



# Clinical Performance Measure Form Field Guide and Example

OMB No.: 0915-0285. Expiration Date: 3/31/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration SAMPLE CLINICAL PERFORMANCE MEASURE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
<i>All applicants are required to complete all fields unless otherwise stated. Example responses are provided for one Clinical Performance Measure - <b>Diabetes</b></i>	XYZ Health Center	000000
<b>Focus Area:</b> Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) <i>This field contains the content area description for each required performance measure. Applicants will specify focus areas when adding performance measures in the Additional Performance Measures section.</i>		
<b>Performance Measure</b> <i>This field defines each performance measure and is editable for self-defined performance measures in the Additional Performance Measures section. Edits must be explained in the Comments field.</i>	Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	
<b>Target Goal Description</b> <i>This field provides a description of the target goal.</i>	By December 31, 2022, decrease the percentage of adult patients with type 1 or 2 diabetes whose most recent HbA1c is greater than 9% from 65% to 55%.	
<b>Numerator Description</b> <i>In the Clinical Performance Measures, the numerator is the number of patients that meet the criteria identified by the measure (e.g., patients in a specified age range that received a specified service). This field can be edited for any previously self-defined performance measure in the Additional Performance Measures section. All edits require justification in the Comments field.</i>	Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%.	
<b>Denominator Description</b> <i>In the Clinical Performance Measures, the denominator is all patients to whom the measure applies (e.g., patients in a specified age range, regardless of whether they received a specified service). This field can be edited for any previously self-defined performance measure in the Additional Performance Measures section. All edits require justification in the Comments field.</i>	Patients 18-75 years of age with diabetes with a visit during the measurement period. Exclude patients: whose hospice care overlaps the measurement period; 66 and older with advanced illness and frailty, because it is unlikely that patients will benefit from the services being measured; OR who are living long term in an institution for more than 90 days during the measurement period.	

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	XYZ Health Center	000000
<b>Baseline Data</b> <i>Competing continuation applicants: These fields will be blank and editable for the new/revised Clinical Performance Measures, since no UDS data is available. Otherwise, data pre-populate from the UDS report and are not editable. To report more current data for pre-populated, non-editable data, include information in the Comments field.</i>  <i>New and competing supplement applicants: These fields will be blank and editable.</i>  <i>For previously-self defined performance measures in the Additional Performance Measures section, pre-populated information can be edited. Justification is required in the Comments field.</i>	<b>Baseline Year: 2019</b> <b>Measure Type: Percentage</b> <b>Numerator: 2,600</b> <b>Denominator: 4,000</b> <b>Calculated Baseline: 65%</b>	
<b>Progress Field</b> <i>Competing continuation applicants MUST use this field to provide information regarding progress since the application that initiated the current budget period. State If progress cannot be reported due to the required measure being new/revised.</i>  <i>This field is not applicable for new and competing supplement applicants.</i>	Percentage of adult (18 to 75 years old) diabetic patients whose HbA1c levels are greater than 9% has decreased to 58%. This is a decrease of 1% (from 59%) since submission of the FY 2020 BPR and an overall decrease of 7% (from 65%) since initiation of the current project period in 2018.	
<b>Projected Data (by December 31, 2022)</b> <i>This field provides the goal to be met by December 31, 2022.</i>	55%	
<b>Data Source &amp; Methodology</b> <i>Applicants are required to identify a data source and discuss the methodology used to collect and analyze data.</i>  <i>For Clinical Performance Measures, applicants must select the data source – EHR, Chart Audit, or Other (please specify) –before describing the methodology.</i>	<b>Data Source:</b> <input checked="" type="checkbox"/> EHR <input type="checkbox"/> Chart Audit <input type="checkbox"/> Other (If Other, please specify) : _____  <b>Data Source and Methodology Description:</b> Audit of all applicable patient records utilizing EHR system installed in 2015. (Data from 2019 UDS report – data run occurred (1/7/2020)).	

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<p><b>Key Factor and Major Planned Action #1</b>  <i>The Key Factor Type subfield requires applicants to select Contributing and/or Restricting factor categories. Applicants must specify at least one key factor of each type.</i></p> <p><i>The Key Factor Description subfield provides a description of the factors predicted to contribute to and/or restrict progress toward stated goals.</i></p> <p><i>The Major Planned Action Description subfield provides a description of the major actions planned for addressing key factors. Applicants must use this subfield to provide planned overarching action steps and strategies for achieving each performance measure.</i></p>	<p><b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting</p> <p><b>Key Factor Description:</b>  XYZ offers a variety of pharmaceutical assistance programs, including the provision of free, discounted, or generic medications, as well as medications through its 340B Federal Drug Pricing arrangement. At least 70% of diabetic patients are on a total of 3 to 8 medications, because of co-morbidities and complications. The pharmaceutical assistance programs improve compliance by helping relieve the financial burden of multiple prescribed medications.</p> <p><b>Major Planned Action Description:</b>  Increase education and outreach efforts to diabetic patients on using the pharmaceutical assistance programs to improve medication adherence and ultimately improve HbA1c.</p>	
<p><b>Key Factor and Major Planned Action #2</b></p>	<p><b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting</p> <p><b>Key Factor Description:</b>  Integrating Diabetes Collaborative activities into the current work flow remains challenging. The agency-wide team would like to meet more frequently, but providers have little allocated administrative time and full clinical schedules. Any additional system stress negatively affects patient care management.</p> <p><b>Major Planned Action Description:</b>  Implement daily huddles with the care team that includes time to share quality dashboard updates and discuss interventions to improve care delivery.</p>	
<p><b>Comments (optional)</b>  <i>Provide justifications required from changes made to other form fields, as well as any additional information desired.</i></p> <p><i>Competing continuation applicants: May provide baseline data updates, as applicable, and/or other comments as desired.</i></p>	<p>XYZ is participating in a state-wide initiative to improve outcomes for patients with diabetes.</p>	

