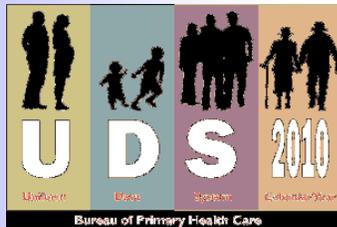


## “UDS Mapper” A new geo/demographic tool

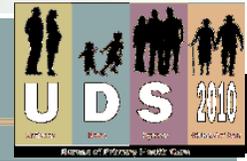
### Interpreting the UDS: Using the 2009 Feedback Reports



2009 UDS



## Objectives:



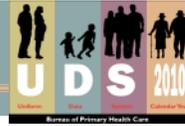
- To learn about the new UDS-Mapper tool, now available to grantees
- To learn about the new 2009 UDS Feedback Package and how to use it for program improvement

# 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

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## 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

Zip Code	Patients
99999	957
99998	2
99997	321
Other Zip Codes	120
Unknown Residence	15
TOTAL	1415

- 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)

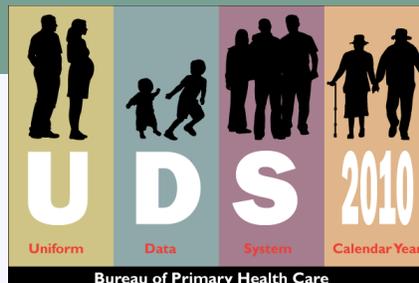
5

## How do you access the Mapper?

- UDS Mapper can be accessed at <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

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## Using the UDS Mapper



## Uses of the UDS Mapper Tool

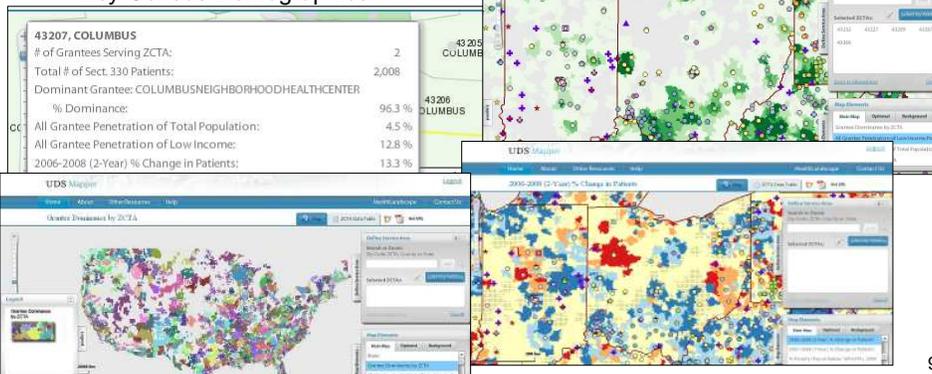
- Visualize relationship between patients, population, and health services
- Identify potential areas of need and quantify potential resources needed
- Explore relationship with nearby grantees
- Plan for growth or changes in service delivery network
- Generate maps and data for grant applications and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

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## UDS Mapper Layers

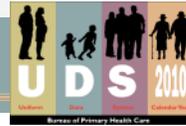


- Main Map Layers:
  - Grantee Dominance (*which grantee do most patients go to*)
  - FQHC Penetration (*low income & total pop.*)
  - 'Unserved' low income population
  - Count of grantees serving the area
  - Change in patients served (*1&2 year*)
  - Key Census Demographics



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# UDS Mapper Layers

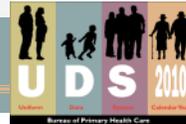


- Grantee Dominance (*which grantee do most patients go to*)

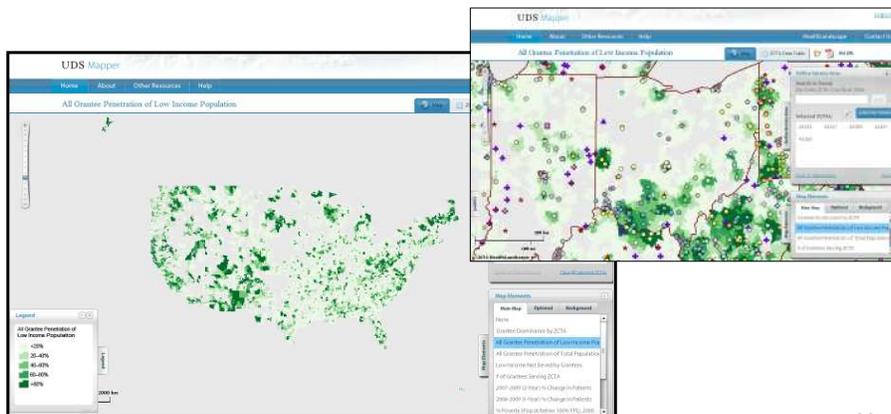


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# UDS Mapper Layers

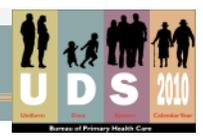


- FQHC Penetration (*low income and total population*)

