Table 6B: Quality of Care Measures (Part 1)

Course Introduction

Hello and welcome. Thanks for checking in to learn about Table 6B: Quality of Care measures.

As you can imagine, the clinical measures are a very important part of the UDS. Since we have quite a bit of information to cover about this table in particular, we have split Table 6B into two separate trainings:

1. With this one (Part 1) covering about half of the clinical measures (Sections A through G); and
2. Part 2, covering the rest of the clinical measures in Table 6B (Sections H through N).

We recommend that you complete Part 1 first, and then continue on to complete Part 2. When you're ready, you can access Part 2 through the RESOURCES link in the upper right of the screen.

Please click the START button to begin.

Welcome

If you have attended one of these trainings before, we may have already met. But, in case you haven't, I'm Steve - your UDS Report expert, and I'm here to help you complete Table 6B.

This table reports on a variety of quality of care measures that have historically been viewed as indicators of overall community health.

Introductions

Let's start with introductions.

- If you'd like, please let me know who you are by typing your name in the box. This information is just used as we interact during this session and is not saved.
- If you don't want to enter your name, just click **Sign In.**

Get Started or View Navigation

If you've been here before and know how to use the navigational features, you can go straight to the training by clicking on the **LET'S GET STARTED button**.

If you'd like to learn more about our training's navigational features - click on the **HOW TO NAVIGATE button** to continue.

Navigation

Navigation: Table of Contents

Before I go on - if you are interested in hearing the audio narration, please be sure to adjust your computer speakers so that you can hear me.

Also ON THE LEFT of the screen, you'll see a tab that says “TABLE OF CONTENTS.” You can use this tab to go anywhere you want within the course. You may find it useful if you want to review something specific about Table 6B. In that case, you can just click on any of the topics listed and jump to that particular section of the course. If you would like an overview that covers all the topics, just stick with me.

Navigation: Play, Previous, Next

AT THE BOTTOM of the screen, you'll see a control bar with navigation controls and buttons that will let you adjust your viewing experience:

- If you want to stop the video, just hit the play button once (to pause), then hit it again to resume.
- You can also slide the progress bar to the left if you would like to repeat some of the material, or slide it to the right to jump ahead.
- To go to the slide just before or to proceed to the next slide, use the buttons to the right of the control bar labeled “PREVIOUS” and “NEXT.”

Navigation: Resources, Exit

There are several links AT THE TOP RIGHT of your screen:

- If you click on the RESOURCES link, you will see additional files and links to websites that will help you in completing your Report. You can also download a copy of the Transcript here; and
- When you're done, click on the EXIT link, and you will exit the course entirely.

Navigation: Icons

Throughout the course, you will see icons that you can click on to:

- View or print the UDS tables;
- Refer to the UDS Manual;
- See helpful hints that should help you with your UDS Report; or
- Take you to a Case Study example to see how all of the UDS data works together.

One last thing before we begin - if you need to leave this training early and return to it later, you can do that. When you come back next time, we will remember where you left off and ask whether you want to continue from there or start again from the beginning.

Table 6B Training

What is Table 6B?

As we start, if you would like to see a close-up of this table, please click on the VIEW THE TABLE icon IN THE LOWER RIGHT OF THE SCREEN to view (and even print out) Table 6B. You may find it helpful to have it available to you as we go through the training.

So, what is Table 6B?

What is Table 6B?

Table 6B is one of the tables that makes up the Clinical Profile for the UDS Report.

Every health center will complete it each year as part of their Universal Report.

What is Table 6B?

Table 6B consists of a total of 14 quality of care outcomes (or measures); with each measure reported in its own section.

Table 6B: Part 1

Again, remember that we will be splitting the training on Table 6B into two parts. In this first part, we will cover the first seven measures in Sections A through G; those are:

A. Age of Prenatal Patients;

B. Early Entry into Prenatal Care;

C. Childhood Immunization Status;

D. Cervical Cancer Screening;

E. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents;

F. Preventive Care and Screening: BMI Weight Screening and Follow-up; and

G. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention.

We will walk through each of these sections, and what you will be reporting in them, as we move through the course. However, if you're interested in reading more about each of these sections now - click on the VIEW THE MANUAL icon on this screen.

Why Are These Data Important?

Throughout these trainings, we emphasize how important the UDS data are to the Bureau of Primary Health Care (BPHC) and Bureau of Health Workforce (BHW) and how they are used in so many ways; Table 6B is no exception. The information reported on this table can also be very useful to you and your community. The quality of care measures included in Table 6B report on services that are correlated with good long-

term health outcomes and have been shown to be indicators of overall community health.

