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:**

**CLINICAL QUALITY MEASURES**
- Existing Measure Modified Section B: Addition of a new denominator exclusion to the High Blood Pressure measure and denominator criteria updated.
- Existing Measure Modified Section C: Addition of a new denominator exclusion to the Diabetes: Hemoglobin A1c Poor Control measure.
- The methodology for using patient chart sampling to report clinical quality measures is no longer an option. The number in Column B (records reviewed) must be no less than 80% of the number in Column A. If the health center does not have an EHR in use, contact the UDS Support Center to discuss options.

**Measure Description**
- The quantifiable indicator to be evaluated.

**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.

The specifications for the clinical quality care measures reported have been revised to align with the Centers for Medicare & Medicaid Services (CMS) electronic-specified Clinical Quality Measures (eCQMs). The clinical quality care measures are aligned with the most current eCQMs for Eligible Professionals for the 2022 version number referenced in the UDS Manual for the measurement period. Although there are other updates available from CMS, they are not to be used for 2022 UDS reporting.

For 2022 Table 7 has been updated to mirror the CMS eCQM logic. Extensive information pertaining to eCQMs can be found at the eCQI Resource Center: [https://ecqi.healthit.gov/ecqms](https://ecqi.healthit.gov/ecqms)

For more detailed information see UDS Reporting Requirements for 2022 Health Center Data, pages 118 – 128.
KEY TERMS:

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.

TABLE TIPS:

In Section B (Controlling High Blood Pressure) and Section C (Diabetes: Hemoglobin A1c Poor Control), health centers will report on the findings of their reviews of services provided to targeted populations:

■ Column A: Number of Patients in the Denominator. The number of patients who fulfill the detailed criteria described for the specified measure.

■ Column B: Number of Records Reviewed. Number of health center patients from the denominator (Column A) for whom data have been reviewed. Two options are available:

1. All patients who fit the criteria (same number as the denominator reported in Column A); OR

2. A number equal to or greater than 80%* of all patients who meet the criteria of the denominator in column A.

*NOTE: If you report based on Option 2 (80% of Column A), the reduced total in Column B cannot be the result of excluding patients based on a variable related to the measure (for example, cannot exclude only elderly patients).

■ Column C: Number of Patients in the Numerator. The number of records (from Column B) whose clinical record indicates that the measure rules and criteria have been met.

NOTE: All age requirements for this table are as of January of the reporting year.

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 2a-2g.

■ Patients whose race and ethnicity are not known are reported as “Unreported/Chose Not to Disclose Race and Ethnicity” on Line h.

■ 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.

For more detailed information see UDS Reporting Requirements for 2022 Health Center Data, pages 118 – 128.
### Table 7: Health Outcomes and Disparities

**CONTROLLING HIGH BLOOD PRESSURE**  
(COLUMNS 2a-2c), **CMS165V10**

**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 84 years of age* 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 medical visit during the measurement period.

*Patients born on or after January 2, 1937 and on or before January 1, 2004.

**Numerator (Column 2c)**
- Patients whose most recent blood pressure is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <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 during the measurement period.
- Patients aged 66 or older who were living long-term in an institution for more than 90 consecutive days during the measurement period.
- Patients aged 66 and older with advanced illness and frailty for any part of the measurement period: 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.

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

**DIABETES: HEMOGLOBIN A1C (HBA1C) POOR CONTROL (>9%)**  
(COLUMNS 3a-3f), **CMS122V10**

**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 medical visit during the measurement period.

*Patients born on or after January 2, 1947 and on or before January 1, 2004.

**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.

For more detailed information see UDS Reporting Requirements for 2022 Health Center Data, pages 118 – 128.

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## Table 7: Health Outcomes and Disparities

### Exclusions/Exceptions

#### Denominator Exclusions
- Patients who were in hospice care for any part of the measurement period.
- Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period.
- Patients aged 66 or older with frailty for any part of the measurement period: 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 (SHOWN ON FOLLOWING PAGES)

- **Compliance rate** is calculated by dividing Table 7, Column 2c by Column 2b.

