

Introduction to the Clinigence Performance Dashboard



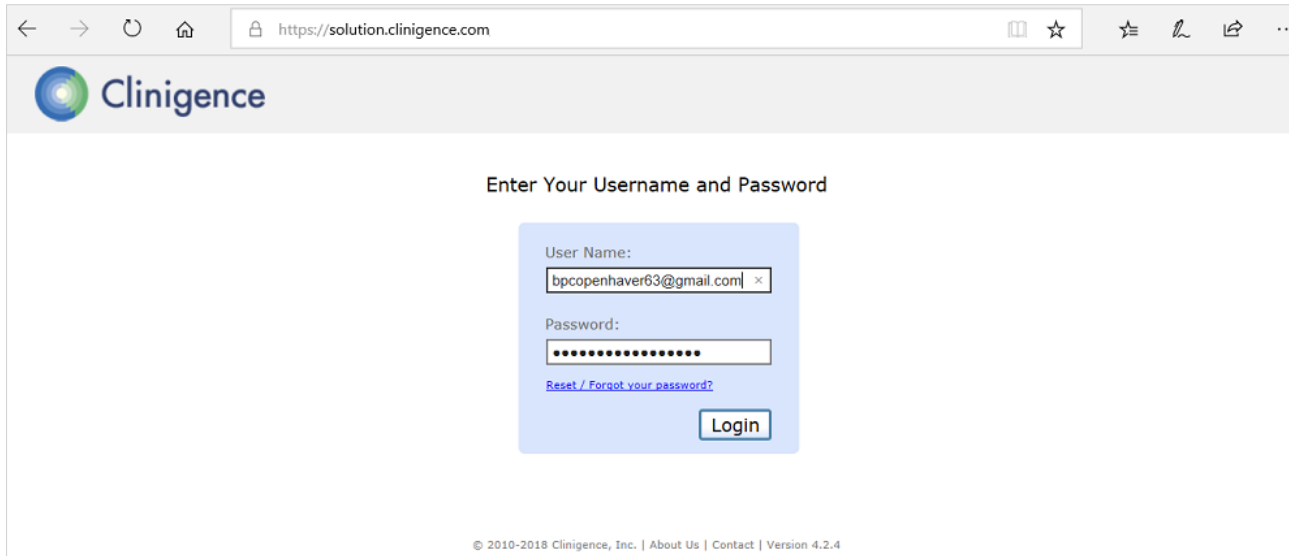
Agenda – Intro to the Performance Dashboard

- Logging in
- Navigating in the dashboard
- Programs and guidelines
 - Process vs. Outcome
 - Classifications
- Understanding scores
 - Episode-based measures
 - Inverse measures (Lower is better)
- Data Provenance
- Tracking progress
- Performance Dashboard Performance Report



Logging In

- *Each Clinigence user will have his or her own personal login to the Clinigence application.*
- *Your username will be your email address. This must be unique and you will need to be able to access this email account to verify the address and reset your password.*
- Go to `solution.clinigence.com` to log in.

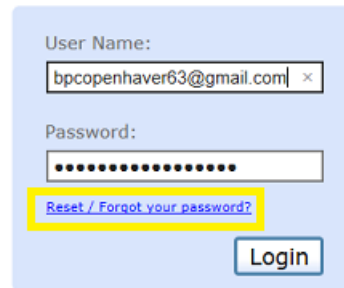


A screenshot of a web browser displaying the Clinigence login page. The browser's address bar shows the URL `https://solution.clinigence.com`. The page features the Clinigence logo at the top left. Below the logo, the text "Enter Your Username and Password" is centered. A light blue login form is positioned in the center, containing a "User Name:" label, a text input field with the email `bpcopenhaver63@gmail.com`, a "Password:" label, a password input field with masked characters, a link for "[Reset / Forgot your password?](#)", and a "Login" button. At the bottom of the page, a small copyright notice reads: "© 2010-2018 Clinigence, Inc. | [About Us](#) | [Contact](#) | Version 4.2.4".

Reset Password

- If you forget your password, select the Reset/Forgot Password link on the login screen. An email will be sent to you with instructions on re-setting your password.

Enter Your Username and Password



User Name:
 x

Password:

[Reset / Forgot your password?](#)

Navigating in the Dashboard

- Underlined text can be used to navigate in the system.
- At the top of the screen you will see a breadcrumb navigation bar. At any time you can select one of the underlined, colored breadcrumb blocks to return to a previous screen.

The screenshot displays the Clinigence dashboard interface. At the top, the Clinigence logo is on the left, and the user name 'BP Copenhaver' with a user icon and a refresh icon is on the right. Below this is a navigation bar with tabs: 'Browse Programs', 'Patients', 'ACO Tools', 'Reports', and 'Configuration'. A yellow box highlights the breadcrumb navigation bar, which contains the following links: Rural Family Practice (McKesson PP) > 2017 MIPS Quality Reporting (EHR-Reportable) > Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention > Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention. Below the breadcrumb bar, there is a section for 'Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (IA BMH 2, CMS138, NQF0028, QID 226)'. This section includes a performance bar chart showing a 'Program Goal' of 90% and 'Current Performance' of 99%. To the right of the chart, there are three boxes: '1848 Meets Target Criteria Non-Smokers OR Tobacco Users Who Rec...', '1873 Eligible Population Patients >=18 Yrs & >= 2 Visits or >=...', and '25 Outside Target Criteria'. Further right, there is a 'Special Cases' section with '(No Exclusions Defined)' and '0 Exceptions Medical Reasons/Limited Life Expectancy'. A dropdown menu labeled 'As of:' is set to 'Today'. An 'add' button is located to the right of the breadcrumb bar.

Clinigence

BP Copenhaver

Browse Programs Patients ACO Tools Reports Configuration

Rural Family Practice (McKesson PP) > 2017 MIPS Quality Reporting (EHR-Reportable) > Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention > Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention

no population filters applied add

Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention (IA BMH 2, CMS138, NQF0028, QID 226) As of: Today

Program Goal 90% Current Performance 99%

1848 Meets Target Criteria Non-Smokers OR Tobacco Users Who Rec...

1873 Eligible Population Patients >=18 Yrs & >= 2 Visits or >=...

25 Outside Target Criteria

Special Cases (No Exclusions Defined) 0 Exceptions Medical Reasons/Limited Life Expectancy

Programs and Guidelines

- A *Program* is a set of guidelines established by an authority, such as NCQA, New York State Medicaid, or CMS. Additionally an organization or practice may define its own programs, such as an internal quality improvement initiative.
- Practices can be enrolled in multiple programs. Each program that the practice is enrolled in appears at the top of the screen. Active providers at the practice will have access to each program the practice is enrolled in.

Programs			
Name & Description		Process	Outcome
2017 MIPS Quality Reporting (EHR-Reportable)		<div><div></div></div> 12,932 / 13,589 95%	<div><div></div></div> 286 / 311 92%
2016 HEDIS measures for Cigna (NPN)		<div><div></div></div> 8,512 / 12,708 67%	<div><div></div></div> 927 / 1,150 81%
CCHI - Chronic Conditions		<div><div></div></div> 368 / 896 41%	N/A



Programs

- Initially, your practice may be enrolling in only one program, but you can choose to enroll in additional programs. A list of Available Programs appears below the enrolled programs.
- Contact Clinigence or your value-added reseller if you would like more information about any of the Available Programs listed or if you would like to create a program customized for your practice.

