“UDS Mapper”
A new geo/demographic tool

Interpreting the UDS:
Using the 2009 Feedback Reports

Objectives:

- To learn about the new UDS-Mapper tool, now available to grantees
- To learn about the new 2009 UDS Feedback Package and how to use it for program improvement
The UDS-Mapper Tool

Introduction to the UDS Mapper
What is the UDS Mapper?

- Online mapping tool for exploring maps and data related to FQHC service area issues
  - Developed by the AAFP’s Robert Graham Center, as part of the HealthLandscape mapping platform
  - Provides on-line access to maps, data, and analyses developed by John Snow, Inc. (JSI) for the BPHC (produced annually)
- A mapping and decision support tool driven primarily from data within the Uniform Data System (UDS)
  - Combines health center patient origin data to community/population data and shows spatial relationships between the program, community attributes and other resources
  - Used to identify market share, patient penetration, unmet need and potential for service area overlap

Why is zip code data important?

- Grantees report patients by zip code in UDS
  - Patient counts are for Grantee overall
    - Not broken out by service, demographics, or site
  - Must tie to overall patient count
    - Provisions for Homeless/Migrant patients
    - Option to report ‘Other Zip Codes’ with < 10
    - Nearly total compliance - patient registry data
- Data Analysis
  - Grantee Reports Patients by Zip Code ➔ Total FQHC Patients by Zip Code (Threshold of 10 patients per zip seen by grantee to be included)
  - Zip Code ➔ Census Zip Code Tabulation Areas (ZCTAs)
  - Calculations done at the ZCTA level ➔ Aggregate Results (captured in mapping and export utilities)
How do you access the Mapper?

- UDS Mapper can be accessed at [http://www.udsmapper.org](http://www.udsmapper.org)
  - Publicly accessible but requires a login
    - Click ‘Register’ to request a user name and password
    - Login will be emailed to you once authorized

Using the UDS Mapper
Uses of the UDS Mapper Tool

- Visualize relationship between patients, population, and health services
- Identify potential areas of need and quantify potential resources needed
- Explore relationship with nearby grantees
- Plan for growth or changes in service delivery network
- Generate maps and data for grant applications and other presentations

UDS Mapper Layers

- **Main Map Layers:**
  - Grantee Dominance (which grantee do most patients go to)
  - FQHC Penetration (low income & total pop.)
  - ‘Unserved’ low income population
  - Count of grantees serving the area
  - Change in patients served (1&2 year)
  - Key Census Demographics
UDS Mapper Layers

- Grantee Dominance *(which grantee do most patients go to)*

- FQHC Penetration *(low income and total population)*
UDS Mapper Layers

- ‘Unserved’ low income population

Low Income Not Served by Grantees

UDS Mapper Layers

- Change in patients served
**UDS Mapper Layers**

- Optional Layers:
  - Grantee & Service Delivery Site locations
  - Other federally-linked provider locations:
    - NHSC, FQHC-LA, RHC, IHS, Critical Access Hospitals, etc.
  - HPSA & MUA/MUP boundaries
  - Census boundaries/roads
  - Background maps/satellite images

**UDS Mapper Functionality**

- Combine layers to show the map elements of interest
- Identify map elements and get descriptive information
- Geocode address to point on map
- Define custom service areas
  - On screen select, zip code list, or buffer around point
- Export aggregate service area statistics to spreadsheet for analysis
- Customize the map with drawn elements and labels
- Export map to PDF or create URL to share via the web
Example 1: Analyze Community Need/Service Expansion

- Explore pockets of FQHC unserved low-income residents
  - Proportion of low income unserved (Penetration rate)
  - Quantity of unserved individuals
- Evaluate community factors
  - Consider socio-economic factors (poverty, minority population)
  - Identify coherent neighborhoods that match your area
  - Explore travel routes and distance from providers
- Identify other federally-linked providers in area
  - FQHC sites: for support/collaboration (patients already included)
    - Dominant grantee shows most prevalent FQHC destination
  - RHC, LAL, IHS, Hospitals: for collaboration and potential capacity
    - How much of the need might others be serving currently?
- Examine recent trend in FQHC patients
  - What is driving big increases/decreases?

