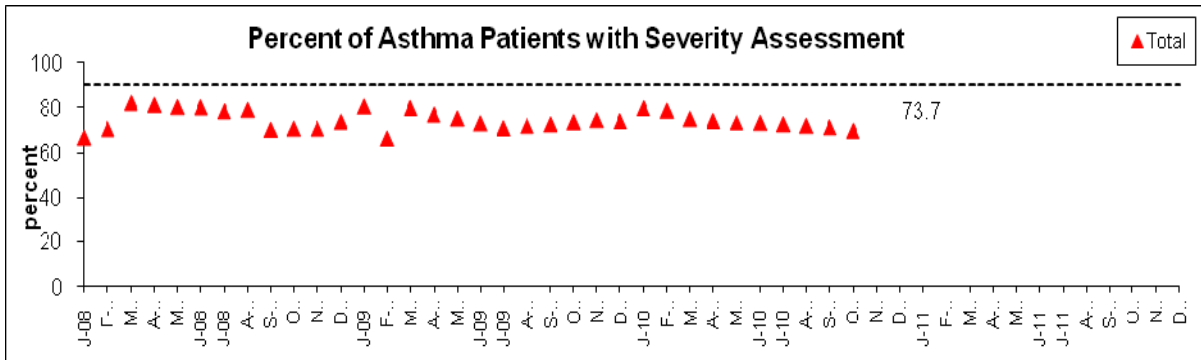


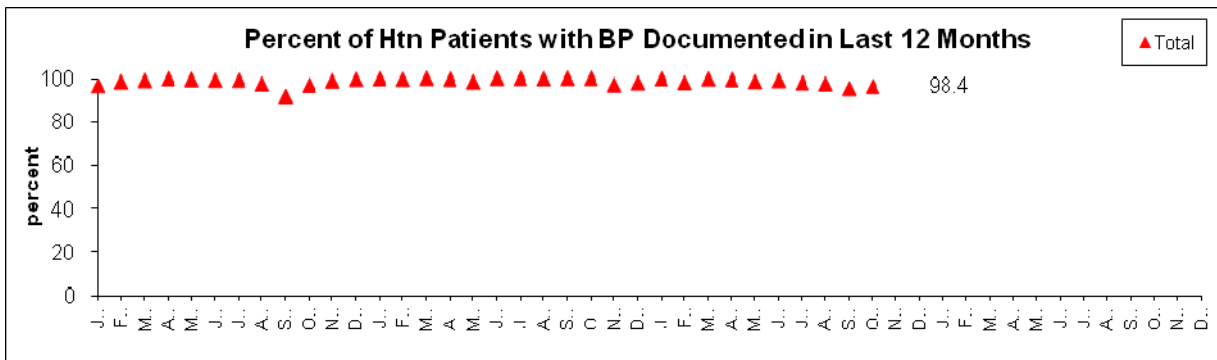
## PPC 8: Performance Reporting and Improvement Element E: Reporting Standardized Measures

CHC-B measures and has the capability to report on more than 10 nationally approved performance measures. We have the ability to report on current measures and can program new measures as the national measure sets evolve. Most of our measures are from the National Health Disparities Collaborative or required as part of our grant as a Federally Qualified Health Center. Measures from the National Quality Forum (NQF) are associated below:

NQF # 0001  
 Title: Asthma assessment  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): American Medical Association - Physician Consortium for Performance Improvement  
 Description: Percentage of patients who were evaluated during at least one office visit for the frequency (numeric) of daytime and nocturnal asthma symptoms



NQF # 0013  
 Title: Blood pressure measurement  
 Status: Endorsed  
 Endorsed on: SEP 12, 2010  
 Steward(s): American Medical Association - Physician Consortium for Performance Improvement  
 Description: Percentage of patient visits with blood pressure measurement recorded among all patient visits for patients aged > 18 years with diagnosed hypertension.



