

## **HRSA Clinical Quality Performance Measures A Commitment to Quality Improvement in the Safety Net**

The Health Resources and Services Administration (HRSA) has begun implementation of a Clinical Quality Core Measure Set of 12 performance measures as part of a larger clinical quality measurement and improvement initiative. This initiative underscores HRSA's commitment to quality improvement and begins to measure and demonstrate the quality of care across the Agency as a whole—a capstone to the program are specific quality measures now in use by many HRSA programs. The new initiative not only aligns clinical performance measures across HRSA's clinical service delivery programs, but also makes them consistent with national quality measures endorsed by the National Quality Forum (NQF), AQA, and other national quality organizations. [The Core Measures are also consistent with OMB Circular A-119 and relies on a metric and definitions also used by Medicare, Medicaid, HEDIS, and other organizations involved in health care related quality performance measurement in both the public and the private sectors.](#)

The Core Clinical Measures Set was approved by HRSA senior leadership in December of 2006 and is available for use by HRSA programs. [Four of the measures have already been incorporated into program grant guidance including those for health information systems, rural quality improvement grants, and the Consolidated Community Health Centers program UDS reporting tool.](#) Performance data from the [Consolidated Community Health Centers will be reported in January of 2010.](#) To help HRSA plan for technical assistance support, data analysis, and quality performance reporting, the measures were tested during performance review site visits and through feasibility study testing during the summer and fall of 2007.

The core measures address priority health conditions of HRSA safety-net populations, cover all life cycles, are amenable for quality improvement, and were selected for their relevance to HRSA programs. To reflect HRSA's important role in population and community health, the core measure set includes screening for colon, breast and cervical cancer screening; cancers which disproportionately affect HRSA populations and for which early detection and care can significantly decrease mortality and improve 5 year survival.

In addition, the HRSA set includes measures for prenatal HIV screening, access to prenatal care, and appropriate immunizations by life cycle. Chronic disease management performance measures are included for diabetes and hypertension. Additional Core Clinical measures are planned in the areas of mental health, oral health, asthma, obesity, and smoking. Quality measures for patient safety, patient satisfaction, and health literacy/communication are also being considered.

The list of measures below is supported by a more extensive document of measure specifications. Questions about the measures can be directed to HRSA's experts at the Office of Health Information Technology and Quality at [healthit@hrsa.gov](mailto:healthit@hrsa.gov).

MEDICAL CONDITION					
Measure	Description	Rationale / Purpose	Numerator/Denominator	Denominator Exclusions/Notes/Comments	Numerator Exclusions/Notes/Comments
<b>PRENATAL CARE</b>					
<b>First Trimester Care Access</b> <b>Source: NCQA</b>	Percentage of pregnant women beginning prenatal care in the first trimester of pregnancy.	Measuring enrollment of pregnant patients in first trimester is accepted as a way to assess access to care for pregnant women. Enrollment in care during the first trimester (first three months) of pregnancy is a reflection of timely initiation of prenatal care. Early prenatal care is associated with positive pregnancy outcomes. The goal for this measure is to increase the positive outcomes of healthy mothers and babies and to minimize maternal and infant morbidity and mortality.	<b>Numerator:</b> Number of pregnant women from the denominator who began prenatal care during the first trimester.* <b>Denominator:</b> Total number of pregnant women who entered prenatal care during the measurement year.	<b>Denominator Exclusion:</b> None <b>Denominator Inclusion:</b> Any women who receive pregnancy related services, including delivery, during the measurement year. Women who had 2 different pregnancies during the measurement year should be counted twice.	<b>Numerator Exclusions:</b> Patients that had not reached 13 weeks of pregnancy by Dec. 31 of the measurement year and patients that did not enter into the care of the clinic until after 13 weeks into their pregnancy. <b>Numerator Inclusions:</b> Patients in the numerator must have received care in the first trimester* from an advanced clinical OB practitioner designated by the organization to provide prenatal examinations (e.g. Obstetrician Gynecologist, Certified Nurse Midwife, Family Practitioner, Advanced Practice Nurse with competence in prenatal care) <b>NOTE:</b> Documentation of a dated prenatal examination or office visit with associated obstetric screening tests** (See below for details)

