



FY 2017 New Access Point (NAP) Clinical and Financial Performance Measures Technical Assistance Presentation

Funding Opportunity Number: HRSA-17-009

Technical Assistance Web Page:

<http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html>



HRSA
Health Resources & Services Administration

Agenda

- **Overview of Performance Measures**
- **Financial Performance Measures**
- **Clinical Performance Measures**
- **Resources**

Performance Measures Overview

- Serve as ongoing performance improvement tools.
- Are required in the NAP application to set baselines and goals for the NAP project.
- Should be integrated into all aspects of the organization's performance improvement and evaluation process.
- Are required as part of annual reporting in the Uniform Data System (UDS).
- See Appendix B in the funding opportunity announcement and the 2015 UDS Manual for information
<http://bphc.hrsa.gov/datareporting/reporting/index.html>.

Performance Measures Forms

- **Focus Area**
- **Performance Measure**
- **Numerator Description**
- **Denominator Description**
- **Target Goal Description**
- **Baseline Data**
- **Projected Data (by End of Project Period)**
- **Data Source & Methodology**
- **Key Factors and Major Planned Actions**



Financial Performance Measures



Financial Performance Measures

- Total cost per patient
- Medical cost per medical visit
- Health Center Program Grant Cost per Patient **(new)**
- See UDS Manual for definitions:
<http://bphc.hrsa.gov/datareporting/reporting/index.html>

Focus Area, Measure, and Goal

Update Financial Performance Measure Information	
Focus Area	Costs
Is this performance measure applicable to your organization?	Yes
Performance Measure	Medical cost per medical visit.
★ Target Goal Description (Sample Goals )	<p>Approximately 1/4 page  (Max 500 Characters): 305 Characters left.</p> <div style="border: 1px solid gray; padding: 5px;"><p>By the end of the project period, we will maintain a rate of increase not exceeding 5% per year, such that the medical cost per medical visit is less than or equal to \$164 (current cost is \$123).</p></div>

- Focus area and measure are shown in the form.
- Goal Description: shown as annual rate of increase and absolute target at the end of the two-year project period.

Measure Calculation Description

Numerator Description	Total accrued medical staff and medical other cost after allocation of overhead (excludes lab and x-ray cost).
Denominator Description	Non-nursing medical visits (excludes nursing (RN) and psychiatrist visits).

- The numerator and denominator are described for each measure.
- Use the numerator and denominator to set the baseline and two-year goal.
- Goals are set in relation to the baseline.

Baseline Data

★ Baseline Data	Baseline Year	<input type="text" value="2014"/>	(yyyy)
	Measure Type	Ratio	
	Numerator	<input type="text" value="492,000"/>	
	Denominator	<input type="text" value="4,000"/>	
	<input type="button" value="Calculate Baseline"/>	123.00 : 1 Ratio	
			
★ Projected Data (by End of Project Period) (Sample Calculation ↗)	Projected Data	<input type="text" value="164"/>	
	Measure Type	Ratio	
★ Data Sources & Methodology	Approximately 1/4 page  (Max 500 Characters): 450 Characters left.		
	<input type="text" value="Data from 2014 UDS report and based on 2014 audit."/>  		

- **Baselines are set using data from the calendar year prior to the application submission. If unavailable, enter zero and state when they will be available.**

Key Factors and Major Planned Actions

Key Factor and Major Planned Action Information	
★ Key Factor Type	<input type="radio"/> Contributing <input checked="" type="radio"/> Restricting
★ Key Factor Description	Approximately 3/4 page ⓘ (Max 1500 Characters): 1389 Characters left. <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;">We recently lost our pediatrician to a local competitor, therefore our visits for well child services are down.</div>
★ Major Planned Action Description	Approximately 3/4 page ⓘ (Max 1500 Characters): 1353 Characters left. <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;">We are beginning the process for recruiting a physician participating in the National Health Service Corps (NHSC) to address our provider shortage.</div>

- Provide at least one **contributing** and one **restricting** factor for each measure.
 - Contributing factors (positive impact)
 - Restricting factors (negative impact)
 - Planned strategies to address

Total Cost Per Patient

Total accrued cost before donations and after allocation of overhead divided by total patients.