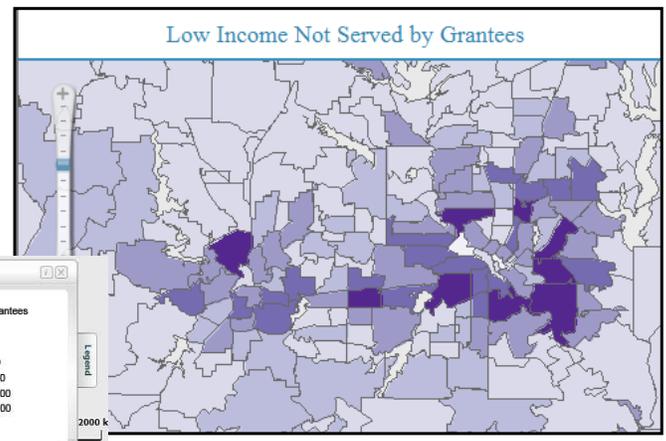


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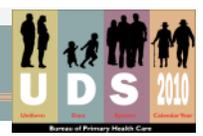
# UDS Mapper Layers



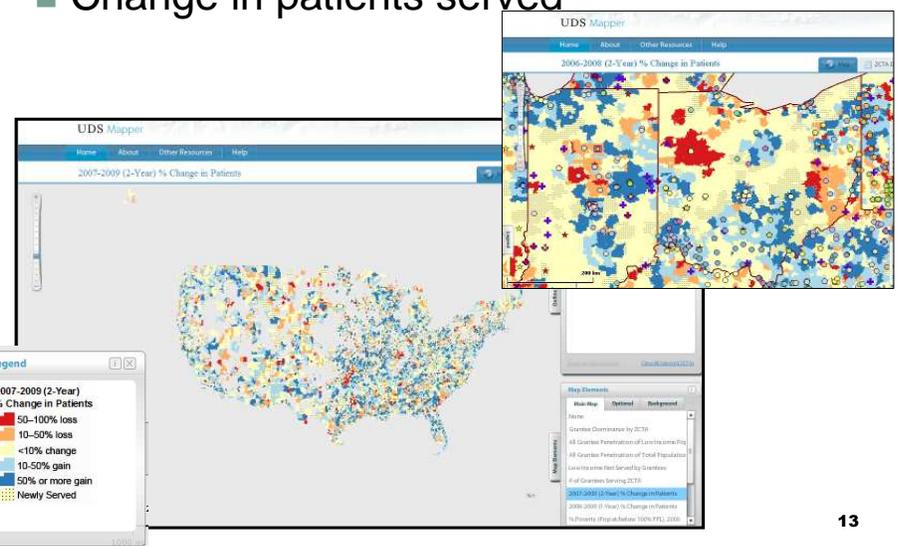
- 'Unserved' low income population



# UDS Mapper Layers

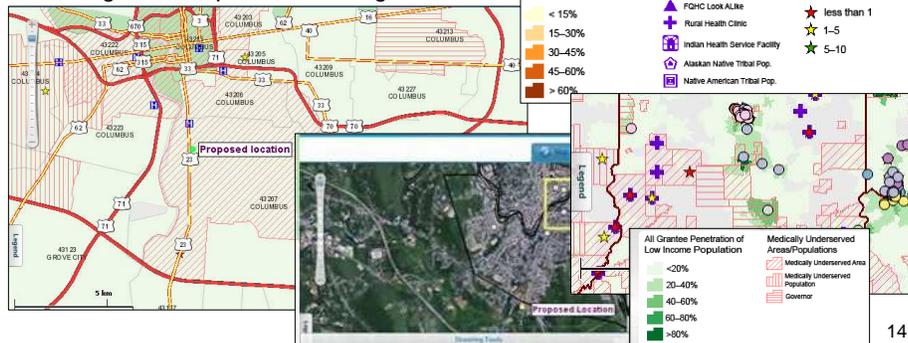


- Change in patients served



## 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



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## 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

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## 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?