\* First Trimester is defined by a visit before the 13th week of pregnancy and should be determined by one of the four following methods:

1) The first prenatal visit occurs before the 13th week as counted from the first day of last menstrual period (LMP) noted in the chart; 2) The first prenatal visit occurs before the 13th week as counted from the documented Estimated Date of Delivery (EDD); 3) Note by provider indicating week of pregnancy (e.g., "8 week exam"); 4) An ultrasound is performed before 20 weeks EGA (estimated gestational age) with documentation of the age of fetus. Look for concordance of the size versus the date. If the dates are correct and the sonogram is early enough to indicate 13 weeks or smaller this is evidence that a prenatal visit occurred before the 13th week of pregnancy.

\*\* Prenatal Visit is defined as: Documentation in the medical record that includes a note indicating the date on which the prenatal care visits occurred and evidence of one of the following.-- A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used) -- Evidence that a prenatal care procedure was performed, such as: -- Screening test in the form of an obstetric panel (e.g., hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh[D] and ABO blood typing), or -TORCH Antibody panel alone or a rubella antibody test/titer with an Rh incompatibility(ABO/Rh) blood typing or Echography of a pregnant uterus -- Documentation of LMP or EDD in conjunction with either of the following: - prenatal risk assessment and counseling/education, or - complete obstetrical history Note: Count any documentation of a visit to an OB practitioner, a certified Nurse-midwife, family practitioner, or advanced practice nurse, with experience, training and demonstrated competence in prenatal care with a principal diagnosis of pregnancy.Note: -- The use of an EDD date is optional and requires medical record review. -- Services that occur over multiple visits count toward this measure as long as all services are within the time frame established in the measure.

## HIV PERINATAL PREVENTION

<p><b>HIV Screening for Pregnant Women Source: AMA/PCPI</b></p>	<p>Percentage of pregnant women who were screened for HIV infection during the first or second prenatal care visit.</p>	<p>The goal for improvement for Prenatal HIV Screening is to minimize perinatal transmission of HIV infection through early diagnosis and treatment of HIV-infected pregnant women. Measuring Prenatal HIV Screening is important because:</p> <ul style="list-style-type: none"> <li>· HIV and AIDS are leading causes of illness and death in the US and only 40% of the U.S. population has been tested.</li> <li>· Perinatal transmission of HIV can be reduced by 70% with antiretroviral therapy.</li> </ul> <p>The CDC recommends that HIV screening be included in the routine panel of prenatal screening tests for all pregnant women.</p>	<p><b>Numerator:</b> Number of women from the denominator who were screened for HIV infection during the first or second prenatal care visit. <b>Denominator:</b> All pregnant women seen for two prenatal visits during the measurement year.</p>	<p><b>Denominator Exclusion:</b> Patients previously documented as HIV positive.</p>	<p><b>Numerator Exclusions:</b> None- There is no exclusion for patient refusal <b>Numerator Inclusions:</b> All patients with documentation of screening for HIV infection including: Enzyme immunoassay (EIA), Enzyme linked immunosorbent assay (ELISA), Western blot (WB), Indirect immunofluorescence assay (IFA), rapid test, during the first or second prenatal visit. If a patient transfers into care during pregnancy, documentation of prenatal HIV screening done elsewhere for the same pregnancy, must be dated within the first of 2nd visit.</p>
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## CANCER SCREENING

