



*Strengthening Oklahoma's Safety Net,  
One Community At A Time*

## **Board Bulletin**

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### **Required Clinical Performance Measures**

The FY2009 Service Area Competition (SAC) guidance, released by HRSA/BPHC in February 2008, included revised performance requirements for clinical operations. Using baseline data, CHCs must develop benchmarks for the required measures, establish performance goals and track performance against these goals throughout the approved project period. Alignment of the SAC, the Budget Period Renewal (BPR) and the Uniform Data System (UDS) should help CHCs clarify performance improvement goals and design health services that improve patient outcomes. CHCs will also benefit as high quality health care delivered in a cost-effective manner results in viability and sustainability. As stewards of the CHC, board members must monitor progress, plan strategically, and protect Section 330 funding and associated benefits.

#### ***Clinical Performance Measures***

Health center clinical measures are divided into two focus areas: 1) Quality/Risk Management; and 2) Health Outcomes/Disparities. Six required performance measures (three in each focus area) were selected by BPHC because they provided a “balanced and comprehensive representation of health center services, clinically prevalent conditions amongst underserved communities, and the population across life cycles.” BPHC also felt that CHCs had extensive experience working with target populations to improve care in diabetes, hypertension, cancer prevention and childhood immunizations. Additionally, the measures are commonly used by Medicare and Medicaid plus other health care insurance/managed care organizations to assess quality and performance. The six required performance measures for which CHCs will be held accountable are as follows:

#### ***Quality/Risk Management Measures***

- ◆ **First Trimester Prenatal Care** – Percentage of pregnant women beginning prenatal care in the first trimester
- ◆ **Child Immunizations** – Percentage of two-year olds having appropriate immunizations (shots)
- ◆ **Pap Tests** – Percentage of women 21-65 years of age who received one or more Pap tests during the measurement year or during the two years prior to the measurement year

#### ***Health Outcomes/Disparities Measures***

- ◆ **Diabetes** – Percentage of diabetic patients whose HbA1c levels are less than or equal to 9 percent
- ◆ **Hypertension** – Percentage of adult patients 18 years or older with diagnosed hypertension whose most recent blood pressure was less than 140/90
- ◆ **Low Birthweight Rates** - Percentage of births less than 2,500 grams (about 5 pounds, 8 ounces)

#### ***Mandatory Measures***

There are two additional mandatory measures chosen by the grantee – one for **Oral Health** and one for **Behavioral Health**. CHC Health Plans must include all 8 performance measures that outline action steps for improving patient outcomes. If a CHC identifies specific needs for its target population (e.g., geriatric care), the grantee is encouraged to include additional measures as appropriate.

#### ***What Purpose Will The Measures Serve?***

As Health Center Program growth continues, public scrutiny also increases. Performance measures that demonstrate quality improvement will help document the overall value of the CHC program. As discussed, health centers will be able to track performance against established goals and make necessary adjustments to improve patient outcomes. HRSA/BPHC will monitor progress annually using health centers' BPR application. Because CHCs are expected to “sustain and/or increase users/encounters” as outlined in the SAC guidance, boards and senior management must carefully monitor the potential impact new patients will have on performance measures. Understanding your environment and target population (e.g., an influx of new patients with intense health issues) will be critical in tracking performance measures, documenting challenges, and making adjustments to meet established goals.

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