▼ Programs

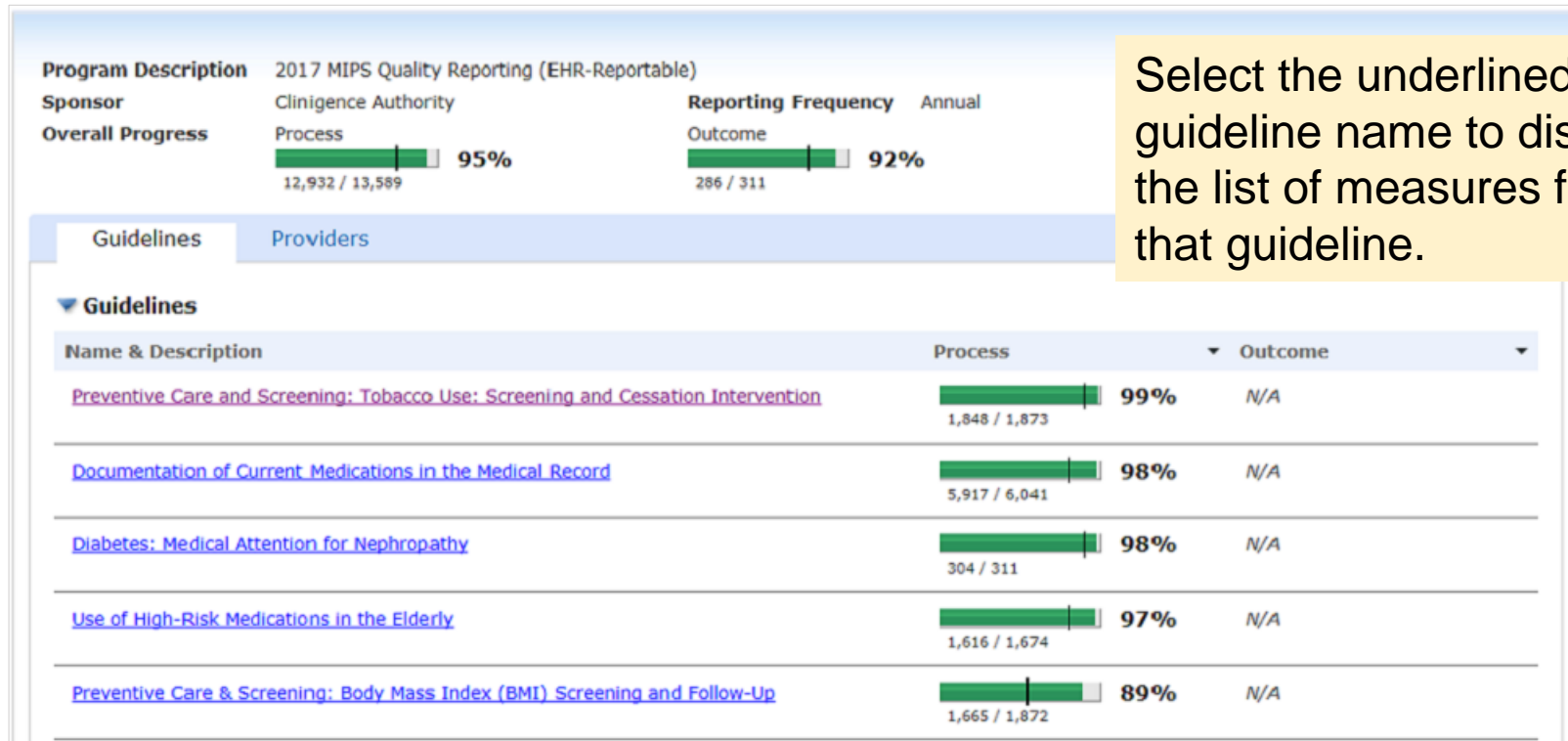
Name & Description	Process	▼ Outcome
2017 MIPS Quality Reporting (EHR-Reportable)	<div><div></div></div> 12,932 / 13,589 95%	<div><div></div></div> 286 / 311 92%
2016 HEDIS measures for Cigna (NPN)	<div><div></div></div> 8,512 / 12,708 67%	<div><div></div></div> 927 / 1,150 81%
CCHI - Chronic Conditions	<div><div></div></div> 368 / 896 41%	N/A

▼ Available Programs

Name & Description	Process	▼ Outcome
2016 CMS Clinical Quality Measures (MU and PQRS/EHR Reportable)	<div><div></div></div> 0 / 0 0%	<div><div></div></div> 0 / 0 0%
2016 GPRO & Medicare Shared Savings Program	<div><div></div></div> 0 / 0 0%	<div><div></div></div> 0 / 0 0%

Guidelines

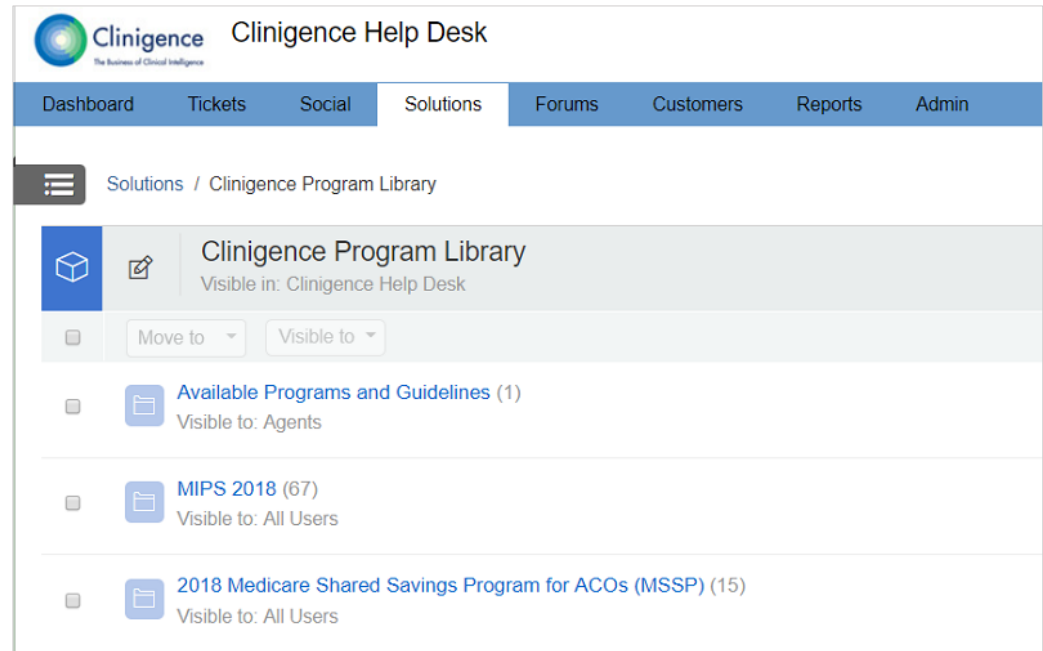
- A *Guideline* is a set of measures which usually target a specific population (such as age or gender), specific medical condition (such as heart disease or diabetes) or a type of treatment (such as vaccinations).



Select the underlined guideline name to display the list of measures for that guideline.

