

## REACH HEALTHCARE FOUNDATION - COMMON INDICATORS AND METRICS FOR SAFETY NET CLINICS IN THE PROVISION OF PRIMARY CARE SERVICES

| Identifier | Indicators of Access                                  | Definitions and Goals  | Suggested Data Collection   | How to Measure or Calculate   |
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| A-1.       | Clinic Optimal Capacity (% of clinic sessions booked) | <p><b>Definition</b> – This metric calculates the functional capacity of your clinic based on exam room availability and number of providers.</p> <p><b>Goal</b> – Find the optimal level of capacity for your clinic and adjust accordingly to approach optimal levels of staffing to meet demand for services.</p> | Sample all providers in the clinic on the same day of the week, once a month. | <p>Clinic Optimal Capacity - % of total clinic sessions at optimal capacity. Calculate as follows:</p> <ol style="list-style-type: none"> <li>1. How many exam rooms do you have?</li> <li>2. Divide your answer by 3 (to determine the number of providers that can be scheduled at the same time, using an industry average of 3 exam rooms per provider). This determines the potential total # of providers that can be scheduled to work at the same time in your clinic.</li> <li>3. What are your clinic hours for patient appointments? Count the number of 4-hour clinic sessions per day that your clinic is open. (Example: 8 AM-Noon; 1:00-5:00PM ; 4:00-8:00PM equals 3 clinic sessions). Add up the number of sessions each day to determine a weekly total.</li> <li>4. Multiply the answer to #2 by #3. This will be your <b>denominator</b> (potential provider sessions to be scheduled).</li> <li>5. Count the # of providers scheduled for each clinic session by day and add together to calculate a weekly total. This is your <b>numerator</b>.</li> <li>6. Divide the answer to #5 by the answer to #4 to determine what percent of your potential exam room capacity is being staffed with providers (i.e. is being booked for patient access). This gives you a <b>% of Clinic Sessions Booked or Clinic Optimal Capacity</b> to determine how fully you are using your schedule and exam room capacity for patient access.</li> </ol> <p><b>Adjustments or considerations</b><br/>Compare this calculation to unused patient appointments to determine if there are clinic sessions which are being underutilized. If so, you may want to adjust provider schedules and/or the # of total provider sessions to be scheduled, reducing your denominator accordingly.</p> <p>By analyzing wait times for appointments compared to % of Clinic Sessions Booked, you may determine that you need to schedule more providers than you have been to meet patient demand for appointments. If so, increase your numerator accordingly.</p> <p>Adjust your denominator and numerator as you add providers to your schedule to more fully utilize available capacity--for example, adding a second care team to weekends.</p> |

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| A-2.       | Time to 3 <sup>rd</sup> next available appointment | <p><b>Definition</b> - Average length of time in days between the day a patient makes a request for an appointment with a provider and the third available appointment for a new patient physical, routine exam, or return visit exam.</p> <p>The "third next available" appointment is used rather than the "next available" appointment since it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the "third next available" appointment eliminates these chance occurrences from the measure of availability.</p> <p><b>Goal:</b> Decrease number of days to third next available appointment to same day for primary care and specialty care.</p> | <p>Sample all providers in the clinic the same day of the week, once a week.</p> <p>The data collection can be done manually or electronically. Manual collection means looking in the schedule book and counting from the "index day" when the "dummy" appointment is requested to the day of the third available appointment.</p> <p>Some electronic scheduling systems can be programmed to compute the number of days automatically.</p> | <ol style="list-style-type: none"> <li>1. Create a new "dummy" or fake patient.</li> <li>2. Count the number of days between a request for an appointment with a provider and the third next available appointment for a new patient physical, routine exam, or return visit exam.</li> <li>3. Report the average number of days for all providers sampled. Note: Count calendar days (e.g. include weekends) and days off. Do not count any saved appointments for urgent visits (since they are "blocked off" on the schedule.)</li> </ol> |
| A-3.       | No Show rate                                       | Percentage of appointments for which patients did not show.   | On the last day of the month, review that month's schedule for each provider.  | <p>Calculate: Count the total number of appointment slots (denominator). Then count the number of no-show appointments (numerator).</p> <p>Total number of no-show appointments divided by the total number of appointment slots. Multiply the result by 100.</p> <p>Report to the Foundation on the interim and final reports.</p>  |
| A-4.       | Number of New Patients Seen                        | Interpret the phrase " <b>new patient</b> " to mean a <b>patient</b> who has not received any clinical services from the provider organization within the previous three years.   | Query the electronic health record system or count manually the number of new patients seen at least once.   | Count the number of new patients seen at least once in the measurement year. Whether a patient was seen once or more than once, count the patient <b>ONLY</b> once. Report to the Foundation on the interim and final reports.   |