<p><b>Breast Cancer Screening Source: NQF/NCQA</b></p>	<p>Percentage of women 40-69 years of age who had a mammogram.</p>	<p>Breast cancer continues to be a leading cause of morbidity and mortality in the US female adult population. The goal is to further reduce the morbidity and mortality associated with breast cancer. Regular mammograms for women ages 50 to 69 can reduce breast cancer mortality by up to 35 percent through early detection and a mammogram can detect breast cancer 1 to 4 years before a woman can feel the lump. Mammography can also detect 80 to 90 percent of breast cancers in women without symptoms.</p>	<p><b>Numerator:</b> Women in the denominator who received one or more mammograms during the measurement year or the year prior to the measurement year. <b>Denominator:</b> All women patients aged <b>42 to 69</b> years of age during the measurement year or year prior to the measurement year.</p>	<p><b>Denominator Exclusion:</b> Women who had a bilateral mastectomy and for whom administrative data does not indicate that a mammogram was performed. The bilateral mastectomy must have occurred by Dec. 31 of the measurement year.</p>	<p><b>Numerator Exclusions:</b> None <b>Numerator Inclusions:</b> Documentation in the medical record must include: a note indicating the date the test was performed and the result of the finding, or a copy of a mamogram result, or if a note documents the date, and results from a test ordered by another provider.</p>
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<p><b>Cervical Cancer Screening</b> Source NQF/NCQA</p>	<p>Percentage of women 21-64 years of age who received one or more Pap test.</p>	<p>Most cervical cancer can be prevented, and when found and treated early, most cervical cancer can be cured. Despite effective screening techniques, it is estimated that 3,870 women will die from cervical cancer during 2008. The goal for this measure is to ensure adequate screening of women for cervical cancer using the Papanicolaou or Pap smear.</p>	<p><b>Numerator:</b> Women in the denominator with one or more Pap test during the measurement year or the two years prior to the measurement year. <b>Denominator:</b> All women patients 24-64 years of age during the measurement year or 2 years prior to the</p>	<p><b>Denominator Exclusions:</b> Women who had a hysterectomy and with no residual cervix and for whom the administrative data do not indicate that a Pap test was performed. <b>Denominator Inclusion:</b> Given the measurement look back period, women 21-64 will be captured in this measurement. Identify patients who have had at least one office visit in the prior (12) months.</p>	<p><b>Numerator Exclusions:</b> None <b>Numerator Inclusions:</b> Documentation in the medical record must include: a note or billing code indicating the date the test was performed and the result of the finding, or a copy of a lab test performed by another provider is in the chart, or if a note documents the name, date, and results from a test performed by another provider.</p>
<p><b>Colorectal Cancer Screening</b> Source: NQF/NCQA</p>	<p>Percentage of adults 50-80 years of age who had an appropriate screening for colorectal cancer.</p>	<p>Colorectal cancer is the third most common cancer diagnosed in both men and women in the United States and is the third leading cause of cancer-related deaths in the United States. Screening allows more colorectal cancers to be found earlier when the disease is easier to cure. The goal for this measure is to further reduce the morbidity and mortality associated with colorectal cancer.</p>	<p><b>Numerator: Patients in the denominator who received one or more screenings for colorectal cancer.</b> <b>Denominator:</b> All patients 51-80 years of age during the measurement year</p>	<p><b>Denominator Exclusion:</b> Patients with a diagnosis of colorectal cancer or total colectomy. Note: Given the measurement look back period, adults 50-80 will be captured in this measure.</p>	<p><b>Numerator Inclusions:</b> Appropriate screenings are defined by any one of the four criteria below: 1) fecal occult blood test (FOBT) during the measurement year. 2) flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. 3) double contrast barium enema (DCBE) during the measurement year or the four years prior to the measurement year. Air contrast enema is a clinical synonym. 4) colonoscopy during the measurement year or the nine years prior to the measurement year.</p>