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## 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

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## Other Tools



	Enter TOTAL patients to be served:	15,000	
	Enter TOTAL NEW patients to be served:	5,000	
	Enter NEW LOW INCOME patients to be served:	4,000	
Line #	Item	Sample Data	Description
1	Service Area Total Population	177,227	Total (Census) population for defined Target Area zips (ZCTA equivalent)
2	Current (2009) FQHC Patients	18,573	Residents of defined Target Area counted as a patient of any FQHC grantee in 2009 (sum across grantees excluding grantees with < 10 patients from zip)
3	Current FQHC Penetration Rate - Total Pop.	10%	Percent of total target area population using an FQHC in 2009 (Line 2/Line 1)
4	Current Total Pop. Unserved by FQHC Prog.	158,654	Count of target area residents not using an FQHC in 2009 (Line 1-Line2)
5	Total Pop Target for proposed site	5,000	Total Patients to be served by proposed site (from grant application 3a)
6	% FQHC Unserved Total Pop Targeted	3%	Percent of Target Area residents not currently using an FQHC that will be users of FIP site (Line5/Line4)
7	Service Area Low-Income Pop.	36,820	Total (Census) population below 200% FPL for defined Target Area zips (ZCTA equivalent)
8	Current FQHC Penetration Rate - Low Income Pop.*	50%	Percent of low income target area population using an FQHC in 2009 (Line 2/Line7) - see note on Line 23
9	Current Low Income Pop. Unserved by FQHC Prog*	18,247	Count of Low Income target area residents not using an FQHC in 2009 (Line 7-Line2)

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

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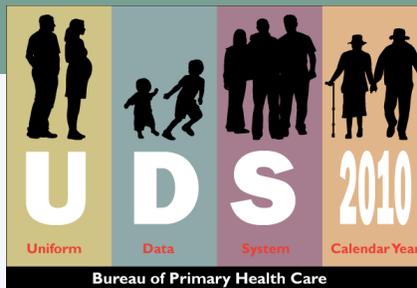
## Qualifying Factors



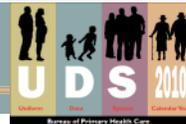
- Patient counts are from FQHC Grantees only
  - Other fed-linked providers assessed by location only
  - No info on providers without federal connections
- Numerator is always all FQHC patients in zip code
  - Can exceed 100% if many non-low-income served
  - Not well suited to assessing special populations 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

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## Available Assistance



## Assistance



**Resources: UDS Mapper Manual, Presentation, Tutorial, and Webinars at <http://www.udsmapper.org>**

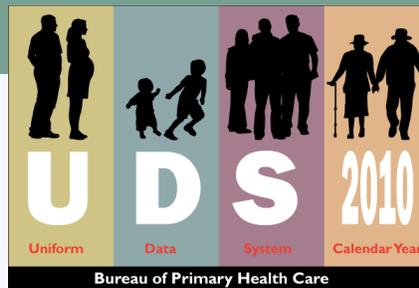
**Excel Tool at <http://bphcdata.net/html/bphctraining.html>**

**UDS Mapper Assistance:** 'Contact Us' link at <http://www.udsmapper.org/contactus.cfm>  
- handled by Robert Graham Center staff

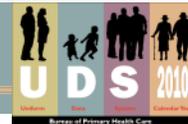
**Content related questions:** can be addressed to [UDSHelp330@BPHCDATA.NET](mailto:UDSHelp330@BPHCDATA.NET) or 866-UDS-HELP

- handled by JSI staff

# Demonstration



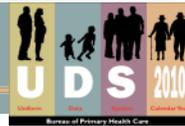
## Demonstration



### *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

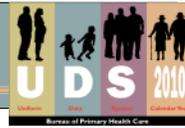


## *Selecting a Service Area and Exporting Data Results*

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

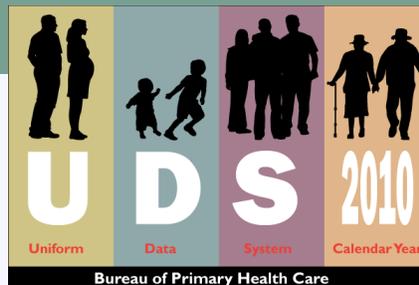
## Available Reports



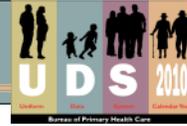
- PCAs (from BPHC website)
  - UDS Rollup Report
- Grantees (from EHB)
  - Summary Report
  - Rollup Reports (National and State)
  - Health Center Trend Report
  - Health Center Performance Comparison Report