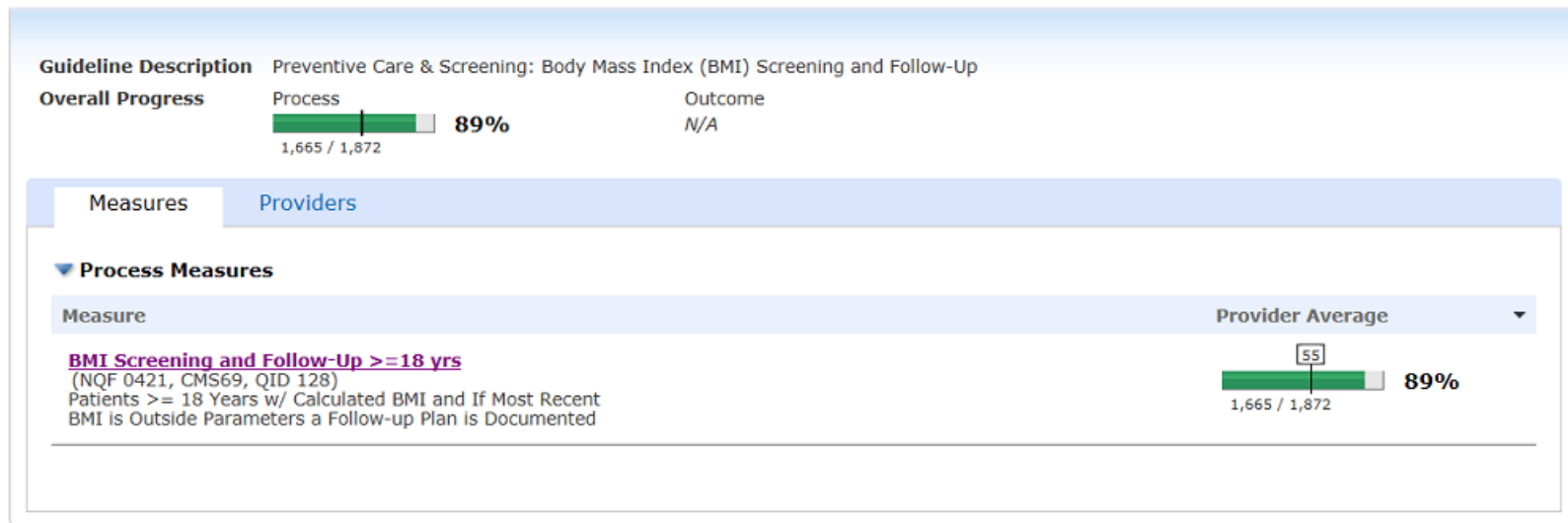
Measures

- A *Measure* is a calculation, usually a percentage but is sometimes a count, such as a number of encounters. Demographic and clinical rules define the details of the calculation. For example, when the calculation is a percentage there are rules that determine which patients are eligible for the denominator and rules that determine which patients in the denominator also meet the numerator criteria.
- Measure definitions and measure specifications can be found in the Clinigence HelpDesk (support.clinigence.com) under Solutions: Clinigence Program Library.



Measures

- A guideline can have a mix of both process and outcome measures. The example below shows a guideline with a single, process measure.



Process vs. Outcome

- There are two types of measures in the Clinigence application: *Process* and *Outcome*. A guideline can have a mix of both process and outcome measures.
- Process measures are used to evaluate how well the staff is following the recommended care protocols.
- Outcome measures are used to assess patient outcomes and can help identify patients in need of an intervention.

Guidelines		Providers	
▼ Guidelines			
Name & Description	Process	▼ Outcome ▼	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<div><div></div></div> 1,848 / 1,873 99%	N/A	
Documentation of Current Medications in the Medical Record	<div><div></div></div> 5,917 / 6,041 98%	N/A	
Diabetes: Hemoglobin A1c Poor Control	N/A	<div><div></div></div> 286 / 311 92%	

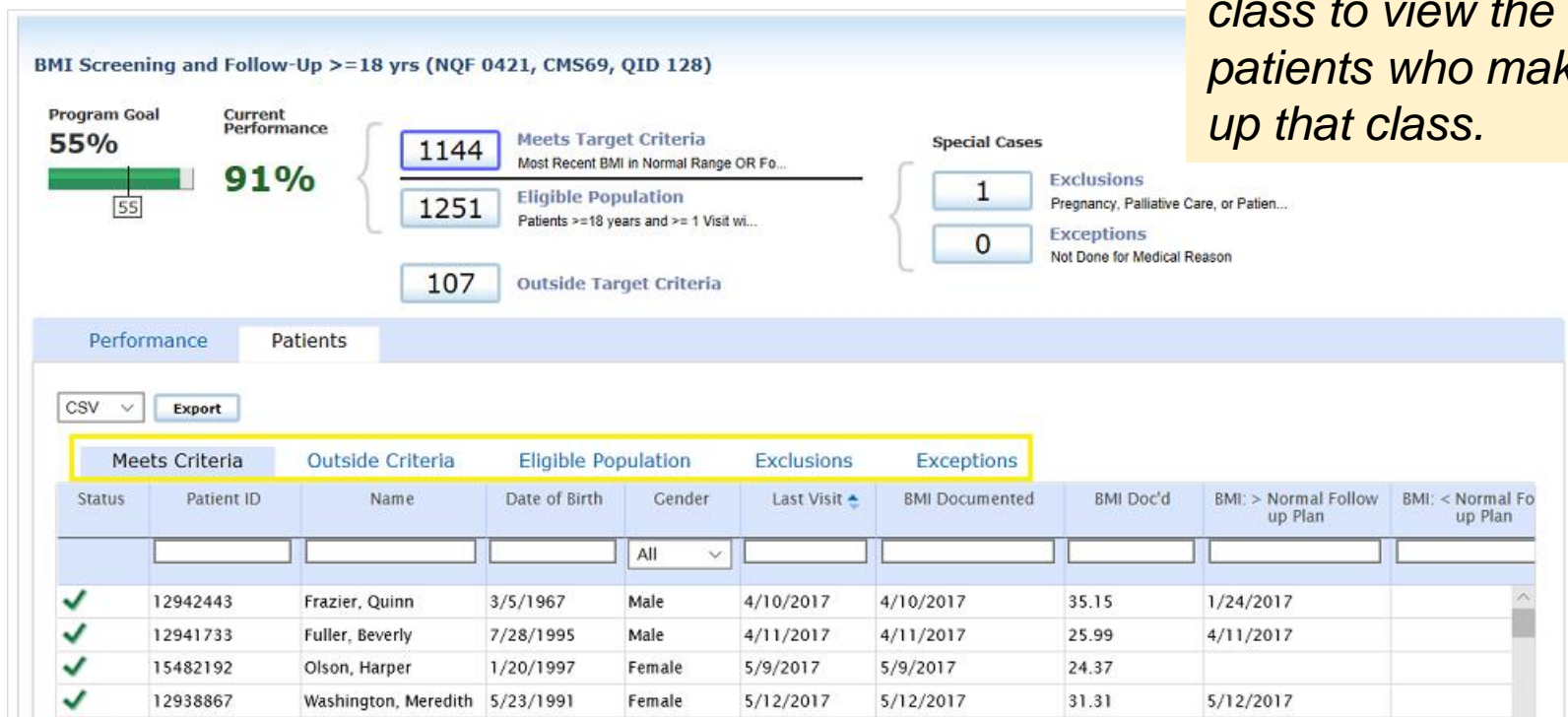
Classifications

- Patients are evaluated based on the criteria in the measure specification and will be assigned to the following classes:
- Eligible Population (also referred to as the Denominator) Those patients who meet the criteria for the denominator of a measure.
- Meets Target Criteria (also referred to as the Numerator) Those patients who meet the criteria for both the denominator and numerator of a measure
- Outside Target Criteria (also referred to as the Complement) Those patients who meet the criteria for the denominator of a measure, but do not meet the criteria for the numerator. In most cases, the patients in the complement class are those who will be candidates for an intervention.



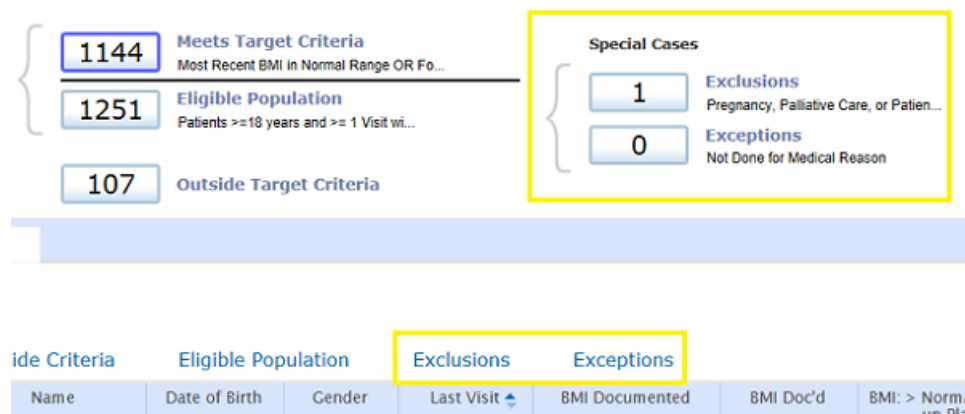
Classifications

Select the tab or the boxed score for a class to view the patients who make up that class.



