## Clinical Outcome Plan

### Clinical Outcome Data and Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale For Indicator</th>
<th>(Criteria)</th>
<th>2020 UDS</th>
<th>2019 State Avg</th>
<th>2019 Nat. Avg</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Staff Satisfaction</strong>&lt;br&gt;Maintain a high level of staff satisfaction and competence</td>
<td>If staff are satisfied with their jobs, they will be able to deliver effective patient care.</td>
<td>At least 80% of staff will be surveyed</td>
<td>90%</td>
<td>See report</td>
<td>Na</td>
<td>Na</td>
</tr>
<tr>
<td><strong>2. Patient Satisfaction</strong>&lt;br&gt;Maintain a high level of patient satisfaction with primary care services</td>
<td>If patients are satisfied with their primary health care, they will be more likely to return for follow up visits and thus maintain a healthier life</td>
<td>90%</td>
<td>See report</td>
<td>Na</td>
<td>Na</td>
<td>Continue to monitor yearly</td>
</tr>
</tbody>
</table>
| **3. Entry into prenatal care**<br>Report the total number of patients who received or were referred for prenatal care services at any time during the reporting period by age group. Percentage of prenatal care patients who entered prenatal care during their first trimester. | • If women enter care in their first trimester then the probability of adverse birth outcome will be reduced.  
• Proportion of prenatal care patients who entered treatment during their first trimester. Trimester of first known visit for women receiving prenatal care during reporting period  
• Women who have had prenatal care initiated; this does not include: when found to be pregnant, when she registers for care at the center, has lab test, psycho-social or nutritional assessment done, or history take.  
• Entry into prenatal care occurs when the patient has had a visit with a physician or non-physician provider at the health center or with a referral provider who initiates prenatal care with a complete prenatal exam | 65% | 69% | 68.81% | 73.81% | Continue to monitor |
| **4. Childhood Immunizations**<br>Children who have received age appropriate vaccines prior to their 2nd birthday during measurement year (on or prior to 31 December). | If children receive their vaccinations in a timely fashion then they will be less likely to contract vaccine preventable disease or to suffer from the sequel of these diseases. | All children who  
– turned 2 years in the reporting year AND  
– who had at least one medical visit in reporting year AND  
– were first ever seen prior to their 2nd birthday | 40% | 38.23% | 39.75% | Work with providers regarding immunizations  
Pedi NP to be a champion of all measures regarding children  
Sub-Committee will work on new processes to improve rates |
## Clinical Outcome Plan
### Clinical Outcome Data and Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale For Indicator</th>
<th>(Criteria)</th>
<th>Benchmark</th>
<th>2020 UDS</th>
<th>2019 State Avg</th>
<th>2019 Nat. Avg</th>
<th>Action Plan</th>
</tr>
</thead>
</table>
| 5. **Cervical Cancer Screening**- Female patients 23–64 years of age who were screened for cervical cancer using either of the following criteria:  
- women age 23-64 who had cervical cytology performed every 3 years  
- women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years | If women receive Pap tests as recommended, then early detection and treatment of abnormalities can occur and they will be less likely to suffer adverse outcomes from HPV infection and cervical cancer.  
- All women  
  – aged 23 – 64 AND  
  – with at least one medical visit in a health center clinic during the reporting year AND  
  – who were first seen before age 65 AND  
  – excluding women with hysterectomy and have no residual cervix  
- If Pap is done at another clinic, a copy of the report is required or a chart note which documents the name, date, and results from a test performed by another provider which is based on communications between the clinic and the provider | 55% | 42% | 58.15% | 56.53% | - Subcommittee continues to work on this issue  
- New grant to help pay for pap smears |
| 6. **Breast Cancer Screening**- Percentage of women 50-74 year of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period. | Early breast cancer detection is imperative for better health outcomes.  
- All female patients 51 years and through 73 years of age  
- Had a medical visit during measurement period  
Exclusion:  
- Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy  
- Patients on hospice care  
- Patients aged 66 or older who were living long-term in an institution for more than 90 days during measurement period  
- Patient aged 66 and older with advanced illness and frailty. | 40% | 33% | Na | Na | Compare to UDS 2020 state and national average when available. |
## Clinical Outcome Plan