**IMMUNIZATIONS**

<p><b>Childhood Immunizations</b> Source: NQF/NCQA</p>	<p>Percentage of children 2 years of age with appropriate immunizations.</p>	<p>Despite the demonstrated importance of immunization of young children, there remains a gap between ideal immunization coverage and current rates. In 2005, the NIS revealed an overall vaccine coverage rate for 4xDTaP/DT, 3xIPV, 1xMMR, 3xHiB, 3xHepB, and 1xVZV of about 76% with considerable variation among coverage rates in different states and urban areas. The goal for this</p>	<p><b>Numerator:</b> Number of children from the denominator who have received 4xDTaP/DT, 3xIPV, 1xMMR, 3xHiB, 3xHepB, 1xVZV, and 4x PCV vaccines by their second birthday. <b>Denominator:</b> All children who turn two years of age during the measurement year.</p>	<p><b>Denominator Exclusions:</b> Children who had a contraindication for a specific vaccine may be excluded from the denominator. The exclusion must have occurred by the child's 2nd birthday. Exclusions should be looked for as far back as possible in the child's history. <b>Denominator Inclusions:</b> Patients who turned 2 years of age during the measurement year, and who have had at least one office visit in the prior (12) months.</p>	<p><b>Numerator Exclusions:</b> None <b>Numerator Inclusions:</b> Evidence of having received: 4xDTaP/DT, 3xIPV, 1xMMR, 3xHiB, 3xHepB, 1xVZV(chicken pox vaccine), and 4x PCV (pneumococcal conjugate) vaccines by their second birthday. Also include patients in the numerator who have evidence of antigen, documented history of illness, or seropositive test result, or certificates of immunization from authorized provider. See immunization details below**</p>
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		measure is to increase the vaccine coverage rate for all recommended immunobiologics for children by the age of 2 years.			
<b>Adult Influenza Vaccination</b> <b>Source: NQF/NCQA</b>	Percentage of patients 50-64 years of age who have received an influenza vaccine during flu season.	The goal for this measure is to reduce the morbidity and mortality associated with influenza for adults $\geq 50$ years of age. Annual influenza epidemics continue to be a leading cause of morbidity and mortality in the US adult population. Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications.	<b>Numerator:</b> Number of patients from the denominator who received influenza vaccination from September 1st through February 29th. <b>Denominator:</b> All patients 50-64 years of age during the measurement	<b>Denominator Exclusions:</b> 1) Patients with egg allergy . 2) Patients with previous adverse reaction to influenza vaccine. 3) Patients with other medical reasons documented by the practitioner for not receiving influenza vaccination. 4) Patients with documented refusal. <b>Denominator Inclusions:</b> All patients between 50 - 64 years and older with a visit in the measurement year, even if seen just once.	<b>Numerator Exclusions:</b> None <b>Numerator Inclusions:</b> Documented evidence of having received influenza vaccination including certificate of immunization from authorized provider.
<b>Older Adult Influenza Vaccination</b> <b>Source: NQF/NCQA</b>	Percentage of patients 65 years and older who have received influenza vaccine during flu season.	The goal for this measure is to reduce the morbidity and mortality associated with influenza for adults $\geq 65$ years of age. Annual influenza epidemics continue to be a leading cause of morbidity and mortality in the US adult population. Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications.	<b>Numerator:</b> Number of patients from the denominator who received an influenza vaccination from September 1st through February 29th. <b>Denominator:</b> All patients 65 years of age and older during the measurement year.	<b>Denominator Exclusions:</b> 1) Patients with egg allergy . 2) Patients with previous adverse reaction to influenza vaccine. 3) Patients with other medical reasons documented by the practitioner for not receiving influenza vaccination. 4) Patients with documented refusal. <b>Denominator Inclusions:</b> All patients 65 years and older with a visit in the measurement year, even if seen just once.	<b>Numerator Exclusions:</b> None <b>Numerator Inclusions:</b> Documented evidence of having received influenza vaccination including certificate of immunization from authorized provider.