Classifications – Special Cases

- Exclusions. Some guidelines are defined with an Exclusion Class that reduces the number of patients counted in the denominator. If a patient meets the criteria for both the denominator and the exclusion class, they are always excluded from the denominator so that those patients don't lower a provider's score on a specific measure. Examples of exclusions include existing diagnoses (like pregnancy) or previous procedures (like mastectomy).



Classifications – Special Cases

- Exceptions. Some guidelines are defined with an Exception Class that reduces the number of patients counted in the denominator only if that patient does not also meet the numerator criteria. If a patient meets the criteria for both the denominator and the exception class, they are excluded from the denominator **only if they do not also meet the numerator criteria** so that those patients don't lower a provider's score on a specific measure.



Examples of exceptions include patient refusal of the influenza vaccine for an Influenza measure or existing conditions such as non-ambulatory for a BMI measure.



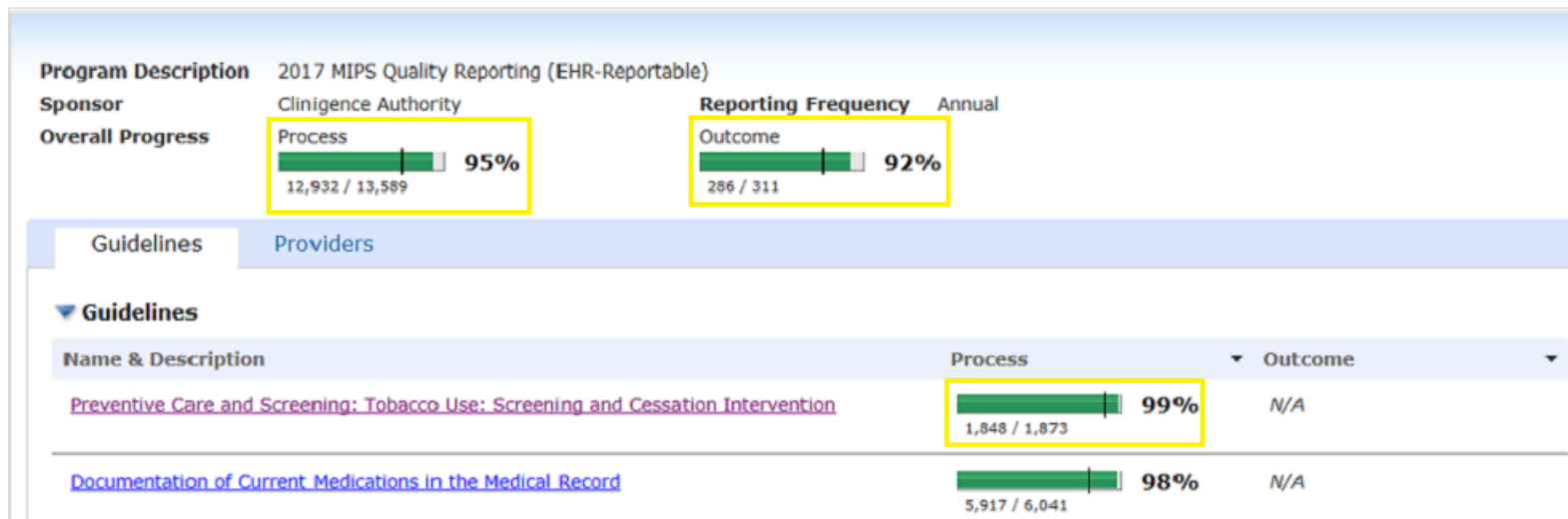
Patient Lists

- You can sort on any of the evidence columns by selecting that column label.
- You can filter within a column by entering the filter criteria in the field below the column label.
- Once you have the patient list displayed as you wish, you can select the Export button to generate a .csv file that you can open in a spreadsheet program, such as Excel.

Performance Patients								
<div> <div>CSV ▾</div> <div>Export</div> </div>								
Meets Criteria		Outside Criteria		Eligible Population		Exclusions		Exceptions
Status	Patient ID	Name	Date of Birth	Gender	Last Visit	BMI Documented	BMI Doc'd	BMI: > Normal Follow up Plan
		harper		All ▾				
✓	15482192	Olson, Harper	1/20/1997	Female	5/9/2017	5/9/2017	24.37	
✓	12938913	Stephenson, Harper	11/17/1952	Female	8/30/2017	8/30/2017	26.31	8/30/2017
✓	12940604	Morrison, Harper	3/2/1963	Female	11/14/2017	11/14/2017	30.15	10/23/2017
✓	12940885	Cooper, Harper	6/15/1949	Female	12/21/2017	12/7/2017	28.70	12/7/2017

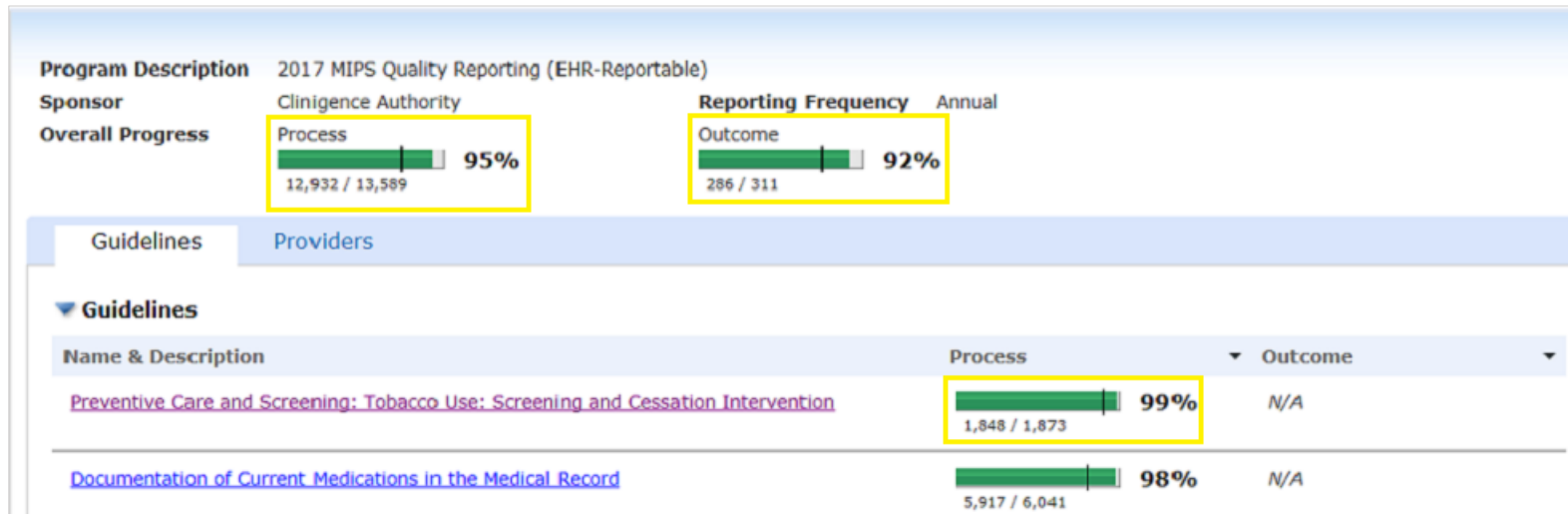
Understanding Scores

- *Aggregating scores*
 - The numbers for numerator and denominator shown at the program and guideline levels are roll-ups or *aggregates* of the scores for the underlying measures. When logged in as a provider, the numbers reflect only those patients assigned to the current provider.



Understanding Scores

- *Aggregating scores*
 - The Clinigence aggregation algorithm takes into account the total "opportunities" the provider had to follow the recommended process or achieve the desired outcome. It is quite common for patients to be counted in both the numerator and denominator multiple times in the aggregated numbers, if they qualify for multiple measures within a guideline or multiple guidelines in a program.