| Identifier | Indicators of Quality of Care                   | Definitions and Goals   | Suggested Data Collection  | How to Measure or Calculate  |
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| Q-1.       | Implementation of a Quality Improvement Process | <p>According to HRSA, Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups. The <a href="#">Institute of Medicine's (IOM)</a> <a href="#">IOM</a> which is a recognized leader and advisor on improving the Nation's health care, defines quality in health care as a direct correlation between the level of improved health services and the desired health outcomes of individuals and populations <sup>(1)</sup>.</p> <p>Quality is directly linked to an organization's service delivery approach or underlying systems of care. To achieve a different level of performance (i.e., results) and improve quality, an organization's current system needs to change. While each QI program may appear different, a successful program always incorporates the following four key principles <sup>(2)</sup>:</p> <ul style="list-style-type: none"> <li>▪ QI work as systems and processes</li> <li>▪ Focus on patients</li> <li>▪ Focus on being part of the team</li> <li>▪ Focus on use of the data</li> </ul> | <p>Provide a specific example of how your organization has instituted a quality improvement process to affect change in the quality of care of the population you serve. What results have you observed?</p> | <p>Provide in your final report to the Foundation. A good example will incorporate a description of the rationale for the QI process, the population it was/is designed for, a description of the process, the role(s) of staff in the process, how the process informed clinic operations, the results of the process and how the process changed clinical or operational activity.</p> |

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| Q-2. | Patient experience at your clinic           | <p><b>Definition:</b> Patient experience during today's clinic visit.</p> <p><b>Goal:</b> To be determined by each grantee. After reviewing the results set a quality threshold (target) for future patient experience visit data. <u>For example</u>, the percent of patients that responded positively to all four items = 85%. Use this quality target to assess your organization's performance in subsequent patient experience data reports.</p> <p><b>Note:</b> the target set should be based on discussion within the clinic and be informed by the pattern of past survey results. Set a reasonable but challenging target.</p> | <p>Create a simple survey to ask patients questions about their visit experience.</p> <p>Choose one week each month to randomly ask 50 patients (e.g., flag every other appointment, or the first 50 appointments) to complete the survey at checkout and drop it in a secure collection box.</p> | <p>Survey items for consumers who received clinical service. Instructions: In your reporting to the Foundation please include the # of clients seen and the # surveyed. Please collect this information on a routine basis.</p> <ol style="list-style-type: none"> <li>1. How satisfied are you with the health services you have received so far at this organization? <ol style="list-style-type: none"> <li>1. Extremely satisfied</li> <li>2. Somewhat satisfied</li> <li>3. Somewhat dissatisfied</li> <li>4. Extremely dissatisfied</li> </ol> </li> <li>2. How much are you included in deciding your treatment? <ol style="list-style-type: none"> <li>1. A great deal</li> <li>2. Moderately</li> <li>3. Somewhat</li> <li>4. Not at all</li> </ol> </li> <li>3. Health care providers involved in my care listen to me and know what I want. <ol style="list-style-type: none"> <li>1. A great deal</li> <li>2. Moderately</li> <li>3. Somewhat</li> <li>4. Not at all</li> </ol> </li> <li>4. I have a lot to say about what happens in my treatment. <ol style="list-style-type: none"> <li>1. A great deal</li> <li>2. Moderately</li> <li>3. Somewhat</li> <li>4. Not at all</li> </ol> </li> </ol> <p><i>Source: Adapted from the Ohio Mental Health Consumer Outcomes System.</i></p> |
| Q-3. | Oral Health and Behavioral Health Screening | <p><b>Definition:</b> Provider screens patient for oral health disease and behavioral health issues using a standardized tool and makes appropriate follow-up or referral</p>   |   | <p>Provide on interim and final grant reports:</p> <ol style="list-style-type: none"> <li>1. Do your providers screen for oral health disease? Yes/No <ul style="list-style-type: none"> <li>• Screen on routine visits?: Yes/No</li> <li>• Screen on specific kinds of appointments?: Yes/No</li> </ul> </li> <li>2. Do your providers screen for behavioral health issues/depression? Yes/No <ul style="list-style-type: none"> <li>• Which tool is used to screen for behavioral health issues?</li> </ul> </li> </ol>   |