- Total cost is defined by UDS table 8a, line 17, column c
 - Facility and administrative costs are included
 - Donated/In-kind costs are excluded
- Patients defined as individuals with one or more reportable visits during the calendar year
- Unduplicated patients are reported in the UDS on tables 3a, 3b and 4.
- Numerator/Denominator: (T8A,L17,CC / T4,L6,CA)

Medical Cost per Medical Visit

Total accrued medical staff and other medical costs after allocation of overhead divided by non-nursing medical visits (excludes nursing and psychiatrist visits).

- Medical cost is defined by UDS table 8a, line 1 plus line 3, column c and excludes lab, x-ray, pharmacy, and other clinical costs.
- Medical visits are defined and reported in the UDS on table 5.
- Medical visits used in the medical cost per medical visit measure exclude nursing visits, table 5, line 15 minus line 11, column b.
- Numerator/Denominator: $(T8A,L1,CC + T8A,L3,CC) / (T5,L15,CB - L11,CB)$

Health Center Program Grant Cost per Patient

Total accrued Health Center Program grant funding drawn-down for the period from January 1 to December 31 of the calendar measurement year, divided by total unduplicated patients.

- **For the NAP application:**

- New start applicants can enter zero for the baseline
- Satellite applicants refer to your 2015 UDS report, using this formula for the baseline: $T9E,L1g,CA / T4,L6,CA$
- Use the NAP funding request amount for the second year of the project as the numerator and projected unduplicated patients for calendar year 2018 from Form 1A as the denominator for the projected data/target goal.



Clinical Performance Measures



Target Population Data

- **Address ONLY the service area and target population of the proposed NAP.**
 - New starts: measures based on entire proposed scope of project.
 - Satellites: measures based on proposed new access point(s) only.

Clinical Measure Format

Update Clinical Performance Measure Information	
Focus Area	Diabetes
Is this performance measure applicable to your organization?	Yes
Performance Measure	Proportion of adult patients with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was greater than 9% at the time of the last reading in the measurement year.
★ Target Goal Description (Sample Goals )	Approximately 1/4 page  (Max 500 Characters): 500 Characters left. <div style="border: 1px solid gray; height: 100px; width: 100%;"></div>
Numerator Description	Number of adult patients whose most recent hemoglobin A1c level during the measurement year is greater than 9% among those patients included in the denominator.
Denominator Description	Number of adult patients age 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type 1 or Type 2 diabetes, who have had a visit at least twice during the reporting year and do not meet any of the exclusion criteria.

Baseline

★ Baseline Data	Baseline Year	<input type="text"/>	(yyyy)
	Measure Type	Percentage	
	Numerator	<input type="text"/>	
	Denominator	<input type="text"/>	
	<input type="button" value="Calculate Baseline"/>		
			
★ Projected Data (by End of Project Period) (Sample Calculation )	Projected Data	<input type="text"/>	
	Measure Type	Percentage	

- Starting point from which to measure trends and progress.
- If not operating at NAP site, use experience to estimate.
- If health center not yet operational, enter zeros and explain when baseline data will be available.

Projected Data

★ Projected Data (by End of Project Period)

([Sample Calculation](#) )

Projected
Data

Measure
Type

Percentage

- Determine a goal for the two-year project period.
- Goal is to demonstrate improvement over time or maintain high rate.
- Primary purpose is to determine health care trends.
- Benchmarks may be helpful in setting goals:
 - Health Center Program averages (national, state)
 - Other national and state data (for similar type patients)
 - Healthy People 2020

Data Source & Methodology

★ Data Sources & Methodology

EHR

Chart Audit

Other

If 'Other', please specify: (maximum 100 characters)

Approximately 1/4 page ⓘ (Max 500 Characters): 500 Characters left.

- Identify data source from choices.
- Describe methodology.
 - For chart sampling methodology, see UDS Manual, Appendix C.

Key Factors and Major Planned Actions

Key Factor and Major Planned Action Information	
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★ Key Factor Description	Approximately 3/4 page ⓘ (Max 1500 Characters): 1389 Characters left. <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;">We recently lost our pediatrician to a local competitor, therefore our visits for well child services are down.</div>
★ Major Planned Action Description	Approximately 3/4 page ⓘ (Max 1500 Characters): 1353 Characters left. <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;">We are beginning the process for recruiting a physician participating in the National Health Service Corps (NHSC) to address our provider shortage.</div>

- Provide at least one **contributing** and one **restricting** factor for each measure.
 - Contributing factors (positive impact)
 - Restricting factors (negative impact)
 - Planned strategies to address

Diabetes

Proportion of adult patients with a diagnosis of Type I or Type II diabetes whose hemoglobin A1c (HbA1c) was greater than 9%.