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## Health Center Trend Report



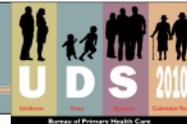
# Health Center Trend Report



	2007	2008	2009	2008-2009 Trend		2007-2009 Trend	
				Change	%	Change	%
<b>Access</b>							
Total Number of Patients Served	59,052	61,259	65,102	3,843	6.27%	6,050	10.25%
Dental Patients Served	6,685	6,916	8,615	1,699	24.57%	1,930	28.87%
Farmworker Patients Served	24,116	25,791	26,650	859	3.33%	2,534	10.51%
Homeless Patients Served	929	2,222	2,394	172	7.74%	1,465	157.70%
Public Housing Patients Served	2,356	2,457	2,858	401	16.32%	502	21.31%
<b>Quality Of Care/Health Outcomes</b>							
Percent of Prenatal Patients Served in the 1st Trimester	65.21%	73.14%	74.52%	1.38%	1.89%	9.31%	14.28%
Percent of Women with Pap Test	-	40.00%	64.29%	24.29%	60.71%	-	-
Percent Children Age 2 Immunized	-	78.84%	88.57%	9.73%	12.34%	-	-
Percent of Total Low Birth Weight Newborns	2.05%	4.32%	3.51%	-0.81%	-18.76%	1.47%	71.63%
Percent Diabetic Patients with HbA1c <= 9%	-	63.55%	61.26%	-2.29%	-3.60%	-	-
Percent Hypertensive Patients with Blood Pressure < 140/90	-	70.00%	72.86%	2.86%	4.08%	-	-
<b>Financial Cost/Viability</b>							
Total Cost per Total Patient							
Medical Cost per Medical Visit (excl. lab & xray costs and nursing visits)							
Change in Net Assets as a Percent of Expense							
Working Capital to Monthly Expense Ratio							
Long Term Debt to Equity Ratio							

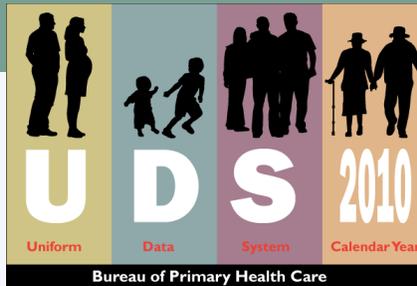
**Report is produced for Grantee, State and Nation for same measures**

# 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

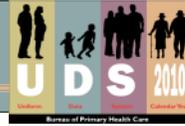


# Performance Comparison Report

Grantee	ST n = 118	National n = 1131	Rural n = 594	Averages				National Percentiles			Grantee Percentile	
				Size	Sites *	Special population Migrant 1	Special population Homeless 2	25th	Median	75th		
				50,000+	20+	25% or more population	Below 25%					
<b>QUALITY OF CARE/HEALTH OUTCOMES</b>												
<b>Prenatal</b>												
% Having First Prenatal Visit in 1st Trimester	74.52%	75.27%	67.25%	68.67%	68.55%	68.45%	74.96%	67.18%	60.00%	70.56%	80.45%	59%
% Low and Very Low Birth Weight	3.51%	5.64%	7.26%	6.78%	6.66%	6.99%	4.95%	7.25%	4.35%	6.67%	9.96%	18%
<b>Preventive Screening &amp; Immunizations</b>												
% of Two year olds immunized	88.57%	71.22%	68.76%	68.72%	68.93%	66.45%	77.38%	68.90%	50.00%	66.67%	81.43%	86%
% of Women with PAP Tests	64.29%	65.71%	58.16%	54.83%	62.57%	59.95%	69.70%	58.41%	37.30%	54.29%	68.57%	67%
<b>Chronic Disease Management</b>												
% Hypertensive Patients with Blood Pressure less than 140/90	72.86%	64.18%	63.06%	63.87%	65.42%	63.06%	64.28%	63.25%	54.29%	62.24%	70.00%	79%
% Diabetic Patients with HbA1c <= 9	61.26%	69.64%	70.71%	71.81%	69.93%	68.05%	63.89%	70.98%	62.86%	72.37%	80.00%	21%
% Diabetic Patients with HbA1c < 7	36.92%	37.98%	39.77%	41.78%	39.67%	38.50%	35.54%	39.96%	31.43%	40.00%	47.14%	40%