| Identifier | Indicators of Patient Outcome  | Definition and Goals   | Suggested Data Collection   | How to Measure or Calculate   |
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| O-1.       | Clinically meaningful improvement in patient population defined by a chronic condition | <p>Definition: Clinically meaningful improvement in patient population outcomes is defined as follows:</p> <p>Diabetes: % of patients that made significant improvement in lowering their A1c levels based on the clinical judgment of the provider over at least 6 months</p> <p>Hypertension: % of patients that made significant improvement in controlling their hypertension based on the clinical judgment of the provider over at least 6 months.</p> <p>Obesity: % of patients that made significant reduction in their BMI based on judgment of provider over at least 6 months.</p> <p>Note: Provider judgment or established clinical guidelines should be used to determine clinically meaningful improvement. Have providers make a judgment about whether change observed is clinically meaningful. Note this for each consumer.</p> | <p>Clinic will select one or more chronic disease(s) to monitor and report on:</p> <ol style="list-style-type: none"> <li>1. Diabetes</li> <li>2. Hypertension</li> <li>3. Obesity</li> </ol> <p>Timeframe to determine clinically meaningful improvement : at least 6 months</p> | <p>For the one selected chronic condition the following are to be reported to the Foundation on the interim and final reports:</p> <p>Diabetes Report:</p> <ol style="list-style-type: none"> <li>a. N = number of patients diagnosed with diabetes</li> <li>b. % of patients at/below A1c of 7</li> <li>c. % of patients at/below A1c of 8</li> <li>d. % of patients at/below A1c of 9</li> <li>e. % of patients without an A1c measure</li> <li>f. % of patients that made significant improvement in lowering their A1c levels over at least 6 months based on the clinical judgment of the provider</li> </ol> <p>Hypertension Report:</p> <ol style="list-style-type: none"> <li>a. N = number of patients diagnosed with hypertension</li> <li>b. % of patients with Stage 1 hypertension: Stage 1 hypertension is a systolic pressure ranging from 140 to 159 mm Hg or a diastolic pressure ranging from 90 to 99 mm Hg.</li> <li>c. % of patients with Stage 2 hypertension: Stage 2 hypertension is a systolic pressure of 160 mm Hg to 180 or a diastolic pressure of 100 mm Hg or higher.</li> <li>d. % of patients with a SBP of &gt;180 or DBP of &gt;100 – hypertensive crisis</li> <li>e. % of patients that made significant improvement in controlling their hypertension based on clinical judgment of provider over at least 6 months.</li> </ol> <p>Obesity Report:</p> <ol style="list-style-type: none"> <li>a. N = number of patients being treated for obesity</li> <li>b. % of adult men and women with a BMI between 18.5 and 24.9 is considered healthy.</li> <li>c. % of adult men and women considered overweight with a BMI between 25.0 and 29.9;</li> <li>d. % of adult men and women with a BMI of 30 or higher is considered obese.</li> <li>e. % of patients that made significant reduction in their BMI based on judgment of provider over at least 6 months.</li> <li>f. % of children aged 3-17 who are identified as overweight; and % who are diagnosed as obese who have an established action plan.</li> </ol> |