- **Numerator: Number of adult patients whose most recent hemoglobin A1c level during the measurement year is greater than 9% among those patients included in the denominator.**
- **Denominator: Number of adult patients aged 18 to 75 years as of December 31 of the measurement year with a diagnosis of Type I or Type II diabetes who have been seen in the clinic for medical visits at least twice during the reporting year and do not meet any of the exclusion criteria.**

Cardiovascular Disease/Hypertension

Proportion of adult patients with diagnosed hypertension whose blood pressure was less than 140/90.

- **Numerator: Number of patients in the denominator whose last systolic blood pressure measurement was less than 140 mm Hg and whose last diastolic blood pressure was less than 90 mm Hg.**
- **Denominator: All patients 18 to 85 years of age as of December 31 of the measurement year with a diagnosis of hypertension, and who were first diagnosed by the health center as hypertensive at some point before June 30 of the measurement year, and who have been seen for medical visits at least twice during the reporting year.**

Cervical Cancer Screening

Percentage of women age 21-64 who received one or more Pap tests to screen for cervical cancer.

- **Numerator:** Number of female patients 24–64 years of age receiving one or more documented Pap tests during the measurement year or during the 2 calendar years prior to the measurement year among those women included in the denominator *OR* for women who were 30 years of age or older at the time of the test who choose to also have an HPV test performed simultaneously during the measurement year or during the 4 calendar years prior to the measurement year.
- **Denominator:** Number of all female patients age 24–64 years of age during the measurement year who had at least one medical visit during the measurement year.

Prenatal Health

Percentage of pregnant women beginning prenatal care in the first trimester.

- **Numerator: Number of women entering prenatal care at the health center or with the referral provider during their first trimester.**
- **Denominator: Total number of women seen for prenatal care during the year.**

Perinatal Health/Birth Weight

Percentage of low birth weight infants (less than 2,500 grams) born to prenatal care patients.

- **Numerator: Number of children born with a birth weight of under 2,500 grams.**
- **Denominator: Number of children born.**

Child Health/Immunization

Percentage of children who have received age appropriate vaccines on or before their 3rd birthday.

- **Numerator:** Number of children among those included in the denominator who were fully immunized before their 3rd birthday. A child is fully immunized if s/he has been vaccinated or there is documented evidence of contraindication for the vaccine or a history of illness for ALL of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1VZV (Varicella), and 4 Pneumococcal conjugate prior to her/his 3rd birthday.
- **Denominator:** Number of all children with at least one medical visit during the reporting period who had their 3rd birthday during the reporting period.

Oral Health/Dental Sealants

Percentage of children, age 6 – 9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the reporting period.

- **Numerator: Unduplicated number of children age 6-9 years at “elevated” risk who received a sealant on a permanent first molar tooth as a dental service during the measurement year.**
- **Denominator: Unduplicated number of children age 6-9 years at “elevated” risk during the measurement year.**

Weight Assessment & Counseling for Children & Adolescents

Percentage of patients age 2 to 17 years who had a visit during the measurement year and who had Body Mass Index (BMI) Percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.

- **Numerator:** Number of patients in the denominator who had their BMI percentile documented during the measurement year AND who had documentation of counseling for nutrition AND who had documentation of counseling for physical activity during the measurement year.
- **Denominator:** Number of patients who were 3 to 17 years of age at some point during the measurement year who had at least one medical visit during the reporting year.

Adult Weight Screening & Follow-Up

Percentage of patients aged 18 and older with a documented BMI during the most recent visit or within the 6 months prior to that visit AND when the BMI is outside of normal parameters a follow-up plan is documented.

- **Numerator:** Number of patients in the denominator who had their BMI (not just height and weight) documented during their most recent visit OR within 6 months of the most recent visit AND if the most recent BMI is outside of normal parameters, a follow-up plan is documented.
- **Denominator:** Number of patients who were 18 years of age or older during the measurement year who had at least one medical visit during the reporting year.