**Also reports cost per visit and cost per patient performance measures**

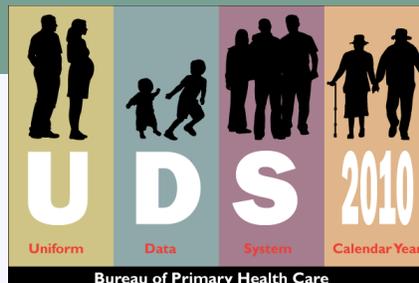
## How to Use it



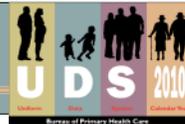
- Limited number of performance measures
- Compares grantee performance against similar peer group
  - Urban/Rural
  - Size of program (total patients)
    - less than 5k, 5-10k, 10-20k, 20-50k, and greater than 50k
  - Number of service sites include administrative
    - 1, 2-5, 6-10, 11-15, 16-20,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

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## Summary Report



# Summary Report



	Grantee	State	National
<b>PATIENTS</b>			
Total Patients	65,102	2,786,350	18,753,858
<b>Number/Percent Of Patients Who Used</b>			
Medical Services	59,987/92.14%	2,387,113/85.67%	16,166,416/86.20%
Dental Services	8,615/13.23%	458,644/16.46%	3,438,340/18.33%
Mental Health Services	2,651/4.07%	91,514/3.28%	758,131/4.04%
Substance Abuse Services	0/0.00%	18,836/0.68%	114,565/0.61%
Other Professional Services	6,380/9.80%	112,796/4.05%	525,832/2.80%
Enabling Services	5,226/8.49%	362,819/13.02%	1,720,626/9.17%

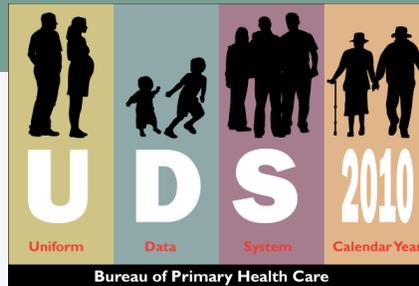
**Includes groups of data: Patients, Visits, Staffing, Quality of Care, Costs and Revenues**

# 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

# 2009 National Roll-up Report



## National Roll-up Report

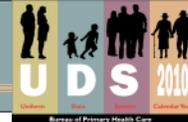


TABLE 4: SELECTED PATIENT CHARACTERISTICS

National Summary for 2009 : 1131 Grantees

Universal

Data as of: 05/12/2010

Income as Percent of Poverty Level	Number of Patients (a)	% of Total	% of Known
1. 100% and Below	10,091,121	53.8%	71.4%
2. 101 - 150%	2,042,969	10.9%	14.5%
3. 151 - 200%	936,964	5.0%	6.6%
4. Over 200%	1,066,657	5.7%	7.5%
5. Unknown	4,616,147	24.6%	
6. Total (sum lines 1-5)	18,753,858	100.0%	

**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
      - <http://www.hrsa.gov/data-statistics/health-center-data/NationalData/index.html>
    - Data can be found for states on the Web
      - <http://www.hrsa.gov/data-statistics/health-center-data/StateData/index.html>
- Permits grantees to calculate variables which might not be provided in reports

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Interpreting the Reports

# Calculating Averages



Grantee	Averages							National Percentiles			Grantee Percentile	
	ST	National	Rural	Size	Sites *	Special population Migrant 1	Special population Homeless 2	25th	Median	75th		
	n = 118	n = 1131	n = 594	50,000+	20+	25% or more population	Below 25%					
<b>QUALITY OF CARE/HEALTH OUTCOMES</b>												
<b>Prenatal</b>												
% Having First Prenatal Visit in 1st Trimester	74.52%	75.27%	67.25%	68.67%	68.55%	68.45%	74.96%	67.18%	60.00%	70.56%	80.45%	59%
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**Defined: The value obtained by dividing the sum of a set of quantities by the number of quantities in the set.**

