Performance Measures for Free and Charitable Clinics

2016

Free and charitable clinics operating across Pennsylvania are encouraged to collect and analyze patient data to mark their progress in achieving measures as established by the National Committee on Quality Assurance (NCQA) in the Healthcare Effectiveness Data and Information Set (HEDIS) and Patient Centered Medical Home (PCMH) criteria or the Advisory Committee on Immunization Practices (ACIP). The following measures have been developed utilizing the aforementioned group’s measures, but have been altered slightly to apply to the free and charitable clinic model and to the patient populations served by those models.

The purpose of these measures is for clinics to measure their own performance – looking year to year to see what your results are for your patient mix – as part of your quality improvement process.

Annual voluntary reporting of outcomes should be made to FCAP by February 15th of the following year.

**DEFINITIONS APPLICABLE TO THE FOLLOWING MEASURES:**

**Patient:**

 Patients are individuals who have at least two documented visits during the reporting year and have an open medical record at the clinic. The term “patient” is not limited to recipients of medical or dental services.

**Visit:**

To be counted as having met the visit criteria, the interaction must be a documented, face-to-face contact between a patient and a licensed or otherwise credentialed provider, who exercises independent, professional judgment in the provision of services to the patient.

To be included as a visit, services rendered must be documented in a chart in the possession of the health clinic. To meet the **criterion for documentation**, the service (and associated patient information) must be recorded in written or electronic form in a system which permits ready retrieval of current data for the patient. The patient record does not have to be a complete health record in order to meet this criterion. For example, if an individual receives services on an emergency basis and these services are documented, the documentation criterion is met even though some portions of the health record may not be complete.

If a patient has a visit to a medical provider and a dental provider in the same measurement period this would be counted as two visits.

Screenings such as those frequently conducted at health fairs or at schools, immunization drives for children or the elderly, services provided en masse to identified groups, such as dental varnishes or sealants provided at schools, and similar public health efforts **are not** counted as visits regardless of the level of documentation.

**Location:**

A visit may take place in the health clinic or at any other approved site or location in which services are provided.

**Interactions not counted as a visit:**

Ancillary services including, but not limited to, drawing blood, collecting urine specimens, performing laboratory tests (including pregnancy tests and PPDs\*), taking x-rays, giving immunizations or other injections, and filling/dispensing prescriptions, including prescriptions for substance abuse prevention or treatment, **do not** constitute visits, regardless of the level or quantity of supportive services.

Tests are provided to support the services of the clinical programs. Neither laboratory tests (including PPDs, pregnancy tests, HbA1c tests, blood pressure measurement independent of a provider encounter, etc.) nor imaging tests (including sonography, radiology, mammography, retinography, computerized axial tomography scans, and other imaging) are counted as a visit by themselves.

 Dispensing medications is not considered a visit.

\*If a PPD test is read by a Nurse or a non-physician individual appropriately trained to read PPDs, it is not counted as a visit. If the reading leads to additional follow-up with the Physician, that visit is counted.

**CLINICAL PERFORMANCE MEASURES**

**Diabetes – HbA1c Control**

**Percentage of adult patients 18 and older with a diagnosis of Type I or Type II diabetes, whose hemoglobin A1c (HbA1c) was less than or equal to 8% at the time of the last reading in the measurement year**

**Numerator**: Number of adult patients 18 and older whose most recent hemoglobin A1c level during the measurement year is <= 8% among those patients included in the denominator

**Denominator**: Number of adult patients aged 18 and older as of December 31 of the measurement year with a diagnosis of Type I or II diabetes AND, who have been seen in the clinic for medical visits at least twice during the reporting year AND, had an A1c test AND, do not meet any of the exclusion criteria.

Exclusions:

* Patients not diagnosed with Diabetes Type I or Type II.
* Steroid induced Diabetes.
* Gestational Diabetes
* Polycystic Ovary

Note:

* The purpose of this measure is not to determine if an A1c is done on diabetic patients. The assumption with the measure as its been written by HEDIS and adopted by the subcommittee who drafted the FCAP measures is that an A1c is done on all diabetic patients.
* If the patient has had more than one A1c in the reporting period, count the most recent A1c result.

**Breast Cancer Screening**

**Percentage of women ages 50-74 who had a mammogram to screen for breast cancer in the last measurement year.**

**Numerator**: Number of women ages 50-74 who had a mammogram to screen for breast cancer in the last measurement year.

**Denominator**: Number of women ages 50-74 as of December 31 of the measurement year who has been seen in the clinic for a medical visit at least twice during the reporting period.