NQF # 0031  
 Title: Breast Cancer Screening  
 Status: Endorsed  
 Endorsed on: OCT 27, 2010  
 Steward(s): National Committee for Quality Assurance  
 Description: Percentage of eligible women 40-69 who receive a mammogram in a two year period

**Federal Health Plan Goal - CANCER (Mammograms)**

**Increase the % of female patients age 42 and over who received a mammogram in the measurement year or the prior two years from 60% to 65%**

10/31/2010

**DUE 7/31/2011**

|                                   |     |                    |             |
|-----------------------------------|-----|--------------------|-------------|
| Women 42 and over w/Medical Visit | 982 | <b>Current HPC</b> | <b>GOAL</b> |
| Women 42+ w/Mammo in last 2 years | 595 | 61%                | <b>65%</b>  |

| PCP   | #   | %          |
|-------|-----|------------|
| T     | 73  | <b>74%</b> |
| E     | 239 | <b>67%</b> |
| E     | 170 | <b>65%</b> |
| C     | 73  | 60%        |
| S     | 105 | 60%        |
| S     | 112 | 52%        |
| G     | 93  | 51%        |
| F     | 99  | 51%        |
| Other | 18  | 44%        |

| POD   | #   | %   |
|-------|-----|-----|
| POD   | 502 | 63% |
| POD   | 462 | 58% |
| Other | 18  | 44% |

**Comparisons:**  
**General US Population: 71%**  
**Low Income Population: 58%**  
**Commercial Ins: 70%**  
**Medicaid: 51%**

\*Mammography screening for women ages 50 to 69 can reduce breast cancer mortality by up to 35 percent through early detection.  
 \*A mammogram can detect about 85 percent of breast cancers in women without symptoms.

NQF # 0005

Title: CAHPS Clinician/Group Surveys - (Adult Primary Care, Pediatric Care, and Specialist Care Surveys)

