Table 7: Health Outcomes

PURPOSE:

Table 7 reports data on hypertension and diabetes quality measures by race and Hispanic, Latino/a, or Spanish ethnicity. These measures are commonly seen as indicators of community health. (Birth outcome information, also on Table 7, is discussed on a separate fact sheet.)

HOW DATA ARE USED:

These data are used to calculate clinical quality measure (CQM) performance rates for Controlling High Blood Pressure and Diabetes: Glycemic Status Assessment Greater Than 9%. They can also be used to calculate:

- Prevalence rates for hypertension and diabetes.

CHANGES:

The CQMs specifications reported have been revised to align with the Centers for Medicare & Medicaid Services (CMS) electronic clinical quality measures (eCQMs). These CQMs are aligned with the most current eCQMs for Eligible Professionals for the 2026 version number referenced in the UDS Manual for the measurement period. While newer versions exist, only the 2026 version should be used for 2026 reporting. More information on eCQMs is available at the eCQI Resource Center: https://ecqi.healthit.gov/ecqms.

TABLE TIPS:

REPORTING RACE & ETHNICITY

- Race and Hispanic, Latino/a, or Spanish ethnicity are self-reported by patients and should be collected as part of a standard registration process.
- Patients who report their race but do not report their ethnicity are assumed to be Not Hispanic, Latino/a, or Spanish origin and are reported on Lines 2a1–2g in Sections A, B, and C.
- Patients whose race and ethnicity are not known are reported as “Unreported/Chose Not to Disclose Race and Ethnicity” on Line h in Sections A, B, and C.
- The data sources for identifying race and ethnicity for Table 7 and Table 3B should be the same, and care must be taken to ensure race and ethnicity data across registration and clinical systems are aligned.
- The “Subtotal Hispanic, Latino/a, or Spanish Origin” and “Subtotal Not Hispanic, Latino/a or Spanish Origin” lines are grayed out on all three sections of Table 7. They are given as a system-generated subtotal in the Electronic Handbooks.

For more detailed information, see UDS Reporting Requirements for 2026 Health Center Data.

Table 7: Health Outcomes

CONTROLLING HIGH BLOOD PRESSURE (SECTION B) CMS165v14

Measure Description: Percentage of patients 18–85 years of age who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.

Denominator (Columns 2A and 2B)

Patients 18 through 85 years of age by the end of the measurement period who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first 6 months of the measurement period, with a qualifying encounter during the measurement period, as specified in the measure criteria.

Numerator (Column 2C)

Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period.

Exclusions/Exceptions
Denominator Exclusions

- Patients who were in hospice care for any part of the measurement period
- Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period
- Women with a diagnosis of pregnancy during the measurement period
- Patients aged 66–80 by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
  - Advanced illness diagnosis during the measurement period or the year prior
  - Or taking dementia medications during the measurement period or the year prior
  - Patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period
  - Patients aged 66 and older by the end of the measurement period who were living long term in a nursing home any time on or before the end of the measurement period
- Patients who received palliative care for any part of the measurement period

***Note:** Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

DIABETES: GLYCEMIC STATUS ASSESSMENT GREATER THAN 9% (SECTION C) CMS122v14

Measure Description: Percentage of patients 18–75 years of age with diabetes who had a glycemic status assessment (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) greater than 9.0 percent during the measurement period.

Denominator (Columns 3A and 3B)

Patients 18 through 75 years of age* by the end of the measurement period with diabetes and with a qualifying encounter during the measurement period, as specified in the measure criteria.

- *Patients born on or after January 1, 1951 and on or before December 31, 2008.

Table 7: Health Outcomes

Numerator (Column 3F)

Patients whose most recent glycemic status assessment (HbA1c or GMI) performed during the measurement period was greater than 9.0 percent, or was missing, or was not performed during the measurement period.

Exclusions/Exceptions
Denominator Exclusions

- Patients who were in hospice care for any part of the measurement period
- Patients 66 or older by the end of the measurement period who were living long term in a nursing home any time on or before the end of the measurement period
- Patients aged 66 or older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
  - Advanced illness diagnosis during the measurement period or the year prior
  - *Or* taking dementia medications during the measurement period or the year prior
- Patients who received palliative care for any part of the measurement period

SELECTED CALCULATIONS

- **Performance rate** is calculated by dividing Table 7, Column 2C by Column 2B.
- **Percentage of medical patients with diagnosis** is calculated by dividing total patients by diagnosis by total medical patients.

Note: The Diabetes Glycemic Status Assessment Greater Than 9% is a “negative” measure. The lower the number of adult patients with diabetes with poor diabetes control, the better the performance on the measure.