What exactly do we mean by that? Well, we know when people receive timely, routine and preventive care, they are more likely to have better health status. For example:

- Children that receive vaccinations are less likely to contract vaccine-preventable diseases;
- Women who receive Pap tests benefit from early detection and are therefore less likely to suffer adverse outcomes from HPV and cervical cancer;
- And so on…

So, by increasing the number of health center patients that receive preventive and routine health care services, you likely improve the future health status of your patient populations and, therefore, your community.

Why Are These Data Important?

With that in mind, realize that you can use data from Table 6B to:

- Calculate the percentage of patients receiving preventive or routine health care services;
- Track performance achievement for these services over time;
- Compare your rates to state and national averages to target and design continuous quality improvement (or CQI) efforts; and
- Use data to communicate with potential funders and other stakeholders.

How you use the information is up to you. Just don't forget that the data is an important resource available to you to help support your work!

How Can This Training Help Me?

We hope that this training will help you in completing your UDS report as accurately and as efficiently as possible!

By the end of this training on Table 6B, we hope that you will be ready to:

- Educate your team and adjust your systems to account for recent changes and accurately report quality of care outcomes;
- Report the patients that meet performance standards for each indicator;
- And, complete Table 6B so that it is consistent with the other Clinical Profile tables and the rest of your UDS report (especially Tables 3A, 5, and 6A).

Key Terms

Before we get into the details of Table 6B, let's go over some key terms that will be important in understanding this table. While we'll go over each of the measures in detail throughout the training, also remember that you can click on the icon to see all of these

definitions in more detail in the UDS Manual.

Let me start by briefly running through a couple of the more general definitions here:

- As always - we'll ask you to report about some of your “patients.” So, the UDS definition of a patient holds true for Table 6B as well, meaning that you will only report on people who have had one or more UDS-reportable visit at your health center during the reporting year.
- And, the same definition of a “visit” applies here as well - with a “visit” being a face-to-face contact between a patient and a provider during which the provider exercised independent, professional judgment. To be included as a visit, the contact needs to have been documented in your health center's charts.

With both of these definitions, it is important to further clarify that the focus for this table is on medical patients and visits.

Key Terms

We'll also talk about patient “universes” - and this refers to the patients who meet the criteria to be evaluated for a particular measure.

As we go through each of the measures, we'll talk about inclusion and exclusion criteria that you will use to define who you will include (or exclude) in your count for each measure. Though the criteria you will use to include or exclude patients will vary across measures, they generally speak to:

- A specific age range;
- Number of medical visits;
- Specific medical conditions; and
- Sometimes gender (for women's health measures).

Key Terms

- And, the last key term we'll go over before we start is “prenatal patients.” We'll go into more detail during the training, but briefly, when we refer to “prenatal patients,” for the purposes of the UDS we mean all of your health center's pregnant medical patients. This includes those who had at least one prenatal or perinatal visit during the reporting year and those who you referred to prenatal care.

Aligning with Clinical Quality Measures

Whenever possible, UDS has worked to align the clinical quality measures in Tables 6B and 7 with other measures health centers are required to report. In particular, many measures are aligned with the CMS eCQMs for Eligible Professionals. In such cases the manual will let you know what the related CMS measure number is, so that you can reference additional details provided by CMS. You can read all about the CMS eCQMs at https://ecqi.healthit.gov/ep or by clicking on the eCQI logo on the screen.

Table 6B: Instructions

That was quite a bit of information already; but I know you can do this!

Let's go ahead and talk about the detailed steps involved in completing this table accurately.

Quality of Care Measures: Part 1

Again, the first seven measures we'll be covering in Part 1 of the training are:

A. Age of Prenatal Patients;
B. Early Entry into Prenatal Care;
C. Childhood Immunization Status;
D. Cervical Cancer Screening;
E. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents;
F. Preventive Care and Screening Tool: BMI Screening and Follow up; and
G. Preventive Care and Screening Tool: Tobacco Use: Screening & Cessation Intervention

OK, let's dive in!

Sections A & B: Prenatal Patients

Starting with the first sections on Table 6B - all used to collect information about your prenatal patients:

- Prenatal Care by Referral Only;
- Section A (Age of Prenatal Patients); and
- Section B (Early Entry into Prenatal Care).

Again, we want to remind you, that though you have the "80% sampling option" for most measures on Table 6B, this does not apply to prenatal measures. You will need to report on 100% of your pregnant medical patients.

We will go over how to complete each section separately but, first, we'll want to make sure you're accurately identifying and reporting about the correct set of patients. Let's do that now.

Prenatal Care Referral

You'll check this box if the only prenatal care you provide is through direct referrals to another provider. If you provide some or all prenatal care at your health center, you would not select this option. Selecting this box **does not** preclude you from completing the remainder of the prenatal information. Let's move on now and talk about how you're going to fill out those sections.

Reporting Prenatal Patients

All health centers need to report on all pregnant medical patients receiving prenatal services on Table 6B. Health centers need to report this information regardless of whether they provide prenatal services directly or by referral to outside providers.