Status: Endorsed

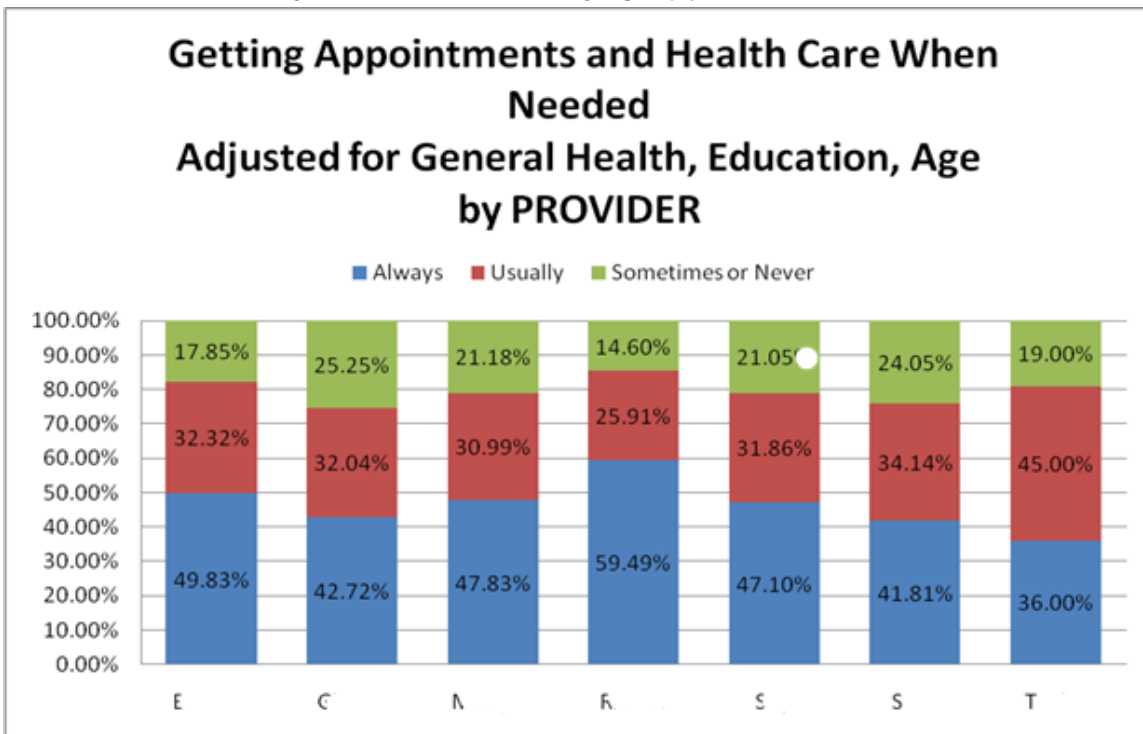
Endorsed on: JUL 01, 2007

Steward(s): Agency for Healthcare Research and Quality

Description: 

- Adult Primary Care Survey: 37 core and 64 supplemental question survey of adult outpatient primary care patients.
- Pediatric Care Survey: 36 core and 16 supplemental question survey of outpatient pediatric care patients.
- Specialist Care Survey: 37 core and 20 supplemental question survey of adult outpatients specialist care patients.

Level of analysis for each of the 3 surveys: group practices, sites of care, and/or individual clinicians



NQF # 0032  
 Title: Cervical Cancer Screening  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): National Committee for Quality Assurance  
 Description: Percentage of women 18-64 years of age, who received one or more Pap tests during the measurement year or the two years prior to the measurement year

**Federal Health Plan Goal - PAP SMEARS (CANCER)**

**Increase the % of female patients age 21-64 who recieved one or more Pap Smears in the measurement year or one of the two prior years from 85% to 90%**

**DUE 7/31/2011**

**10/31/2010**

|  |      |                    |             |
|--|------|--------------------|-------------|
| Pts age 21+ w/pap in last 3 years      | 1254 | <b>Current HPC</b> | <b>GOAL</b> |
| Women 21+ w/Medical Visit in last year | 1565 | <b>80%</b>         | <b>90%</b>  |

| PCP   | # of Pts | %   |
|-------|----------|-----|
| S     | 235      | 86% |
| E     | 220      | 85% |
| Σ     | 342      | 82% |
| C     | 122      | 80% |
| T     | 115      | 79% |
| G     | 108      | 79% |
| H     | 245      | 76% |
| S     | 165      | 75% |
| Other | 13       | 15% |

| POD   | #   | %   |
|-------|-----|-----|
| Σ POD | 670 | 82% |
| Other | 13  | 15% |

**COMPARISONS:**  
**General US Population: 82%**  
**Low Income Population: 58%**  
**CHC's: 61%**  
**National CHC Ave: 56.9%**

Increased pap smear screening has resulted in a major overall decline in cervical cancer incidence and mortality over the past several decades, with mortality rates dropping in some large populations by up to 80 percent.

NQF # 0038  
 Title: Childhood Immunization Status  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): National Committee for Quality Assurance

Description: Percentage of children 2 years of age who had four DtaP/DT, three IPV, one MMR, three H influenza type B, three hepatitis B, one chicken pox vaccine (VZV) and four pneumococcal conjugate vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates



Report Title:

## SUMMARY REPORT

Date Generated: 07/07/2010

| REPORT CRITERIA  |  | Assessment date: 3/30/2010                             |
|--|--|--|
| Provider site name: H (123abc)   |  |  |
| Age range:   | From 25 to 35 months   | as of 7/1/2010   |
| Selected series/antigens: 4:3:1:3:3:1:4 (4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var, 4PCV) |  |  |
| Compliance:  | <input type="checkbox"/> By age: 0 months  | <input checked="" type="checkbox"/> By date: 3/30/2010 |
| Additional criteria:   | <input checked="" type="checkbox"/> Apply ACIP Recommendations (valid doses only) <input checked="" type="checkbox"/> Apply four-day grace period<br><input type="checkbox"/> Limited by |  |
| Missed opportunities are defined as: On LAST immunization visit                        |  |  |

### IMMUNIZATION STATUS (based on user-selected criteria) Note: For a report listing specific patients, choose Lists under the Standard Reports tab.

