<table>
<thead>
<tr>
<th><strong>DEPARTMENT OF HEALTH AND HUMAN SERVICES</strong></th>
<th><strong>FOR HRSA USE ONLY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Resources and Services Administration</strong></td>
<td><strong>Grant Number</strong></td>
</tr>
<tr>
<td><strong>SAMPLE CLINICAL PERFORMANCE MEASURE</strong></td>
<td><strong>Application Tracking Number</strong></td>
</tr>
<tr>
<td><strong>Example responses are provided for one Clinical Performance Measure - Diabetes</strong></td>
<td><strong>XYZ Health Center</strong></td>
</tr>
<tr>
<td></td>
<td><strong>000000</strong></td>
</tr>
</tbody>
</table>

**Focus Area: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)**

*This field contains the content area description for each required performance measure. Applicants will specify focus areas when adding Other performance measures.*

<table>
<thead>
<tr>
<th><strong>Performance Measure</strong></th>
<th>Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c &gt; 9.0% during the measurement period.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Target Goal Description</strong></th>
<th>By December 31, 2020, decrease the percentage of adult patients with type 1 or 2 diabetes whose most recent HbA1c is greater than 9% from 65% to 55%.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Numerator Description</strong></th>
<th>Patients whose most recent HbA1c level performed during the measurement period is &gt; 9.0% or who had no test conducted during the measurement period.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Denominator Description</strong></th>
<th>Patients 18-75 years of age with Type 1 or Type 2 diabetes with a medical visit during the measurement period, excluding patients with a diagnosis of secondary diabetes due to another condition and patients who were in hospice care during the measurement period.</th>
</tr>
</thead>
</table>

| **Baseline Data** | **Baseline Year:** 2018  
**Measure Type:** Percentage  
**Numerator:** 2600  
**Denominator:** 4000  
**Calculated Baseline:** 65%  |
|-------------------|------------------------------------------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th><strong>Projected Data (by December 31, 2020)</strong></th>
<th>55%</th>
</tr>
</thead>
</table>

| **Data Source & Methodology** | **Data Source:** [X] EHR  
[ ] Chart Audit  
[ ] Other (If Other, please specify): ____________  
**Data Source and Methodology Description:** Audit of all applicable patient records utilizing EHR system installed in 2010. (Data from 2018 UDS report – data run occurred (1/7/2019). |
|-----------------------------|------------------------------------------------------------------------------------------------------------------|
### Key Factor and Major Planned Action #1

**Key Factor Type:** [X] Contributing [ ] Restricting

**Key Factor Description:**
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.

**Major Planned Action Description:**
Increase education and outreach efforts to diabetic patients on using the pharmaceutical assistance programs to improve medication adherence and ultimately improve HbA1c.

---

### Key Factor and Major Planned Action #2

**Key Factor Type:** [ ] Contributing [X] Restricting

**Key Factor Description:**
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.

**Major Planned Action Description:**
Implement daily huddles with the care team that includes time to share quality dashboard updates and discuss interventions to improve care delivery.

---

### Comments (optional)

If the baseline is zero, provide an explanation and state when baselines will be available.