

# **Health Center Program Site Visit Protocol: Performance Analysis**

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## Table of Contents:

PERFORMANCE ANALYSIS .....	126
Document Checklist .....	126
Performance Analysis .....	126
Health Center Participants .....	126
Site Visit Team Methodology .....	127
Site Visit Findings .....	127

# PERFORMANCE ANALYSIS

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**Primary Reviewer:** Governance/Administrative or Clinical Expert

**Secondary Reviewer:** Fiscal Expert

**Authority:** 45 CFR 75.301

## Document Checklist

### Documents Provided Prior to Site Visit by BPHC Staff:

- Uniform Data System (UDS) Summary Report
- UDS Health Center Trend Report
- UDS Health Center Performance Comparison Report
- Clinical Performance Measure Form from most recent Service Area Competition (SAC) or Renewal of Designation (RD) application
- Progress update on clinical measure performance from most recent Budget Period Progress Report (BPR) or Annual Certification (AC) submission

### Documents Provided at the Start of the Site Visit by Health Center:

- Examples of health center performance improvement activities related to diabetes control (e.g., staff training, patient interventions, collaborative participation)
- Quality Improvement/Quality Assurance (QI/QA) reports or other internal clinical performance measure data or data analysis on diabetes control (e.g., PDSA cycle data, diabetes control data more recent or more detailed than that reported in UDS)
- List of technical assistance and/or training needs that may support health center performance on diabetes control (self-identified by the health center, if applicable)

## Performance Analysis

### Health Center Participants

- Project Director/CEO
- CMO/Clinical and/or QI/QA Director
- Other QI/QA staff (if applicable)
- Providers and other key management staff (if available)

### NOTES:

- The Diabetes Control measure must be selected for review.
- While this performance analysis process will focus on the diabetes control measure, the health center can subsequently replicate and apply this process to any area in which it desires improvement (e.g., clinical, governance, fiscal).

## Site Visit Team Methodology

- Review the health center’s stated goal for the measure (included in most recent SAC or RD application) and review UDS trend and performance data (and any more recent health center performance data, if available) for the measure together with the health center staff.
- Lead the health center in a root cause analysis of its performance on the UDS Diabetes Control measure, including a review of the contributing and restricting factors the health center self-identified in its most recent application, as well as a discussion of other applicable factors the health center may not have identified.
  - o Ask the health center to list the factors in order of priority. Specifically list the factors that have the strongest influence on the trend line first.
  - o Ask the health center to include factors that are internal and external, as well as factors that are current and anticipated.
  - o Consider how the health center’s goal for the measure might be impacted by these factors and/or how these factors might impact future actions the health center should commit to in order to reach its goal.
- Review and update, as appropriate, the top three action steps the health center will or is taking to address the identified root causes necessary to improve performance on the measure’s outcome.
  - o These action steps must directly address and align with the factors identified in the root cause analysis.
  - o This may include encouraging the health center to revise or disregard existing action steps or interventions that are not effective and do not address the root cause of the restricting or contributing factor(s).
  - o For health centers that are already top quartile performers for the measure, identify root causes of the contributing factors that will be important to focus on in order to maintain the positive performance.
  - o Encourage the health center to engage in continued root cause analysis to improve performance on other measures and areas.

## Site Visit Findings

### 1. Select a clinical performance measure for review.

1.1 **Document Data for the Clinical Measure:** *Complete this table by entering the three most recent years of UDS data for the selected measure. Please enter the data in ascending order by year (e.g., Diabetes Control measure data for Calendar Years: 2014-2015-2016). Data for Adjusted Quartile Ranking and data for National and State Averages are for the most recent calendar year. If data are not available for a particular year, please enter "0."*

20XX	20XX	20XX	Adjusted Quartile Ranking (20XX)	State Average	National Average
%	%	%		%	%

**1.2 Factors Contributing Performance:** List up to five (5) factors most likely to be contributing to the health center's performance for the selected measure. *Contributing factors are those that push the trend in the desired direction. These should be factors that have the greatest influence on the trend line for the measure.*

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**1.3 Factors Restricting Performance:** List up to five (5) factors most likely to be restricting the health center's performance for the selected measure. *Restricting factors are those that create barriers to improved performance. When documenting these factors, also identify the related root cause.*

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**1.4 Recommended Activities:** Document the three (3) recommended activities or action steps the health center will commit to doing or that the health center is currently doing to improve performance on the measure. *When responding, ensure all activities or action steps address and align with factors identified in the root cause analysis and will support the health center to improve or maintain performance on the measure.*

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