

The Clinical Performance Measures forms below are for reference only. Start with the Required and Optional Clinical Performance Measures Forms submitted with the FY 2015 application, and add two rows to each (as shown below) to provide both a numeric data update showing progress to date and a narrative explanation of such progress in relation to the goal. Do not change the data in any of the other rows/cells. In your progress report, you must include all Required Clinical Performance Measures and any Optional Clinical Performance Measures that you included in your FY 2015 application.

OMB No.: 0915-0285. Expiration Date: 9/30/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM REQUIRED CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
1. Focus Area: Prevention and Control of Diabetes			
Performance Measure	Proportion of adult patients with a diagnosis of Type I or Type II diabetes, whose hemoglobin A1c (HbA1c) was greater than 9% at the time of the last reading in the measurement year.		
Target Goal Description			
Numerator Description	Number of adult patients whose most recent hemoglobin A1c level during the measurement year was greater than 9% among those patients included in the denominator.		
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type I or Type II diabetes, who have been seen in the clinic for medical visits at least twice during the reporting year and do not meet any of the exclusion criteria.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM REQUIRED CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
2. Focus Area: Prevention and Control of High Blood Pressure and Cardiovascular Disease			
Performance Measure	Proportion of adult patients with diagnosed hypertension whose blood pressure was less than 140/90 (adequate control) at the time of the last reading.		
Target Goal Description			
Numerator Description	Number of patients in the denominator whose last systolic blood pressure measurement was less than 140 mm Hg and whose last diastolic blood pressure was less than 90 mm Hg.		
Denominator Description	All patients 18 to 85 years of age as of December 31, of measurement year with a diagnosis of hypertension, and who were first diagnosed by the health center as hypertensive at some point before June 30, of the measurement year, and who have been seen for medical visits at least twice during the reporting year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM REQUIRED CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
3. Focus Area: Pregnancy and Infant Care - Prenatal Health			
Performance Measure	Proportion of prenatal care patients who entered treatment during their first trimester.		
Target Goal Description			
Numerator Description	Number of women entering prenatal care at the health center or with the referral provider during their first trimester.		
Denominator Description	Total number of women seen for prenatal care during the year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM REQUIRED CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
4. Focus Area: Child Health/Immunizations			
Performance Measure	Percentage of children with their 3rd birthday during the measurement year who are fully immunized before their 3rd birthday.		
Target Goal Description			
Numerator Description	Number of children among those included in the denominator who were fully immunized before their 3rd birthday. A child is fully immunized if s/he has been vaccinated or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1VZV (Varicella), and 4 Pneumococcal conjugate prior to her/his 3rd birthday.		
Denominator Description	Number of all children with at least one medical visit during the reporting period, who had their third birthday during the reporting period.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM REQUIRED CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
5. Focus Area: Nutrition - Weight Assessment and Counseling for Children and Adolescents			
Performance Measure	Percentage of patients aged 2 until 17 who had evidence of BMI <i>percentile</i> documentation AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.		
Target Goal Description			
Numerator Description	Number of patients in the denominator who had their BMI percentile (not just BMI or height and weight) documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.		
Denominator Description	Number of patients who were one year after their second birthday (i.e., were three years of age) through adolescents who were aged up to one year past their 16th birthday (i.e., up until they were 17) at some point during the measurement year, who had at least one medical visit during the reporting year, and were seen by the health center for the first time prior to their 17th birthday.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM REQUIRED CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
6. Focus Area: Nutrition - Adult Weight Screening and Follow-Up			
Performance Measure	Percentage of patients aged 18 and older with a documented BMI during the most recent visit or within the 6 months prior to that visit AND when the BMI is outside of normal parameters a follow-up plan is documented.		
Target Goal Description			
Numerator Description	Number of patients in the denominator who had their BMI (not just height and weight) documented during their most recent visit OR within 6 months of the most recent visit AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.		
Denominator Description	Number of patients who were 18 years of age or older during the measurement year, who had at least one medical visit during the reporting year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
1. Focus Area: Cancer			
Performance Measure	Percentage of women 21–64 years of age who received one or more Pap tests to screen for cervical cancer.		
Target Goal Description			
Numerator Description	Number of female patients 24–64 years of age receiving one or more documented Pap tests during the measurement year or during the 2 calendar years prior to the measurement year among those women included in the denominator; <i>OR</i> , for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously, during the measurement year or during the 4 calendar years prior to the measurement year.		
Denominator Description	Number of all female patients age 24–64 years of age during the measurement year who had at least one medical visit during the measurement year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
2. Focus Area: Perinatal Health		
Performance Measure	Proportion of patients born to health center patients whose birth weight was <i>below</i> normal (less than 2500 grams).	
Target Goal Description		
Numerator Description	Number of children born with a birth weight of under 2500 grams.	
Denominator Description	Number of children born.	
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Numeric Progress since August 1, 2015		
Narrative Progress since August 1, 2015		
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:	
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
3. Focus Area: Oral Health		
Performance Measure	Percentage of children age 6–9 years at “elevated” risk who received a sealant on a permanent first molar tooth within the measurement year.	
Target Goal Description		
Numerator Description	Unduplicated number of children age 6–9 years at “elevated” risk who received a sealant on a permanent first molar tooth as a dental service during the measurement year.	
Denominator Description	Unduplicated number of children age 6-9 years at “elevated” risk during the measurement year.	
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:	
Numeric Progress since August 1, 2015		
Narrative Progress since August 1, 2015		
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:	
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:	
Comments		

