

# MEDICAL PRACTICE REPORT

## Filter Definition

Filter	Choice(s)
Received Date	From 07/01/2017 To 12/31/2017

## CAHPS Options

CMS View applied

# MEDICAL PRACTICE REPORT

## CAHPS Summary Information

Global DOMAIN		
Question	n	%
Global Rating Item		
Overall Doctor Rating 0-10		
	0	0
	1	0
	2	0
	3	0
	4	0
	5	0
	6	0
	7	5
	8	10
	9-10	149
	Total	164
Global Rating Item		
Recommend this provider office		
	No	0
	Yes, somewhat	7
	Yes, definitely	156
	Total	163
PHYSICIAN COMM QUALITY		
	No	0.3
	Yes somewhat	4.7
	Yes definitely	95.0
	Total	164
Provider expl in way you understand		
	No	0
	Yes, somewhat	3
	Yes, definitely	159
	Total	162
Provider listen carefully to you		
	No	0
	Yes, somewhat	2
	Yes, definitely	160
	Total	162
Screening Item		
Talk with provider re prob/concern		
	No	56
	Yes	103
	Total	159
Give easy to understand instruction		
	No	0
	Yes, somewhat	1
	Yes, definitely	104
	Total	105

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## CAHPS Summary Information

Global DOMAIN		
Question	n	%
Know important info medical history		
No	3	1.9
Yes, somewhat	27	16.7
Yes, definitely	132	81.5
Total	162	
Show respect for what you say		
No	0	0
Yes, somewhat	0	0
Yes, definitely	163	100
Total	163	
Spend enough time with you		
No	0	0
Yes, somewhat	12	7.3
Yes, definitely	152	92.7
Total	164	
OFFICE STAFF QUALITY		
No		0.6
Yes somewhat		7.7
Yes definitely		91.7
Total	163	
Clerks/receptionists helpful		
No	1	0.6
Yes, somewhat	17	10.4
Yes, definitely	145	89.0
Total	163	
Clerks treat with courtesy/respect		
No	1	0.6
Yes, somewhat	8	5.0
Yes, definitely	152	94.4
Total	161	
ACCESS TO CARE 3 MONTH		
Never/No		2.3
Sometimes		10.0
Usually		2.7
Always/Yes		85.0
Total	164	
Screening Item		
Appt for care right away		
Yes	89	55.6
No	71	44.4
Total	160	

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Global DOMAIN		
Question	n	%
Right away appt as soon as needed		
No	2	2.2
Yes	90	97.8
Total	92	
<u>Screening Item</u>		
Appt for routine care		
Yes	79	50.0
No	79	50.0
Total	158	
Routine appt/chk-up soon as needed		
No	2	2.5
Yes	77	97.5
Total	79	
<u>Screening Item</u>		
Phone during reg office hrs		
Yes	11	7.0
No	147	93.0
Total	158	
Phn during offc hrs answr same day		
Never	0	0
Sometimes	0	0
Usually	2	13.3
Always	13	86.7
Total	15	
<u>Screening Item</u>		
Phone after reg office hrs		
Yes	1	0.6
No	161	99.4
Total	162	
Phn after offc hrs answr same day		
Never	0	0
Sometimes	1	50.0
Usually	0	0
Always	1	50.0
Total	2	
See provider w/n 15 min this visit		
No	11	6.8
Yes	151	93.2
Total	162	

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## CAHPS Summary Information

Global DOMAIN		
Question	n	%
<b>CARE COORDINATION</b>		
Never/No		22.7
Sometimes		7.4
Usually		12.5
Always/Yes		57.4
Total	155	
<b>Screening Item</b>		
Provider order test in last 3 mths		
Yes	13	8.2
No	145	91.8
Total	158	
Office follow-up w test results		
Never	2	14.3
Sometimes	0	0
Usually	2	14.3
Always	10	71.4
Total	14	
Provider have medical records		
No	44	30.6
Yes	100	69.4
Total	144	
<b>Screening Item</b>		
Take any prescription med		
Yes	102	63.0
No	60	37.0
Total	162	
Health team ask about Rx meds		
Never	23	23.2
Sometimes	22	22.2
Usually	23	23.2
Always	31	31.3
Total	99	
<b>About You Item</b>		
Received care from this provider		
Yes	164	100
No	0	0
Total	164	
<b>About You Item</b>		
Provider you usually see		
Yes	118	72.4
No	45	27.6
Total	163	

