Table 7: Health Outcomes and Disparities

PURPOSE:

Table 7 reports data on hypertension and diabetes quality measures by race and Hispanic or Latino/a ethnicity. These measures are commonly seen as indicators of community health. (Birth outcome information, also on Table 7, is discussed on a separate fact sheet.)

HOW DATA ARE USED:

These data are used to calculate compliance for hypertension and non-compliance for diabetes.

They can also be used to calculate:

- Disparities in health outcomes by race and ethnicity (national level).
- Prevalence rates for Hypertension (HTN) and Diabetes Mellitus (DM).

CHANGES:

CLINICAL QUALITY MEASURES

- There are no changes to Table 7 reporting requirements for 2021.

To support department-wide standardization of data collection and reduce health center reporting burden, the specifications for the clinical measures on Table 7 continue to be revised to align with the Centers for Medicare & Medicaid Services (CMS) electronic-specified Clinical Quality Measures (eCQMs).

For 2021 Table 7 has been updated to mirror the CMS eCQM logic. Extensive information pertaining to eCQMs can be found at the eCQI Resource Center: **https://ecqi.healthit.gov/ecqms**

Measure Description
- The quantifiable indicator to be evaluated.

Denominator (also referred to as Initial Patient Population in the eCQM).
- Patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.

Numerator
- Patient health records (from the denominator) that meet criteria for the specified measure.

Exclusions/Exceptions
- Patients who should not be considered or included in the denominator (exclusions) or removed if identified (exceptions).

Specification Guidance
- CMS measure guidance that assists with the understanding and implementing eCQMs.

UDS Reporting Considerations
- BPHC requirements and guidance to be applied to the specific measure and may differ from or expand on the eCQM specifications.

The clinical quality measures (CQMs) described in this fact sheet must be reported by all health centers using specifications detailed in the measure definitions described in the 2021 UDS manual. The majority of the UDS clinical measures are aligned with CMS 2021 Performance Period Eligible Professional/Eligible Clinical eCQMs. Use the most current CMS-issued eCQM specifications for the version numbers referenced in the UDS 2021 Health Center Data Reporting Requirements. Although there are other updates available from CMS, they *are not to be used* for 2021 UDS reporting.

Table 7: Health Outcomes and Disparities

KEY TERMS:

INTERMEDIATE OUTCOME MEASURES
Measurable outcomes of clinical interventions that are used as a surrogate for good long-term health outcomes.

- **Controlling High Blood Pressure:** There will be less cardiovascular damage, fewer heart attacks, and less organ damage later in life, *if there is more controlled hypertension*.

- **Diabetes: Hemoglobin A1c Poor Control:** There will be fewer long-term complications such as amputations, blindness, and end-organ damage *if there is less poorly-controlled diabetes*.

TABLE TIPS:

In Section B (Controlling High Blood Pressure) and Section C (Diabetes: Hemoglobin A1c Poor Control), health centers will report on the findings of their reviews of services provided to targeted populations:

- **Column A: Number of Patients in the Denominator.** The number of patients who fulfill the detailed criteria described for the specified measure.

- **Column B: Number of Charts/Records Sampled or EHR Total.** Number of health center patients from the denominator (Column A) for whom data have been reviewed. Three options are available:

  1. All patients who fit the criteria (same number as the denominator reported in Column A); **OR**

  2. A number equal to or greater than 80%* of all patients who meet the criteria of the denominator in column A **OR**

  3. A random sample of 70 patient charts who fit the criteria selected from Column A.

*NOTE:** If you report based on Option 2 (80% of Column A), the reduced total in Column B cannot be the result of excluding patients based on a variable related to the measure (for example, cannot exclude only elderly patients).

- **Column C: Number of Patients in the Numerator.** The number of charts (from Column B) whose clinical record indicates that the measure rules and criteria have been met.

NOTE: All age requirements for this table are as of January of the reporting year.

REPORTING RACE & ETHNICITY

- Patients who report their race but do not report their ethnicity are assumed to be non-Hispanic or Latino/a and are reported on Lines 2a-2g.

- Patients whose race and ethnicity are not known are reported as "Unreported/Refused to Report Race and Ethnicity" on Line h.

- The data source used to report race and ethnicity data must be the same one used for both Tables 3B and 7.

Table 7: Health Outcomes and Disparities

CONTROLLING HIGH BLOOD PRESSURE (COLUMNS 2a-2c), CMS165v9

Measure Description

Percentage of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (less than 140/90 mmHg) during the measurement period.

Denominator (Columns 2a and 2b)

- Patients 18 through 84 years of age* who had a diagnosis of essential hypertension within the measurement period with a medical visit during the measurement period.

