

Uniform Data System (UDS) Health Center Performance Comparison Report – Grantee Adjusted Quartile Description

The UDS Performance Comparison Report contains a new column which provides a health center's adjusted quartile ranking compared to health centers nationally for each of the clinical performance measures. Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting grantees) to quartile 4 (lowest 25% of reporting grantees).

Adjusted quartile rankings differ from rankings based on actual performance on specific measures. The adjusted quartile assesses a health center's clinical performance compared to other health centers, while accounting for specific differences in health center characteristics. These characteristics include:

- % uninsured patients
- % minority patients
- % homeless patients
- % farmworker patients
- Electronic Health Record status (EHR) (non EHR = sample of 70 patient records, EHR = all patient records for the measure)

The purpose of the adjusted quartile rankings is to provide health centers with information on their relative performance compared to other health centers on the national UDS clinical measures after adjusting for certain health center characteristics. The above factors are used to adjust rankings for all the clinical measures (diabetes control, blood pressure control, Pap test screening, childhood immunizations, weight assessment and counseling for children and adolescents, adult weight screening and follow up, tobacco use assessment and cessation intervention, and asthma pharmacological therapy), except two. EHR status is not relevant for the two measures on which all patients are reported (access to prenatal care and low birth weight); adjusted rankings for these measures are based on the first four patient factors.

The effect of these adjustments is that a grantee should expect to see a higher ranking if they are performing above what is predicted for a health center with similar characteristics. Conversely, a grantee should expect to see a lower ranking if they are performing below what is predicted for a health center with similar characteristics. The grantee will then know their ranking relative to other health centers nationwide.

Considerations

The adjusted quartile rankings do not replace the actual performance rates for the UDS clinical measures that have been reported since 2008. The actual performance rates should continue to be used by grantees for quality improvement purposes and will be used by BPHC to assess grantee performance over time.

Reporting health centers will only receive their own adjusted rankings. If a ranking is identified as an outlier, the affected health center will not receive the ranking for that measure. This outlier exclusion

has no negative implication, only that the adjusted quartile ranking in question is considered to be a statistical anomaly.

The method for making ranking adjustments will be evaluated by BPHC and additional refinements will likely occur to further improve the adjusted rankings.

Health Center Performance Comparison Report Grantee Adjusted Quartile –
Frequently Asked Questions (FAQs)

1. Q. What is the grantee adjusted quartile?

A. The grantee adjusted quartile is a ranking (from 1 to 4) of health center clinical performance compared to other health centers, after accounting for differences that influence clinical performance, such as percent of patients that are uninsured, minority, and special populations. Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting grantees) to quartile 4 (lowest 25% of reporting grantees). The grantee should expect to see a higher ranking if they are performing above what is predicted for a health center with similar characteristics. The purpose is to provide reporting health centers with additional information so they can compare their performance on specific clinical measures to other health centers.

2. Q. Why is there a change from the grantee percentile to the grantee adjusted quartile?

A. The grantee adjusted quartile is meant to assess health center clinical performance after taking into account (or adjusting for) selected factors, such as percent of patients that are uninsured, minority, and special populations. The grantee adjusted quartile controls for certain differences between health centers. It is provided to inform reporting health centers of their relative standing compared to other health centers after selected center specific differences are adjusted for.

3. Q. How were the health center factors chosen for adjustment?

A. The factors that were chosen for adjustment were factors that vary among health centers; research shows that they are significantly associated with differences in clinical performance. These factors include percent uninsured patients, percent minority patients, percent special populations patients (i.e., homeless, farmworker), and Electronic Health Record (EHR) status.

4. Q. Our clinical performance for the hypertension measure is 39.0% and our grantee adjusted quartile is 1. Why does our grantee adjusted quartile rank us in the first quartile?

A. The grantee adjusted quartile accounts for differences in clinical performance due to percent uninsured patients, percent minority patients, percent special populations patients, and EHR status. The grantee adjusted quartile is high if a grantee is performing above what is predicted for a health center with similar characteristics. The difference in clinical performance and grantee adjusted quartile arises from variations across health center patient composition and EHR status.

5. Q. How should we use and interpret the grantee adjusted quartile?

A. The grantee adjusted quartile ranks your clinical performance compared to other health centers, while accounting for specific differences in health center characteristics. The adjusted quartiles account for variations in clinical performance arising from differences in percent of

patients that are uninsured, minority, and special populations, as well as EHR status. This quartile is only for informational purposes and does not change or replace the grantee's reported clinical performance. Grantees should continue to focus on performance improvement based on their reported clinical performance (shown in the first column, labeled "Grantee"). Grantees should also use the Uniform Data System Health Center Trend report to set attainable goals for future years based on past performance.