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Global DOMAIN		
Question	n	%
About You Item		
Rate overall health		
Excellent	20	12.3
Very Good	65	39.9
Good	63	38.7
Fair	15	9.2
Poor	0	0
Total	163	
About You Item		
Highest grade or school completed		
<= 8th grade	4	2.5
Some high school	4	2.5
High school grad	43	26.7
Some college	55	34.2
4-yr coll. grad.	36	22.4
4+ yrs college	19	11.8
Total	161	
About You Item		
Hispanic or Latino descent		
Yes, Hisp/Latino	1	0.7
No, not Hisp/Lat	145	99.3
Total	146	
About You Item		
Race-White		
Yes	161	97.0
No	5	3.0
Total	166	
About You Item		
Race-Black/African-American		
Yes	0	0
No	166	100
Total	166	
About You Item		
Race-Asian		
Yes	0	0
No	166	100
Total	166	
About You Item		
Race-Hawaiian/Pacific Islander		
Yes	0	0
No	166	100
Total	166	
About You Item		
Race-Amer Indian/Alaska Native		
Yes	1	0.6
No	165	99.4
Total	166	

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## CAHPS Summary Information

Global DOMAIN		
Question	n	%
About You Item Race-Other		
Yes	0	0
No	166	100
Total	166	
About You Item Someone help complete survey		
Yes	7	4.3
No	154	95.7
Total	161	
About You Item Help-read questions		
Yes	3	25.0
No	9	75.0
Total	12	
About You Item Help-wrote down answers		
Yes	1	8.3
No	11	91.7
Total	12	
About You Item Help-answered questions		
Yes	5	41.7
No	7	58.3
Total	12	
About You Item Help-translated questions		
Yes	0	0
No	12	100
Total	12	
About You Item Help-other		
Yes	0	0
No	12	100
Total	12	
About You Item Rate overall mental/emotional heat		
Excellent	48	29.3
Very Good	70	42.7
Good	37	22.6
Fair	9	5.5
Poor	0	0
Total	164	

# MEDICAL PRACTICE REPORT

## Question Analysis

Overall Section	Mean	n
<b>Overall Section</b>		
Question		
<b>Std Overall</b>	93.8	163
<b>Std Access</b>	94.3	160
Ease of getting clinic on phone	95.0	159
Convenience of our office hours	94.0	159
Ease of scheduling appointments	94.7	160
Courtesy of registration staff	93.4	160
<b>Std Moving Through Your Visit</b>	90.0	159
Information about delays	89.1	137
Wait time at clinic	90.5	155
<b>Std Nurse/Assistant</b>	91.5	158
Friendliness/courtesy of nurse/asst	93.7	155
Concern of nurse/asst for problem	89.7	146
<b>Std Care Provider</b>	95.6	162
Friendliness/courtesy of CP	97.2	162
CP explanations of prob/condition	96.1	161
CP concern for questions/worries	96.1	162
CP efforts to include in decisions	95.3	150
CP information about medications	93.1	108
CP instructions for follow-up care	94.6	144
CP spoke using clear language	97.0	157
Time CP spent with patient	93.8	160
Patients' confidence in CP	96.1	161
Likelihood of recommending CP	95.8	161
<b>Std Personal Issues</b>	95.0	160
How well staff protect safety	94.2	151
Our sensitivity to patients' needs	94.5	155
Our concern for patients' privacy	94.2	154
Cleanliness of our practice	96.9	159
<b>Std Overall Assessment</b>	96.2	161
Staff worked together	95.5	160
Likelihood of recommending practice	96.9	161