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| O-2. | Patient self-assessment of wellness | Definition: General holistic assessment by the patient of their overall health. | <p>Create a simple survey to ask patients about their wellness.</p> <p>Choose one week each month to randomly ask 50 patients (e.g., flag every other appointment, or the first 50 appointments) to complete the survey at checkout and drop it in a secure collection box.</p> | <p>Include the following question in your patient survey:</p> <p>Would you say that in general your health is: Excellent, Very Good, Good, Fair, Poor</p> <p><b><u>For patients under the age of 12 please substitute the following question for parent response:</u></b></p> <p>Would you say that in general your child's health is Excellent, Very Good, Good, Fair, Poor</p> <p>Provide a summary of this question in your interim and final reports to the Foundation.</p> |
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| Identifier | Indicators of Equity in Outcomes  | Definition and Goals   | Suggested Data Collection   | How to Measure or Calculate  |
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| E-1.       | Reduce disparities in clinically meaningful improvement in patient chronic conditions | <p>Definition: Healthy People 2020 defines health equity as "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."</p> <p>Health equity is a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires 1) continuous efforts focused on elimination of health disparities and 2) continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.</p> | <p>Clinic will select one or more chronic disease(s) to monitor and report on:</p> <ol style="list-style-type: none"> <li>1. Diabetes</li> <li>2. Hypertension</li> <li>3. Obesity</li> </ol> <p>Timeframe to determine clinically meaningful improvement : at least 6 months</p> | <ol style="list-style-type: none"> <li>1. Follow procedures as described in metric for O-1.</li> <li>2. Then, disaggregate and report results based on the demographics of the population being treated for the chronic condition. At minimum examine the percent of patients who have who have and who have not made a clinically meaningful improvement by race/ethnic, gender, patient age, co-morbidities, payer type or other factors that clinicians identify as a potential contributor to disparities in clinical outcomes.</li> <li>3. Compare groups of patients based on clinical improvement and factors that may be creating disparities in outcomes.</li> <li>4. Are there any apparent disparities? If so, among what groups?</li> <li>5. What plan of action has been created to further understand and address these disparities?</li> </ol> <p>Report on these five steps/questions in your interim and final reports to the Foundation.</p> |

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|------------|---|--|---|--|
| E-2.       | Reduce disparities in patient self-assessment of wellness | <p>Definition: Healthy People 2020 defines health equity as "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."</p> <p>Health equity is a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires 1) continuous efforts focused on elimination of health disparities and 2) continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.</p> <p>Definition: General holistic assessment by the patient of their overall health examined by clinic staff for disparities or differences among groups of patients.</p> | <p>Create a simple survey to ask patients about their wellness.</p> <p>Choose one week each month to randomly ask 50 patients (e.g., flag every other appointment, or the first 50 appointments) to complete the survey at checkout and drop it in a secure collection box.</p> | <ol style="list-style-type: none"> <li>1. Follow procedures as described for O-2.</li> <li>2. Then, disaggregate and report results based on the demographics of the patient population. At minimum examine by race/ethnic, gender, patient age, co-morbidities, payer type and other factors that clinicians identify as a potential contributor to disparities in clinical outcomes.</li> <li>3. Compare groups of patients based their response to the question in O-2 above.</li> <li>4. Are there any apparent disparities? If so, among what groups?</li> <li>5. What plan of action has been created to further understand and address these disparities?</li> </ol> <p>Report on these five steps/questions in your interim and final reports to the Foundation.</p> |