### Clinical Outcome Data and Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale For Indicator</th>
<th>(Criteria)</th>
<th>Benchmark</th>
<th>2020 UDS</th>
<th>2019 State Avg</th>
<th>2019 Nat. Avg</th>
<th>Action Plan</th>
</tr>
</thead>
</table>
| 7. **Weight assessment and counseling for Children and Adolescents**     | If clinicians ensure that their patients’ body mass indicator (BMI) percentile is recorded, and if patients (and parents) are counseled on nutrition and physical activity (regardless of the patient’s weight), then the likelihood of obesity and its sequela will be reduced.                                                                                      | • Patients aged 3-17 years of age  
• Were first seen here prior to their 17th birthday and  
• Had at least one medical visit within the year of the review date  
**Exclude:** pregnant adolescents | 75%       | 74%       | 73.85%                      | 71.21%                      | Educate provider about measure and ensure all are using MSSP education statement  
- Ensure data report is pulling all data from areas that a provider might document |
| 8. **Adult weight screening and follow-up**                             | If clinicians routinely calculate and record the BMI for their adult patients, and if they identify patients with weight problems and develop a follow-up plan for overweight and underweight patients, then the likelihood of the debilitating sequela of serious weight problems can be reduced.                                                                                                           | • Patient 18 years old or older  
• Were last seen after their 18th birthday and  
• Had at least one medical visit within a year of review date  
**Exclude:** pregnant patients or terminally ill patients, palliative care, patients who refuse measurements, patients with a documented medical reason including: elderly where weight loss would complicate underlying health conditions such as illness or physical disability, mental illness, dementia, confusion, nutritional deficiency. | 80%       | 95%       | 79.23%                      | 72.43%                      | Ensure providers using obesity statement created for this measure |
| 9. **Tobacco Use Assessment and Tobaccos Cessation**                     | If patients are routinely queried about their tobacco use and are provided with effective cessation counseling and pharmacologic intervention if they are tobacco users, then patients will be more likely to quit using tobacco and will therefore have a lower risk of cancer, asthma, emphysema, and other tobacco related illnesses.                                                                                                               | • Patients 18 years and older  
• Were last seen after their 18th birthday and  
• Used any form of tobacco including smoked and smokeless tobacco.  
• Had at least 2 visits or at least one preventive visit in measurement year  
**Exclusions:** Patient records with documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)                                                                                   | 90%       | 94%       | 88.93%                      | 87.17%                      | Education material in all rooms that nursing will provide to smoker educating about cessation |
### Clinical Outcome Plan

#### Clinical Outcome Data and Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale For Indicator</th>
<th>(Criteria)</th>
<th>Benchmark</th>
<th>2020 UDS</th>
<th>2019 State Avg</th>
<th>2019 Nat. Avg</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. Statin Therapy</strong></td>
<td>If clinicians ensure that patients with established coronary artery disease and high lipid levels receive lipid lowering therapy, then the likelihood of CAD related clinical events will be reduced.</td>
<td>• Seen after their 18th birthday&lt;br&gt;• Had at least 1 medical visit within the year of review date and had at least 2 visits ever&lt;br&gt;• Diagnosis of CAD</td>
<td>70%</td>
<td>67%</td>
<td>71.47%</td>
<td>70.09%</td>
<td>Supply list to providers of patients who do not meet the measure.</td>
</tr>
<tr>
<td><strong>11. Ischemic Vascular Disease (IVD) Aspirin Therapy</strong></td>
<td>If there is less uncontrolled IVD, then there will be less cardiovascular damage, less heart attacks, less organ damage and the likelihood of its sequel will be reduced.</td>
<td>• Adults 18 and older&lt;br&gt;• Discharged with AMI or CABG or PTCA or&lt;br&gt;• Have a diagnosis of IVD and Documentation of Aspirin use or Other antithrombotic agent during the measurement year.</td>
<td>80%</td>
<td>79%</td>
<td>77.63%</td>
<td>80.78%</td>
<td>Continue to monitor</td>
</tr>
</tbody>
</table>

