



OMB No.: 0915-0285. Expiration Date: 1/31/2020

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>Example responses are provided for one Clinical Performance Measure - Diabetes</i>	XYZ Health Center	000000
<b>Focus Area: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</b> <i>This field contains the content area description for each required performance measure. Applicants will specify focus areas when adding Other performance measures.</i>		
<b>Performance Measure</b> <i>This field defines each performance measure.</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>In this field, applicants provide a description of the target goal.</i>	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%.	
<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 is pre-populated for all required measures.</i>	Patients whose most recent HbA1c level performed during the measurement period is > 9.0% or who had no test conducted during the measurement period.	
<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 is pre-populated for all required measures.</i>	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	
<b>Baseline Data</b> <i>In these fields, provide current baseline data. Existing health centers may use data from UDS as applicable.</i>	<b>Baseline Year:</b> 2018 <b>Measure Type:</b> Percentage <b>Numerator:</b> 2600 <b>Denominator:</b> 4000 <b>Calculated Baseline:</b> 65%	
<b>Projected Data (by December 31, 2020)</b> <i>This field provides the goal to be met by December 31, 2020.</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 2010. (Data from 2018 UDS report – data run occurred (1/7/2019)).	



<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b>  <b>SAMPLE CLINICAL PERFORMANCE MEASURE</b>  <i>All applicants are required to complete all fields unless otherwise stated. Example responses are provided for one Clinical Performance Measure - Diabetes</i>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Application Tracking Number</b>
	XYZ Health Center	000000
<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>  <i>The Key Factor Description subfield provides a description of the factors predicted to contribute to and/or restrict progress toward stated goals.</i>  <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>	<b>Key Factor Type:</b> <input checked="" type="checkbox"/> Contributing <input type="checkbox"/> Restricting  <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.  <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.	
<b>Key Factor and Major Planned Action #2</b>	<b>Key Factor Type:</b> <input type="checkbox"/> Contributing <input checked="" type="checkbox"/> Restricting  <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.  <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.	
<b>Comments (optional)</b> <i>If the baseline is zero, provide an explanation and state when baselines will be available.</i>		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour 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 14-N39, Rockville, Maryland, 20857.