HRSA Core Clinical Measures

U. S. Department of Health and Human Services
Health Resources and Services Administration

April 2011
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HRSA Core Clinical Measures

HRSA CORE CLINICAL MEASURES

The purpose of this module is to introduce the HRSA’s Core Clinical Measures (CCMs), outline their intended use, and highlight the benefits of implementing the CCMs into an organization’s quality improvement program.

Part 1: Introduction

What Are the HRSA Core Clinical Measures?

HRSA defined a set of evidence-based Core Clinical Measures (CCMs) that targets high-priority health conditions found among HRSA’s safety-net populations, which were identified by the Institute of Medicine (IOM) as needing national action for health care quality improvement. The CCMs, which target health care processes and outcomes, are a set of performance measures that reflect HRSA’s role in community health and the life cycle of patient populations. An organization may use these measures as part of its own quality improvement (QI) effort.

Selected for their relevance to HRSA programs, the CCMs address priority health conditions of HRSA’s safety-net populations, cover all life cycles, and conform to QI best practices. HRSA CCMs are aligned with quality measures endorsed by nationally accredited organizations, such as, the National Quality Forum (NQF), the National Committee for Quality Assurance (NCQA), and the Centers for Medicare and Medicaid Services (CMS).

Current HRSA CCMs target cancer screenings, prenatal care, HIV screening, age-appropriate immunizations, and specific chronic disease parameters. Additional HRSA CCMs are planned for performance measurements in mental health, oral health, asthma, obesity, and tobacco prevention and cessation. Quality measures are also being considered for patient safety, patient satisfaction, and health literacy and communication.

Vision for the HRSA Core Clinical Measures

HRSA’s vision for the CCMs is to align clinical performance measurements across its health service delivery programs. The measures are standardized and consistent with national quality measures endorsed by the National Quality Forum (NQF), Ambulatory Care Quality Alliance (AQA), the National Committee for Quality Assurance (NCQA), and other nationally-recognized health care quality organizations. Using standardized quality measures streamlines an organization’s data reporting efforts and allows benchmarking of its quality health care delivery performance. For an organization that receives funding from multiple sources, its reporting burden and duplication of effort is minimized.

The CCMs are relevant across HRSA’s bureaus and offices, and several began implementing measures from the CCM set specific to their programs’ priorities and populations. As HRSA programs incorporate additional quality measures into their data collection efforts, performance measurements will gradually align across its bureaus, offices, and programs. When standardized measures are collected from multiple organizations, HRSA can compare the results across
programs, share lessons learned, and communicate leading practices with all of its organizations efficiently.

An organization currently funded by HRSA may review its program’s Web site for guidance or program-specific requirements for measuring performance, which can be found at one of the following links:

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<tr>
<th>BPHC</th>
<th>MCHB</th>
<th>HAB</th>
<th>BHPPr</th>
<th>ORHP</th>
<th>OPAE/OHITQ</th>
<th>ORO</th>
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Note: If an organization is currently funded by HRSA, some performance measures, including the HRSA CCM set, may be among those that will be reported to HRSA. An organization should consult its program’s Web site plus links to bureau- and office-required guidelines and measures for more information:

General information on HRSA grants, including searchable guidelines, is available and accessible at the [HRSA Grants Web site](#).

Grantees are encouraged to contact their project officers with questions regarding program requirements.

Part 2: HRSA Core Clinical Measures

**Prenatal Care**

**First Trimester Care Access**

*Percentage of pregnant women beginning prenatal care in the first trimester of pregnancy*

**Numerator:** Number of pregnant women from the denominator who began prenatal care during the first trimester

**Denominator:** Total number of pregnant women who entered prenatal care during the measurement year

**HIV Perinatal Prevention**

**HIV Screening for Pregnant Women**

*Percentage of patients who were screened for HIV infection during the first or second prenatal care visit*

**Numerator:** Number of women from the denominator who were screened for HIV infection during the first or second prenatal care visit