|    |  |   |
|----|--|---|
| 36 | # of patient records selected                | <b>Total # of Patient Records Assessed</b> 36 |
| 0  | # of patients moved or gone elsewhere (MOGE) |   |
| 36 | Total # of Patient Records Assessed          |   |

#### Immunizations Complete

| Immunization Status                                  |                   | # of patients | % of patients |
|--|-------------------|---------------|---------------|
| Received immunizations by assessment date:           | 03/30/2010        | 32            | 89%           |
| Late up-to-date - received immunizations but NOT by: | 03/30/2010        | 0             | 0%            |
| <b>Up-to-date and complete by:</b>                   | <b>03/30/2010</b> | <b>32</b>     | <b>89%</b>    |

#### Immunizations NOT Complete

| Immunization Status   | # of patients | % of patients |
|---|---------------|---------------|
| Missed opportunities to administer vaccine (as defined in report criteria)      | 3             | 8%            |
| No missed opportunities but NOT eligible for immunization as of assessment date | 0             | 0%            |
| No missed opportunities; eligible; last visit <12 months ago                    | 1             | 3%            |
| No missed opportunities; eligible; last visit >= 12 months ago                  | 0             | 0%            |
| <b>Total patients not complete by assessment date</b>                           | <b>4</b>      | <b>11%</b>    |

#### Bring Patients Up-To-Date

Of patients NOT complete, # of patients who could be brought up-to-date with 1 additional visit: 1 of 4

| Immunizations Needed                                       | # of patients | % of patients |
|--|---------------|---------------|
| 1  | 1             | 3%            |
| 2  | 0             | 0%            |
| 3  | 0             | 0%            |
| 4+   | 0             | 0%            |
| <b>Total patients up-to-date with one additional visit</b> | <b>1</b>      | <b>3%</b>     |

NQF # 0091  
 Title: COPD: spirometry evaluation  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): American Medical Association - Physician Consortium for Performance Improvement  
 Description: Percentage of patients with COPD who had a spirometry evaluation documented

**COPD Patients w/Spirometry in last year**

**11/01/2009 to 10/31/2010**

| HPCHC                 | COPD Pts | Percent | Goal |
|-----------------------|----------|---------|------|
| COPD Patients         | 157      |         |      |
| COPD Pts W/Spirometry | 107      | 68%     | 75%  |

| PCP | COPD Pts | W/Spirometry | %    | Goal |
|-----|----------|--------------|------|------|
| F   | 1        | 1            | 100% | 75%  |
| S   | 14       | 13           | 93%  | 75%  |
| I   | 8        | 6            | 75%  | 75%  |
| C   | 7        | 5            | 71%  | 75%  |
| T   | 13       | 9            | 69%  | 75%  |
| E   | 15       | 10           | 67%  | 75%  |
| C   | 26       | 17           | 65%  | 75%  |
| E   | 55       | 35           | 64%  | 75%  |
| B   | 18       | 11           | 61%  | 75%  |

NQF # 0575  
 Title: Comprehensive Diabetes Care: HbA1c control (<8.0%)  
 Status: Endorsed  
 Endorsed on: DEC 04, 2009  
 Steward(s): National Committee for Quality Assurance  
 Description: The percentage of members 18 - 75 years of age with diabetes (type 1 and type 2) who had HbA1c control (<8.0%).