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until 3/31/2023. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). Public reporting burden for this collection of information is estimated to average 3.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

## Important Details about the Performance Measures Forms

- Develop baselines for performance measures from data that are valid, reliable, and whenever possible, derived from current information management systems. Data sources may include electronic health records, disease registries, and/or chart sampling. If baselines are not yet available, enter 0 and provide a date by which baseline data will be available in the Comments field.
- **Competing continuation applicants:** You cannot change the pre-populated baseline data (from the 2019 UDS report) for required performance measures, except for measures that are new/revised for FY 2021: Depression Remission at 12 Months (new), Breast Cancer Screening (new), HIV Screening (new), and HIV Linkage to Care (revised). Refer to the Performance Measure Crosswalk at the [SAC Technical Assistance webpage](#).
- Goals (projected data) should be realistic for achievement by December 31, 2022 (in calendar year 2022). They should be based on data trends and expectations, factoring in predicted contributing and restricting factors.
- **Competing continuation applicants:** You are encouraged to use your UDS Health Center Trend Report and/or Summary Report available in the Electronic Handbooks (EHBs) when considering how improvements to past performance can be achieved. For help with accessing reports in EHBs, contact the Health Center Program Support by submitting the [BPHC Contact form](#) or calling 877-464-4772.
- **HIV Linkage to Care:** A goal greater than zero should be entered and tracked for potential future patients that may be newly diagnosed with HIV. Achievement of the goal is not expected if no patients are diagnosed with HIV during the reporting period.
- In addition to the required Clinical and Financial Performance Measures, you may identify other measures relevant to your target population and/or health center. Each additional measure must be defined by a numerator and denominator, and progress must be tracked over time.
- If you are applying for funds to serve special populations (i.e., MHC, HCH, PHPC), you **must include** at least one self-defined additional clinical performance measure for each targeted special population. The additional measure(s) should address the unique health care needs of these populations.
- **Competing continuation applicants:** If you no longer track a previously self-defined measure in the Additional Performance Measures section, note this by marking the measure *Not Applicable* and including a justification in the Comments field as to why reporting is no longer possible and/or relevant.
- The **Dental Sealants for Children** performance measure is currently only required for health centers that provide preventive dental services directly and/or by a formal arrangement in which the health center pays for the service ([Form 5A: Services Provided](#), Columns I and/or II). If you only provide preventive dental services via a formal referral ([Form 5A: Services Provided](#), Column III), you may set the goal for the Dental Sealants for Children performance measure as 0 and track at least one self-defined Oral Health performance measure.

Below are recommended self-defined Oral Health measures.

Population or Method for Dental Service Delivery	Recommended Oral Health Measure
<p>Health centers that do not have children seeking preventive dental services</p>	<p>Oral Evaluation and/or Risk Assessment of All Primary Care Patients (reference page 25 of the <a href="#">Health Center Dashboard User's Guide</a>)</p> <p>Description: Percentage of patients who receive an oral health evaluation and/or risk assessment during a medical visit</p> <p>Numerator: Number of patients who had an oral health evaluation and/or risk assessment performed during a medical visit in the measurement period</p> <p>Denominator: Number of patients with a medical visit during the measurement period</p>
<p>Health centers that do not have children seeking preventive dental services</p>	<p>Risk Assessment of All Dental Patients (reference page 22 of the <a href="#">Health Center Dashboard User's Guide</a>)</p> <p>Description: Percentage of dental patients assessed for caries risk during a dental visit</p> <p>Numerator: Number of dental patients assessed for caries risk during a dental visit in the measurement period</p> <p>Denominator: Number of dental patients who had an oral assessment, or comprehensive or periodic oral evaluation visit, during the measurement period</p>
<p>Preventive dental services are provided through referral (Form 5A, Column III)</p>	<p>Closing the Referral Loop (adapted from the <a href="#">CMS MIPS Clinical Quality Measure</a>)</p> <p>Definition: Percentage of patients referred by the health center to another provider for preventive dental services</p> <p>Numerator: Number of patients referred for dental services for which the health center received a report from the provider to whom the patient was referred during the measurement period</p> <p>Denominator: Number of patients seen during the measurement period</p>