**Denominator:** All patients seen for two prenatal visits during the measurement year
**Cancer Screening**

- **Breast Cancer Screening**  
  *Percentage of women 40 to 69 years of age who had a mammogram*  
  **Numerator:** Women in the denominator who received one or more mammograms during the measurement year or the year prior to the measurement year  
  **Denominator:** All women patients aged 42 to 69 years of age during the measurement year or year prior to the measurement year

- **Cervical Cancer Screening**  
  *Percentage of women 21 to 64 years of age who received one or more Pap tests*  
  **Numerator:** Women in the denominator with one or more Pap test during the measurement year or the 2 years prior to the measurement year  
  **Denominator:** All women patients 24 to 64 years of age during the measurement year or 2 years prior to the measurement year

- **Colorectal Cancer Screening**  
  *Percentage of adults 50 to 80 years of age who had an appropriate screening for colorectal cancer*  
  **Numerator:** Patients in the denominator who received one or more screenings for colorectal cancer  
  **Denominator:** All patients 51 to 80 years of age during the measurement year

**Immunizations**

- **Childhood Immunizations**  
  *Percentage of children 2 years of age with appropriate immunizations*  
  **Numerator:** Number of children who have received 4xDTaP/DT, 3xIPV, 1xMMR, 3xHib, 3xHepB, 1xVZV, and 4x PCV vaccines by their second birthday  
  **Denominator:** All children who turn 2 years of age during the measurement year

- **Adult Influenza Vaccination**  
  *Percentage of patients 50 to 64 years of age who have received an influenza vaccine during flu season*  
  **Numerator:** Number of patients from the denominator who received influenza vaccination from September 1st through February 29th  
  **Denominator:** All patients 50 to 64 years of age during the measurement year

- **Older Adult Influenza Vaccination**  
  *Percentage of patients 65 years and older who have received influenza vaccine during flu season*  
  **Numerator:** Number of patients from the denominator who received an influenza vaccination from September 1st through February 29th  
  **Denominator:** All patients 65 years of age and older during the measurement year
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- **Older Adult Pneumococcal Immunization**
  Percentage of patients 65 and above who have ever received pneumococcal vaccine
  **Numerator:** Number of patients from the denominator who have ever received pneumococcal vaccine
  **Denominator:** All patients 65 years and above in the measurement year

- **Hepatitis B Vaccine for HIV+ patients**
  Percentage of patients with HIV infection who completed the vaccination series for Hepatitis B
  **Numerator:** Number of patients with HIV/AIDS who were vaccinated for Hepatitis B (vaccine Bx3 vaccinations)
  **Denominator:** All patients with HIV with at least one visit in the measurement year

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**Chronic Disease Management**

- **Diabetes - HbA1c {Poor Control}**
  Percentage of adult patients 18 to 75 years of age with type 1 or type 2 diabetes, with most recent hemoglobin A1c (HbA1c) greater than 9 percent (poor control)
  **Numerator:** Number of patients from the denominator whose most recent hemoglobin A1c level during the measurement year is greater than 9 percent
  **Denominator:** Number of patients aged 18 to 75 years of age with a diagnosis of type 1 or type 2 diabetes mellitus during the measurement year

- **Hypertension Control**
  Percentage of adult patients, 18 years and older, with diagnosed hypertension (HTN) whose blood pressure (BP) was less than 140/90 (adequate control) during the measurement year
  **Numerator:** Patients from the denominator with last systolic blood pressure measurement less than 140 mm Hg and diastolic blood pressure less than 90 mm Hg during the measurement year
  **Denominator:** All patients 18 to 85 years of age with a diagnosis of hypertension (HTN) during the measurement year.

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**Part 3: References**

Part 4: Additional Resources

- HRSA Clinical Quality Performance Measures: A Commitment to Quality Improvement in the Safety Net (PDF Document)
- Priority Areas for National Action Transforming Health Care Quality; Quality Chasm Series, Institute of Medicine (Book)
- Ambulatory Care Quality Alliance (AQA)
- National Quality Forum (NQF)
- National Committee for Quality Assurance (NCQA)
- HRSA Clinical Quality Performance Measures (http://www.hrsa.gov/quality/coremeasures.htm)
- OMB Circular A-119