**Federal Health Plan Goal - DIABETES (A1c Control)**

**Increase the % of patients with diabetes age 18-75 whose last A1c is <= 8%**

**DUE 7/31/2011**

**10/31/2010**

**Baseline 7/1/2010 = 63%**

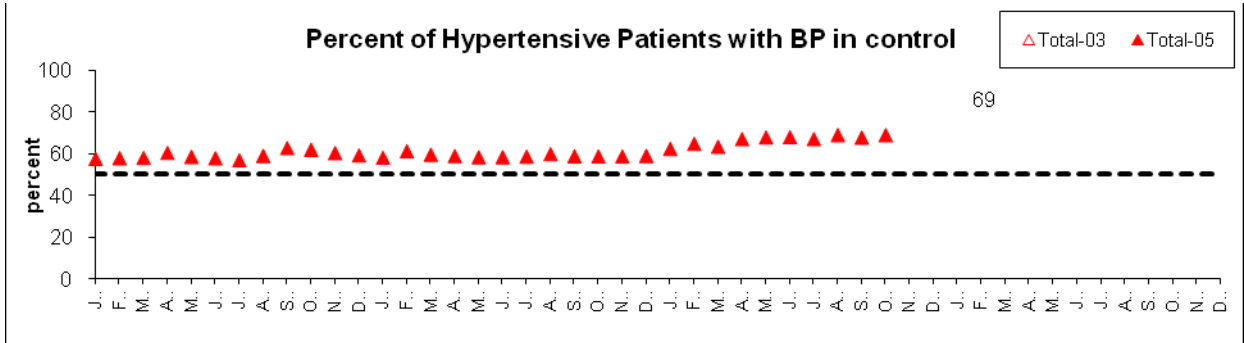
|                       |     |                    |             |
|-----------------------|-----|--------------------|-------------|
| DM Patients           | 403 | <b>Current HPC</b> | <b>GOAL</b> |
| Patients with A1c <=9 | 291 | <b>72%</b>         | <b>80%</b>  |

| PCP | # of Pts | %          |
|-----|----------|------------|
| L   | 62       | <b>81%</b> |
| C   | 53       | 77%        |
| E   | 116      | 76%        |
| T   | 31       | 74%        |
| C   | 21       | 71%        |
| E   | 41       | 71%        |
| E   | 42       | 60%        |
| H   | 37       | 54%        |

| POD | # of Pts | %   |
|-----|----------|-----|
| POD | 231      | 77% |
| POD | 172      | 65% |

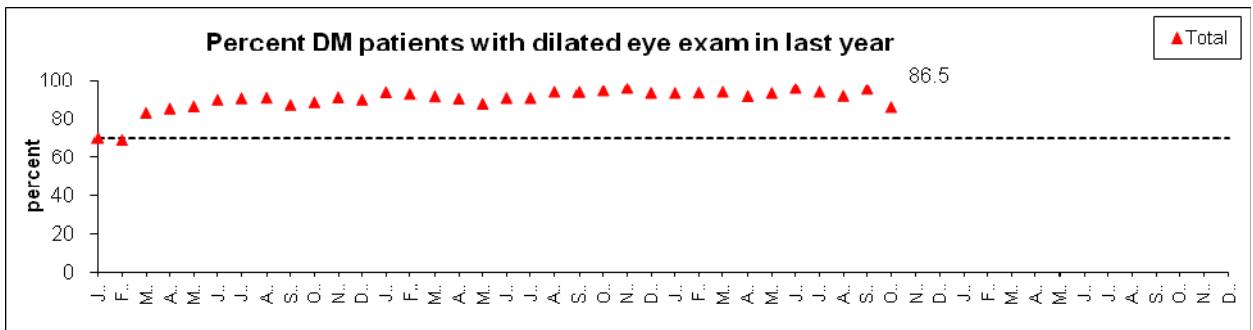
NQF # 0018  
 Title: Controlling High Blood Pressure  
 Status: Endorsed  
 Endorsed on: SEP 12, 2010  
 Steward(s): National Committee for Quality Assurance

Description: The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. Use the Hybrid Method for this measure.



