

# Health Center Performance Comparison Report

## Health Center Adjusted Quartile Description

The UDS Health Center Performance Comparison Report and Program Profiles contain a column that provides a health center's adjusted quartile ranking compared to health centers nationally for each of the clinical performance measures. Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health centers) to quartile 4 (lowest 25% of reporting health centers).

Adjusted quartile rankings differ from rankings based on actual performance on specific measures. The adjusted quartile assesses a health center's clinical performance compared to other health centers, while accounting for specific differences in health center characteristics. These characteristics include:

- Percent of uninsured patients
- Percent of minority patients
- Percent of homeless patients
- Percent of agricultural worker patients
- Electronic Health Record status (EHR) (*non-EHR = sample of 70 patient records, EHR = all patient records for the measure*)

Note: Clinical quality measures (CQMs) with less than 30 patients in the denominator are excluded.

The purpose of the adjusted quartile rankings is to provide health centers with information on their relative performance compared to other health centers on the national UDS clinical measures after adjusting for certain health center characteristics. The above factors are used to adjust rankings for the following clinical measures:

1. Childhood Immunization Status
2. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
3. Body Mass Index (BMI) Screening and Follow-Up Plan
4. Tobacco Use: Screening and Cessation Intervention
5. Colorectal Cancer Screening
6. Screening for Depression and Follow-Up Plan
7. Depression Remission at Twelve Months
8. Dental Sealants for Children between 6-9 Years
9. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
10. Controlling High Blood Pressure
11. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
12. HIV Linkage to Care
13. HIV Screening
14. Cervical Cancer Screening

15. Breast Cancer Screening
16. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
17. Early Entry to Prenatal Care
18. Low Birth Weight

EHR status is not relevant for the two measures on which all patients are reported (access to prenatal care and low birth weight); adjusted rankings for these measures are based on the first four patient factors.

A health center should expect to see a higher ranking if they perform above what is predicted for a health center with similar characteristics based on these adjustments. Conversely, a health center should expect to see a lower ranking if they are performing below what is predicted for a health center with similar characteristics. The health center will then know their ranking relative to other health centers nationwide.

## Considerations

The adjusted quartile rankings do not replace the actual performance rates for the UDS clinical measures that have been reported since 2008. Actual performance rates should continue to be used by health centers for quality improvement purposes and will be used by BPHC to assess health center performance over time.

Reporting health centers will only receive their own adjusted rankings. If a ranking is identified as an outlier, the affected health center will not receive the ranking for that measure. This outlier exclusion has no negative implication, only that the adjusted quartile ranking in question is considered to be a statistical anomaly.

The method for making ranking adjustments will be evaluated by BPHC and additional refinements will likely occur to further improve the adjusted rankings.

Quality Improvement Award (QIA) questions can be addressed to [BPHCQI@hrsa.gov](mailto:BPHCQI@hrsa.gov).

More information about the QIAs is available at the [QIA website](#).

## Frequently Asked Questions (FAQs)

### **Q. What is the health center adjusted quartile?**

A. The health center adjusted quartile is a ranking (from 1 to 4) of health center clinical performance compared to other health centers, after accounting for differences that influence clinical performance, such as percent of patients that are uninsured, minority, and special populations. Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting grantees) to quartile 4 (lowest 25% of reporting grantees). The health center should expect to see a higher ranking if they are performing above what is predicted for a health center with similar characteristics. The purpose is to provide reporting health centers with additional information so they can compare their performance on specific clinical measures to other health centers.

### **Q. Why is there a change from the health center percentile to the health center adjusted quartile?**

A. The health center adjusted quartile is meant to assess health center clinical performance after taking into account (or adjusting for) selected factors, such as percent of patients that are uninsured, minority, and special populations. The health center adjusted quartile controls for certain differences between health centers. It is provided to inform reporting health centers of their relative standing compared to other health centers after selected center specific differences are adjusted for.

### **Q. How were the health center factors chosen for adjustment?**

A. The factors that were chosen for adjustment were factors that vary among health centers; research shows that they are significantly associated with differences in clinical performance. These factors include percent uninsured patients, percent minority patients, percent special populations patients (i.e., homeless, agricultural workers), and Electronic Health Record (EHR) status.

### **Q. The clinical performance for the hypertension measure is 39.0% and the health center adjusted quartile is 1. Why does the health center adjusted quartile rank us in the first quartile?**

A. The health center adjusted quartile accounts for differences in clinical performance due to percent uninsured patients, percent minority patients, percent special populations' patients, and EHR status. The health center adjusted quartile is high if a health center is performing above what is predicted for a health center with similar characteristics. The difference in clinical performance and health center adjusted quartile arises from variations across health center patient composition and EHR status.

### **Q. How should the health center adjusted quartile be interpreted?**

A. The health center adjusted quartile ranks your center's clinical performance compared to other health centers, while accounting for specific differences in health center characteristics. The adjusted quartiles account for variations in clinical performance arising from differences in percent of patients that are uninsured, minority, and special populations, as well as EHR status. This quartile is only for informational purposes and does not change or replace the health center's reported clinical performance. Health centers should continue to focus on performance improvement based on their reported clinical performance (shown in the first column, labeled "Grantee"). Health centers should also use the Uniform Data System Health Center Trend report to set attainable goals for future years based on past performance.

## Other Resources for Health Centers

**UDS Content**, such as what data should be included in your UDS report:

[Email us](#) or contact via Phone: 1-866-UDS-HELP (1-866-837-4357)

8:30 am to 5:00 pm ET, Monday through Friday (except Federal holidays)

### **UDS Electronic Reporting System Issues:**

[Contact us](#) online or via Phone: 1-877-464-4772, Option 1

8:30 am to 5:30 pm ET, Monday through Friday (except Federal holidays)

**Electronic Handbooks (EHBs)**, such as account setup, password, and other access issues:

[Contact HRSA Call Center](#) online or via Phone: 1-877-464-4772, Option 3