

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:

- Patients with eligible visits, as defined by the measure steward for the selected measure, are to be considered for the denominator.
- Age “as of” for several clinical quality measures have changed and revised to align with CQL criteria.
- This table has been updated to include sub-categories for Asian and Other Pacific Islander, as well as broader selection for ethnicity by including additional Hispanic, Latino/a, or Spanish origin sub-categories.
- In addition to submitting this table as described below within the EHBs, health centers may voluntarily submit de-identified patient-level report data using Health Level Seven (HL7®) Fast Healthcare Interoperability Resources (FHIR®) R4 standards for this table.

Controlling High Blood Pressure — CMS165v11

- Patients 81 years of age and older by the end of the measurement period with an indication of frailty for any part of the measurement period has been added as a denominator exclusion for the Hypertension measure.

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) — CMS122v11

- The Diabetes measure no longer indicates in the Specification Guidance that patients with a diagnosis of secondary diabetes due to another condition (such as gestational diabetes) are to be excluded from the denominator.

CLINICAL QUALITY MEASURES

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 eQMs.

UDS Reporting Considerations

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

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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 2023 UDS reporting.

Extensive information pertaining to eCQMs can be found at the [eCQI Resource Center](#)

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 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.

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- 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, COLUMNS 2A-2C), CMS165V11

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, 1937 and on or before January 1, 2004.*

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
- 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.*

Table 7: Health Outcomes and Disparities

DIABETES: HEMOGLOBIN A1C (HBA1C) POOR CONTROL (>9%) (COLUMNS 3a-3f), CMS122V11

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

**Patients born on or after January 1, 1948 and on or before December 31, 2005.*

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 (SHOWN ON FOLLOWING PAGES)

- **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:

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