

SFCCC QUALITY PERFORMANCE MEASURES



The San Francisco Community Clinic Consortium and its member clinics are committed to quality improvement to promote better clinical outcomes and deliver high quality service. Consortium network of ten Community Clinics and Health Centers serve over 87,000 low-income, uninsured, and medically underserved people each year. The performance data highlighted below provides a snapshot of how well the network is doing in delivering results to the public.

Performance Measure	SFCCC Network Results	Comparison
Aligning Quality Improvement in California Clinics Initiative (July 2009 - June 2010)		HEDIS State (2010)¹
Diabetes Sugar Testing - Patients with HA1c test	82%	83%
Diabetes Control - HA1c ≤ 9	87%	63%*
Diabetes Cholesterol Testing - Patients with LDL Cholesterol test	73%	79%
Diabetes Cholesterol Control - LDL ≤ 130	88%	HEDIS does not measure LDL ≤ 130
Health Care for Homeless Quality Audit (2008)		Highest Performer (2008)²
HCH patients with mental health screening	79%	100%
Health Care for Homeless Patient Satisfaction Survey (2010)		
Homeless patients who gave a rating of Good or Great when asked the " likelihood of referring friends and relatives " to their clinic	90%	No comparative data ³
HIVQUAL Quality Audit (2009)		HIVQUAL National (2007)⁴
HIV+ patients screened for tuberculosis	73%	70%

Data Sources:

¹ 2010 HEDIS Report for Medi-Cal Managed Care, Retrieved August 17, 2011 from

http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/HEDIS_Reports/HEDIS2010.pdf

² San Francisco Community Clinic Consortium (2008). *SFCCC HCH Quality Audit*, (highest performing clinic). Unpublished raw data.

³ No comparable data identified among surveys of satisfaction among homeless patients

⁴ HIVQUAL-US Annual Data Report: Based on 2007 Performance Data, Retrieved August 17, 2011 from

<http://www.hivqualus.org/files/9841/HIVQUAL%20US%20Performance%20Data%20Report%20Representing%202007%20Data.pdf>

ALIGNING QUALITY IMPROVEMENT IN CALIFORNIA CLINICS (AQICC) INITIATIVE

AQICC is a statewide initiative intended to demonstrate the high quality of care provided to patients in the safety-net. 114 clinic organizations (275 clinic sites) have reported on diabetes-related clinical measures, with 92% participation from FQHC organizations. AQICC results for consortia statewide are [publicly available](#) on the California Primary Care Association website with State averages referenced in the Diabetes graphs below.

DIABETES CARE

Diabetes Sugar Testing - Patients with HbA1c Test

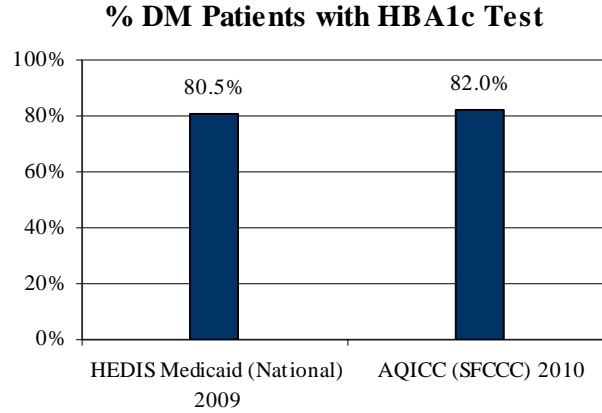
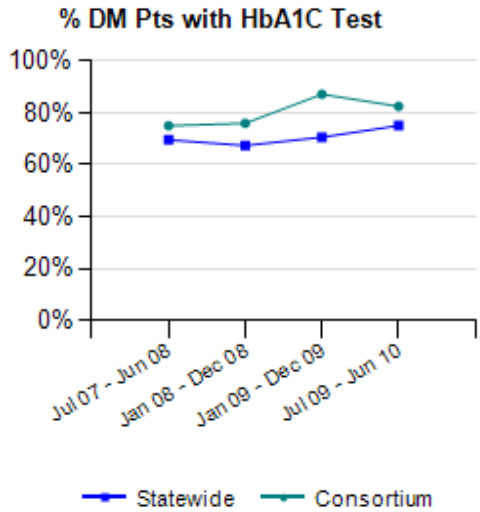
What is this measure?

% of diabetes patients (18-75) who had at least one HbA1c test in the last 12 months

Why is the measure important?

A1c reflects average sugar levels over several months, and has strong predictive value for diabetes complications. A1c should be monitored routinely in all patients with diabetes.