NQF # 0055  
 Title: Diabetes: Eye exam  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): National Committee for Quality Assurance

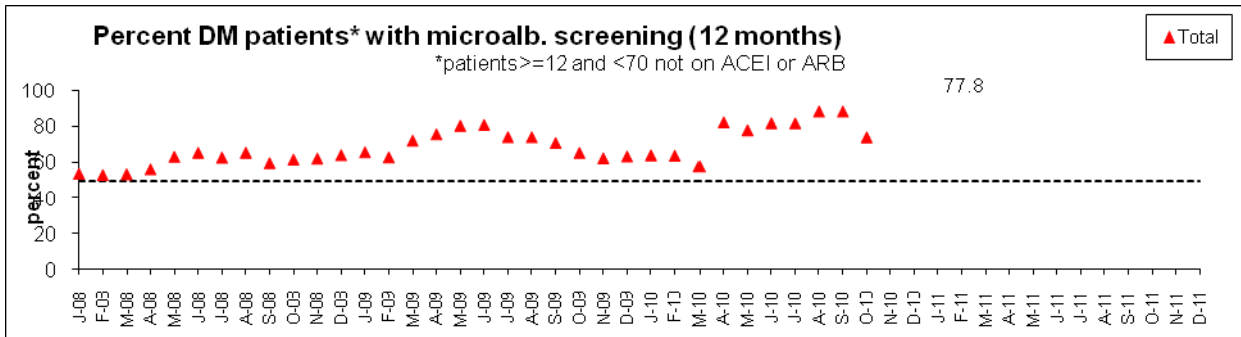
Description: Percentage of adult patients with diabetes aged 18-75 years who received a dilated eye exam or seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist or imaging validated to match diagnosis from these photos during the reporting year, or during the prior year, if patient is at low risk\*\* for retinopathy  
 \*\*Patient is considered low risk if the following criterion is met: has no evidence of retinopathy in the prior year





NQF # 0062  
 Title: Diabetes: Urine protein screening  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): National Committee for Quality Assurance

Description: Percentage of adult diabetes patients aged 18-75 years with at least one test for microalbumin during the measurement year or who had evidence of medical attention for existing nephropathy (diagnosis of nephropathy or documentation of microalbuminuria or albuminuria)



NQF # 0059  
 Title: Hemoglobin A1c management  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): National Committee for Quality Assurance

Description: Percentage of adult patients with diabetes aged 18-75 years with most recent A1c level greater than 9.0% (poor control)

**DIABETES (Poor A1c Control)**

Maintain the % of patients with diabetes age 18-75 whose last A1c is > 9 under 15%

**DUE 7/31/2011**

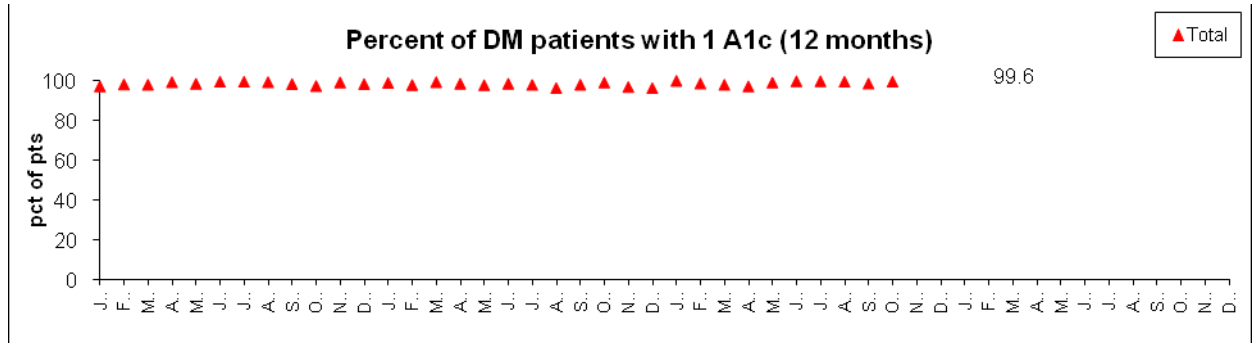
10/31/2010 Baseline 7/1/2010 = 12%

|                       |     |             |      |
|-----------------------|-----|-------------|------|
| DM Patients           | 441 | Current HPC | GOAL |
| Patients with A1c <=9 | 61  | 14%         | <15% |

| PCP | # of Pts | %   |
|-----|----------|-----|
| R   | 21       | 29% |
| r   | 43       | 21% |
| P   | 40       | 18% |
| L   | 46       | 15% |
| T   | 34       | 15% |
| C   | 59       | 14% |
| E   | 129      | 12% |
| E   | 69       | 6%  |

| POD | # of Pts | %   |
|-----|----------|-----|
| POD | 184      | 18% |
| POD | 257      | 11% |

