



SBHC Key Performance Measures Revisions

April 30th, 2015



Agenda

- Background
- Measures
- Guidance
- Chart Audit
- Timeline
- Questions

Background

- **Goal of KPM adoption:** SBHCs are committed to high-quality, age appropriate, accessible health care for school-age children. To ensure this goal, SBHCs are targeting KPMs.
- KPMs were initially implemented in 2006, following recommendations of a stakeholder workgroup. KPMs fully implemented in Certification and tied an increase in State base funding during 2008-09 SY.
- Currently in 6th full year of KPM tracking inclusion in SBHC certification standards.

Background

- Fall 2014, SPO convened a stakeholders workgroup with the goal of reexamining the current KPMs
 - 1.) Should the current KPMs be modified or eliminated?
 - 2.) Should we add new KPMs?

- YES and YES

Pilot Year - Beginning 2015-2016 SY

Each certified SBHC must report on two “Core” KPMs, and one “Optional” KPM.

Core Measures

- 1.) Well-Care Visit
- 2.) Comprehensive Health Assessment

Optional Measures (choose one)

- 1.) Adolescent Immunizations
- 2.) Chlamydia Screening
- 3.) Depression Screening
- 4.) Nutrition Counseling
- 5.) Substance Use Screening

Measures

		SBHC Clients 5-11 yrs old	SBHC Clients 12-21 yrs old
Core Measure 1: Well-care visit		✓	✓
Core Measure 2: Health assessment		✓	✓
Optional Measures (choose one)	Nutrition counseling	✓	✓
	Adolescent immunizations		✓
	Chlamydia screening		✓
	Depression screening		✓
	Alcohol/substance abuse screening and brief intervention		✓

Optional Measures

- Each certified SBHC will be required to select and report to SPO which one of the five “Optional” measures they intend to track.
- Selections will be made in your SBHC Operational Profile- KPM tab the spring before the start of each biennium.
- Selections are good for biennium (2 year period)
- **Selection must be made by June 1, 2015 for the 2015-2017 biennium.**
- Planning sites: Report on new measures by October 1, 2016

Selecting Optional Measure in Filemaker

SBHC Detail - Web

HOME LIST

Fake SBHC SBHC ID 9999

Details Operations Staff Shift Hours Cert Waiver **KPM** Financial

+ KPM

	Date Created	Fiscal Year	RA %	CPE %	BMI %	
Select	8/5/2013	7/1/2011 to 6/30/2012	1000.0%	444.4%	100.0%	[-]
Select	4/8/2015	7/1/2010 to 6/30/2011	132.4%	55.6%	187.5%	[-]

Optional KPM - Biennial Selection

+ Optional KPM

	Date Created	Biennium	Optional KPM Measure	
Select	4/21/2015	2015 - 2017	Chlamydia Screening	[-]

Optional KPM - Biennial Selection Info

Biennium: 2015 - 2017

Choose One

- Adolescent Immunization
- Chlamydia Screening
- Depression Screening
- Nutrition Counseling
- Substance Use Screening

This information is accurate

4/21/2015

Confirmed by

Melanie Potter

Guidance

- Each KPM has a guidance document that outlines
 - Measure Description
 - Eligible Population
 - Exclusions
 - Measure Specifications
 - FAQs
 - Resources

Eligible Population & Documentation

Any SBHC client is eligible to be included in the chart audit, unless stated otherwise.

- Includes physical, mental, dental health visits.
- Includes immunization-only and nurse-only visits
- Excludes “touch” visits, such as brief check- in for a Band-Aid or cough drop.

Why the shift from clients with 3 or more visits to clients with any visit?

Exclusions: Client/parent refuses

Unsuccessful attempt to get other provider documentation



Measure Exclusions

Measure	Measure age range	Age for self-consent	Denominator Exclusions (Make 1 attempt to obtain)			
			Client refuses	Parent refuses	Can't get PCP documentation	Other
Well visit	5-21	15	x	x	x	
Health assessment	5-21	15	x	x	n/a	
Immunizations	13	15	n/a	n/a	n/a	
Chlamydia screen	12-21	Any age	x	n/a	x	
Depression screening	12-21	14	x	x	n/a	Depr/bipolar dx
Nutrition counseling	5-21	15	x	x	n/a	
Substance use screening	12-21	14	x	x	n/a	

Chart Audit

SBHC must audit 20% of charts of eligible population

- Floor of 30 and ceiling of 50.
- If SBHC has fewer than 30 eligible charts, you should review all eligible charts.
- May audit the same selection of charts for each KPM as long as the eligible populations are the same. (e.g., well visit and nutrition screening)
- Core measures can have same chart selection
- Chart audit will not apply to Immunization measure (will come from ALERT)

Calculation Example: Well Visit (n = 30 charts)

- 10 had well visit at SBHC (numerator)
 - 5 had no record of well visit
 - 2 were at least 15 and refused (exclude)
 - 3 had active parent refusal (exclude)
 - 10 said got it elsewhere
 - 5 of these – no documentation of attempt to contact PCP
 - 3 – chart shows attempt to get PCP records (exclude)
 - 2 – got records from PCP showing well visit (numerator)
- Result = 12 / 22 = 55%**

Chart Audit Process

SBHC must submit a brief description of their **chart audit process** and **tracking sheet** by October 1st each year.

- Chart Audit Process: outline of how the SBHC obtained their data and calculated the % compliance
- Tracking Sheet: list of each audited chart and whether they met the measure or excluded.

SPO will provide guidance by Winter 2016.

Chart Audit Results

Each SBHC will submit audit results from previous school year via Operational Profile by October 1st each year.

- For October 2015 → report on current KPMs (CPE, HA, BMI)
- For October 2016 → report on new KPMs (CPE, HA, and one optional measure)

Multi-year process

- 2015-2016 SY:
 - Introduce KPMs and preliminary benchmarks
 - SBHC identify systems issues and data challenges
 - SPO review data and revise benchmarks
- 2016-2017 SY:
 - Revised benchmarks implemented
 - SBHCs continue to assess ability to collect data and meet benchmarks
- 2017-2018 SY:
 - SBHC are held to new KPMs and benchmarks
 - KPM compliance is tied to certification requirements

Questions??

Contact Us

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