Exclusions:

* Women with a previous history of breast cancer
* Diagnostic mammograms

**Tobacco Screening and Cessation**

1. **Percentage of patients age 13 years and older who were screened for tobacco use\* at least once during the measurement year or prior year**

**Numerator**: Number of patients age 13 years and older who were screened for tobacco use one or more times in the measurement year or prior year.

**Denominator**: Number of patients age 13 years and older who had at least two medical visits during the measurement year.

1. **Percentage of patients age 13 years and older who screened positive for tobacco use and received counseling intervention and/or pharmacotherapy.**

**Numerator**: Number of patients age 13 years and older who were screened for tobacco use one or more times in the measurement year or prior year and received tobacco cessation counseling intervention and/or pharmacotherapy if identified as a tobacco user.

**Denominator**: Number of patients 13 years and older who were screened positive for tobacco use one or more times in the measurement year or prior year.

\*Tobacco use for this measure includes any tobacco product, including vapor and, more than 0 use within the past 24 months.

Exclusions: Non-users

**Hypertension Screening and Management**

**Percentage of patients 18 to 60 years of age with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 at the time of the last reading**

**Numerator**: Number of patients ages 18 to 60 in the denominator whose last systolic blood pressure measurement was less than 140 mm Hg and whose diastolic blood pressure was less than 90 mm Hg

**Denominator**: All patients 18 to 60 years of age as of December 31 of the measurement year with a diagnosis of hypertension (HTN), AND who were 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.

Exclusions:

* Pregnant patients
* Patients with end state renal disease (ESRD)

**Influenza Vaccination**

**Percentage of individuals age 6 months and older who are a documented patient with an open medical record who have received annual influenza vaccination during the measurement year.**

**Numerator**: Number of individuals age 6 months and older who are a documented patient with an open medical record who received an influenza vaccination during the measurement year.

**Denominator**: All individuals age 6 months and older who are a documented patient with an open medical record who have had at least two visits to the clinic during the measurement year. Note: Do not include patients who are seeking dental care only.

Exclusions:

* Individuals with contraindications
* Children less than 6 months of age
* Patients without a documented open record

Note: If a patient refuses a flu shot, document it in the medical record and count it as not received.

**Obesity Screening and Counseling**

1. **Percentage of patients aged 18 and older with a documented BMI** **during the measurement year.**

 **Numerator**: Number of patients who were 18 years or older and had at least two medical visits during the measurement year and had their BMI documented during the measurement year.

**Denominator**: Number of patients who were 18 years of age or older and had at least two medical visits during the measurement year

1. **Percentage of patients with abnormal BMI that have a documented follow-up plan (out of patients that have an abnormal BMI).**

**Numerator:** Number of patients age 18 years or older who had two medical visits during the measurement year, had an abnormal BMI documented, and had a follow-up plan documented.

**Denominator:** Number of patients age 18 years or older who had at least two medical visits during the measurement year and an abnormal BMI documented.

Enter the total number of patients whose record demonstrates that their BMI (not just height and weight) was documented during their last visit or within 6 months prior to that visit, and which demonstrates that they received a follow-up plan to address their weight if they:

• Were under age 65 and their BMI was greater than or equal to 25, or

• Were age 65 or older and their BMI was greater than or equal to 30

Exclusions:

• Pregnant women

• Terminally ill patients (no definition is provided)

Note: While it is possible that not all clinics are calculating BMIs, we are strongly encouraging them to reconsider their policy and implement the calculation of BMIs as part of their quality improvement processes.  The overall purpose of having performance standards is to evaluate quality and adopt best practices such as this.

**OPERATIONAL MEASURE**

**Patient Centered Access**

**Percentage of lab tests ordered and tracked for patients age 18 and older diagnosed with Diabetes Type I or Type II who had at least two visit during the measurement year and action was taken to follow up on overdue\* results.**

\*”Overdue” is the standard that your clinic has established (i.e., 3-5 business days). When reporting results to FCAP, please cite your standard on your reporting form.

**Numerator**: Number of lab tests ordered and tracked for patients age 18 and older diagnosed with Diabetes Type I or Type II who had at least two visits during the measurement year and action was taken to follow up on overdue results.

**Denominator**: Number of lab tests ordered for patients age 18 and older diagnosed with Diabetes Type I or Type II who had at least two visits during the measurement year.

Lab tests for this measure include: Hemoglobin A1c, Lipid Panel, Urine Microalbumin

Exclusions:

* Patients not diagnosed with Diabetes Type I or Type II.
* Steroid induced Diabetes.
* Gestational Diabetes
* Polycystic Ovary

Last Revised August 24, 2016