NQF # 0057  
 Title: Hemoglobin A1c testing  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): National Committee for Quality Assurance  
 Description: Percentage of adult patients with diabetes aged 18-75 years receiving one or more A1c test(s) per year



NQF # 0617  
 Title: High Risk for Pneumococcal Disease - Pneumococcal Vaccination  
 Status: Endorsed  
 Endorsed on: DEC 04, 2009  
 Steward(s): ActiveHealth Management  
 Description: Percentage of patients age 5-64 with a high risk condition or age 65 years and older who received the pneumococcal vaccine

**Federal Health Plan Goal - PNUEMOVAX**

**Increase the % of adults 65+ with appropriate pneumovax coverage to 80%.**

**DUE 7/31/2010**

**10/31/2010**

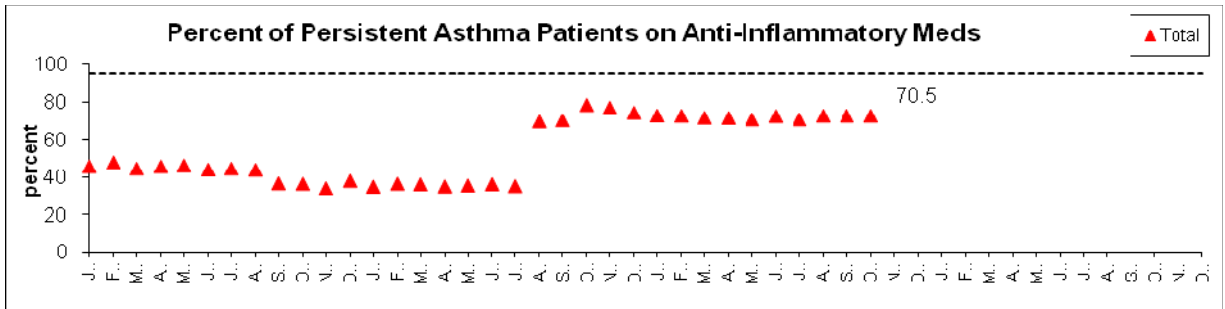
|                  |     |                    |             |
|------------------|-----|--------------------|-------------|
| Pts 65 and older | 354 | <b>Current HPC</b> | <b>GOAL</b> |
| Pts w/ Pnuemovax | 287 | <b>81%</b>         | <b>80%</b>  |

| PCP   | # of Pts | %    | POD   | # of Pts | %    |
|-------|----------|------|-------|----------|------|
| F     | 2        | 100% | C     | 1        | 100% |
| E     | 84       | 88%  |       | 2        | 100% |
| G     | 65       | 85%  | C     | 212      | 85%  |
| E     | 63       | 81%  |       | 134      | 76%  |
| E     | 20       | 80%  | Other | 5        | 40%  |
| C     | 41       | 78%  |       |          |      |
| H     | 20       | 75%  |       |          |      |
| C     | 19       | 74%  |       |          |      |
| T     | 34       | 74%  |       |          |      |
| Other | 6        | 50%  |       |          |      |