<p><b>Older Adult Pneumococcal Immunization: NQF/CMS/NCQA</b></p>	<p>Percentage of patients <math>\geq</math> 65 years of age who have <b>ever</b> received a pneumococcal vaccine.</p>	<p>Pneumococcal pneumonia is a preventable disease that continues to cause substantial morbidity and mortality among seniors. There are approximately 100,000 hospitalizations and 7,000 deaths per year from pneumococcal pneumonia, with a disproportionate representation by older adults 65 years and older.</p>	<p><b>Numerator:</b> Number of patients from the denominator who have ever received pneumococcal vaccine. <b>Denominator:</b> All patients 65 years and older in the measurement year.</p>	<p><b>Denominator Exclusions:</b> 1) Previous anaphylactic reaction to the vaccine or any of its components. 2) Other medical reason(s) documented by the practitioner for not receiving a pneumococcal vaccination. 3) Documented patient reason(s) (e.g., economic, social, religious). <b>Denominator Inclusions:</b> All patients 65 years and older with a visit in the measurement year, even if seen just once.</p>	<p><b>Numerator Exclusions:</b> None <b>Numerator Inclusions:</b> Documented record of having received Pneumonia vaccination including certificate of immunization from authorized provider.</p>
<p><b>Hepatitis B Vaccine for HIV+ patients</b> <b>Source: HRSA HAB August 2008 and Adapted from AMA/NCQA/PCPI May 2008</b></p>	<p>Percentage of patients with HIV infection who completed the vaccination series for Hepatitis B.</p>	<p>Risk factors for exposure to Hep B are similar to those for HIV. HIV-1 infection is associated with an increased risk for the development of chronic hepatitis B after HBV exposure. Hepatitis B is the leading cause of chronic liver disease worldwide. Co-infected HIV + and Hep B patients have increased risk of liver-related mortality. Despite the significant impact of Hep B, the rate of vaccination in the HIV + population is low. The goal for this measure is to increase the hepatitis B vaccine coverage rate for those infected with HIV.</p>	<p><b>Numerator:</b> Number of patients in the denominator who <b>ever</b> received a complete vaccination series for Hepatitis B (vaccine Hep B x3 vaccinations). <b>Denominator:</b> All patients with HIV with at least one visit in the measurement year.</p>	<p><b>Denominator Exclusions:</b> 1) HIV positive patients who already have had documented diagnosis of Hepatitis B infection, Chronic Hepatitis B, or have documentation of positive results to any one or more than one of the following should be excluded from the denominator: ·Hep B Surface Antigen ·Hep B Surface Antibody ·Hep B core Antibody ·Hep B e Antigen ·Hep B e Antibody ·Hep B DNA 2) The patient is newly enrolled to care for the first time within the last six months of the measurement year). <b>Denominator Inclusions:</b> Include all patients <b>with a medical visit to a provider with prescribing privileges</b>, and that are diagnosed with HIV, and that are known to be completely Hep B negative OR if Hepatitis B Status is unknown.</p>	<p><b>Numerator Exclusions:</b> None <b>Numerator Inclusions:</b> Documented evidence of a completed series of 3 vaccinations including certificate of immunizations from authorized provider.</p>

\*\*Appropriate Childhood Immunizations: For DTaP, IPV, HiB and pneumococcal conjugate, evidence of the antigen or vaccine must be found. For MMR, hepatitis B and VZV, any of the following may be counted : Evidence of the antigen or combination vaccine, or documented history of the illness or a seropositive test result. For combination vaccinations that require more than one antigen (i.e., DTaP and MMR), evidence of all the antigens must be found. The appropriate Immunizations are the following: DTaP / DT: Four DTaP vaccinations with different dates of service on or before the child's second birthday. Do not count any vaccination administered prior to 42 days after birth. IPV: At least three polio vaccinations (IPV) with different dates of service on or before the child's second birthday. IPV administered prior to 42 days after birth cannot be counted. MMR: At least one measles, mumps and rubella (MMR) vaccination, with a date of service falling on or before the child's second birthday. HiB: H Three H influenza type B (HiB) vaccinations, with different dates of service on or before the child's second birthday. HiB administered prior to 42 days after birth cannot be counted. Note: Because one particular type of HiB vaccine requires only three doses, the measure requires meeting the minimum possible standard of three doses, rather than the recommended four doses. Hepatitis B: Three hepatitis B vaccinations, with different dates of service on or before the child's second birthday. VZV: At least one chicken pox vaccination (VZV), with a date of service falling on or before the child's second birthday. Pneumococcal conjugate: At least four pneumococcal conjugate vaccinations with different dates of service on or before the child's second birthday. Combination 2 (DTaP, IPV, MMR, HiB, hepatitis B, VZV): Children who received four DTaP/DT vaccinations; three IPV vaccinations; one MMR vaccination; three HiB vaccinations; three hepatitis B; and one VZV vaccination on or before the child's second birthday. Combination 3 (DTaP, IPV, MMR, HiB, hepatitis B, VZV, pneumococcal conjugate): Children who received all of the antigens listed in Combination 2 and four pneumococcal conjugate vaccinations on or before the child's second birthday.