Tobacco Use Screening & Cessation

Percentage of patients age 18 years and older who were screened for tobacco use at least once during the measurement year or prior year AND who received cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

- **Numerator:** Number of patients in the denominator for whom documentation demonstrates that they were queried about their tobacco use during their most recent visit OR within 24 months of the most recent visit and received tobacco cessation counseling intervention and/or pharmacotherapy if a tobacco user.
- **Denominator:** Number of patients 18 years of age or older during the reporting year, with at least one medical visit during the measurement year, and at least two medical visits ever.

Asthma – Pharmacological Therapy

Percentage of patients age 5 to 40 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed either the preferred long term control medication or an acceptable alternative pharmacological therapy during the measurement year.

- **Numerator:** Number of patients in the denominator who received a prescription for or were provided inhaled corticosteroid or an accepted alternative medication.
- **Denominator:** Number of patients who were 5 through 40 years of age at some point during the measurement year who have been seen at least twice in the practice and who had at least one medical visit during the reporting year, who had an active diagnosis of persistent asthma.

Coronary Artery Disease (CAD) – Lipid Therapy

Percentage of patients age 18 years and older with a diagnosis of Coronary Artery Disease prescribed a lipid lowering therapy during the measurement year.

- **Numerator:** Number of patients in the denominator who received a prescription for or were provided or were taking lipid lowering medications.
- **Denominator:** Number of patients who were seen during the measurement year after their 18th birthday who had at least one medical visit during the reporting year with at least two medical visits ever, and who had an active diagnosis of coronary artery disease including any diagnosis for myocardial infarction or who had cardiac surgery in the past.

Ischemic Vascular Disease (IVD) – Aspirin Therapy

Percentage of patients age 18 years and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) from January 1 to November 1 of the prior year OR who had a diagnosis of IVD during the measurement year or prior year, who had documentation of use of aspirin or another antithrombotic.

- **Numerator:** Number of patients in the denominator who had documentation of aspirin or another anti-thrombotic medication being prescribed, dispensed or used.
- **Denominator:** Number of patients who were aged 18 and older at some point during the measurement year who had at least one medical visit during the reporting year, who had an active diagnosis of IVD during the current or prior year, OR had been discharged after AMI or CABG or PTCA in the prior year.

Colorectal Cancer Screening

Percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer.

- **Numerator:** Number of patients aged 51 through 74 with appropriate screening for colorectal cancer.
- **Denominator:** Number of patients who were aged 51 through 74 at some point during the measurement year who had at least one medical visit during the reporting year.

HIV Linkage to Care

Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.

- **Numerator: Number of patients in the denominator who had a medical visit for HIV care within 90 days of first-ever HIV diagnosis.**
- **Denominator: Number of patients first diagnosed with HIV between October 1 of the prior year through September 30th of the current measurement year.**

Depression Screening & Follow-Up

Percentage of patients aged 12 and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.

- **Numerator:** Number of patients aged 12 and older who were 1) screened for depression with a standardized tool and if screened positive for depression, 2) had a follow-up plan documented.
- **Denominator:** Number of patients who were aged 12 or older at some point during the measurement year and who had at least one medical visit during the reporting year.

Additional Performance Measures

- If proposing to serve special populations, at least one measure that specifically addresses unique needs of special populations (migratory and seasonal agricultural workers, homeless individuals, public housing residents) must be included.
- May add other measures relevant to the target population that will be tracked over the course of the project period

Resources

- Performance Measure Instructions: Appendix B of NAP FOA
- Performance Measures Forms and Examples:
<http://bphc.hrsa.gov/programopportunities/fundingopportunities/NAP/index.html>
- Clinical and Financial Performance Measures:
<http://bphc.hrsa.gov/qualityimprovement/performance Measures/index.html>
- UDS manual and reporting:
<http://bphc.hrsa.gov/datareporting/reporting/index.html>
- National Cooperative Agreements
<http://bphc.hrsa.gov/qualityimprovement/supportnetworks/nca/pca/natlagreement.html>

Resources (continued)

- National Quality Forum:
<http://www.qualityforum.org/Home.aspx>
- National Committee for Quality Assurance:
<http://www.ncqa.org/>
- Institute for Healthcare Improvement: <http://www.ihl.org/>
- National Quality Center—Improving HIV Care:
<http://nationalqualitycenter.org/>
- Healthy People 2020: <http://www.healthypeople.gov/2020>

NAP Response Team: BPHCNAP@hrsa.gov