---

**Combest Policy 4C.01**
Attachment G
Page 4 of 7
02/02/2021
# Clinical Outcome Plan

## Clinical Outcome Data and Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale For Indicator</th>
<th>(Criteria)</th>
<th>Benchmark</th>
<th>2020 UDS</th>
<th>2019 State Avg</th>
<th>2019 Nat. Avg</th>
<th>Action Plan</th>
</tr>
</thead>
</table>
| 12. Colorectal Cancer Screening | Percentage of patients aged 50 to 75 who had appropriate screening for colorectal cancer. | If patients 50 to 75 years old receive appropriate colorectal screening, then early intervention is possible and premature death can be averted. | • Patients 50-75  
• Had at least 1 medical visit during reporting year  
• < 10 years since last colonoscopy or  
• < 5 years since sigmoidoscopy or  
• < 1 year since annual fecal blood test (FOBT) or FIT test. Excluding patients who have had colorectal cancer or colectomy | 33% | 27% | 38.64% | 45.56% | -Create PDCA cycle-continue in 2021  
-subcommittee continue work  
-1 sample fit test in process  
-use of cologuard if possible |
| 13. HIV linkage to care after diagnosis | Percentage of patients newly diagnosed with HIV who were seen for follow up treatment within 90 days of first-ever HIV diagnosis | If patients found to be HIV positive are seen for follow-up care within 90 days of initial HIV diagnosis, then the probability of HIV-related complications and transmission of disease are reduced. | • All patients, regardless of age:  
– diagnosed for the first time ever with HIV in reporting year AND  
– who had at least one medical visit during the reporting year  
• No exclusions | 85% | 0% | 90.84% | 87.21% | Continue to monitor |
| 14. HIV Screening | Percentage of patients aged 15-65 at the start of the measurement period who were between 15-65 years old when tested for HIV. | Early diagnosis of HIV is imperative for better health outcomes and early medication treatments. | • Patients aged 15-65 years of age  
-had one outpatient medical visit during measurement year  
-has documentation in medical record of test and results Exclusion: patient diagnosed with HIV prior to the start of the measurement period | Na | 28% | Na | Na | Compare to UDS 2020 state and national average when available. |
| 15. Depression Screening | Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND if the screen if positive, a follow up plan is documented on the date of the positive screen. | If patients age 12 and older are routinely screened for depression and are provided with a follow-up plan if they are screened as positive, then they will be more likely to receive needed treatment and less likely to suffer from the sequela of depression. | • Patients 12 years and older  
• At least one medical visit during the reporting year Exclusions:  
• Patients who refuse to participate, who are in urgent or emergent situations  
• Patients whose functional capacity or motivation to improve affects the accuracy of results  
• Patients with an active diagnosis for depression or a diagnosis of bipolar disorder, who refuse to participate, who are in urgent situations where screening may delay treatment, and whose functional capacity to improve may impact the accuracy of results. | 85% | 91% | 73.63% | 71.61% | Continue to monitor quarterly  
-remind providers about process and coding |
# Clinical Outcome Plan