If you do not directly provide prenatal services - you will need to establish a way to track these patients so that you'll be able to report on the prenatal quality of care outcomes. In other words, you will need to find a way to gather pre- and perinatal information on these patients so that you'll be able to report on the required prenatal measures. Let's talk more about that now.

Tracking Prenatal Patients

What do I mean by "tracking" patients and why would you need to do that? Let me see if I can explain. On Table 6B, you'll need to be able to report - the age of your prenatal patients and date and trimester of your prenatal patients' first comprehensive obstetrical visit.

- If you do not directly provide that service but, instead, refer the patient out for those services, you're still required to report that information on Table 6B. That's where the "tracking" comes in. You'll have to obtain that information somehow. How you obtain this data is up to you (for example, keep in contact with the prenatal patient, access records from the obstetric provider) - but know that you'll want to establish a system for tracking and documenting this information for the purposes of the UDS Report.
- Please be aware that "losing contact" with women you referred out for care does not exempt you from reporting this information.

Prenatal Patients: Who Should I Include?

When reporting information in Sections A and B on Table 6B, you will want to include:

- All of your health center's pregnant medical patients;
- Patients who had at least one prenatal visit or a delivery during the reporting year.

And, again, this will include:

- Women to whom you provided prenatal services directly or by referral to another provider; and
- Women who received **perinatal** care through delivery (again, whether provided directly by you or through referral).

Prenatal Patients: Who Should I Include?

It probably makes sense that you would include women who received all of their prenatal services at your health center during the reporting year, right? That seems easy enough.

But, you'll also want to include women who may have received only some of their prenatal services through your health center as well. So, if a woman received all of their prenatal care through your health center, but then had her baby delivered by an outside provider - you will still include her as one of your "prenatal patients" on Table 6B.

Prenatal Patients: Who Should I Include?

Other circumstances under which you'll also want to include women in your reporting of "prenatal patients" include those who:

- Started prenatal care with you, but then transferred to another provider;
- Began prenatal care with another provider, but then transferred to your health center;
- Were referred out by the health center for *all* their prenatal care; or
- Received perinatal care (through delivery) through your health center. Let me add something about "perinatal care" - for the purposes of the UDS report, we are referring to the period before and up to the delivery. Not after. So, for this category of patients, you'll want to include those women whose only service during the reporting year was their delivery.

Section A: Prenatal Patients by Age

With those patients in mind, let's talk about what you'll report about these patients in the first prenatal section - Section A. In Section A you'll report your prenatal patients by the age categories listed on Lines 1 through 5; reporting prenatal patients who are:

- Less than 15 years old;
- ages 15 to 19;
- 20 to 24;
- 25 to 44; and
- 45 and older.

You will calculate their age for the table using **June 30th** as the cut-off date.

- For example, if a prenatal patient turned 20 years old in August, you would include them on this table in the "ages 15 to 19" category; since they were 19 years old as of June 30th.

Section A: Prenatal Patients by Age

Once you've reported patients on Lines 1 through 5, you'll add up the number of patients in each category and report the total on Line 6 (Total Patients). As with the other UDS Tables, you'll notice that the table's formatting will provide instructions, letting you know when and where you'll need to add and report totals.

And, that's it for Section A! Easy, right? Let's continue with the second prenatal section on Table 6B.

Section B: Trimester of Entry into Prenatal Care

In the next section, Section B, you'll report the trimester during which each of your prenatal patients began their prenatal care on Lines 7 through 9:

- First trimester;
- Second trimester; or
- Third trimester.

Section B: Entry into Prenatal Care

Again, entry into prenatal care begins with a visit with a physician, NP, PA, or CNM who initiates prenatal care with a physical exam. Until this comprehensive visit happens, "entry" into prenatal care has not yet begun.

- So, if a patient has a pregnancy test, or is assessed by a nurse - for example - their prenatal care has not yet begun (for the purposes of the UDS Report) and should not be reported in Section B.

Did You Know: Prenatal Care Begins

For the purposes of the UDS Report - prenatal care begins when a patient has her first comprehensive prenatal visit with a physician, NP, PA, or CNM.

But, did you know that by the time of that first visit, most of these women have already been seen once or twice for lab tests, nutritional assessments, or other types of services? Remember, when reporting the point of entry to prenatal care, be sure that you're only counting the complete prenatal exam and not contacts for lab tests and other services.

Section B: Columns A & B

Once the patient has received their first comprehensive prenatal visit - you'll report them on the appropriate line on Lines 7 through 9 by column, based on where they received that first prenatal visit:

- Report in Column a - if the woman had their first comprehensive prenatal visit with your health center or a referred provider; and
- Report in Column b - if the woman had their first comprehensive prenatal visit with another provider.