Example 2: Assessing a NAP

- Identify site location
  - Geocode location utility included in Mapper
- Determine service area that is rational for the site
  - Rule of thumb: Where will 80% of patients live?
  - Not overly large/small
  - Forms buffer around site or follows major travel routes
  - Targets area of greatest need
- Consider NAP capacity (FTE or target for new patients)
  - Consider 1100:1 ratio (UDS pop:provider FTE) to estimate capacity in terms of physicians
  - Determine if added capacity will raise questions about unmet need
- Identify role of other federally-linked providers in area
  - Assess contribution of non-FQHC providers
  - Determine/describe potential collaboration efforts
  - Explain big increases / decreases in FQHC patients
Other Tools

- Can be exported to Excel
- Excel spreadsheet available to present/calculate data generated from UDS Mapper

<table>
<thead>
<tr>
<th>Line #</th>
<th>Sample Data</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Service Area Total Population</td>
<td>177,297</td>
</tr>
<tr>
<td>2</td>
<td>Current (2000) FQHC Patients</td>
<td>58,573</td>
</tr>
<tr>
<td>3</td>
<td>FQHC Penetration Rate - Total Pop</td>
<td>16%</td>
</tr>
<tr>
<td>4</td>
<td>FQHC Penetration Rate - Low Income Pop</td>
<td>50%</td>
</tr>
<tr>
<td>5</td>
<td>Total Pop Target %</td>
<td>6.003</td>
</tr>
<tr>
<td>6</td>
<td>% FQHC Uninsured Total Pop Targeted</td>
<td>3%</td>
</tr>
<tr>
<td>7</td>
<td>Service Area Low-Income Pop</td>
<td>36,020</td>
</tr>
<tr>
<td>8</td>
<td>Current FQHC Penetration Rate - Low Income Pop</td>
<td>10%</td>
</tr>
<tr>
<td>9</td>
<td>Current FQHC Penetration Rate - Low Income Pop</td>
<td>10%</td>
</tr>
</tbody>
</table>

Qualifying Factors

- Patient counts are from FQHC Grantees only
  - Other fed-linked providers assessed by location only
  - No info on providers without federal connections
- Numerator is always all FQHC patients in zip code
  - Can exceed 100% if many non-low-income served
  - Not well suited to assessing special populations or non-medical services
- Denominator is Census 2000 population
  - Old data. Can use ACS estimates to justify increase if needed
  - Assumes 100% of population seeks care each year
  - Transient and homeless patients are not in denominator
- Zips not always congruent to ZCTAs
  - Zips not always congruent to ZCTAs
  - Inclusion of ZCTAs related to institutions/PO Boxes
Available Assistance

**Resources:** UDS Mapper Manual, Presentation, Tutorial, and Webinars at [http://www.udsmapper.org](http://www.udsmapper.org)

**Excel Tool at** [http://bphcdata.net/html/bphctraining.html](http://bphcdata.net/html/bphctraining.html)

**UDS Mapper Assistance:** ‘Contact Us' link at [http://www.udsmapper.org/contactus.cfm](http://www.udsmapper.org/contactus.cfm)
- handled by Robert Graham Center staff

**Content related questions:** can be addressed to UDSHelp330@BPHCDATA.NET or 866-UDS-HELP
- handled by JSI staff
Getting Started/Intro Steps

1. Logon to site: http://www.udsmapper.org
2. Enter “O’Fallon, IL” or “62269” and zoom to this location
3. Zoom out slightly using the slide bar to the left
4. Show
   ✓ Mouse over zip codes provides detailed information
   ✓ Legend on left
   ✓ Map Elements on right – main layers, optional layers and background detail
     ▪ Main layers include grantee Dominance; penetration of low income and total population; % change in patient count
     ▪ Optional detail includes ZCTA labels and boundaries, roads, FQHC access points, other federally linked providers
     ▪ Background includes satellite, street, and topographic layers
   ✓ Define Service Area on right – create a service area
Demonstration

