

2015 SBHC Key Performance Measures (KPMs) Revisions
Frequently Asked Questions

Selecting Measures

Q: Which KPMs will certified SBHCs be required to report on in the 2015-2016 school year?

A: Certified SBHCs will be required to report on a total of 3 KPMs: two “Core” KPMs, as well as one of five “Optional” KPMs.

- Core Measures (Required):
 - Well-Care Visit
 - Comprehensive Health Assessment
- Optional Measures (choose ONE):
 - Adolescent Immunization
 - Chlamydia Screening
 - Depression Screening
 - Nutrition Counseling
 - Substance Use Screening

Q: How will our SBHC report to the SPO which Optional KPM we have selected?

A: SBHCs will select the Optional Measure in their Operational Profile under the “KPMs” tab in the Filemaker system. Selections must be made by June 1 before the start of each biennium.

Q: How often will our SBHC have to select an Optional Measure?

A: Optional KPMs will be selected for a two-year period. SBHCs will be required to select one Optional Measure by June 1 before the start of each biennium. For the 2015-2017 biennium (2015-2016 and 2016-2017 school years), each SBHC will be required to select and report to SPO on which of the five Optional Measures they intend to track by June 1, 2015. Optional Measure selection for the 2017-2019 biennium (2017-2018 and 2018-2019 school years) will be due by June 1, 2017. Any planning sites that will be certified mid-biennium (by June 30, 2016) will select Optional Measures for the remainder of the biennium.

Q: Will our SBHC be required to select a different Optional Measure each biennium?

A: No, at this time all SBHCs will have the choice of selecting a new measure or continuing with the same measure from the prior biennium.

Q: Which measures should our SBHC report on in Fall 2015?

A: All SBHCs should report on the current KPMs (BMI, comprehensive physical exam, and risk assessment) by October 1, 2015 for the prior school year (2014-2015). SBHCs will submit the results of their chart audit for the new KPMs by October 1, 2016.

- Q: I represent a planning site and our Operational Profile will not be completed until after June 1, 2015. Will I miss the deadline?
- A: Planning sites currently working on the initial certification process should submit their Optional Measure selection when they complete their Operational Profile.
- Q: Is there a possibility that the SPO will deny a SBHC's Optional Measure selection (e.g., if too many people are choosing that one)?
- A: At this time, the SPO will not veto individual Optional Measure selections.
- Q: Can the KPM measurement timeframe be changed from school year to calendar year to align with other agency requirements?
- A: Unfortunately, many SPO program requirements, including certification, align with the school year calendar. At this time, the SPO does not plan to change the KPMs timeframe from the school year to calendar year.

Optional Measures

- Q: Why is the Adolescent Immunization measure for 13 year old clients only?
- A: The Adolescent Immunization measure focuses specifically on 13 year old clients to ensure that these youth are up-to-date on their vaccinations. A series of vaccines are required for children ages 11-12, so clients aged 13 should have received these vaccinations. These specific vaccines were chosen upon recommendation from the Oregon Immunization Program. This measure was designed to align with Oregon Health Authority State Immunization for Adolescents Performance Measure and the NCQA Immunization for Adolescents measure.
- Q: My SBHC sees clients aged 5-21, but we would like to select an Optional Measure for clients aged 12-21. What do we do for our clients younger than 12 years old?
- A: Although clients younger than 12 may receive some of the services outlined in the Optional Measures, you would not "count" these clients as part of your denominator during your chart audit.
- Q: Which Optional KPMs are appropriate for elementary school-aged children?
- A: If your SBHC is located in a traditional K-5 or K-6 elementary school and only serves students at that school, Nutritional Counseling is the only Optional Measure that is appropriate. If your SBHC is located in a K-8 or K-12 school OR serves clients aged 12-21, all of the optional measures would be appropriate for your clients aged 12 and older.
- Q: Our SBHC is interested in selecting the Chlamydia Screening Optional Measure. Which clients would be eligible to be included in the denominator for this measure?
- A: The eligible population for the Chlamydia Screening Optional Measure is all female SBHC clients seen for any reason aged 12-21 at the time of their visit who were identified as being sexually active. Male clients, clients younger than 12, and clients who have not

identified as being sexually active are not eligible to be included in the denominator for this measure.