Section B: Columns A & B

A couple of additional notes about which column you'll use to report those who were referred out to another provider or transferred in to your health center for prenatal care:

- If a woman began her prenatal care with your health center, then transferred out - you'll report her in Column a (first visit with health center);
- If a woman began her prenatal care with a provider to which she was referred by the health center, you'll report her in Column a (first visit with health center);
- If a woman began prenatal care through another provider on her own (you didn't help her access that care), then transfers to your health center - you'll report her in Column b (first visit with another provider).

Did You Know: Counting Prenatal Patients

Did you know that, for Sections A and B, you can only count each prenatal patient once per pregnancy; regardless of the number of trimesters for which she receives care.

However, if you have a woman who receives (or is referred to) prenatal care through your health center for two separate pregnancies in the same reporting year - you will want to count her twice. While this may not happen all that often, it may be the case that a woman delivers early in a reporting year, then becomes pregnant again and enters prenatal services toward the end of the reporting year. In that case, you'll count her once for each of the pregnancies.

Sections A & B: Checking for Reasonableness

Sections A and B "work together" in the sense that what you report in one section, needs to be consistent with what you report in the other.

Let me point out some easy ways to check that what you're reporting in Sections A and B seems reasonable:

- In Section B, we're asking you to report patients' entry to prenatal care by trimester and location. But, these should be the same prenatal patients you already reported in Section A. So, if you add up the two columns from Lines 7 through 9, it should equal the total number of prenatal patients you reported in Section A (Line 6). If they do not add up, take a look at what you are reporting, see if you can find and fix the error before submitting your UDS Report for review.

Sections A & B: Big Change from Last Year or Extremes in Reporting?

You'll also want to include notes in the EHB to help your Reviewer interpret your data. This is especially the case when there has been a big change from year to year, or when there are extremes in reporting. For example:

- If you report in Section B that all of your prenatal patients entered prenatal care somewhere other than your health center (so, in Column b) - check to see if that makes sense given what you know about services at your site. If it's the case that you do not provide those services, so you refer everyone out for their prenatal care needs, you should have the "Prenatal Care by Referral Only" box checked, and those patients should be reported in Column a, because they were referred to care by your health center.

- Similarly, if you report that all of your prenatal patients entered prenatal care at your health center (in Column a) - make sure that is truly the case. Is it possible that no one started prenatal care with another provider then transferred to you? If it is, then just confirm that with a note in the EHB for that table so your Reviewer knows you checked the information, and that it is accurate.
- If you report a significant increase or decrease in prenatal patients from year-to-year - first make sure that what you're reporting is accurate. If it is, then provide an EHB note that would explain the difference (for example, prenatal provider closed in your area, added prenatal care providers at your site).

Take a Minute & EXPLORE Table 6B (Sections A & B)

OK, so now let's take a minute and let you explore Sections A and B.

In this sample report's Section A, the health center reported:

- A total of 1,598 prenatal patients (on Line 6)
- The patients are reported in each age category (on Lines 1 through 5); with the majority of them reported as between 25 and 44 years of age during the reporting period.

The same patients are reported in Section B, with:

- Almost all having had their first prenatal visit with the health center (in Column a); and
- Most of those patients (1,257) entered prenatal care during their first trimester (on Line 7).

Other Quality of Care Measures

Great, now that you've learned how to report information about your prenatal patients in Sections A and B, let's continue and talk about some of the other quality of care measures on Table 6B.

The measures in Sections C through G work a little differently than the prenatal measures we just reviewed. What and how you'll report on each of these next measures follow a particular format. So, let's talk about the format first, before we get into the specifics of each measure.

Other Quality of Care Measures

For each of these measures, you will report three pieces of information:

- In Column a: the total number of patients in the “universe.” If you remember from the beginning of the training, this is the number of patients meeting the inclusion criteria for the specific measure being reported. You can see that the criteria is different for the childhood immunization measure, than it is for the cervical cancer screening measure;

- In Column b: the total number in your patient sample or EHR total for each particular measure. This will either be the entire universe (what you reported in Column a), a number greater than or equal to 80% of all patients who fit the criteria, or a random sample of **70 patients drawn from the universe**. Don't worry, we'll walk you through how to decide what you'll report here in just a little bit; then
- In Column c: you'll identify the number of patients that meet the measurement standard for the specific measure. And, again, what the standard is will differ based on the measure. Looking at the ones above, you'll see that for the childhood immunizations measure, you'll report the number of patients immunized in Column c. But for the Pap test measure, you'll report the number of patients tested for cervical cancer in Column c.

OK, that's the high-level view of what you'll report in each of these columns. Let's go a little deeper.

Patient Universe

As I just pointed out, the universe will be unique to the quality of care measure on which you're reporting, so it will be very important for you to include the correct patients in each universe on Table 6B.