Selecting a Service Area and Exporting Data Results

1. Define Service Area
   ✓ Select Zip codes of interest
   ✓ Or define by selecting a buffer (try 5 miles)
     ▪ Unselect some ZCTAs by clicking on the ZCTA once

2. Export population and trend data to analyze
   ✓ Click the ZCTA Data Table on upper right
   ✓ Export to Excel
   ✓ Paste content to UDS Mapper Data Paste worksheet and view Analysis results

The 2009 UDS Feedback Package
Available Reports

- PCAs (from BPHC website)
  - UDS Rollup Report
- Grantees (from EHB)
  - Summary Report
  - Rollup Reports (National and State)
  - Health Center Trend Report
  - Health Center Performance Comparison Report

Health Center Trend Report
Health Center Trend Report

Report is produced for Grantee, State and Nation for same measures

How to Use it

- 16 Performance Measures used by BPHC to monitor program performance
- Must be reported in Grant applications (SAC and BPR)
- Monitor performance
  - Overtime – 3 year trend
  - Against state and national benchmarks
Performance Comparison Report

Also reports cost per visit and cost per patient performance measures
How to Use it

- Limited number of performance measures
- Compares grantee performance against similar peer group
  - Urban/Rural
  - Size of program (total patients)
    - less than 5k, 5-10k, 10-20k, 20-50k, and greater than 50k
  - Number of service sites include administrative
    - 1, 2-5, 6-10, 11-15, 16-20, 21+
  - Special populations: <25%, 25%+

Summary Report
Includes groups of data: Patients, Visits, Staffing, Quality of Care, Costs and Revenues

How to Use it

- Quick summary of key data
- Permits comparison of Grantee performance with State and Nation
  - Help to identify strengths and areas for improvement compared with averages
  - Many measures show gross numbers
    - Comparison of total FTEs, patients, visits not helpful
### TABLE 4: SELECTED PATIENT CHARACTERISTICS

**National Summary for 2009: 1131 Grantees**

<table>
<thead>
<tr>
<th>Income as Percent of Poverty Level</th>
<th>Number of Patients</th>
<th>% of Total</th>
<th>% of Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 100% and Below</td>
<td>10,494,121</td>
<td>53.8%</td>
<td>71.4%</td>
</tr>
<tr>
<td>2. 101 - 150%</td>
<td>2,042,369</td>
<td>10.0%</td>
<td>14.5%</td>
</tr>
<tr>
<td>3. 151 - 200%</td>
<td>1,956,864</td>
<td>9.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>4. Over 200%</td>
<td>1,906,657</td>
<td>9.7%</td>
<td>7.9%</td>
</tr>
<tr>
<td>5. Unknown</td>
<td>4,146,147</td>
<td>22.6%</td>
<td></td>
</tr>
<tr>
<td>6. Total (sum lines 1-5)</td>
<td>18,752,058</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Roll-up of 330 program data in UDS table format with additional information on table.
National Rollup Report

- Includes copies of all UDS tables
  - Shows total in each cell for the nation
  - Also available on the web for the nation
- Data can be found for states on the Web
- Permits grantees to calculate variables which might not be provided in reports
Defined: The value obtained by dividing the sum of a set of quantities by the number of quantities in the set.

% Having First Prenatal Visit in 1st Trimester = Number of patients seen in first trimester as compared to total prenatal patients:

\[
\text{Sum of patients seen in 1st Trimester} \div \text{Sum of total prenatal patients}
\]
Calculating Percentiles

Defined: One of a set of points on a scale arrived at by dividing a group into parts in order of magnitude.