Understanding Scores

- Clinigence extracts patient data from the practice's EHR each night so these numbers are up-to-date. The information shown is real-time, clinically-based, not retrospective based solely on claims data.
- At a glance, you can see that the aggregated scores are 99-98% for the 2 process guidelines. This indicates that the staff is currently performing the recommended protocols at a high rate.

Guidelines Providers			
Guidelines			
Name & Description	Process	Outcome	
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<div><div></div></div> 1,848 / 1,873 99%	N/A	
Documentation of Current Medications in the Medical Record	<div><div></div></div> 5,917 / 6,041 98%	N/A	
Diabetes: Hemoglobin A1c Poor Control	N/A	<div><div></div></div> 286 / 311	92%

Goal Thresholds

- A progress bar is a visual representation of the provider's score for that program or guideline. The progress bar is RED when the score is below the goal threshold and GREEN when the score is above the goal threshold.

Programs				Providers	
▼ Programs					
Name & Description		Process		Outcome	
2017 MIPS Quality Reporting (EHR-Reportable)		<div><div></div></div> 12,932 / 13,589	95%	<div><div></div></div> 286 / 311	92%
2016 HEDIS measures for Cigna (NPN)		<div><div></div></div> 8,512 / 12,708	67%	<div><div></div></div> 927 / 1,150	81%
CCHI - Chronic Conditions		<div><div></div></div> 368 / 896	41%	N/A	

- Goal Thresholds can be associated with programs, guidelines and individual measures. Some programs have predetermined goal thresholds while others leave it to the organization or practice to define their own goal thresholds.

Goal Thresholds

- Goal thresholds can be customized by an Organizational Administrator or Practice Administrator.

[Browse Programs](#)
[Patients](#)
[ACO Tools](#)
[Reports](#)
[Configuration](#)







[Account Management](#)
[Goal Management](#)
[Care Activities](#)
[MIPS Renewal](#)

Goals

Programs: 2017 MIPS Quality Reporting (EHR-Reportable) ▼

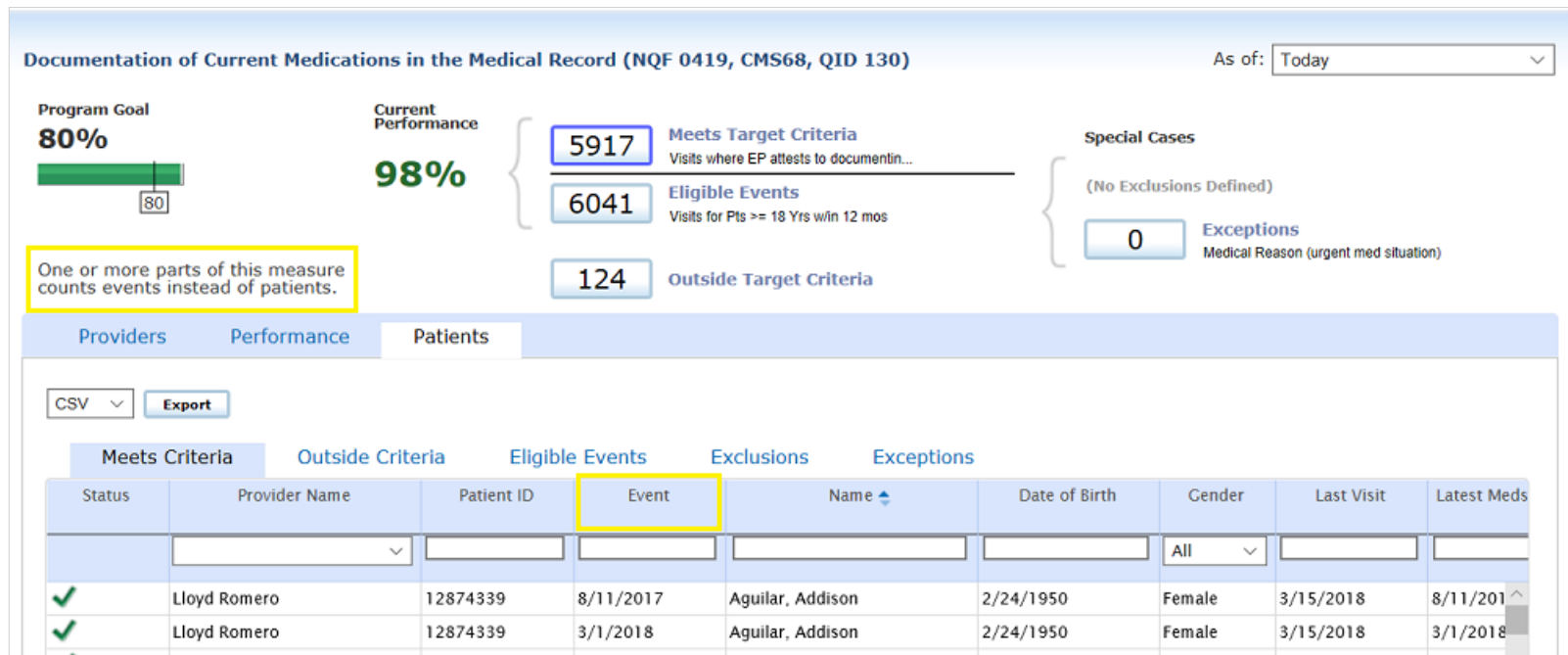
Change goal targets by clicking on the goal number and changing it or by dragging the goal target.

[Save Changes](#)
[Cancel](#)

Program	Process Goal	Outcome Goal
2017 MIPS Quality Reporting (EHR-Reportable)	 75 %	 75 %
Guidelines		
▼ Breast Cancer Screening	 70 %	
Measures		
Breast Cancer Screening for Women 51 - 74 Years	 70 %	
▶ Diabetes: Hemoglobin A1c Poor Control		 80 %
▶ Diabetes: Medical Attention for Nephropathy	 90 %	

Episode-based Measures

- Here the denominator and numerator represent a count of visits, diagnoses, or other episodes of care. For example, the medication reconciliation measures that are found in multiple programs all count qualifying encounters in the denominator and count encounters where a medication reconciliation was documented in the numerator.



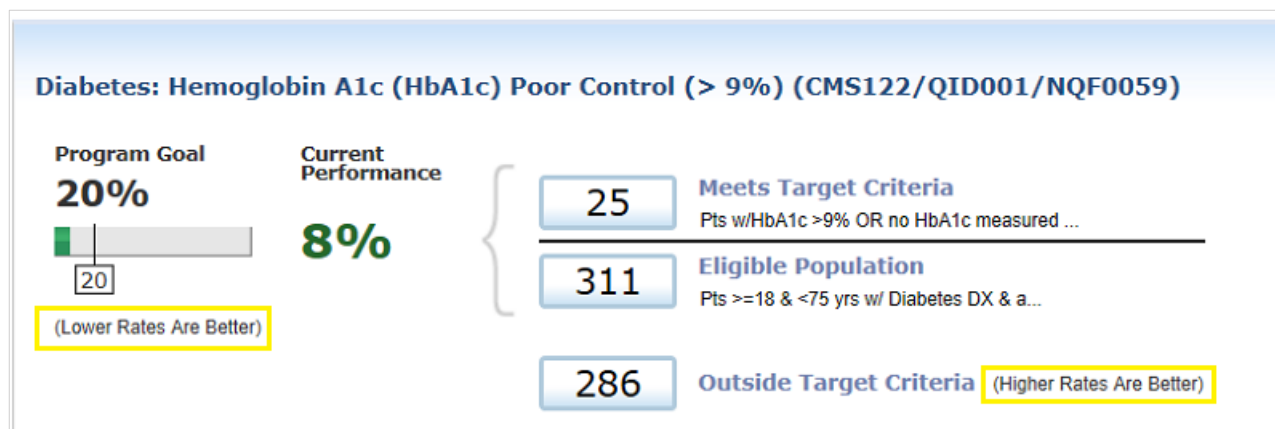
Episode-based Measures

- A new column will display for all episode-based measures with the date of the Event that is being counted. Notice for patient Addison Aguilar there are two different dates in the Event column indicating that those two dates met the measure's numerator criteria.
- A single patient can appear multiple times in the patient lists and can appear in both the Meets Criteria and Outside Target Criteria, if he/she has multiple qualifying episodes.

