

Stony Brook Primary Care

A Practice of Stony Brook Internists

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Dear Patient,

We are excited to share with you our efforts in Quality Improvement and Press Ganey Quality Reports. As a Patient Centered Medical Home we are continually looking at ways to improve the way we deliver care and interact with our patients. We have a Quality Council that meets quarterly to review areas that we aim to improve. We then implement the PDSA cycle to initiate Quality Improvement Projects. Projects have included improving our rates at immunizing eligible patients for influenza as well as improving our rates of screening for colon cancer and breast cancer. We also have a Family/Quality Council that is comprised of doctors, staff and patients/family members of the practice. Some of our best suggestions about how to improve the practice come from our patients and we encourage your participation. We also have a suggestion box in our office and send surveys to our patients about programs that are run through the office. We look forward to sharing the results of our Quality Improvement projects and Quality Reports.

We look forward to seeing you soon,

Susan Y. Lee, MD FACP

Director of the PCMH at Stony Brook Primary Care

Press Ganey Reports:

Overall Doctor Rating: 91% patients reported of rating of 9-10 out of 10

91% of patients recommended their doctor to others

96.5% reported that their doctor listened carefully to them.

96% of patients reported that you received easy to understand instructions.

89% of patients felt that office staff quality was top notch

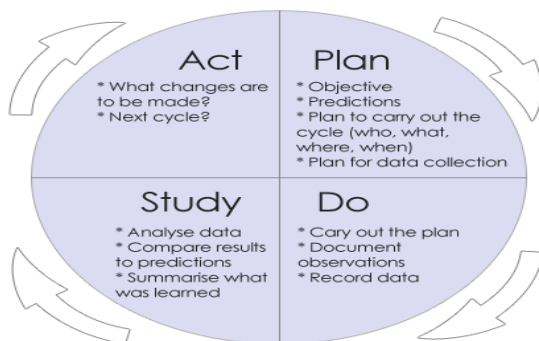
85% of patients felt that clerks and receptionists were helpful

92% of patients reported that the clerks treated them with with courtesy

87% of patients reported being able to see their doctor within 15mins of checking in

97% of patients felt that the staff worked together

The PDSA cycle



Quality Improvement Projects:

- Colorectal Cancer Screening:
 - We improved our rates of screening from 52% to 54%
- Breast Cancer Screening:
 - We improved our rates of screening from 63% to 66%
- Diagnosis and treatment of Obesity:
 - We improved our rate of diagnosis from 34% to 42%
 - We improved our rate of treatment plans from 20% to 41%
- Reducing 30 day rehospitalization rates in Medicare patients:
 - Through an aggressive transition of care process we reduced readmission rates from 15% to 3%

From our [HealthE Intent Registries](#) we are able to collect data about our practice as a whole.

Heart Failure:

- 81% compliance with BetaBlocker Therapy
- 71% compliance with Heart Function Assessment
- 81% compliance with ACE/ARB Medication Therapy

Hypertension:

- 72% of patients with good BP control

Coronary Artery Disease:

- 77% compliance with ACE/ARB Medication Therapy
- 70% compliance with Antiplatelet Therapy
- 80% compliance with Beta Blocker Therapy
- 75% compliance with Lipid Lowering Therapy

Adult Wellness exams:

- 69% completed yearly

“The wait time on the phones is too long”- Call center was instituted to streamline the phone process

“Need a better way to communicate with physicians”- Encouraged patients to sign up for the Patient Portal

“Clone Dr. Goodrich”- Unfortunately cloning is not available at this time

“ The check in line is too long”- We instituted using hospital volunteers as greeters to assist with the check in process

“Need better hours for working people” - Office hours were expanded to include evening and Saturday morning hours