Percentiles

- **Calculated for only those grantees which have the variable being measured**
  - For 1st Trimester in Prenatal Care, we look only at those centers which have reported prenatal care activity
  - **Median**: value which divides those target grantees in half – half have more, half have less.
  - **25th Percentile**: 25% of grantees had a lower value, 75% had a higher value
  - **75th Percentile**: 75% of grantees had a lower value, 25% had a higher value
  - **Grantee Percentile**: Percent of grantee’s whose value was lower for this variable.
Calculating Percentiles - example

### Example:

#### Percentiles

- 25th
- 50th
- 75th

#### Percent of Health Centers

- 59%
- 41%

#### Available on Performance Comparison Report

- Shows change in the raw data and percent over the last two years
- Available on Health Center Trend Report

#### Available on Health Center Trend Report

- Shows “score” on a scale of 0 – 100
- Note that this is from low to high, not from good to bad
  - low number could be good in some situations
- Available on Performance Comparison Report

#### Quality of Care/Health Outcomes

- % Having First Prenatal Visit in 1st Trimester
- % Low and Very Low Birth Weight
- Preventive Screening & Immunizations
- % of Two Year olds immunized
- % of Women with PAP Tests
- Chronic Disease Management
- % Hypertensive Patients with Blood Pressure less than 140/90
- % Diabetic Patients with HbA1c <= 9
- % Diabetic Patients with HbA1c < 7

#### Available on Performance Comparison Report

- Shows change in the raw data and percent over the last two years
- Available on Health Center Trend Report

<table>
<thead>
<tr>
<th>Grantee Percentile</th>
<th>25th</th>
<th>50th</th>
<th>75th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent in 1st Trimester</td>
<td>60%</td>
<td>71%</td>
<td>80%</td>
</tr>
<tr>
<td>Count of Grantees</td>
<td>25th</td>
<td>50th</td>
<td>75th</td>
</tr>
<tr>
<td>Percent in 1st Trimester</td>
<td>59%</td>
<td>41%</td>
<td></td>
</tr>
</tbody>
</table>
Formula Guide

- Provides formulas for all measures
- Format “replicates” the report for which it is providing formulas:
Report may show both the raw number and a percent -- here number of medical patients and % of all patients who received medical care

The formula will do the same

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**Formula Guide**

- One formula guide for both Roll-up report and UDS Report
  - “Sum at each grantee level” and “Sum at National or State Level” is language for Rollup Report
  - Ignore if looking for UDS Report formula

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**UDS Summary Report**

<table>
<thead>
<tr>
<th>Patients</th>
<th>UDS Summary Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>TDA_L9_C4 + TDA_L9_C8</td>
</tr>
<tr>
<td>Number/Percent of Patients who used</td>
<td></td>
</tr>
<tr>
<td>Medical Services</td>
<td>6.1% + TDA_L9_C2 + TDA_L9_C8 + TDA_L9_C4 + TDA_L9_C6</td>
</tr>
<tr>
<td>Dental Services</td>
<td>2.1% + TDA_L9_C2 + TDA_L9_C8 + TDA_L9_C4 + TDA_L9_C6</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>4.6% + TDA_L9_C2 + TDA_L9_C8 + TDA_L9_C4 + TDA_L9_C6</td>
</tr>
</tbody>
</table>

---

**Patients 10 to 75 diagnosed with Type I or Type II diabetes: Most recent rest results**

<table>
<thead>
<tr>
<th>By Race</th>
<th>Total patients with diabetes</th>
<th>Estimated % Patients with HbA1c &lt; 9%</th>
<th>Estimated % Patients with HbA1c &lt; 7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian (3)</td>
<td>T7_L9_CIA + T7_L9_C1B</td>
<td>Sum at each grantee level (T7_L9_CIA + T7_L9_C1B)</td>
<td>Sum at each grantee level (T7_L9_CIA + T7_L9_C1B)</td>
</tr>
<tr>
<td></td>
<td>T7_L9_CIA + T7_L9_C1B</td>
<td>Sum at each grantee level (T7_L9_CIA + T7_L9_C1B)</td>
<td>Sum at each grantee level (T7_L9_CIA + T7_L9_C1B)</td>
</tr>
<tr>
<td></td>
<td>T7_L9_CIA + T7_L9_C1B</td>
<td>Sum at each grantee level (T7_L9_CIA + T7_L9_C1B)</td>
<td>Sum at each grantee level (T7_L9_CIA + T7_L9_C1B)</td>
</tr>
</tbody>
</table>
Formulas Calculated

- Formulas refer to cells in the UDS by naming each cell with its Table number, Line number and column letter
  - Table 6B Line 7 Column A = T6B_L7_CA

Math symbols used:
- + = Add
- - = Subtract
- * = Multiply
- / = Divide
- () perform calculations in () first

Rollups and Tables for Calculating Performance

- To measure how well performing in other areas
  - Not included in standard reports
  - Must manually calculate
  - Use 2007 Reference Guide for examples of additional calculations that can be performed
Using UDS as Diagnostic Tool

Identifying Strengths and Areas for Improvement – Step 1

- Look at the grantee percentile to see where you rank
- Also shows % change from two years ago
  - Are things trending in the right direction??