AQICC



Diabetes Control - Patients with HbA1c ≤ 9

What is this measure?

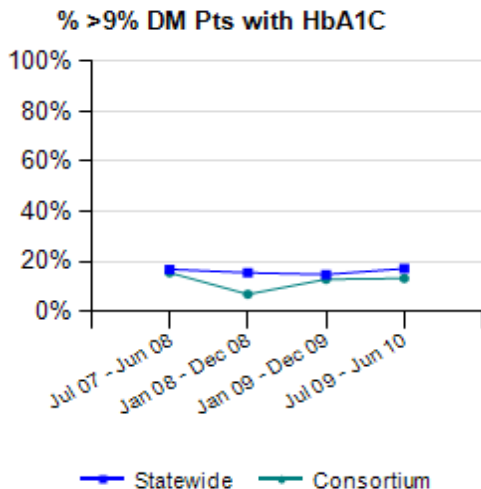
% of diabetes patients (18-75) whose last HbA1c test was less than or equal to 9%. Diabetic patients with HbA1c levels greater than 9 are considered to have poorly controlled diabetes.

Why is the measure important?

Patients whose average blood glucose is too high are at greater risk of serious long-term complications like heart and kidney problems, blindness, and nerve damage.

AQICC

*A lower HbA1c percentage indicates better sugar control.



Diabetes Cholesterol Testing - Patients with LDL Cholesterol test

What is this measure?

% of diabetes patients (18-75) who had at least one LDL Cholesterol test in the last 12 months

Why is the measure important?

LDL Cholesterol (also known as low density lipoprotein cholesterol or “bad” cholesterol) has strong predictive value for heart attack and stroke. Cholesterol screening is recommended on a regular basis for patients with diabetes.

Diabetes Cholesterol Control - Patients with LDL \leq 130

What is this measure?

% of diabetes patients (18-75) whose last LDL Cholesterol test was less than or equal to 130 mg/dl. Diabetic patients with HbA1c levels **greater** than 130 are considered to have poorly controlled cholesterol.

Why is the measure important?

Two out of 3 people with Diabetes die from heart attack and stroke. Patients whose LDL Cholesterol is too high are at greater risk of these serious complications. Improved control of LDL, or bad, cholesterol can reduce cardiovascular complications by 20 to 50 percent.

HEALTH CARE FOR HOMELESS (HCH) QUALITY AUDIT

The HCH annual audit assesses the quality of care delivered in primary care settings to San Francisco’s homeless population. Health centers and clinics subject to the audit are part of the Health Resources and Services Administration (HRSA) Health Care for the Homeless Program, administered through the San Francisco Community Clinic Consortium (SFCCC).

HCH patients with mental health screening

What is this measure?

% of sample HCH patients with a minimum of three visits during the measurement year that were screened for mental health problems

Why is the measure important?

According to a National Coalition for the Homeless, “an average of 16% of the single adult homeless population suffers from some form of severe and persistent mental illness. Residential instability amplifies mental health risk engendered by family fragmentation, abuse, neglect and abandonment.”

HEALTHCARE FOR THE HOMELESS PATIENT SATISFACTION/EXPERIENCE SURVEY

As the federal grantee for the Health Care for the Homeless (HCH), SFCCC coordinates and supports network-wide administration of Patient Satisfaction/Patient Experience surveys across its community of primary care community clinics and health centers.

Likelihood of referring friends and relatives to one’s clinic

What is this measure?

Research has shown that the most effective question for predicting customer behavior is not a direct assessment of satisfaction. Instead, the best indicator of a patient’s loyalty is their willingness to refer a family or friend. The 2010 survey showed that 90% of surveyed respondents indicated they would recommend their clinic or health center to friends and family.

Why is the measure important?

Investment in patient satisfaction is an investment in patient loyalty which translates to positive outcomes for the patient. Patients that are satisfied with their health care providers are more likely to work with those providers in achieving quality health outcomes.

HIVQUAL QUALITY AUDIT

HIVQUAL is a HRSA-sponsored national project to build capacity and capability among Ryan White HIV/AIDS Program Part C and Part D grantees to sustain quality improvement.

HIV+ patients with tuberculosis screening

What is this measure?

% of HIV+ patients without previous treatment for TB or a previous positive PPD test screened for tuberculosis

Why is the measure important?

According to the CDC, “an estimated one third of the persons living with HIV infection are coinfecting with TB. Because HIV infection so severely weakens the immune system, persons dually infected with HIV and TB, compared with persons not infected with HIV, are at very high risk for active TB disease.”

