

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</p>	Policy Issuer (Unit/Program)	Clinic Services
	Policy Number	01-09
	Effective Date	DRAFT 11/16/18
	Revision Date	
Title: Clinical Performance Measurement		Functional Area: Organization
Approved By: Susmita Mishra, M.D., Medical Director		

Policy:

The Sacramento County Health Center (Health Center) adheres to regulatory requirements related to clinical performance through on-going data collection, management and reporting efforts to improve patient satisfaction and health outcomes. Clinical performance measurement provides a balanced, comprehensive look at the Health Center’s services toward common conditions affecting our underserved communities and is supported by the Quality Improvement infrastructure.

Primary care medical homes establish and maintain a culture of data-driven performance improvement on clinical quality, efficiency and patient experience. Clinical performance measurement is a planned and systematic approach to analyze and improve the quality of health care services.

Procedures:

A. Responsibilities

1. Quality Improvement Specialist
 - a. Program Planner or designee supports the Health Center’s compliance with the regulatory requirements related to clinical performance.
 - b. This position focuses on quality improvement methods, data analyses, and interventions to meet defined quality measures that improve the health and satisfaction of the Health Center’s assigned patients.
 - c. Duties include staffing the Health Center’s Quality Improvement Committee (QIC) by creating an annual calendar, agenda items, frequency of reporting, and ensuring follow-up.
2. Quality Improvement Committee (QIC)
 - a. The QIC meets monthly and is comprised of key Clinic Services leadership staff.
 - b. The QIC creates, monitors, and analyzes indicators in order to evaluate performance and adjusts operations to enhance service provision.
 - c. See Clinical Services P&P 01-01 Quality Improvement.

B. Performance Measurement

1. Quality Measures: The Health Center measures and reports clinical quality measures to deliver safe, effective, patient-centered and timely care by monitoring the following:

- a. Preventive Care
 - b. Chronic Care
 - c. Immunizations
 - d. Behavioral Health Care
2. Access to Care: The Health Center consistently reviews the availability of major appointment types (e.g., urgent care, new patient, routine exams, follow-up) to meet the needs of patients and adjust availability as needed.
 3. Patient Experience: The Health Center's Patient Satisfaction Survey is a standardized survey tool used by Health Center staff to obtain and review patient experience. Results are summarized to inform quality improvement activities and includes questions from the following categories:
 - a. Access
 - b. Communication with Health Center providers and staff
 - c. Coordination of care
 - d. Whole-person care and support for self-management
 4. Vulnerable Groups: Performance data is arranged by indicators of vulnerable groups that reflect the Health Center's patient population demographics (e.g., age, gender, language needs, income, type of insurance, disability, health status) in order to identify and reduce disparities in health and health care delivery.

C. Setting Goals and Acting to Improve

1. The Health Center sets goals and acts to improve:
 - a. Clinical performance target goals and benchmarks
 - b. Patient experience
 - c. Appointment availability
 - d. Disparities in care and/or service
2. The Health Center implements Plan-Do-Study-Act processes to determine areas for on-going quality improvement.

D. Reporting Performance

1. The Health Center is accountable for performance and shares data with staff at both the individual provider level and clinic level.
2. Data is routinely provided to contracted entities such as Medi-Cal Managed Care agencies, the Co-Applicant Board (comprised of patients and members of the public) and other interested agencies.
3. Reports that reflect the care provided to patients by the care team are provided to the public and may include Health Center data, data provided by Individual Practice Associations (IPAs) or health plans.

References:

National Committee for Quality Assurance (NCQA)
NCQA PCMH Standards & Guidelines (2017 Edition, Version 3)
HRSA Compliance Manual (Updated August 20, 2018)

DHCS Managed Care HEDIS (latest posted version)
Provider Reference Page (<http://inside.dhs.saccounty.net/PRI/Pages/Provider-Resources.aspx>)
Clinical Services P&P 01-01 Quality Improvement
Clinic Services P&P 04-12 Patient Satisfaction Survey

Attachments:

N/A

Contact:

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Co-Applicant Board Approval:

DRAFT