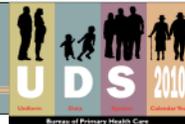
# Calculating Averages - example

Grantee	Averages							National Percentiles			Grantee Percentile	
	ST	National	Rural	Size	Sites *	Special population Migrant 1	Special population Homeless 2	25th	Median	75th		
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% Low and Very Low Birth Weight	3.51%	5.64%	7.26%	6.78%	6.66%	6.99%	4.95%	7.25%	4.35%	6.67%	9.96%	18%

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

$$\frac{\text{Sum of patients seen in 1<sup>st</sup> Trimester}}{\text{Sum of total prenatal patients}}$$

# Calculating Percentiles



Grantee	ST	National	Rural	Averages				National Percentiles			Grantee Percentile
				Size	Sites *	Special population Migrant 1	Special population Homeless 2	25th	Median	75th	
				50,000+	20+	25% or more population	Below 25%				
	n = 118	n = 1131	n = 594	n = 57	n = 77	n = 43	n = 1046				

QUALITY OF CARE/HEALTH OUTCOMES												
<b>Prenatal</b>												
% Having First Prenatal Visit in 1st Trimester	74.52%	75.27%	67.25%	68.67%	68.55%	68.45%	74.96%	67.18%	60.00%	70.56%	80.45%	59%
% Low and Very Low Birth Weight	3.51%	5.64%	7.26%	6.78%	6.66%	6.99%	4.95%	7.25%	4.35%	6.67%	9.96%	18%
<b>Preventive Screening &amp; Immunizations</b>												
% of Two year olds immunized	88.57%	71.22%	68.76%	68.72%	68.93%	66.45%	77.38%	68.90%	50.00%	66.67%	81.43%	86%
% of Women with PAP Tests	64.29%	65.71%	58.16%	54.83%	62.57%	59.95%	69.70%	58.41%	37.30%	54.29%	68.57%	67%
<b>Chronic Disease Management</b>												
% Hypertensive Patients with Blood Pressure	72.86%	64.18%	63.06%	63.87%	65.42%	63.06%	64.28%	63.25%	54.29%	62.24%	70.00%	79%

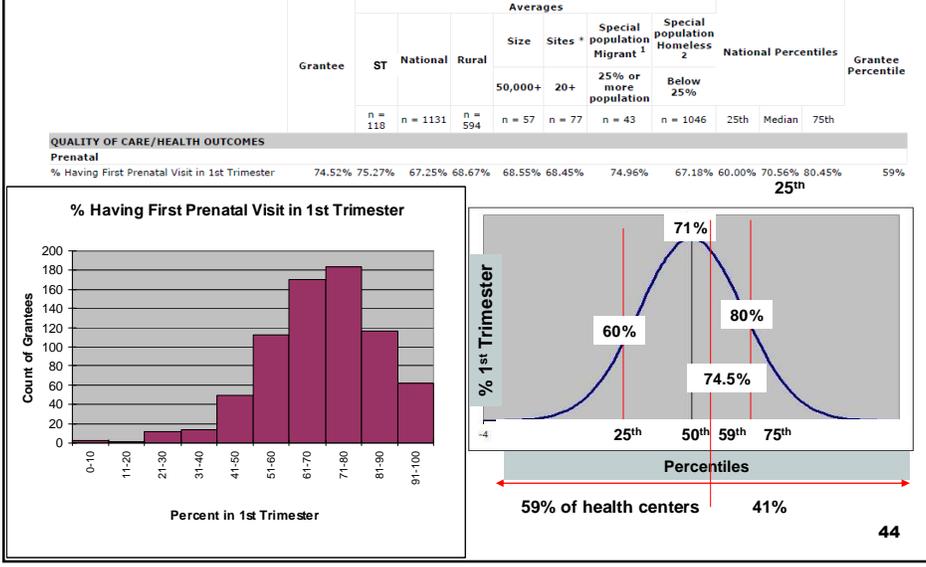
**Defined: One of a set of points on a scale arrived at by dividing a group into parts in order of magnitude.**

# Percentiles



- **Calculated for only those grantees which have the variable being measured**
  - For 1<sup>st</sup> 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.
    - **25<sup>th</sup> Percentile:** 25% of grantees had a lower value, 75% had a higher value
    - **75<sup>th</sup> 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



