**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 performance measures in the Additional Performance Measures section.*

**Performance Measure**

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.

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.

**Target Goal Description**

This field provides a description of the target goal.

By December 31, 2021, decrease the percentage of adult patients with type 1 or 2 diabetes whose most recent HbA1c is greater than 9% from 65% to 55%.

**Numerator Description**

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.

Patients whose most recent HbA1c level performed during the measurement period is > 9.0% or who had no test conducted during the measurement period.

**Denominator Description**

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.

Only patients 18-75 years of age with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of this measure; patients with a diagnosis of secondary diabetes due to another condition should not be included.

**Baseline Data**

Competing continuation applicants: These fields will be blank and editable for the new Clinical Performance Measure, since no UDS data is available. Otherwise, data pre-populate from the UDS report and are not editable. For pre-populated, non-editable data, to report more current data, include information in the Comments field.

New and competing supplement applicants: These fields will be blank and editable.

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.

<table>
<thead>
<tr>
<th>Baseline Year: 2018</th>
<th>Measure Type: Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator: 2600</td>
<td>Denominator: 4000</td>
</tr>
<tr>
<td>Calculated Baseline: 65%</td>
<td></td>
</tr>
</tbody>
</table>
## SAMPLE CLINICAL PERFORMANCE MEASURE

### All applicants are required to complete all fields unless otherwise stated. Example responses are provided for one Clinical Performance Measure - Diabetes

### Progress Field

Competing continuation applicants MUST use this field to provide information regarding progress since the application that initiated the budget period. State if progress cannot be reported due to the required measure being revised.

This field is not applicable for new and competing supplement applicants.

| 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 2019 BPR and an overall decrease of 7% (from 65%) since initiation of the current project period in 2017. |

### Projected Data (by December 31, 2021)

This field provides the goal to be met by December 31, 2021.

55%

### Data Source & Methodology

Applicants are required to identify a data source and discuss the methodology used to collect and analyze data.

For Clinical Performance Measures, applicants must select the data source—EHR, Chart Audit, or Other (please specify)—before describing the methodology.

| Data Source: [X] EHR [ ] Chart Audit [ ] Other (If Other, please specify) : ___________ |

### Key Factor and Major Planned Action #1

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.

The Key Factor Description subfield provides a description of the factors predicted to contribute to and/or restrict progress toward stated goals.

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.

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

### 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.
Important Details about the Performance Measures Forms

- 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. Refer to the Frequently Asked Questions on the SAC Technical Assistance webpage for recommended self-defined measures.

- You should develop baselines for performance measures from data that are valid, reliable, and whenever possible, derived from current information management systems. If baselines are not yet available, enter 0 and provide a date by which baseline data will be available.

- If you are applying for funds to serve special populations (i.e., MHC, HCH, PHPC), you must include additional clinical performance measures that address the unique health care needs of these populations.

- 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.

- 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.

- If you are a competing continuation applicant, pre-populated baseline data will be sourced from the 2018 UDS report for measures that have not been revised. Refer to the Performance Measure Crosswalk at the SAC Technical Assistance webpage.
If you are a competing continuation applicant, you are encouraged to use your UDS Health Center Trend Report and/or Summary Report available in HRSA EHBs when considering how improvements to past performance can be achieved. For help with accessing reports in HRSA EHBs, contact the Health Center Program Support by submitting a request through the web portal (https://bphccommunications.secure.force.com/ContactBPHC/BPHC_Contact_Form) or calling 877-464-4772.