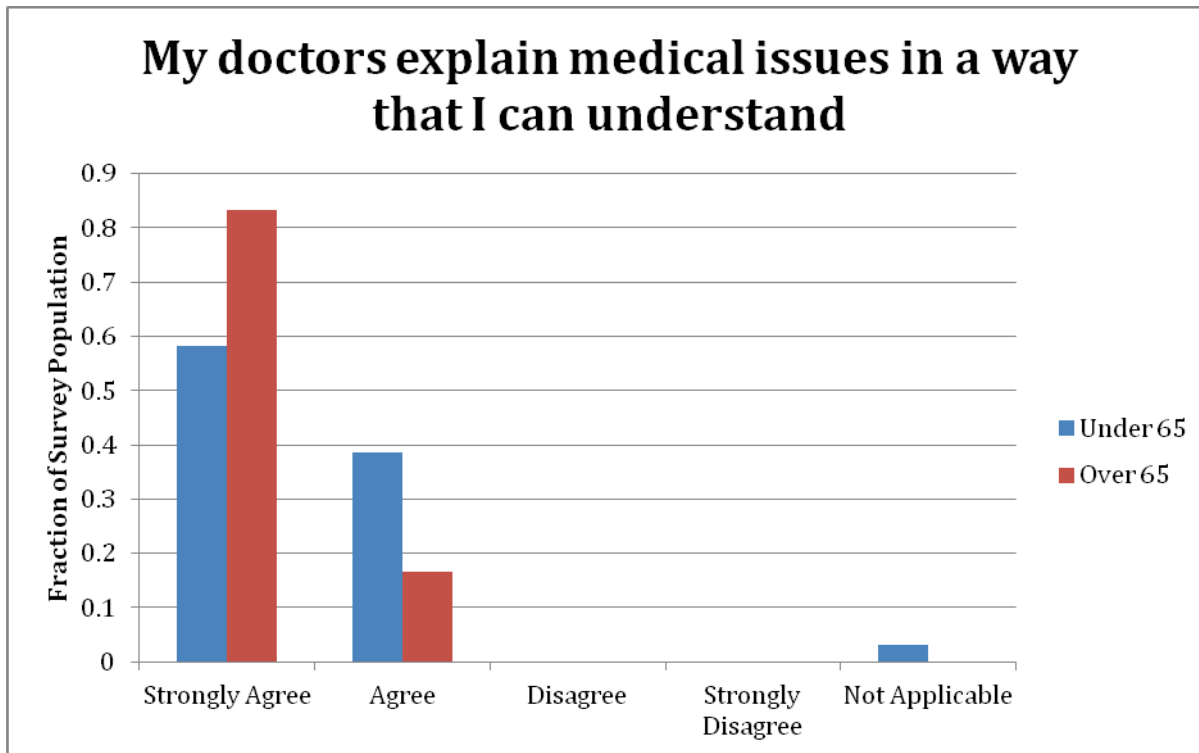
Help with barriers to care

The physician and clinical team at Summit internal Medicine helps me overcome barriers to treatment, such as obstacles to purchasing medication



Summit Internal Medicine Survey Report

The practice obtains feedback on the experiences of patient groups



Summit Internal Medicine

The practice obtains feedback from patients/families through qualitative means

Summit Internal Medicine obtained qualitative feedback from patients and families using a suggestion box in the waiting room. The following quotes are the comments, organized by the practice or the physician:

Summit Internal Medicine:

"I appreciate that this practice validates parking. We go to others in the building who do not."

"Lovely, lovely woman who drew my blood. I had heard she was good so I drove back from Westfield rather than go locally. Worth the drive! She is skilled and very friendly – puts you at ease."

"They are very accommodating at this office."

"My entire family uses this practice and we refer this practice to anyone who asks for a recommendation! They are very professional yet very human here! We love them! The doctors and staff listen to you."

"The doctors are really great here! They are encouraging and understanding. They remember me as a patient and an individual. I have recommended my doctors at Summit Internal Medicine countless times because of their caring, professionalism and thoroughness."

"Receptionists are lovely as well."