## Grantee Percentile and Trend

QUALITY OF CARE/HEALTH OUTCOMES	Grantee Percentile
<b>Prenatal</b>	
% Having First Prenatal Visit in 1st Trimester	59%
% Low and Very Low Birth Weight	18%
<b>Preventive Screening &amp; Immunizations</b>	
% of Two year olds immunized	86%
% of Women with PAP Tests	67%
<b>Chronic Disease Management</b>	
% Hypertensive Patients with Blood Pressure less than 140/90	79%
% Diabetic Patients with HbA1c <= 9	21%
% Diabetic Patients with HbA1c < 7	40%

- 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

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

	2008-2009 Trend		2007-2009 Trend	
	Change	%	Change	%
<b>Access</b>				
Total Number of Patients Served	3,043	6.27%	6,050	10.25%
Dental Patients Served	1,699	24.57%	1,930	28.87%
Farmworker Patients Served	859	3.32%	2,534	10.51%
Homeless Patients Served	172	7.74%	1,465	157.70%
Public Housing Patients Served	401	16.32%	302	21.31%
<b>Quality Of Care/Health Outcomes</b>				
Percent of Prenatal Patients Served in the 1st Trimester	1.38%	1.09%	9.31%	14.20%
Percent of Women with Pap Test	24.29%	60.71%	-	-

# Formula Guide

## Formula Guide



- Provides formulas for all measures
- Format “replicates” the report for which it is providing formulas:

UDS Summary Report - 2009 Grantee, State and National - Universal			
	Grantee	State	National
<b>PATIENTS</b>			
Total Patients	65,102	2,786,350	18,753,858
<b>Number/Percent Of Patients Who Used</b>			
Medical Services	59,987/92.14%	2,387,113/85.67%	16,166,416/86.20%
Dental Services	6,615/13.23%	458,644/16.46%	3,438,340/18.33%
Mental Health Services	2,654/4.07%	81,514/2.96%	356,131/1.94%

UDS Summary Report	
<b>Patients</b>	
Total Patients	T3A_L39_CA + T3A_L39_CB
<b>Number/Percent of Patients who used</b>	
Medical Services	#, % : T5_L15_CC , T5_L15_CC/(T3A_L39_CA+T3A_L39_CB)
Dental Services	#, % : T5_L19_CC, T5_L19_CC/(T3A_L39_CA+T3A_L39_CB)
Mental Health Services	#, % : T5_L20_CC, T5_L20_CC/(T3A_L39_CA+T3A_L39_CB)

# Formula Guide



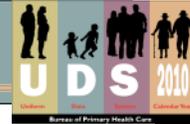
- Report may show both the raw number and a percent -- here number of medical patients and % of all patients who received medical care
- The formula will do the same

Grantee	
	65,102
	59,987/92.14%
	8,615/13.23%

UDS Summary Report	
<b>Patients</b>	
Total Patients	T3A_L39_CA + T3A_L39_CB
<b>Number/Percent of Patients who used</b>	
Medical Services	#, % : T5_L15_CC, T5_L15_CC/(T3A_L39_CA+T3A_L39_CB)
Dental Services	#, % : T5_L19_CC, T5_L19_CC/(T3A_L39_CA+T3A_L39_CB)
Mental Health Services	#, % : T5_L20_CC, T5_L20_CC/(T3A_L39_CA+T3A_L39_CB)

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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

Patients 18 to 75 diagnosed with Type I or Type II diabetes: Most recent test results			
	Total patients with diabetes	Estimated % Patients with Hba1c < or = 9%	Estimated % Patients with Hba1c < 7%
<b>By Race</b>		Sum at each grantee level (T7_L9_C1A + T7_L9_C2A) * (T7_L11_C1A + T7_L11_C2A + T7_L12_C1A + T7_L12_C2A) / (T7_L10_C1A + T7_L10_C2A) / [Sum at National or State level T7_L9_C1A + T7_L9_C2A]	Sum at each grantee level (T7_L9_C1A + T7_L9_C2A) * (T7_L11_C1A + T7_L11_C2A) / (T7_L10_C1A + T7_L10_C2A) / [Sum at National or State level T7_L9_C1A + T7_L9_C2A]
Asian (a)	T7_L9_C1A + T7_L9_C2A	Sum at each grantee level (T7_L9_C1b1 +	Sum at each grantee level ( T7_L9_C1b1 +

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# Using UDS as Diagnostic Tool