## Clinical Outcome Data and Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale For Indicator</th>
<th>(Criteria)</th>
<th>Bench mark</th>
<th>2020 UDS</th>
<th>2019 State Avg</th>
<th>2019 Nat. Avg</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16. Depression Remission</strong>&lt;br&gt;Percentage of patients aged 12 years and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.</td>
<td>By identifying patients not in remission the provider can determine if other treatments are necessary to ensure positive mental health outcomes</td>
<td>Patients aged 12 years and older with a diagnosis of major depression or dysthymia and an initial PHQ9 or PHQA score greater than 9 during the index event - one medical visit - 12 months (+/- 60 days) has PHQ9 or PHQA less than 4</td>
<td>Na</td>
<td>33%</td>
<td>NA</td>
<td>NA</td>
<td>Compare to UDS 2020 state and national average when available.</td>
</tr>
<tr>
<td><strong>17. Deliveries and low birth weight</strong>&lt;br&gt;Percentage of babies of health center prenatal care patients born whose birth weight was below normal (less than 2,500 grams).</td>
<td>If there are fewer low birth weight children born, then there will be fewer children who suffer the multiple negative sequel of low birth weight, such as: delayed or diminished intellectual and/or physical development.</td>
<td>Total number of live births during the reporting period for women who receive prenatal care from the health center or a referral provider during the reporting period, according to the appropriate birth weight group - Birth weight groups include: very low birth weight is a birth weight less than 1500 grams at birth, low birth weight is a birth weight was 1500 grams through 2499 grams, normal birth weight is a birth weight of equal to or greater than 2500 grams.</td>
<td>&lt; 10%</td>
<td>5%</td>
<td>8.18%</td>
<td>8.05%</td>
<td>Continue to monitor</td>
</tr>
<tr>
<td><strong>18. Controlled Hypertension</strong>&lt;br&gt;Percentage of patients aged 18 to 85 years of age, with diagnosed hypertension (HTN) whose blood pressure (BP) was adequately controlled (less than 140/90mmHg) at the time of the last reading</td>
<td>If there is less uncontrolled hypertension, then there will be less cardiovascular damage, few heart attacks, less organ damage later in life</td>
<td>Patients aged 18-85 years old - Been diagnosed with HTN Excluding dialysis, renal transplant, stage 5 renal disease, pregnancy, ESRD, pregnancy</td>
<td>65%</td>
<td>60%</td>
<td>61.99%</td>
<td>64.62%</td>
<td>Re-educate regarding second blood pressures when out of compliance and where that data should be entered</td>
</tr>
</tbody>
</table>
### Clinical Outcome Plan