  Example: HTN for Black/African American/Non-Hispanic or Latino/a 93/176 = 52% patients with controlled HTN.

- **Percent medical patients with diagnosis** is calculated by dividing total patients by diagnosis by total medical patients.

  Example: 8,651 medical patients with HTN [Table 7, Line i, Column 2a] / 67,919 total medical patients [Table 5, Line 15, Column C] = 13%

### NOTE:
- Must not exceed total patients ages 18–85 on Table 3A (Lines 19–37).
- Must not exceed total medical patients on Table 5.

Comparison of patients in denominator on Table 7 with estimated total patients who meet reporting criteria:
- Total White/Non-Hispanic or Latino/a patients with Hypertension (HTN) ages 18–85 with at least one medical visit = 4,494 [Denominator on Table 7, Line 2e, Column 2a].
- Cannot exceed total medical patients on Table 5 = 67,919.
- Cannot exceed total White/Non-Hispanic or Latino/a patients on Table 3B = 27,364.

Assuming an equal distribution of medical patients by race, ethnicity, and age the following calculations can be done to check for reasonableness:
- Estimated maximum number of patients in denominator for White/Non-Hispanic or Latino/a HTN patients = Total patients ages 18–85 (31,900) x 0.91 (percentage of patients who are medical) x 0.37 (percentage of patients who are White / Not Hispanic or Latino/a) = 10,741. Note: Example not shown but data is drawn from Tables 3A and 5.

This estimate may be distorted if there are large numbers of non-medical patients served at the health center or services are not distributed equally across age groups.

For more detailed information see UDS Reporting Requirements for 2022 Health Center Data, pages 118 – 128.
## Table 7: Health Outcomes and Disparities

### SECTION B: CONTROLLING HIGH BLOOD PRESSURE

<table>
<thead>
<tr>
<th>Line</th>
<th>Race and Ethnicity</th>
<th>Total Patients 18 through 84 Years of Age with Hypertension (2a)</th>
<th>Number of Records Reviewed (2b)</th>
<th>Patients with HTN Controlled (2c)</th>
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<tr>
<td><strong>HISPANIC OR LATINO/A</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1a</td>
<td>Asian</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>1b1</td>
<td>Native Hawaiian</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1b2</td>
<td>Other Pacific Islander</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1c</td>
<td>Black/African American</td>
<td>9</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>1d</td>
<td>American Indian/Alaska Native</td>
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<td>More than One Race</td>
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<td>3</td>
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<td>Unreported/Chose Not to Disclose Race</td>
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<td><strong>Subtotal Hispanic or Latino/a</strong></td>
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<td>Unreported/Chose Not to Disclose Race</td>
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<td>54</td>
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<td><strong>Subtotal Non-Hispanic or Latino/a</strong></td>
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<td>Unreported/Chose Not To Disclose Race and Ethnicity</td>
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<td>146</td>
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<tr>
<td>i</td>
<td><strong>Total</strong></td>
<td><strong>8,651</strong></td>
<td><strong>8,651</strong></td>
<td><strong>5,678</strong></td>
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### TABLE 5: STAFFING AND UTILIZATION

<table>
<thead>
<tr>
<th>Line</th>
<th>Personnel by Major Service Category</th>
<th>FTES (A)</th>
<th>Clinic Visits (B)</th>
<th>Virtual Visits (B2)</th>
<th>Patients (C)</th>
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<tbody>
<tr>
<td>15</td>
<td>Total Medical (Lines 8+10a through 14)</td>
<td>172.35</td>
<td>125,032</td>
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<td>67,919</td>
</tr>
</tbody>
</table>

For more detailed information see UDS Reporting Requirements for 2022 Health Center Data, pages 118 – 128.