Providers Performance Patients								
CSV <input type="button" value="Export"/>								
Meets Criteria		Outside Criteria		Eligible Events		Exclusions		Exceptions
Status	Provider Name	Patient ID	Event	Name	Date of Birth	Gender	Last Visit	Latest Meds
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	All <input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
✓	Lloyd Romero	12874339	8/11/2017	Aguilar, Addison	2/24/1950	Female	3/15/2018	8/11/201
✓	Lloyd Romero	12874339	3/1/2018	Aguilar, Addison	2/24/1950	Female	3/15/2018	3/1/2018

Inverse Measures (Lower is better)

- An example of a 'lower is better' measure is based on NQF 0059: Diabetes: Poor Control HgA1c > 9%. You want to have fewer patients in the numerator; those with an out of range HgA1c result.
- On the Measure Details screen, the display shows the actual numbers, as the measure was defined by the authority. In the example below, there are 25 patients with HgA1c > 9% out of 311 patients qualifying for the denominator.



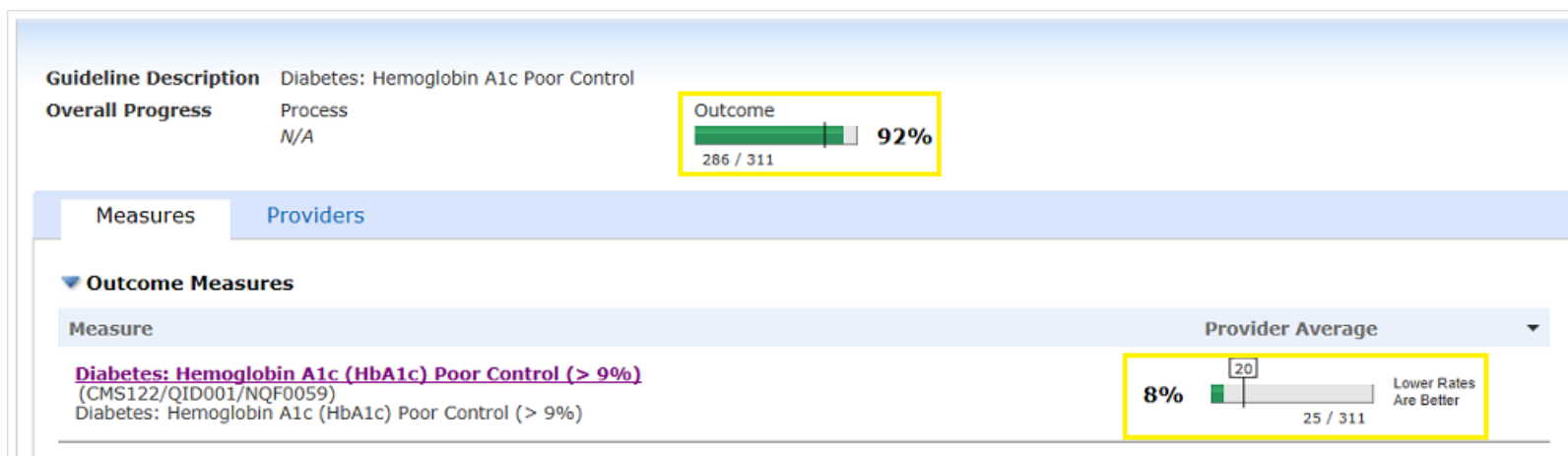
Inverse Measures (Lower is better)

- Aggregating Lower Is Better Measures. These measures are aggregated differently from "higher is better" measures when rolled up to the guideline and program levels.
- When this measure is aggregated for the provider or practice, Clinigence “flips” the score so that all roll-up and aggregate scores include the Complement, rather than the Numerator. We do this so that the aggregate scores are not improperly lowered by a “lower is better” individual measure.





Inverse Measures (Lower is better)

- For example, if a provider's score on this measure is 8% (25/311 diabetic patients had a Hg A1c > 9%), when that score is rolled up we use 92% (the Complement) as the score to aggregate.



Data Provenance

- Data Provenance in the Performance Dashboard gives the user a peek at the "source of the data" used in the evidence columns. In the case of organizations with multiple practices, the Data Provenance can also tell you when this data is from an EHR instance outside of the EHR instance of the currently selected practice.
- Data Provenance is available for all non-demographic data and is noted with the "because" symbol () in the data evidence cell. When the data is from outside the currently selected practice, the because symbol has a blue background ().

Data Provenance

- The example below shows the because symbol with the blue background that indicate the data for this item comes from outside of the selected practice.

Last Visit	Inpt Enc/Hosp Discharge Mgmt	Transition Encounter	RX Reconciliation
5/15/2018	4/19/2018	⌘	5/15/2018 ⌘
5/15/2018	4/16/2018	⌘	5/15/2018 ⌘
5/11/2018	7/3/2017	⌘ 7/25/2017 ⌘	7/11/2017 ⌘
3/20/2018	9/13/2017	⌘	9/27/2017 ⌘
3/20/2018	10/10/2017	⌘	11/9/2017 ⌘
6/21/2018	10/29/2017	⌘ 11/20/2017 ⌘	11/20/2017 ⌘
6/21/2018	3/29/2018	⌘	4/12/2018 ⌘
5/29/2018	9/28/2017	⌘ 10/24/2017 ⌘	10/24/2017 ⌘
5/22/2018	4/21/2018	⌘	4/26/2018 ⌘
6/21/2018	7/26/2017	⌘ 8/10/2017 ⌘	8/10/2017 ⌘

Displaying Data Provenance

- When the user hovers the mouse over the because symbol, the Data Provenance pop-up appears.
- Information included in the Data Provenance pop-up:
 - Practice name
 - Source Type (Procedure, Diagnosis, Lab, etc.)
 - Date
 - Description
 - Numeric Value

Female	6/8/2018		5/10/2018	⚙	120.00
Female			3/14/2018	⚙	122.00
Male			6/30/2017	⚙	111.00
Female			10/28/2016	⚙	158.00
Male			8/21/2015	⚙	104.00
Male			6/7/2018	⚙	158.00
Male			3/27/2018	⚙	117.00

Source Record(s):