## CHRONIC DISEASE MANAGEMENT

<p><b>DIABETES- HbA1c</b>  <b>{POOR CONTROL}</b>  <b>Source:NCQA / NQF/ PQRI/ PCPI</b></p>	<p>Percentage of patients aged 18 through 75 years with type 1 or type 2 diabetes mellitus who had a most recent hemoglobin A1c (HbA1c) greater than 9%.</p>	<p>Diabetes is a leading cause of disability and death in the US, affecting an estimated 17 million people – about 6.2% of the population. Identifying A1c levels greater than 9.0% among adult patients aged 18-75 years allows organizations the opportunity to focus on those patients who are in poor control and thus at highest risk.</p>	<p><b>Numerator:</b> Number of patients from the denominator whose most recent hemoglobin A1c level during the measurement year is greater than 9%.  <b>Denominator:</b> Number of patients aged 18 through 75 years of age with a diagnosis of Type 1 or Type 2 diabetes mellitus during the measurement year.</p>	<p><b>Denominator Exclusions :</b>  Patients who have less than two face-to-face encounters with a diagnosis of diabetes on different dates during the measurement year should be excluded from the denominator. Also exclude those who do NOT have a diagnosis of Diabetes but have a diagnosis of polycystic ovaries, or steroid induced diabetes, or gestational diabetes from the denominator.  <b>Denominator Inclusions:</b>  Diabetes type 1 or type 2  <b>Note:</b> A1c lab result is affected by the presence of hemoglobinopathy. Normal range varies by methodology and may require special lab attention.</p>	<p><b>Numerator Exclusions:</b> None  <b>Numerator Inclusions:</b> Use the most recent HbA1c test during the measurement year. The patient is numerator compliant (goes into the numerator) if the result for the HbA1c test is &gt;9.0%, or the most recent test result is missing or if an HbA1c test was not done during the measurement year.</p>
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**Hypertension Control**  
**Source: NQF/NCQA/ PQRI**

Percentage of patients 18-85 years of age with a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

Persistent hypertension is one of the risk factors for strokes, heart attacks, heart failure and arterial aneurysm, and is a leading cause of chronic renal failure. It is estimated that 1 of 3 adults has high blood pressure or hypertension. The goal is to minimize further cardiovascular health risks associated with hypertension (HTN) through monitoring and treatment.

**Numerator:** Patients from the denominator with last blood pressure measurement with systolic blood pressure less than 140 mm Hg and the diastolic blood pressure less than 90 mm Hg.  
**Denominator:** All patients 18-85 years of age with a diagnosis of hypertension (HTN) during the measurement year.

**Denominator Exclusions :** Patients newly enrolled in care during the last 6 months should be excluded from the denominator. Patients with the diagnosis of endstage renal disease (ESRD ), dialysis or renal transplant , or pregnancy, are to be excluded from the denominator. The following statements alone are insufficient to confirm the diagnosis of Hypertension: “rule out hypertension,” “possible hypertension,” “white-coat hypertension,” “questionable hypertension” and “consistent with hypertension”.

**Denominator Inclusions:** The notation of hypertension may appear anytime on or before June 30 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. Billing code Diagnosis should be confirmed by chart review with problem listing of: • HTN • high blood pressure (HBP) • elevated blood pressure (↑BP) • borderline HTN • intermittent HTN • history of HTN • hypertensive vascular disease (HVD).

**Numerator Exclusions:** Do not include BP readings obtained on the same day as a major diagnostic or surgical procedure. Do not include BP home-monitoring results or self-reported BP readings (e.g., home and health fair BPs).  
**Note:** If no BP is recorded during the measurement year, assume the patient is “not controlled.”  
**Numerator Inclusions:** Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. The reading must occur after the date the diagnosis of hypertension was made. If multiple readings on the same day, the systolic and diastolic results do not need to be from the same reading.