<table>
<thead>
<tr>
<th>QUALITY OF CARE HEALTH OUTCOMES</th>
<th>2009-2010 Trend</th>
<th>2007-2008 Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Having First Prenatal Visit в 1st Trimester</td>
<td>55%</td>
<td>53%</td>
</tr>
<tr>
<td>% Low and Very Low Birth Weight</td>
<td>16%</td>
<td>17%</td>
</tr>
<tr>
<td>Preventive Screening Immunizations</td>
<td>66%</td>
<td>66%</td>
</tr>
<tr>
<td>% of Women with Pap Test</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Chronic Disease Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Hypertensive Patients with Blood Pressure &lt;= 140/90</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>% Diabetic Patients with Hba1c &gt;= 9</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>% Diabetic Patients with Hba1c &lt; 7</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>2009-2010 Trend</td>
<td>2007-2008 Trend</td>
<td></td>
</tr>
<tr>
<td>Total Number of Patients Served</td>
<td>1,894</td>
<td>1,894</td>
</tr>
<tr>
<td>Partially Served</td>
<td>1,894</td>
<td>1,894</td>
</tr>
<tr>
<td>Fully Served Patients</td>
<td>1,894</td>
<td>1,894</td>
</tr>
<tr>
<td>Quality of Care Health Outcomes</td>
<td>40%</td>
<td>40%</td>
</tr>
</tbody>
</table>
Identifying Strengths and Areas for Improvement – Step 2

- Look at the grantee average compared with comparison group averages for large differences

<table>
<thead>
<tr>
<th></th>
<th>Grantee</th>
<th>ST</th>
<th>National</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>n = 118</td>
<td>n = 1131</td>
<td>n = 594</td>
<td>n = 57</td>
</tr>
<tr>
<td>Sites 25% or more population</td>
<td>n = 57</td>
<td>n = 77</td>
<td>n = 43</td>
<td>n = 1046</td>
</tr>
<tr>
<td>Sites Below 25% population</td>
<td>n = 57</td>
<td>n = 77</td>
<td>n = 43</td>
<td>n = 1046</td>
</tr>
</tbody>
</table>

**COSTS**

<table>
<thead>
<tr>
<th>Costs Per Visits</th>
<th>Total Cost per Total Visits</th>
<th>Medical Cost per Medical Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$131.30</td>
<td>$151.46</td>
</tr>
</tbody>
</table>

- Appropriate peer group may depend on measure: state, national, size, # of service sites, urban/rural, % special pop,
  - When might you use a comparison group?

Identifying Strengths and Areas for Improvement – Step 3

- Remember you must look at interrelatedness of measures

<table>
<thead>
<tr>
<th></th>
<th>Grantee</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 118</td>
<td>n = 1131</td>
</tr>
<tr>
<td></td>
<td>n = 57</td>
<td>n = 77</td>
</tr>
<tr>
<td></td>
<td>n = 1046</td>
<td></td>
</tr>
</tbody>
</table>

**CHARGES, COLLECTIONS AND ADJUSTMENTS**

<table>
<thead>
<tr>
<th></th>
<th>Collection Rate</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% Medicaid Charges Collected</td>
<td>101.05%</td>
<td>87.17%</td>
<td>80.51%</td>
<td>87.97%</td>
</tr>
<tr>
<td>% Medicare Charges Collected</td>
<td>84.04%</td>
<td>78.49%</td>
<td>66.11%</td>
<td>69.87%</td>
</tr>
</tbody>
</table>