Family Physicians

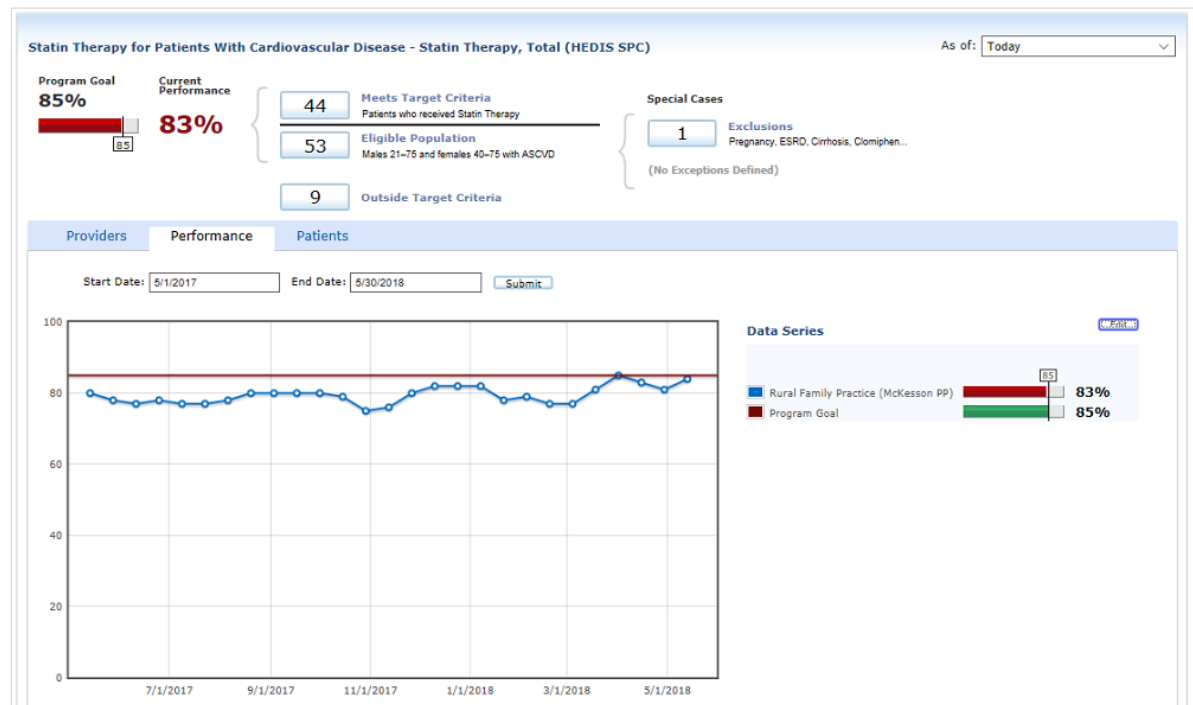
3/14/2018 **Lab**

Cholesterol in LDL
[Mass/volume] in Serum or
Plasma by calculation 122

Tracking Progress

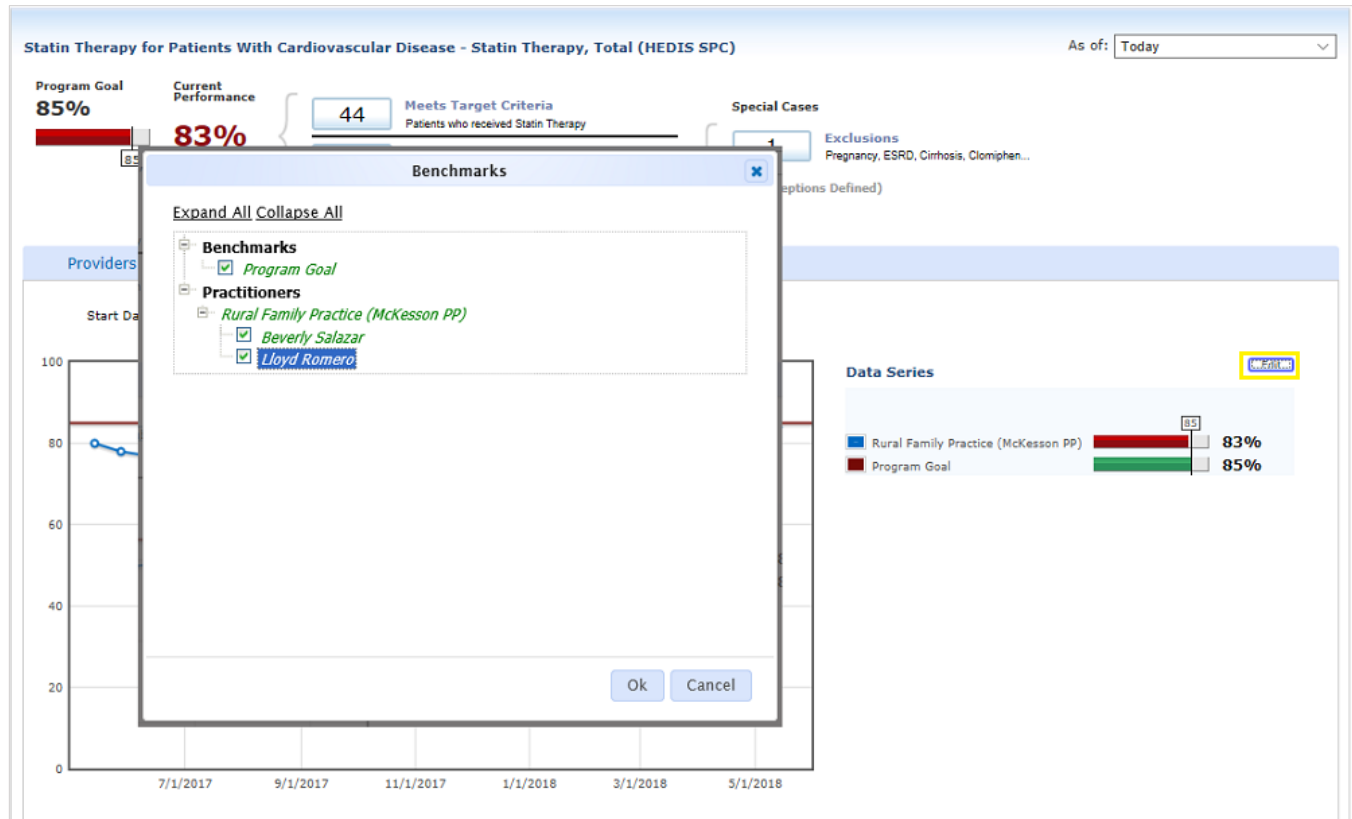
- Trendlines provide a visual representation of the practice's and providers' performance on a specific measure over time.

From the Measure Details screen, select the Performance tab. The trendline shows the practice's average and the program goal.



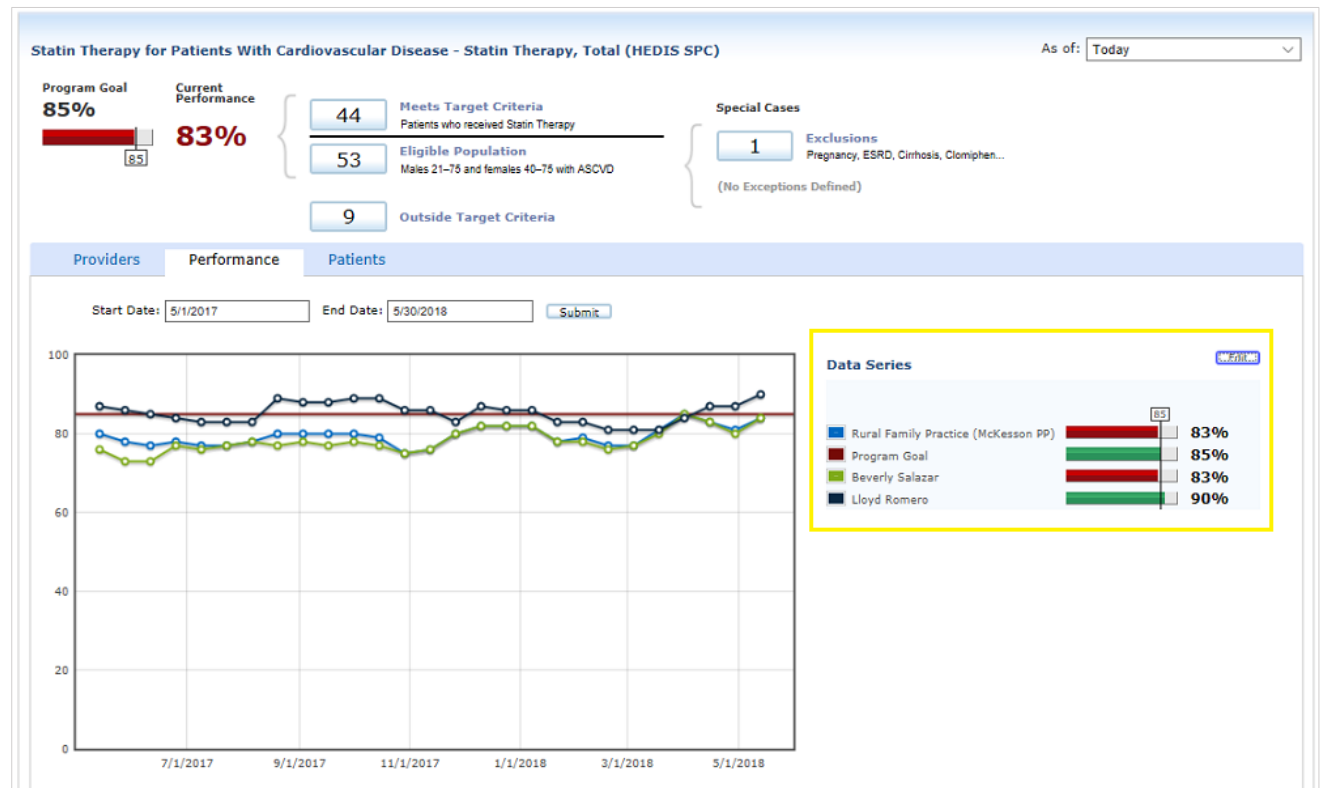
Tracking Progress

- You can add a trendline for selected providers in the practice by selecting the Edit button, then the checkbox for each provider.



