

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

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# PERFORMANCE ANALYSIS

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**Primary Reviewer:** Clinical Expert

**Secondary Reviewer:** Governance/Administrative Expert

**Note:** The health center should prepare in advance for the on-site Performance Analysis discussion. Key staff should meet to discuss the current Uniform Data System (UDS) diabetes data, contributing and restricting factors, any planned or ongoing performance improvement activities, and the documents to be provided at the start of the visit and be prepared to discuss with reviewer(s) during the site visit.

**Authority:** 45 CFR 75.301

## Document Checklist for Health Center Staff

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

- 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
- Report on relevant targeted technical assistance provided by HRSA within the last two project periods, as applicable

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

- Examples of health center performance improvement activities related to diabetes control (for example, 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 (for example, Plan-Do-Study-Act (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)
- Year-to-date UDS diabetes data

## Performance Analysis

### Health Center Participants

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

#### Notes:

- The Diabetes Control measure must be selected for review.
- **It is recommended that all health center staff responsible for the QI/QA program participate in the Performance Analysis planning and root cause analysis discussion that occurs during the site visit.**
- 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 (for example, clinical, governance, fiscal).

### Site Visit Team Methodology

A minimum of 1 hour should be devoted to the Performance Analysis root cause discussion. The health center may elect to have a longer discussion with the reviewer(s). The third day of the visit may allow for additional time to discuss performance improvement, particularly in the instance when the exit conference is less than 1 hour.

- 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.
  - 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.
  - Ask the health center to include factors that are internal and external, as well as factors that are current and anticipated.
  - Discuss root causes for each of the factors.
  - Consider how the health center's goal for the measure might be impacted by these factors and root causes and/or how they might impact future actions the health center should commit to in order to reach its goal.
- Identify 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.  
**Note:** *These three actions will become the health center's Action Plan that will be monitored by HRSA for 1 year. Health centers will be expected to report progress on a quarterly basis on these actions.*
  - These action steps must directly address and align with the factors and their root causes identified in the root cause analysis.

- 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 causes of the restricting or contributing factor(s).
- The three actions must be specific, measurable, achievable, results-focused, and time-bound (S.M.A.R.T.). For example, “By December 31, 2019, increase retinal screening completion rates by 10 percent; establish the baseline for this measure by January 31, 2019; train three additional staff on the use of the scanner by March 31, 2019; subsequent monthly reporting and tracking of completion rates.”
- 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.
- 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 most recent 3 years of UDS data for the selected measure. Please enter the data in ascending order by year (for example, Diabetes Control measure data for Calendar Years: 2015-2016-2017). 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 (1–4)	State Average	National Average

**1.2 Contributing and Restricting Factors:** Review the below list of categories and definitions of common health center Contributing and Restricting Factors. In the first column, select ALL applicable categories that are Contributing Factor(s) to the health center’s success with the performance measure. Contributing factors are those that push the trend in the desired direction. In the second column, select ALL applicable categories that are Restricting Factor(s) to the health center’s success with the performance measure. Restricting factors are those that create barriers to improved performance. In the last column, briefly describe the factors. If the health center’s Contributing (or Restricting) Factor(s) include characteristics not reflected by the categories below, select “Other” and summarize the missing characteristic(s).

<b>Select All That Apply</b>		<b>Categories</b>	<b>Category Definitions</b>	<b>Factor Details</b>
<b>Contributing Factor(s)</b>	<b>Restricting Factor(s)</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<b>QI/QA Program</b>	Utilization of a structured, on-going program for planning, implementing, measuring, and reporting the impact of quality improvement interventions on patient care processes and outcomes. Includes having a designated individual(s) to oversee the Program (PDSA cycle is a common method used in QI/QA Programs).	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Clinical Care Guidelines/Protocols</b>	Implementation of national, state, population-specific, or other clinical care guidelines/protocols by clinical staff during patient assessment and treatment. Often will involve evidence-based clinical standards and practices. Includes staff training on the details of the guideline/protocol.	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Education, Counseling and Other Support Provided to Patients</b>	Provision of educational resources, counseling or other support to patients related to health care prevention and/or disease management. Often involves a focus on self-care management options.	

<b>Select All That Apply</b>		<b>Categories</b>	<b>Category Definitions</b>	<b>Factor Details</b>
<b>Contributing Factor(s)</b>	<b>Restricting Factor(s)</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Population–Specific Strategies</b>	Implementation of population-specific strategies to support optimal patient outcomes. Population may be defined based on BPHC’s special populations (for example, farmworkers, homeless), age (for example, school aged), linguistic, geographic or other characteristic shared across the population.	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Clinician Capacity</b>	Appropriate number and types of clinicians and appropriate utilization of clinicians (for example, team-based care) to support optimal provision of patient care.	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Facility Capacity</b>	Physical space to support optimal provision of patient care. Includes the appropriate number and/or types of clinical care spaces (for example, patient care rooms) and the design or lay-out of clinical spaces within and across departments.	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Information Technology</b>	Training on and use of an electronic data system to document and report patient care and outcomes. Can involve decision support features that support clinicians’ follow-up patient care.	

Select All That Apply		Categories	Category Definitions	Factor Details
Contributing Factor(s)	Restricting Factor(s)			
<input type="checkbox"/>	<input type="checkbox"/>	<b>Patient Access to Low-Cost Medications and Related Supplies</b>	Patient access to the medications and supplies needed to support optimal clinical outcomes. (HRSA's 340B Drug Pricing Program and pharmaceutical companies' patient assistance programs are common methods for supporting such patient access).	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Partnerships</b>	Collaborations with other health centers, community providers, or other organizations to support optimal clinical outcomes.	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other Health Center Operational Processes</b>	Implementation of other health center operational processes that support optimal clinical care and outcomes (for example, appointment scheduling, patient satisfaction assessments, or good customer service practices). Includes any related training of staff.	
<input type="checkbox"/>	<input type="checkbox"/>	<b>OTHER Category</b>	Unique contributing or restricting factor(s).	

**1.3 Recommended Activities:** Document the three 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. Ensure actions are S.M.A.R.T. as these will be monitored by HRSA for a minimum of 1 year as a part of the health center's diabetes Action Plan.

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