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
4. Focus Area: Tobacco Use Screening and Cessation			
Performance Measure	Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.		
Target Goal Description			
Numerator Description	Number of patients in the denominator for whom documentation demonstrates that patients were queried about their tobacco use one or more times during their most recent visit OR within 24 months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.		
Denominator Description	Number of patients who were 18 years of age or older during the reporting year, seen after 18 th birthday, with at least one medical visit during the measurement year, and with at least two medical visits ever.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
5. Focus Area: Asthma – Pharmacological Therapy			
Performance Measure	Percentage of patients aged 5 through 40 with a diagnosis of mild, moderate, or severe persistent asthma who received or were prescribed accepted pharmacologic therapy.		
Target Goal Description			
Numerator Description	Number of patients in the denominator who received a prescription for or were provided inhaled corticosteroid or an accepted alternative medication (inhaled steroid combinations, anti-asthmatic combinations, antibody inhibitor, leukotriene modifiers, mast cell stabilizers, or methylxanthines).		
Denominator Description	Number of patients who were 5 through 40 years of age at some point during the measurement year, who have been seen at least twice in the practice and who had at least one medical visit during the reporting year, who had an active diagnosis of persistent asthma.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
6. Focus Area: Coronary Artery Disease (CAD): Lipid Therapy			
Performance Measure	Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease CAD who were prescribed a lipid-lowering therapy.		
Target Goal Description			
Numerator Description	Number of patients in the denominator who received a prescription for or were provided or were taking lipid lowering medications.		
Denominator Description	Number of patients who were seen during the measurement year after their 18th birthday, who had at least one medical visit during the reporting year, with at least two medical visits ever, and who had an active diagnosis of coronary artery disease (CAD) including any diagnosis for myocardial infarction (MI) or who had had cardiac surgery in the past.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
7. Focus Area: Ischemic Vascular Disease (IVD): Aspirin Therapy			
Performance Measure	Percentage of patients aged 18 years and older who were discharged alive for acute myocardial infarction (AMI) or coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) in the prior year OR who had a diagnosis of ischemic vascular disease (IVD) during the measurement year who had documentation of use of aspirin or another antithrombotic.		
Target Goal Description			
Numerator Description	Number of patients in the denominator who had documentation of aspirin or another anti-thrombotic medication being prescribed, dispensed, or used.		
Denominator Description	Number of patients who were aged 18 and older at some point during the measurement year, who had at least one medical visit during the reporting year, who had an active diagnosis of ischemic vascular disease (IVD) during the current or prior year OR had been discharged after AMI or CABG or PTCA in the prior year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
8. Focus Area: Colorectal Cancer Screening			
Performance Measure	Percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or a fecal occult blood test (FOBT), including the fecal immunochemical (FIT) test <i>during</i> the measurement year).		
Target Goal Description			
Numerator Description	Number of patients aged 51 through 74 with appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or a fecal occult blood test (FOBT), including the fecal immunochemical (FIT) test <i>during</i> the measurement year).		
Denominator Description	Number of patients who were aged 51 through 74 at some point during the measurement year, who had at least one medical visit during the reporting year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
9. Focus Area: HIV Linkage to Care			
Performance Measure	Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.		
Target Goal Description			
Numerator Description	Number of patients in the denominator who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.		
Denominator Description	Number of patients first diagnosed with HIV between October 1 of the prior year through September 30th of the current measurement year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
10. Focus Area: Depression Screening and Follow Up			
Performance Measure	Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.		
Target Goal Description			
Numerator Description	Number of patients aged 12 years and older who were 1) screened for depression with a standardized tool and, if screened positive for depression, 2) had a follow-up plan documented.		
Denominator Description	Number of patients who were aged 12 years or older at some point during the measurement year and who had at least one medical visit during the reporting year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
11. Focus Area: Prevention and Control of Otitis Media			
Performance Measure	Number of patients under age 18 years with diagnosis of otitis media.		
Target Goal Description			
Numerator Description	Number of visits by patients under age 18 years with diagnosis of otitis media (any mention of ICD-9-CM codes 3810-3814, 382).		
Denominator Description	Number of visits by patients under age 18 years who received medical care during the measurement year.		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration NATIVE HAWAIIAN HEALTH CARE SYSTEM OPTIONAL CLINICAL PERFORMANCE MEASURE		FOR HRSA USE ONLY	
		Grant Number	Application Tracking Number
12. Focus Area: Traditional Healing			
Performance Measure	Health System describes the performance measure		
Target Goal Description	Health System determines the information/data provided		
Numerator Description	Health System determines the information/data provided		
Denominator Description	Health System determines the information/data provided		
Baseline Data	Baseline Year: Measure Type: Numerator: Denominator: Calculated Baseline:		
Numeric Progress since August 1, 2015			
Narrative Progress since August 1, 2015			
Data Source & Methodology	Data Source: <input type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify): _____ Data Source and Methodology Description:		
Key Factor and Major Planned Action #1	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #2	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Key Factor and Major Planned Action #3	Key Factor Type: <input type="checkbox"/> Contributing <input type="checkbox"/> Restricting Key Factor Description: Major Planned Action Description:		
Comments			