#### Clinical Outcome Data and Benchmarks

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale For Indicator</th>
<th>(Criteria)</th>
<th>Benchmark</th>
<th>2020 UDS</th>
<th>2019 State Avg</th>
<th>2019 Nat. Avg</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. <strong>Uncontrolled Diabetes</strong>&lt;br&gt;Proportion of adult patients 18 to 75 years of age, with a diagnosis of Type I or Type II diabetes, whose most recent hemoglobin A1c (HbA1c) during the measurement year was greater than 9%, or was missing a result, or if an HbA1c test was not done during the measurement year&lt;br&gt;<strong>Rationale For Indicator</strong>&lt;br&gt;If there is less uncontrolled diabetes then there will be fewer amputations, less blindness, less organ damage later in life&lt;br&gt;<strong>Exclude:</strong> patients with a diagnosis of secondary diabetes due to another condition&lt;br&gt;<strong>Patients aged 18-75 years old</strong>&lt;br&gt;<strong>Have a diagnosis of diabetes</strong>&lt;br&gt;<strong>Exclude:</strong> patients with a diagnosis of secondary diabetes due to another condition</td>
<td><strong>Patients aged 18-75 years old</strong>&lt;br&gt;<strong>Have a diagnosis of diabetes</strong>&lt;br&gt;<strong>Exclude:</strong> patients with a diagnosis of secondary diabetes due to another condition</td>
<td>&lt;30%</td>
<td>40%</td>
<td>35.74%</td>
<td>31.95%</td>
<td>Identify those &gt; 9% and discuss entry into IPCP program&lt;br&gt;-send reminders to providers and clinic directors of those with no A1C&lt;br&gt;-use new report to help providers&lt;br&gt;-Site visit quality action plan</td>
<td></td>
</tr>
<tr>
<td>20. <strong>Adolescent Immunizations</strong>&lt;br&gt;The percentage of adolescents 13 years of age who had the recommended immunizations by their 13th birthday&lt;br&gt;<strong>Rationale For Indicator</strong>&lt;br&gt;Ensuring proper immunizations of adolescents can prevent outbreaks of preventable diseases such as diphtheria, pertussis, and some cancers.&lt;br&gt;<strong>All males and female patients age 13</strong>&lt;br&gt;<strong>Had at least two medical visit in the last year</strong>&lt;br&gt;<strong>Will have had:</strong>&lt;br&gt;• 1 meningococcal; 2-3 HPV; 1 Tdap</td>
<td>All males and female patients age 13&lt;br&gt;Had at least two medical visit in the last year&lt;br&gt;Will have had:&lt;br&gt;• 1 meningococcal; 2-3 HPV; 1 Tdap</td>
<td>60%</td>
<td>57%</td>
<td>Na</td>
<td>Na</td>
<td>Continue to monitor</td>
<td></td>
</tr>
<tr>
<td>21. <strong>Fluoride Treatment</strong>&lt;br&gt;Patients 6 months to 35 months will receive fluoride treating during their well-child check up&lt;br&gt;<strong>Rationale For Indicator</strong>&lt;br&gt;If children receive fluoride treatment there will be a reduction of dental caries.&lt;br&gt;<strong>Children 6 months to 35 months</strong>&lt;br&gt;<strong>In for a well-child exam</strong></td>
<td>Children 6 months to 35 months&lt;br&gt;In for a well-child exam</td>
<td>40%</td>
<td>88%</td>
<td>Na</td>
<td>Na</td>
<td>Continue to monitor</td>
<td></td>
</tr>
<tr>
<td>22. <strong>Flu Vaccine</strong>&lt;br&gt;All patients of the LCCHWC will be offered an annual flu vaccination&lt;br&gt;<strong>Rationale For Indicator</strong>&lt;br&gt;If all patients are offered the yearly flu vaccine then there will be less complications or hospitalizations.&lt;br&gt;<strong>All patients</strong></td>
<td>All patients</td>
<td>60%</td>
<td>23%</td>
<td>Na</td>
<td>Na</td>
<td>Add flu information to the rooms</td>
<td></td>
</tr>
</tbody>
</table>

Revised and Updated 12/2018
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rationale For Indicator</th>
<th>(Criteria)</th>
<th>Benchmark</th>
<th>2020 State Avg</th>
<th>2019 Nat. Avg</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. <strong>Texas Health Steps</strong>- Increase the percentage of pediatric patients 2-20 years of age who receive a complete THS according to current periodicity schedule to include: • Complete history • Nutritional screening • Developmental surveillance to include: o Review of milestones o ASQ, ASQ:SE, or PEDS o M-CHAT • Mental Health: Psychosocial/Behavioral Health Screening • TB questionnaire with skin test if risk identified • Unclothed physical examination • Measurements to include: o Length o Height o Weight o BMI o Fronto-occipital circumference o Blood pressure • Vision to include: o Visual acuity o Subjective vision • Hearing to include: o Newborn hearing test o (OAE or ABR o Audiometric screening o Subjective hearing • Dental referral • Screen/administer immunizations according to ACP guidelines • Laboratory tests to include: o Newborn screening panel o Blood lead screening o Anemia o Hyperlipidemia o Type 2 diabetes • Health education/anticipatory guidance</td>
<td>If pediatric patients have a complete Texas Health Steps Exam there will be early detection and treatment of problems, if they arise. • Pediatric patients 2-20 years of age • Enrolled in Texas Health Steps • Documentation a complete THS per periodicity schedule</td>
<td>80%</td>
<td>87%</td>
<td>na</td>
<td>na</td>
<td>Educate providers on THS requirements -educate staff on importance of each part of the THS</td>
</tr>
</tbody>
</table>