You'll use inclusion and exclusion criteria to select the patients you'll report for each measure. The UDS Manual offers very specific instructions on who to include and exclude from your patient universe for each line on Table 6B. We'll go over them for each measure during the training, but if you would like to read the UDS Manual for more information, click on the VIEW THE MANUAL icon.

Determining your patient universe correctly for each of these measures is extremely important. If you have not identified the universe correctly, you will not be able to accurately report the number of patients in compliance on a quality of care measure. Some sites may use their EHR to determine their patient universe; while others might do so through a review of paper records (and some may be a little of both). In any case, to define your universe properly, you will need to be able to detect data that will help you include or exclude patients based on the specific criteria for every measure.

Quality of Care Measures: Inclusion Criteria

Each measure has its own set of unique inclusion criteria, but some are more common.

- For example, for most measures, we will ask you to only include medical patients. So, for the majority of Table 6B's clinical measures, you will exclude any patients who are considered "dental only" or "vision only" patients.
- By definition, a medical patient would be someone who has had at least one medical visit during the reporting year. However, there are some measures that require you to only include patients who have had two or more medical visits. For example, the tobacco use and CAD: lipid therapy measures, have inclusion criteria that state patients must have been seen twice ever for a medical visit to be included.

Another set of inclusion criteria used by some measures ask you to include patients based on when they were first or last seen. For example:

- The adult weight measure has inclusion criteria that states the patient needs to have been last seen after age 18; and so, while each work somewhat similarly - the specific dates and ages for each measure vary.

Quality of Care Measures: Exclusion Criteria

In addition to the specific inclusion criteria for each clinical measure, there are also exclusion criteria specified for some measures. For many of the measures on Table 6B, there are no exclusion criteria, but where there are, they are clearly stated in the UDS Manual. For example, cervical cancer screening excludes women who have had a hysterectomy.

OK, so that covers the type of information you'll be reporting in Column a. Let's go on and talk about Column b.

Column B: Number of Charts Sampled or EHR

As we mentioned, in Column b, you will either report the total number of patients in your universe, 80% of the patients in your universe using your EHR for each specific measure, or a random sample of 70 patients, selected from your universe.

How will you decide which way to go? Let's talk about that next.

Column B: Number of Charts Sampled or EHR

You can report on the entire universe (again, the total number of patients you reported in Column a) **if** your electronic health records system allows you to identify each patient included in the universe and can identify whether each patient has met the measurement standard.

If your system cannot do both - identify the universe, and those meeting the performance standard for this measure - then you will have two options:

- Use a random sample of 70 patient records to determine performance achievement. If that is the case, then the number you'll report in Column b will be 70. If you have a patient universe (in Column a) with fewer than 70 patients, then you will need to report on all patients in the universe in Column b; or
- Report on a minimum sample of 80% of all patients who fit the criteria in Column a. Remember, to use this option, your EHR must include a minimum of 80% of all your medical or dental patients from all service sites and grant-funded programs, must have been in place long enough to cover the period of time being reviewed, and include information needed to assess whether or not the measurement standard has been met (inclusions and exclusions).

Using EHR to Identify Patient Sample

As we just mentioned, in order to use your EHR to report the number of patients in Column b, it needs to meet the four following criteria:

- The EHR includes at least 80% of all patients who meet the inclusion criteria; AND
- The EHR can exclude patients who meet one or more exclusion criteria; AND
- Every inclusion and exclusion criteria item is regularly recorded for all patients; AND
- The EHR has been in place long enough to find the data required for the performance measure (in some cases, this means being able to go back several years in order to report the measure accurately).

If each of those statements is true for your EHR, then you can go ahead and use it to identify your patients (in Column b) and report on performance achievement for the measure. Let's talk about performance achievement next.

Column C: Number of Charts Meeting the Measurement Standard

In Column c for each of these measures, you will report the number of patients from Column b (your patient universe, 80% of your patient universe, or a random sample of 70 drawn from that universe) whose treatment meet the performance achievement goals for the specific measure.

Clinical Measures

OK, with that information in hand, let's get into the specifics on reporting the universe, the sample, and the patients meeting performance achievement for each clinical measure.

Section C: Childhood Immunizations

Starting with Section C - Childhood Immunizations. This is where you'll report the number of children, aged two, who are fully immunized before their second birthday.

- This would include children with their 2nd birthday during the measurement year who are fully immunized before their second birthday.

The performance measure will be obtained by dividing the number of children reported in Column c, the numerator, by the number of children reported in Column b, the denominator.

Did You Know: Childhood Immunizations

To count toward performance achievement on this measure, children must meet the measurement standard for each of 11 diseases normally vaccinated against by administration of the following vaccinations:

- 4 DTP/Dtap
- 3 IPV

- 1 MMR
- 3 Hib
- 3 Hep B
- 1 VZV (Varicella)
- 4 Pneumococcal conjugate
- 1 Hep A
- 2 or 3 Rotavirus (RV)
- 2 flu

Column A: Childhood Immunizations

The first thing you must determine is the number of patients who make up the "universe" for the measure.

