Updated November 1, 2013

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 2013 UDS.

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 3rd birthday during the measurement year with appropriate immunizations

Numerator: Number of children among those included in the denominator who were fully immunized on or before their 3rd birthday. A child is fully immunized if he/she has been vaccinated or there is documented evidence of contraindication for the vaccine or 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 vaccines prior to or on their 3rd birthday, among those children included in the denominator

Denominator: Number of children with at least one medical visit during the reporting period, who had their third birthday during the reporting period, who did not have a contraindication or a history of illness for a specific vaccine. This includes children who were first seen in the clinic prior to their third birthday, regardless of whether or not they came to the clinic for vaccinations or well child care.

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; OR for women 30-64 years, received a Pap test accompanied with an HPV test done during the measurement year or four years prior

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

Numerator: Number of child and adolescent patients age 3 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 3 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

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

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

Numerator: Number of patients age 18 years and older who were queried about tobacco use one or more times during their most recent visit or within 24 months of their most recent visit, 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

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 during their most recent visit or within 24 months of their most recent visit, among those patients included in the denominator

Denominator: Number of patients age 18 years and older seen identified as users of tobacco during their most recent visit or within 24 months of their most recent visit 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

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

Coronary Artery Disease, Lipid Therapy

Numerator: Number of patients aged 18 years and older in the denominator who were prescribed or are taking a lipid-lowering therapy (based on current ACC/AHA guidelines)

Denominator: Number of patients aged 18 years and older with a diagnosis of CAD or who have had cardiac surgery (with at least one medical visit during the reporting period or two medical visits ever)

Ischemic Vascular Disease (IVD), Aspirin Therapy

Numerator: Number of patients 18 years of age and older in the denominator who had documentation of use of aspirin or another antithrombotic during the measurement year
Denominator: Number of patients 18 years of age and older (with at least one visit during the reporting period) who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) (during January 1 to November 1 of the year prior to the measurement year), or who had a diagnosis of Ischemic Vascular Disease (IVD) during the current or prior year

Colorectal Cancer Screening

Numerator: Number of adults in the denominator who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test)
Denominator: Number of adults age 51 to 75 years who had at least one medical visit during the reporting period

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

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