  ***Patients born on or after January 2, 1936 and on or before January 1, 2003.**

Numerator (Column 2c)

- Patients whose most recent blood pressure is adequately controlled (systolic blood pressure <140 mmHg and diastolic blood pressure <90 mmHg) during the measurement period.

Exclusions/Exceptions

Denominator Exclusions

- Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period.

- A diagnosis of pregnancy during the measurement period.

- Patients who were in hospice care during the measurement period.

- Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period.

- Patients aged 66 and older with advanced illness and frailty.

Denominator Exceptions

Not applicable.

***Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.**

DIABETES: HEMOGLOBIN A1C (HBA1C) POOR CONTROL (>9%) (COLUMNS 3a-3f), CMS122v9

Measure Description

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the measurement period.

Denominator (Columns 3a and 3b)

- Patients 18 through 74 years of age* with diabetes with a *medical* visit during the measurement period.

  ***Patients born on or after January 2, 1946 and on or before January 1, 2003.**

Numerator (Column 3f)

- Patients whose most recent HbA1c level performed during the measurement year is greater than 9.0 percent and patients who had no test conducted during the measurement period.

Exclusions/Exceptions

Denominator Exclusions

- Patients who were in hospice care during the measurement period.

- Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period.

- Patients aged 66 and older with advanced illness and frailty.

Denominator Exceptions

Not applicable.

***Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.**

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 116 – 126.

Table 7: Health Outcomes and Disparities

SELECTED CALCULATIONS (SHOWN ON FOLLOWING PAGES)

- **Compliance rate** is calculated by dividing Table 7, Column 2c by Column 2b.

  Example: HTN for Black/African American/ Non-Hispanic or Latino/a 93/176 = 52% patients with controlled HTN.

- **Percent medical patients with diagnosis** is calculated by dividing total patients by diagnosis by total medical patients.

  Example: 8,651 medical patients with HTN [Table 7, Line i, Column 2a] / 67,919 total medical patients [Table 5, Line 15, Column C] = 13%

NOTE:

- Must not exceed total patients ages 18–85 on Table 3A (Lines 19–37).

- Must not exceed total medical patients on Table 5.

- Must not exceed total White/Non-Hispanic or Latino/a patients on Table 3B.

Comparison of patients in denominator on Table 7 with estimated total patients who meet reporting criteria:

- Total White/Non-Hispanic or Latino/a patients with Hypertension (HTN) ages 18–85 with at least one medical visit = 4,494 [Denominator on Table 7, Line 2e, Column 2a].

- Cannot exceed total medical patients on Table 5 = 67,919.

- Cannot exceed total White/Non-Hispanic or Latino/a patients on Table 3B = 27,364.

Assuming an equal distribution of medical patients by race, ethnicity, and age the following calculations can be done to check for reasonableness:

- Estimated maximum number of patients in denominator for White/Non-Hispanic or Latino/a HTN patients = Total patients ages 18–85 (31,900) x 0.91 (percentage of patients who are medical) x 0.37 (percentage of patients who are White / Not Hispanic or Latino/a) = 10,741. Note: Example not shown but data is drawn from Tables 3A and 5.

This estimate may be distorted if there are large numbers of non-medical patients served at the health center or services are not distributed equally across age groups.

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 116 – 126.

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SECTION B: CONTROLLING HIGH BLOOD PRESSURE

Line	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
HISPANIC OR LATINO/A				
1a	Asian	2	2	1
1b1	Native Hawaiian	1	1	0
1b2	Other Pacific Islander	0	0	0
1c	Black/African American	9	9	5
1d	American Indian/Alaska Native	0	0	0
1e	White	15	15	11
1f	More than One Race	3	3	2
1g	Unreported/Refused to Report Race	3,397	3,397	2,380
	Subtotal Hispanic or Latino/a	3,427	3,427	2,399
NON-HISPANIC OR LATINO/A				
2a	Asian	61	61	35
2b1	Native Hawaiian	9	9	5
2b2	Other Pacific Islander	137	137	83
2c	Black/African American	176	176	93
2d	American Indian/Alaska Native	16	16	10
2e	White	4,494	4,494	2,845
2f	More than One Race	11	11	8
2g	Unreported/Refused to Report Race	85	85	54
	Subtotal Non-Hispanic or Latino/a	4,989	4,989	3,133
UNREPORTED/REFUSED TO REPORT				
h	Unreported/Refused to Report Race and Ethnicity	235	235	146
i	*Total*	8,651	8,651	5,678

TABLE 5: STAFFING AND UTILIZATION				
LINE	PERSONNEL BY MAJOR SERVICE CATEGORY	FTES (A)	CLINIC VISITS (B)	VIRTUAL VISITS (B2)	PATIENTS (C)
15	Total Medical (Lines 8+10a through 14)	172.35	125,032	125,032	67,919

For more detailed information see UDS Reporting Requirements for 2021 Health Center Data, pages 116 – 126.