

Clinical and Financial Performance Measures

In order to support the provision of high quality patient care, HRSA-funded health centers are expected to have ongoing quality improvement/assessment programs that include clinical services and quality management. To this end, the Health Center Program incorporates systems of quality assessment, quality improvement, and quality management that focus provider responsibilities on improving care processes and outcomes.

In concert with performance improvement initiatives within the broader health care community, the Health Center Program incorporates quality-related performance measures that place emphasis on health outcomes and demonstrate the value of care delivered by health centers. These performance measures are selected to provide a balanced and comprehensive representation of health center services, clinically prevalent conditions among underserved communities, and the population across life cycles. Their use is familiar to the majority of health center grantees that have extensive experience working to improve the quality of perinatal, chronic, and preventative care services. Further, the performance measures are aligned with those of national standard setting organizations, and are commonly used by Medicare, Medicaid, and health insurance/managed care organizations to assess quality performance.

The measures below are to be reported by all grantees in the Uniform Data System (UDS) and are included in the Clinical and Financial Performance Measures for Service Area Competition (SAC) and Budget Period Renewal (BPR) grant opportunities. The UDS Manual is available at <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

The alignment of the performance measures across grant performance reporting (UDS) and the grant application (SAC and BPR) provides grantees with the opportunity to establish quality and performance goals for their organization and patient populations, and assess their progress toward these goals. The alignment furthers HRSA's objective to collect data in a way that minimizes grantee reporting burden, and helps document the value of the Health Center Program.

Below are the clinical performance measures for the 2011 UDS. New or revised measures are identified.

Outreach / Quality of Care

Percentage of pregnant women beginning prenatal care in the first trimester

Numerator: All female patients who received perinatal care during the program year (regardless of when they began care) who initiated care in the first trimester either at the grantee's service delivery location or with another provider

Denominator (Universe): Number of female patients who received prenatal care during the program year (regardless of when they began care), either at the grantee's service delivery location or with another provider. Initiation of care means the first visit with a clinical provider (MD, NP, CNM) where the initial physical exam was done and does not include a visit at which pregnancy was diagnosed or one where initial tests were done or vitamins were prescribed

Percentage of children with 2nd birthday during the measurement year with appropriate immunizations **REVISED**

Numerator: Number of children who received all of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 2 Hib*, 3 HepB, 1VZV (Varicella), 4 Pneumococcal conjugate, 2 HepA, 2 or 3 RV, and 2 influenza vaccines prior to or on their 2nd birthday whose second birthday occurred during the measurement year, among those children included in the denominator

Denominator: Number of children with at least one medical visit during the reporting period, who had their second birthday during the reporting period, who did not have a contraindication for a specific vaccine

Percentage of women 21-64 years of age who received one or more tests to screen for cervical cancer

Numerator: Number of female patients 24-64 years of age receiving one or more Pap tests during the measurement year or during the two years prior to the measurement year, among those women included in the denominator

Denominator (Universe): Number of female patients 24-64 years of age as of December 31 of the measurement year who were seen for a medical encounter at least once during the measurement year and were first seen by the grantee before their 65th birthday

Percentage of patients age 2 to 17 years who had a visit during the current year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year **NEW**

Numerator: Number of child and adolescent patients age 2 to 17 years who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year, among those patients included in the denominator

Denominator: Number of child and adolescent patients age 2 to 17 years as of December 31 of the measurement year, who have been seen in the clinic at least once during the measurement year

Percentage of patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented **NEW**

Numerator: Number of adult patients age 18 years or older who had their Body Mass Index (BMI) calculated at the last visit or within the last six months and, if they were overweight or underweight, had a follow-up plan documented, among those patients included in the denominator

* Note: While 2 Hib shots are required, HRSA recommends that 3 Hib shots be given per the CDC recommendation.

Denominator: Number of adult patients age 18 years or older as of December 31 of the measurement year, who have been seen in the clinic at least once during the measurement year

Percentage of patients age 18 years and older who were queried about tobacco use one or more times within 24 months **NEW**

Numerator: Number of patients age 18 years and older who were queried about tobacco use one or more times within 24 months, among those patients included in the denominator

Denominator: Number of patients age 18 years and older who had at least one medical visit during the measurement year and have been seen for at least two office visits ever

Percentage of patients age 18 years and older who are users of tobacco and who received (charted) advice to quit smoking or tobacco use **NEW**

Numerator: Number of patients age 18 years and older who are users of tobacco and who received (charted) advice to quit smoking or tobacco use, among those patients included in the denominator

Denominator: Number of patients age 18 years and older seen who are users of tobacco and who had at least one medical visit during the current year and have been seen for at least two visits ever

Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable alternative pharmacological therapy during the current year **NEW**

Numerator: Number of patients age 5 to 40 years included in the denominator with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication (inhaled corticosteroid) or an acceptable alternative pharmacological therapy (leukotriene modifiers, cromolyn sodium, nedocromil sodium, or sustained released methylxanthines) during the current year

Denominator: Number of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) and who had at least one medical visit during the current year and have been seen for at least two visits ever

Health Outcomes / Disparities

Percentage diabetic patients whose HbA1c levels are less than 7 percent, less than 8 percent, less than or equal to 9 percent, or greater than 9 percent **REVISED**

Numerator: Number adult patients age 18 to 75 years with a diagnosis of Type 1 or Type 2 diabetes whose most recent HbA1c level during the measurement year is <7%, <8%, ≤9%, or >9%, among those patients in the denominator

Denominator: Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria

Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than 140/90

Numerator: Patients 18 to 85 years of age with a diagnosis of hypertension with most recent systolic blood pressure measurement < 140 mm Hg and diastolic blood pressure < 90 mm Hg

Denominator (Universe): All patients 18 to 85 years of age as of December 31 of the measurement year with a diagnosis of hypertension and have been seen at least twice during the reporting year, and have a diagnosis of hypertension before June 30 of the measurement year

Percentage of births less than 2,500 grams to health center patients

Numerator: Women in the "Universe" whose child weighed less than 2,500 grams during the measurement year, regardless of who did the delivery

Denominator (Universe): Total births for all women who were seen for prenatal care during the measurement year regardless of who did the delivery

Additional Measures

In addition to the above UDS clinical measures, health centers must include one Behavioral Health (e.g., Mental Health or Substance Abuse) and one Oral Health performance measure of their choice in the Health Care Plan.

Financial Viability / Costs

Total cost per patient

Numerator: Total accrued cost before donations and after allocation of overhead

Denominator: Total number of patients

UDS Lines: T8AL17CC/T4L6A for existing grantees

Medical cost per medical visit

Numerator: Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost)

Denominator: Non-nursing medical encounters (excludes nursing (RN) and psychiatrist encounters)

UDS Lines: T8AL1CC + T8AL3CC/T5L15CB – TT5L11CB for existing grantees

Change in net assets to expense ratio

Numerator: Ending Net Assets – Beginning Net Assets

Denominator: Total Expense

Note: Net Assets = Total Assets – Total Liabilities

Working capital to monthly expense ratio Numerator: Current Assets – Current Liabilities
Denominator: Total Expense / Number of Months in Audit

Long term debt to equity ratio Numerator: Long Term Liabilities Denominator: Net Assets