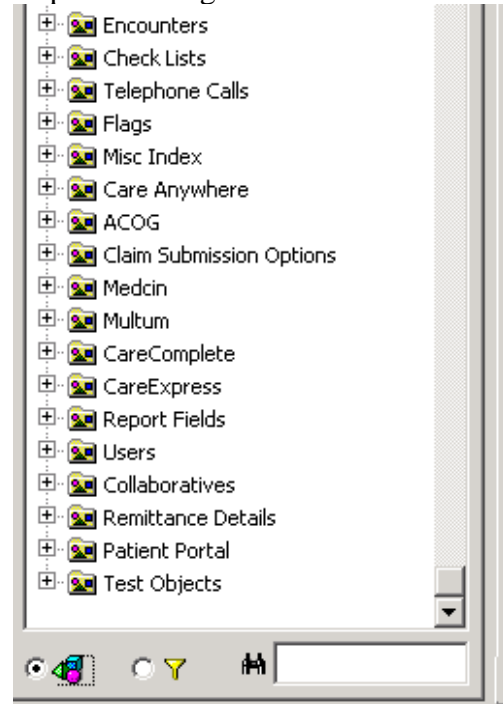
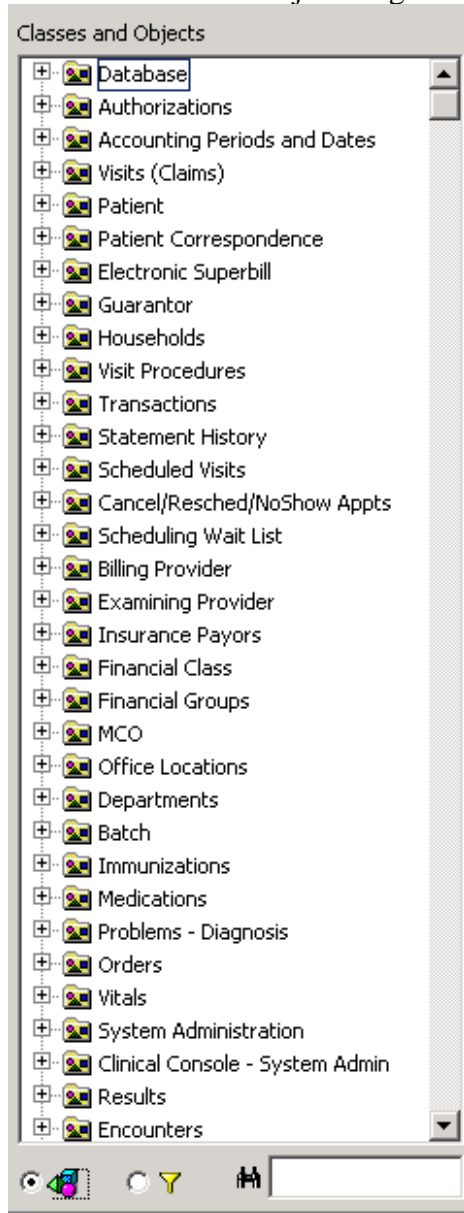
NQF # 0492  
 Title: Participation in a Practice-based or individual Quality Database Registry with a standard measure set.  
 Status: Time-Limited Endorsed  
 Endorsed on: AUG 29, 2008  
 Steward(s): Centers for Medicare & Medicaid Services  
 Description: This Registry should be capable of  
 a. generating population based reports relating to published guideline goals or benchmarking data  
 b. providing comparisons to the practitioner  
 c. providing feedback that is related to guideline goals  
 d. capturing data for one or more chronic disease conditions (i.e. diabetes) or preventive care measures (i.e. USPTF recommendations) for all patients eligible for the measures

**EHS meets all the requirements for NQF#0492**

NQF # 0036  
 Title: Use of appropriate medications for people with asthma  
 Status: Endorsed  
 Endorsed on: AUG 10, 2009  
 Steward(s): National Committee for Quality Assurance  
 Description: Percentage of patients who were identified as having persistent asthma during the measurement year and the year prior to the measurement year and who were dispensed a prescription for either an inhaled corticosteroid or acceptable alternative medication during the measurement year



EHS allows us the ability to use Business Objects to report on a wide variety of items. We have the expertise in-house to build reports based on very specific guidelines. EHS includes queries associated with standard diagnosis (ICD) and procedure (CPT) codes, prescribed medications, lab tests and results, radiology tests and results, vital signs and more. Here are the major categories available for report building:



Here is a sample query. You just drag from the list on the left and drop on the right. The top section is for the results you want in your report. The bottom section is the selection conditions for the query.