Tracking Progress

- A colored trendline displays for each provider selected as well as the practice average. The Data Series box shows a legend for the graph.



Dashboard Performance Report

- The purpose of the Performance Report is to aggregate measure performance for the organization. Two reports can be generated: one listing scores by practice, and the other by program guideline.

The screenshot displays the Clinigence dashboard interface. At the top, the Clinigence logo is on the left, and navigation links for 'Client List' and 'Account Management' are on the right. Below this, a status bar indicates 'Viewing: Clinigence Demo'. A main navigation bar contains 'Browse Programs', 'Patients', 'ACO Tools', 'Reports', and 'Configuration'. The 'Performance Reports' link under 'Browse Programs' is highlighted with a yellow box. To the right of this link, it states 'no population filters applied' with an 'add' button. Below the navigation bar, there are tabs for 'Programs', 'Providers', and 'Practices'. The 'Programs' tab is active, showing a table of performance metrics.

Name & Description	Process	Outcome
2016 HCA measures (NPN)	<div><div></div></div> 74% 1,739 / 2,345	N/A
2017 MIPS Quality Reporting (EHR-Reportable)	<div><div></div></div> 68% 44,312 / 65,083	<div><div></div></div> 81% 831 / 1,032

Dashboard Performance Report

- As there can be a large amount of data to process for these reports which can take a while to complete, the user requests a report and is notified via email when the report is ready to view and download.

Browse Programs | **Patients** | **ACO Tools** | **Reports** | **Configuration**

Clinigence Demo > Performance Reports > Request Report

Report Type:*

Program:*

Practices:* *Note - all providers in the selected practices will be included in the report*

☐ All Practices

☒ Specific Practice(s)

Report Effective:* ☒ Pre-Loaded Date (quarters)

☐ Specific Date (report may take longer to generate)

PopulationFilter:*

You will be notified via email when the report is ready.

Requested By

Greg Imhoff	<input type="button" value="X"/>
Andy Robinson	<input type="button" value="X"/>
Andy Robinson	<input type="button" value="X"/>

View 1 - 3 of 3

Dashboard Performance Report

- Once a report has been generated, it will be available on the Performance Reports list to be retrieved at any time by any user with organizational administer permissions unless it is deleted.



Dashboard Performance Report

- **Scores by Guideline.** This version of the report gives you the organization-level scores and patient counts for each measure in the program. Some guidelines have multiple measures and this report will show you the scores by measure.

Program:

2017 MIPS Quality Reporting (EHR-Reportable)

Practices:

All

Report Effective:

12/31/2017

Processed Date:

5/30/2018

Population Filters:

None

Export to CSV

Guideline	Measure	Reference	Initial Population	Denominator	Exclusions	Numerator	Exceptions	Rate
Colorectal Cancer Screening	Pts 50 - 75 Yrs Screened for Colorectal Cancer	NQF 0034, CMS130, QID 113	505	505	0	101	0	19.26%
Pneumococcal Vaccination Status for Older Adults	Pts >=65 Yrs Who Ever Received a Pneumococcal Vaccine	NQF 0043, CMS127, QID 111	595	595	0	592	0	99.50%
Diabetes: Hemoglobin A1c Poor Control	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	CMS122/QID001/NQF0059	1272	1272	0	245	0	19.26%
Breast Cancer Screening	Women 50-74 years who had mammogram to screen for breast cancer	NQF 2372, CMS125, QID 112	2084	2083	1	1753	0	84.16%
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Pts >=18 Yrs w/Smoking Status Doc'd AND Tobacco Users Rec'd Cessation Intervention w/in 24 Mos	IA BMH 2, CMS138, NQF0028, QID 226	8204	8199	0	4532	5	55.28%
Preventive Care & Screening: Influenza Immunization (Flu Season 2017)	Pts >=6 Mos w/Visit During Flu Season 2017 Rec'd Flu Vaccine Aug. 1, 2016 to Mar. 31, 2017	NQF 0041, CMS147, QID 110	7606	7219	0	4383	387	60.71%
Documentation of Current Medications in the Medical Record	Visits for Pts >= 18 Yrs When EP Attests to Documenting of Current Medications	NQF 0419, CMS68, QID 130	29919	29919	0	22786	0	76.16%
Diabetes: Medical Attention for Nephropathy	Pts 18-75 with diabetes had nephropathy screening or evidence during m.p	NQF 0062, CMS134, QID 119	1272	1272	0	1098	0	86.32%
Use of High-Risk Medications in the Elderly	At Least 1 Drug to be Avoided in the Elderly	NQF 0022, CMS156, QID 238	2899	2899	0	405	0	13.97%
Use of High-Risk Medications in the Elderly	At Least 2 Drugs to be Avoided in the Elderly	NQF 0022, CMS156, QID 238	2899	2899	0	68	0	2.35%
Preventive Care & Screening: Body Mass Index (BMI) Screening and Follow-Up	Patients >= 18 Years w/ Calculated BMI and If Most Recent BMI is Outside Parameters a Follow-up Plan is Documented	NQF 0421, CMS69, QID 128	9157	9003	154	5077	0	56.39%

Page 1 of 1

View 1 - 81 of 81



Dashboard Performance Report

- Scores by Practice. This version of the report lets you compare the practices in your organization with each other and the weighted average for the entire organization for each guideline.

Program: 2018 Medicare Shared Savings Program

Practices: Dr. Paulette Watsonville, Family Medicine, Medical Practice

Report Effective: 3/31/2018

Processed Date: 6/12/2018

Population Filters: All Medicare

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Practice	Falls: Screening for Future Fall Risk	Breast Cancer Screening	PREV-6 Colorectal Cancer Screening	Pneumonia Vaccination Status for Older Adults	Controlling High Blood Pressure	Depression Remission at 12 Months (2018)	ACO 42: Statin Therapy for Prevention & Treatment of Cardiovascular Disease	Preventive Care & Screening: Body Mass Index (BMI) Screening and Follow-up	Preventive Care & Screening: Influenza Immunization	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention for Tobacco Users	Preventive Care & Screening: Tobacco Use: Screening	Diabetes: Hemoglobin A1c Poor Control (>9%)	Diabetes: Eye Exam	Diabetes: Composite (DM-2 & DM-7)
Dr. Paulette Watsonville	83.79%	70.45%	69.27%	88.11%	87.11%	2.56%	86.39%	99.20%	68.06%	98.14%	87.50%	100.00%	13.21%	30.19%	26.42%
Family Medicine	82.65%	57.43%	48.18%	80.40%	80.64%	0.00%	82.18%	95.84%	61.74%	93.62%	56.98%	98.70%	21.43%	68.75%	59.82%
Medical Practice	88.28%	93.28%	22.22%	99.64%	68.81%	0.00%	79.52%	95.95%	81.67%	88.51%	53.13%	100.00%	4.76%	86.90%	84.52%
Weighted Average	84.74%	71.46%	44.11%	88.83%	77.75%	1.67%	81.95%	96.61%	69.69%	92.86%	62.67%	99.42%	14.06%	66.67%	61.04%

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Questions?