## Identifying Strengths and Areas for Improvement – Step 1

- Look at the grantee percentile to see where you rank

QUALITY OF CARE/HEALTH OUTCOMES	Grantee Percentile
<b>Prenatal</b>	
% Having First Prenatal Visit in 1st Trimester	59%
% Low and Very Low Birth Weight	18%
<b>Preventive Screening &amp; Immunizations</b>	
% of Two year olds immunized	86%
% of Women with PAP Tests	67%
<b>Chronic Disease Management</b>	
% Hypertensive Patients with Blood Pressure less than 140/90	79%
% Diabetic Patients with HbA1c <= 9	21%
% Diabetic Patients with HbA1c < 7	40%

	2008-2009 Trend		2007-2009 Trend	
	Change	%	Change	%
<b>Access</b>				
Total Number of Patients Served	3,043	6.27%	6,050	10.25%
Dental Patients Served	1,699	24.57%	1,930	28.07%
Farmworker Patients Served	89	3.33%	2,534	10.51%
Homeless Patients Served	172	7.74%	1,465	157.70%
Public Housing Patients Served	401	16.32%	502	21.31%
<b>Quality Of Care/Health Outcomes</b>				
Percent of Prenatal Patients Served in the 1st Trimester	1.38%	1.89%	9.31%	14.28%
Percent of Women with Pap Test	24.29%	60.71%	-	-

- Also shows % change from two years ago
  - Are things trending in the right direction??

## Identifying Strengths and Areas for Improvement – Step 2

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

	Grantee	ST	National	Rural	Size 50,000+	Sites + 20+	population Migrant <sup>1</sup> 25% or more population	population Homeless <sup>2</sup> Below 25%
<b>COSTS</b>								
<b>Costs Per Visits</b>								
Total Cost per Total Visits	\$151.38	\$151.46	\$152.37	\$143.30	\$157.49	\$161.41	\$140.88	\$152.74
Medical Cost per Medical Visits	\$130.31	\$128.17	\$131.08	\$124.03	\$132.11	\$141.20	\$123.66	\$130.57

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

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## Identifying Strengths and Areas for Improvement – Step 3

- Remember you must look at interrelatedness of measures

	Grantee	Averages			
		State	National	Rural	Large <sup>+</sup>
	n = 118	n = 1131	n = 594	n = 606	
<b>CHARGES, COLLECTIONS AND ADJUSTMENTS</b>					
<b>Collection Rate</b>					
% Medicaid Charges Collected	101.50%	87.17%	80.51%	87.97%	80.28%
% Medicare Charges Collected	84.04%	78.40%	66.11%	69.87%	65.76%

- Charging enough???

Average Charge per Billable Visit <sup>1</sup>	\$171.45	\$163.92	\$183.03	\$165.87	\$185.49
Ratio of Charges to Reimbursable Costs <sup>2</sup>	103.79%	112.58%	118.88%	111.48%	121.95%

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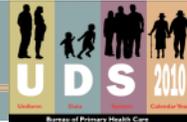
## Focusing Your Efforts



- 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

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## 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?

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## Case Study

## Patient Profile



- 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?

Profile	Grantee	Trend (↑/↓)	Percentile	National/State Average	Positive or Negative (+/-)?
Total			NA	NA	
Spec Pops			NA	NA	
Uninsured					
Private Insurance					
FPL <100%					
Minority					
Language					

60

## Quality of Care



### ■ 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

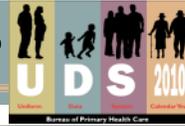
- Controlled diabetes
- Controlled hypertension
- Continuity of care (average visits per patient)

### ■ Prenatal Care

- % early entry into care
- % normal birth weight

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## Quality: Are standards high?



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

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## Efficiency



- 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

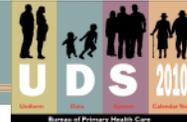
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## Efficiency: Are resources maximized?



Profile	Grantee	Trend (↑/↓)	Percentile	National/State Average	Positive or Negative (+/-)?
Visits/Physician					
Visits/Mid-Level					
Staffing Ratio					
Medical Cost/Patient					
Medical Cost/Visit					
% Administrative Cost					
Medical Panel					
Dental Panel					64

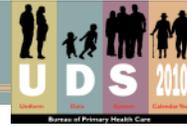
## Financial Security



- 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?



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

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**Thank you for attending**

and for working to provide clean and accurate data to BPHC!

Ongoing questions can be addressed to

[UDSHelp330@BPHCDATA.NET](mailto:UDSHelp330@BPHCDATA.NET)

866-UDS-HELP

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