Chart Audit

- Q: How many charts will our SBHC be required to audit?
- A: Unless stated otherwise, SBHCs should audit 20% of their charts of the eligible population, with a floor of 30 charts and a ceiling of 50 charts. If the SBHC has fewer than 30 eligible charts, they should review all eligible charts.
- Q: Which clients will be eligible to be included in the KPM chart audit?
- A: Any visit for which the SBHC currently submits data to SPO would be eligible to be included in the chart audit, unless explicitly stated otherwise in that measure's guidance document. This includes client visits for physical, mental, and dental health, including immunization only visits. Client visits would also be eligible to be counted if the visit is not billed (e.g., to preserve confidentiality). Clients who only received "touch" visits, such as a brief check-in for a band-aid or cough drop, would not be eligible to be included in the chart audit.

Documentation

- Q: Where do you document the "attempt" to collect consents or copies of well-care visits?
- A: Attempts to collect consents or copies of well-care visits should be documented in the client's chart.
- Q: Are the codes listed under "Measure Specifications" in each guidance document required to be used for each chart to "count?"
- A: You are required to use the codes listed in the "Measure Specifications" only for the Well-Care Visit and Chlamydia Screening measures. All other measures can either be documented elsewhere in the chart, can be documented through the suggested codes, or do not require codes for documentation.
- Q: Do you need to have client/parents sign a refusal for a health service, such as a well-care visit?
- A: No, the SPO does not require sites to obtain the refusal in writing from the client or parent. The refusal itself should be documented so that the client can be excluded from the denominator if their chart is selected during a chart audit.
- Q: Are we required to request records from outside providers for confidential visits?
- A: The SPO is committed to preserving confidentiality for clients who request confidential visits. If a client requests a confidential visit and there is concern that obtaining information from a non-SBHC provider may compromise that confidentiality, the

request for a confidential visit should be documented in the chart and the client's chart may be excluded from denominator of the chart audit.

- Q: It is difficult for our mental and physical health providers to share information. How should we obtain physical health information when a client utilizes our SBHC exclusively for mental health services?
- A: The SPO recognizes that incorporating mental health-only clients into the workflow may be challenging for a number of SBHCs. We encourage you to pull together your providers to discuss and test out possible workflows that would facilitate getting mental health clients to be seen for well-care visits. We hope to set up a dialogue among SBHCs in the coming year so that sites can learn from each other on what is and is not working.

Benchmarks

- Q: How were the initial KPM benchmarks determined?
- A: The KPM benchmarks for the first pilot year were determined based on site level data submitted to the SBHC State Program Office and through feedback from KPMs workgroup participants. These current benchmarks are a starting point for the initial pilot and will likely change over the course of the revised KPMs rollout.
- Q: Will the KPM benchmarks change over time?
- A: Implementation of the new KPM requirements follow a multi-year process:
- 2015-16 SY: Introduce new KPMs and allow SBHC to identify local systems issues that may challenge completion and/or accurate data collection. SPO will review reported data to determine appropriate benchmarks.
 - 2016-17 SY: Appropriate benchmarks will be identified. SBHCs will continue to assess ability to collect data and adopt/adjust systems changes to prepare to meet benchmarks.
 - 2017-18 SY: New KPM benchmarks will be fully implemented and tied to certification requirements.
- Q: Will our certification status be impacted if we do not meet the benchmarks in the 2015-2016 school year?
- A: KPM compliance is tied to certification requirements, as outlined in [Program Element 44](#) of the Local County Health Department contracts. Continued funding for certified SBHCs is contingent upon meeting certification requirements. Benchmarks are still being determined as part of the pilot process and will be finalized during the 2017-2018 school year.
- Q: Will the SBHC be expected to have covered all three KPMs on a client's first visit?
- A: No. The goal of these KPM revisions is to promote quality care at Oregon SBHCs. Although these preventive services should be integrated as part of SBHC practice, the SPO has developed low benchmarks for all the revised KPMs with the understanding that SBHCs may not be able to provide these services to every client. SPO does expect

that each SBHC will create or adjust workflows to flag clients in need of KPM-related services and to obtain information from non-SBHC providers.