Childhood Immunizations Inclusions

There are three criteria for identifying those children included in the universe for this measure. Each child will have:

- Been born between January 1, 2014 and December 31, 2014; and
- Had at least one medical visit during the reporting year.

If a child is contraindicated for one or more specific vaccines, you will still include them in the universe. When reporting performance achievement (in Column c), these children will be considered having met the measurement standard for any such vaccines, and their records will need to be reviewed for the administration of the remaining vaccines.

Column B: Childhood Immunizations

In Column b, you will report either the full universe (what you reported in Column a), 80% of the patients in your universe using your EHR, or a random sample of 70 patients. This will always be the case for Column b throughout the rest of this table so I'll just mention it here and save us time as we go forward.

Column C: Childhood Immunization

Then, in Column c, you will report the number of children from Column b who fully met the measurement standard before their second birthday. A child who has met the measurement standard must have:

- Received all required vaccines; or
- Have a documented contraindication for the vaccine, evidence of the antigen, history of the illnesses for each vaccine, or a seropositive test result.

Did You Know: Evidence of Performance Achievement

Positive evidence of performance achievement WOULD include:

- A medical record with the date of each immunization and the name of the provider, whether the immunization was provided by the health center or another provider; or
- Notes in the medical record indicating that the patient received the immunization "at delivery" or "in the hospital" for vaccines that do not have minimum age restrictions.

But WOULD NOT include:

- A note merely that a patient is "up to date" with immunizations, without also listing the date and provider for each immunization; nor
- Any good faith efforts to get the child immunized but which were not successful, including: parental failure to bring in the child; parents refusing for religious reasons; or parents refusing because of concerns about vaccines.

Section C: Childhood Immunizations

Let's look at an example, using data from North Side (our fictitious health center). Here, North Side identified:

- 986 children meeting the inclusion criteria for the childhood immunization measure and reported that number in Column a;
- They identified a random sample of 70 children from their patient universe and reported these charts sampled in Column b; and
- From review of the 70 randomly-selected charts, they identified 62 children who met the measurement standard.

From these reported numbers, we can divide the number of patients reported in Column c (62), by the number of children reported in Column b (70) - to obtain a performance achievement rate on this clinical measure of .886. That is, 88.6% of children received age-appropriate vaccines prior to their 2nd birthday during the measurement year.

Section D: Cervical Cancer Screening

Great, let's continue with the next measure, Cervical Cancer Screening.

Cervical Cancer Screening - Section D - reports the number of female patients ages 21 to 64 who received one or more Pap tests to screen for cervical cancer during a three-year period.

You can view detailed descriptions of the Cervical Cancer Screening measure, inclusion criteria, and measurement standards by clicking on the VIEW THE MANUAL ICON in the LOWER LEFT of the screen.

Column A: Cervical Cancer Screening

Again, the first thing you need to do is determine the number of patients who make up the “universe” for the measure.

Cervical Cancer Screening Inclusions

There are three criteria for identifying those patients included in the universe for this measure; each patient in the cervical cancer screening universe will:

- Be a female aged 23 to 64; and
- Have had at least one medical visit in a health center clinic during the reporting year; and
- Have been first seen before the age of 65.

Cervical Cancer Screening Exclusions

You will exclude women who have had a hysterectomy.

And, remember, if your EHR does not allow you to identify women who have had a hysterectomy, you will need to report on a random sample of 70 patients whom you can identify as meeting both the inclusion and exclusion criteria.

Column C: Cervical Cancer Screening

In Column c, you will report the number of patients from Column b who meet the measurement standard. Women who have met the measurement standard will have received one or more documented Pap test (regardless of where it was performed) during the reporting year or in the two years prior.

Did You Know: Evidence of Performance Achievement

Positive evidence of performance achievement WOULD include a medical record with:

- A copy of the test result (whether from your lab or another provider's lab)
- An entry by your provider or clinical staff in the patient's chart which includes the name of the provider, the test date and result

But WOULD NOT include:

- A note that the patient “was referred” or reported she had received the test, or
- Any good faith efforts to get the patient tested which were not successful, including: her refusal to have the test; her failure to return for a scheduled test; nor her claim to have had the test but which cannot be documented.

Section D: Cervical Cancer Screening

Let's check in again with North Side to see how they reported this measure. Here you can see that:

- In Column a, they identified 15,920 women meeting the inclusion criteria for the cervical cancer screening measure;
- In Column b, they are reporting on the EHR total (the 15,920 women reported in Column a); and
- From review of those charts, they identified 8,756 women who met the measurement standard.

