

Table 7: Health Outcomes and Disparities

PURPOSE:

Table 7 reports data on hypertension and diabetes quality measures by race and Hispanic or Latino/a 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 compliance for hypertension and non-compliance for diabetes.

They can also be used to calculate:

- Disparities in health outcomes by race and ethnicity (national level).
- Prevalence rates for Hypertension (HTN) and Diabetes Mellitus (DM).

CHANGES:

The specifications for the clinical quality measures reported have been revised to align with the CMS eCQMs. The clinical quality of care measures are aligned with the most current eCQMs for Eligible Professionals for the 2024 version number referenced in the UDS Manual for the measurement period.

In addition to an aggregate UDS Report submission within EHBS, health centers submit certain de-identified patient-level data (UDS+), including Table 7 using Health Level Seven (HL7®) Fast Healthcare Interoperability Resources (FHIR®) standards version release 4 (R4) for UDS, for the data elements on the following tables:

- Health centers will submit UDS+ data through (bulk) FHIR R4 APIs, using the [UDS+ FHIR Implementation Guide \(IG\)](#) as described in Appendix G of the [UDS Manual](#). Details on the minimum submission requirements will be announced on the [UDS Modernization Initiative](#) and the [Health Center Program Community](#) websites.

KEY TERMS:

Measure Description

- A detailed explanation of a specific quality measure used to assess various aspects of patient care and outcomes.

Denominator (also referred to as Initial Patient Population in the eCQM).

- Patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.

Numerator

- Patient health records (from the denominator) that meet criteria for the specified measure.

Exclusions/Exceptions

- Patients who should not be considered or included in the denominator (exclusions) or removed if identified (exceptions).

Specification Guidance

- CMS measure guidance that assists with understanding and implementing eCQMs.

UDS Reporting Considerations

- BPHC requirements and guidance to be applied to the specific measure and may differ from or expand on the eCQM specifications.

INTERMEDIATE OUTCOME MEASURES

Measurable outcomes of clinical interventions that are used as a surrogate for good long-term health outcomes.

- **Controlling High Blood Pressure:** There will be less cardiovascular damage, fewer heart attacks, and less organ damage later in life, *if there is more controlled hypertension.*
- **Diabetes: Hemoglobin A1c Poor Control:** There will be fewer long-term complications such as amputations, blindness, and end-organ damage *if there is less poorly-controlled diabetes.*

For more detailed information see UDS Reporting Requirements for 2024 Health Center Data, pages 89 – 91, and 126 – 145.

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TABLE TIPS:

REPORTING RACE & ETHNICITY

- Race and Hispanic or Latino/a ethnicity is 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 non-Hispanic or Latino/a 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 source used to report race and ethnicity data must be the same one used for both Tables 3B and 7.
- The “Subtotal Hispanic or Latino/a” and “Subtotal Non-Hispanic or Latino/a” lines are grayed out on all three sections of Table 7. They are provided as a system-generated subtotal.

CONTROLLING HIGH BLOOD PRESSURE (SECTION B) [CMS165V12](#)

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 an eligible countable visit during the measurement period, as specified in the measure criteria.

**Patients born on or after January 2, 1939 and on or before January 1, 2006.*

Numerator (Columns 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 with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period.
- A diagnosis of pregnancy during the measurement period.
- Patients who were in hospice care for any part of the measurement period.
- Patients aged 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 66–80 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 with one inpatient visit or two outpatient visits or taking dementia medications during the measurement period or the year prior

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- Patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period
- Patients who received palliative care during the measurement period.

Denominator Exceptions

- Not applicable.

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

DIABETES: HEMOGLOBIN A1C (HBA1C) POOR CONTROL (>9%) (SECTION 3) [CMS122V12](#)

Measure Description

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period.

Denominator (Columns 3a and 3b)

- Patients 18 through 74 years of age* with diabetes with a qualifying encounter during the measurement period, as specified in the measure criteria period.

**Patients born on or after January 1, 1949 and on or before December 31, 2006.*

Numerator (Column 3f)

- Patients whose most recent HbA1c level 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 aged 66 or older by the end of the measurement period who were living long-term in a nursing home anytime 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 with one inpatient visit or two outpatient visits or taking dementia medications during the measurement period or the year prior.
- Patients who received palliative care during the measurement period.

Denominator Exceptions

Not applicable.

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

SELECTED CALCULATIONS

- **Compliance rate** is calculated by dividing Table 7, Column 2c by Column 2b.
- **Percent medical patients with diagnosis** is calculated by dividing total patients by diagnosis by total medical patients.

NOTE:

- **The Diabetes: Hemoglobin A1C (HCA1C) Poor Control (>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.