**Charging enough????**

<table>
<thead>
<tr>
<th></th>
<th>Average Charge per Billable Visit</th>
<th>Ratio of Charges to Reimbursable Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$171.45</td>
<td>$163.92</td>
</tr>
</tbody>
</table>
Focusing Your Efforts

- Too much information and not enough time!
- A Snapshot Approach – focus on a few high impact measures for initial review to identify
  - Strengths
  - Possible areas of improvement

Snapshot of Performance

- Patient profile – who are you serving?
- Quality of care – are standards of care high?
- Efficiency – are we maximizing our resources?
- Financial security - are we in a good financial position?
Evidence that health center is serving its mission is demonstrated by looking at the number of patients with barriers to care:
- Financial - uninsured
- Financial - low income
- Cultural - minority groups
- Linguistic - monolinguals
- Access to providers - Medicaid / Medicare
- And of course just total patients

% Growth in patients and visits:
- Total
- Medical
- Dental

Change in Target Population:
- % Uninsured
- % Medicaid
- % < poverty
- % <200% poverty
- % Minority
- % Hispanic
- % special pops
## Patient Profile: Who are we serving?

<table>
<thead>
<tr>
<th>Profile</th>
<th>Grantee</th>
<th>Trend (↑/↓)</th>
<th>Percentile</th>
<th>National/State Average</th>
<th>Positive or Negative (+/-)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spec Pops</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Private Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FPL &lt;100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Measuring performance on quality of care indicators
- Routine and preventive
- Chronic disease
- Prenatal care

### Routine and Preventive
- % women with pap test
- % children with immunizations

### Chronic Care
- Controlled diabetes
- Controlled hypertension
- Continuity of care (average visits per patient)

### Prenatal Care
- % early entry into care
- % normal birth weight
Quality: Are standards high?

<table>
<thead>
<tr>
<th>Profile</th>
<th>Grantee</th>
<th>Trend (↑/↓)</th>
<th>Percentile</th>
<th>National/State Average</th>
<th>Positive or Negative (+/-)?</th>
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</thead>
<tbody>
<tr>
<td>1st Trimester</td>
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<td>Pap test</td>
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<td>Immunization rates – 2yr</td>
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<tr>
<td>Low birth weight</td>
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<tr>
<td>Controlled diabetes</td>
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<tr>
<td>Controlled hypertension</td>
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<tr>
<td>Medical Visits/Patient</td>
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</tbody>
</table>

Cost effectiveness of services delivery model

Efficiency

- Cost per visit (medical/dental/etc)
- Cost per patient (med/dent/etc)
- % administrative costs

Capacity

- Panel size (patients/provider FTE)
- Visits per provider
- Staff Ratios
### Efficiency: Are resources maximized?

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Visits/Physician</td>
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<td>Visits/Mid-Level</td>
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<td>Staffing Ratio</td>
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<tr>
<td>Medical Cost/Patient</td>
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<tr>
<td>Medical Cost/Visit</td>
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<tr>
<td>% Administrative Cost</td>
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<td>Medical Panel</td>
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<td>Dental Panel</td>
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</tbody>
</table>

### Financial Security

- Financial viability of health center and utilization of 330 funds
- Diversification of Funding
  - % income from BPHC
  - % income from patient service
- Financial security
  - Charge to cost ratio
  - Surplus/deficit as % of total costs
  - % Collections
  - Change in net assets as % of expense
  - Working capital to expense ratio
  - Debt to equity ratio
## Financial: Are we solvent?

<table>
<thead>
<tr>
<th>Profile</th>
<th>Grantee</th>
<th>Trend (↑/↓)</th>
<th>Percentile</th>
<th>National/State Average</th>
<th>Positive or Negative (+/-)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>% BPHC Income</td>
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<td>% Patient Revenue</td>
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<td>Charge to cost</td>
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<td>Charge/visit</td>
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<td>Surplus?</td>
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<tr>
<td>% Collections</td>
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<tr>
<td>Financial Ratios</td>
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<td>NA</td>
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</tbody>
</table>

Thank you for attending
and for working to provide clean and accurate data to BPHC!

Ongoing questions can be addressed to
UDSHelp330@BPHCDATA.NET
866-UDS-HELP