From these numbers, we can calculate the performance achievement rate (55%) by dividing the number of patients reported in Column c (8,756) by the number of women reported in Column b (15,920). That is, 55% of women between the ages of 23 to 64 received appropriate cervical cancer screening. This performance achievement rate is just about in line with the average for BPHC health centers, but considerably lower than the Healthy People 2020 performance achievement goal of 93% on this measure. So, there is a little bit more work to be done to improve the performance achievement rates in this area.

Clinical Measures

Thanks for sticking with me. We have just a few more measures to review in Part 1 of the training on Table 6B.

Let's move on to the measure on Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents.

Section E: Weight Assessment and Counseling for Children and Adolescents

In Section E, you'll report the number of children and adolescents age 3 through 17 with a BMI percentile documented in their medical record and who received counseling on nutrition and physical activity documented for the current year.

To view a detailed description of the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents measure, inclusion criteria, and measurement standards click on the VIEW THE MANUAL ICON in the LOWER RIGHT of the screen.

Column A: Child & Adolescent Weight Screening & Follow-up

Once again, you'll start out by determining the number of patients who make up the "universe" for the measure.

Child & Adolescent Weight Screening Inclusions

For this measure, there are three criteria for identifying the patient universe. Each patient included in the Child and Adolescent Weight Screening and Follow-up universe:

- Will be from the ages of 3 through 17 years old as of December 31st; AND
- Will have had at least one medical visit during the reporting year; AND

- Have been seen for the first time ever before turning age 18.

Column C: Child & Adolescent Weight Screening

And, in Column c, the number of patients from Column b who met the measurement standard. To be counted as having met the measurement standard, a child or adolescent must have:

- A recorded BMI percentile during the reporting period; AND
- Documented counseling on nutrition; AND
- Documented counseling on physical activity.

Did You Know: Evidence of Performance Achievement

Positive evidence of performance achievement WOULD include a medical record with:

- All three criteria documented: BMI percentile, counseling on nutrition, and counseling on activity.
- The record must include the actual BMI *percentile*. It is not sufficient that height and weight have been documented, or even that BMI score has been recorded - the actual BMI percentile must be documented in the record.

Evidence of performance achievement WOULD NOT include:

- Just reporting that a well child visit was scheduled, provided or billed. The visit must document each of the three elements noted above.

Section F: Adult Weight Screening & Follow-Up

The next measure, Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up (in Section F), is where you'll report the number of adults age 18 and older with a documented BMI and a follow-up plan, if they were over- or under-weight. Again, you can view a detailed description of the Preventative Care and Screening: Body Mass Index (BMI) measure, inclusion criteria, and measurement standards by clicking on the VIEW THE MANUAL ICON in the LOWER RIGHT of the screen. For more information, click the DID YOU KNOW icon in the LOWER RIGHT as well.

Did You Know: Overweight or Underweight Depends on Age?

There are different criteria for identifying the cut-off points for being overweight or underweight, depending on a patient's age:

- For patients age 18 to 64, overweight is defined as a BMI greater than or equal to 25, and underweight is defined as a BMI less than 18.5
- For patients over age 65, overweight is defined as a BMI greater than or equal to 30, and underweight is defined as a BMI less than 23

Adult Weight Screening Inclusions

For this measure, each patient included in the Adult Weight Screening and Follow-up universe will:

- Be age 18 or older as of December 31st of the reporting year; and
- Have had at least one medical visit during the reporting year; and
- Have been last seen after they turned 18.

Adult Weight Screening Exclusions

And, you will exclude:

- Pregnant patients;
- Patients who were seen in a visit where they were receiving palliative care, refused measurement of height and/or weight, were in an urgent or emergent medical situation where time is of the essence and to delay treatment would have jeopardized the patient's health status; and
- Patients who had another reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.

Column C: Adult Weight Screening & Follow-up

Then, in Column c, you'll report the number of patients from Column b who met the measurement standard. To be counted toward performance achievement on this measure, a patient must:

- Have a recorded BMI during their last visit or within 6 months prior to their last visit, AND
- Have a documented follow-up plan if they were either overweight or underweight.

Did You Know: Evidence of Performance Achievement

Positive evidence of performance achievement WOULD include a medical record with both criteria documented:

- BMI, and
- Follow-up plan if either overweight or underweight

Section G: Tobacco Use Screening & Cessation

OK, one last measure before we wrap things up for Part 1. Section G – Preventive Care and Screening: Tobacco Use Screening & Cessation Intervention - here you'll report the number of adults age 18 and older screened for tobacco use, who have received cessation counseling intervention or medication, if identified as a tobacco user one or more times in the measurement year or in the prior year.

This clinical measure now combines two formerly separate measures - Tobacco Use

Screening and Cessation Intervention - into a single measure to be reported on line 14a. If you'd like to read more about the Tobacco Use Screening and Cessation measure, inclusion criteria, and measurement standards you can click on the VIEW THE MANUAL ICON in the LOWER RIGHT of the screen.

The first thing you must determine is the number of patients who make up the "universe" for the measure.

Tobacco Use Screening & Cessation Inclusions

For this measure, there are four criteria for identifying those adult patients; each patient included in the Tobacco Use Screening and Cessation universe will:

- Be age 18 or older as of December 31st of the reporting year; and
- Have had at least one *preventative* medical visit in a health center clinic during the reporting year; or
- Had at least two visits during the measurement year; and
- Have been last seen after they turned 18.

The only exclusion for this measure is patients who have documentation of a medical reason for not screening (for example a limited life expectancy)

Column C: Tobacco Use Screening & Cessation

In Column c, you'll report the number of patients from Column b who:

- Were screened for tobacco use at least once within 24 months of their most recent visit; and
- If identified one or more times in the measurement year or prior year, as having used any form of tobacco (not just smoking), received cessation counseling intervention or an order for a smoking cessation medication, or were found to be using a smoking cessation agent.

Note that the screening can be performed by any provider, including a dentist or vision provider.

Did You Know: Evidence of Performance Achievement

Positive evidence of performance achievement WOULD include a medical record with both criteria documented:

- Tobacco use screening, and
- If tobacco user, received either cessation counseling intervention or an order for cessation medication (prescription or over-the-counter) or was on cessation medication.

Section G: Tobacco Use Screening & Cessation

In this example, you'll note that there are 12 patients reported as having met the measurement standard. These 12 patients may have met the measurement standard in two different ways:

- Either having been screened for tobacco use and identified as a **non**-tobacco user**; OR**
- Having been screened for tobacco use, found to be a tobacco user**, AND** then having received cessation counseling intervention or medication.

Similarly, the 58 patients who did not meet the measurement standard may not have met the standard for different reasons. For example, they may have been:

- **SCREENED** for tobacco use **AND** identified as a tobacco user, **but did not** receive cessation counseling intervention or medication; **OR**
- **WERE NOT SCREENED** for tobacco use (so we don't know whether or not they use tobacco).

UDS Reviewer

From what North Side has reported, their UDS Reviewer can see that they have achieved a performance achievement rate on this measure of 17.2%. This rate is calculated by dividing the number of patients having met the measurement standard in Column c (12) by the number of adults in the sample in Column b (70).

So, this means that 17.2% of adults age 18 and older met the measurement standards:

1) Having been screened for tobacco use within 24 months of their last visit; AND
2) Having received cessation counseling intervention or medication if identified as a tobacco user one or more times.

The reported performance achievement rate of 17.2% is low compared to the average for BPHC health centers (about 81%), so North Side has some improvement to do.

Cross-Table Issues

That was a lot to take in. Again, thank you for sticking with me. Before we finish Part 1 of the training for Table 6B, let's talk about some of the issues you should watch for when reporting information across tables.

Cross-Table Issues: Prenatal Patients

Prenatal patients are also reported on Table 7 (Health Outcomes & Disparities) in Section A: Deliveries and Birth Weight by Race and Ethnicity.

Because Table 7 will ask you to report only on those prenatal patients who delivered during the year, it will be a subset of all of your prenatal patients (remember some of them will still be pregnant at the end of the reporting year). So, we will expect to see a smaller number of prenatal patients reported on Table 7 than on Table 6B.

Tables 6A & 6B: No Direct Correspondence

Although there are a number of clinical measures that appear to be similar on Tables 6A and 6B - they are just that, similar, so there is no direct correspondence between them.

So, while we have laid out the similar items here - it is sufficient to understand that Table 6B reports on clinical measures for a subset of your patient populations. For example, patients are included (or excluded) based on age or gender or medical condition.

Other Cross-Table Issues

- When comparing Table 6B to Table 5 - know that there can never be more patients in any of the patient universes (on Table 6B) than total medical patients (reported on Table 5).
- And, when comparing Table 6B to Table 3A - understand that the patient universes (on Table 6B) are a subset of patients reported by age and sex assigned at birth (on Table 3A).

Congratulations

Congratulations! You've completed Part 1 of the training on Table 6B!

Thank you for taking the time today to learn about Table 6B and for testing your knowledge.

Review

You can review any topic that we just covered by clicking on the hyperlinks in the Table of Contents on the left of your screen, but if you would like to do something else, click the **NEXT** button to see your options.

Please remember to access and download additional training resources by clicking on the RESOURCES LINK in the upper right-hand corner of your screen.

Additional Resources

These resources allow you to access National- and State-level UDS data; and, other reporting resources such as Quick Fact Sheets, training webinars, and the in-person regional training schedule.

For ongoing questions, you can also email: UDSHelp330@BPHCDATA.NET or call the UDS Helpline toll-free at 866-UDS-HELP.