

Annual Health Center Performance Measure Reporting Tool

Public reporting burden of this collection of information is estimated to average 6 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-1156).

Health Center Information

Health Center Name: _____ Date Completed: _____

Practice Setting Description (e.g., pediatrics, family planning): _____

Health Center/Practice Setting ID: _____

Reporting Period: Fiscal Year _____ (e.g., Fiscal Year 2016 is October 2015 to September 2016)

The first section of this reporting tool requests information about the fourth quarter of the fiscal year about which you are reporting, as well as items about the entire fiscal year. These are the same tables and questions that appear in the Quarterly Performance Measure Reporting Tool. The second section of this reporting tool includes items that are about the entire fiscal year only.

Please complete the following questions for each participating practice setting within your health center.

See the appendix titled 'Additional Guidance' at the end of this document for more information on completing Tables 2,3 and 6

Operational Changes and Project Activities

- Please describe operational changes or other activities (e.g., training, quality improvement team meetings) undertaken as part of this project that occurred during the fourth quarter.**

1. Please describe operational changes or other activities (e.g., training, quality improvement team meetings) undertaken as part of this project that occurred during the <u>fourth quarter</u>.

Health Care Service Use by 15 to 19 year olds

Section One: Fourth Quarter and Fiscal Year

Table 1. Adolescent Clients Ages 15-19 (Unduplicated) Receiving Any Service within the Identified Practice Setting

# Female Clients Ages 15-19 (Unduplicated)		# Male Clients Ages 15-19 (Unduplicated)	
Fourth Quarter	Fiscal Year	Fourth Quarter	Fiscal Year

Table 2. Receipt of Reproductive or Sexual Health Services by Clients, Ages 15-19 (Unduplicated).

See appendix at the end of this document for additional guidance on completing this table.

	Number of Female Clients Ages 15 to 19 Years who Received the Specified Service		Number of Male Clients Ages 15 to 19 Years who Received the Specified Service	
	Fourth Quarter	Fiscal Year	Fourth Quarter	Fiscal Year
Received any reproductive or sexual health service				
Received STD screening/ counseling/treatment and/or HIV testing/counseling				
Screened to determine if sexually active				
Sexual health assessment conducted				

Table 3. Female Clients, Ages 15-19 Years Old, (Unduplicated) Adopting or Continuing Use of Moderately or Highly Effective Contraception

See appendix at the end of this document for additional guidance on completing this table.

	Number of 15-19 Year Old Clients who Adopted or Continued Use (Unduplicated)	
	Fourth Quarter	Fiscal Year
Pill, Patch, Ring, or Injectable Contraception (e.g., Depo Provera)		
IUD (e.g., Mirena or ParaGard)		
Contraceptive Implants (e.g., Nexplanon)		

Table 4. Confidence in Data Reported.

<p>After reviewing the data collected in Tables 1 through 3, please indicate your level of confidence in the accuracy of each type of data retrieved from your health center's electronic medical record. Please reflect on how confident your team is that the data reported for each of the items listed below accurately represents the extent of sexual and reproductive health services being provided in your practice setting.</p>				
	No Confidence	Low Confidence	Moderate Confidence	High Confidence
Number of clients, ages 15-19				
Received any reproductive or sexual health service				
Received STD screening/ counseling/treatment and/or HIV testing/counseling				
Screened to determine if sexually active				
Sexual health assessment conducted				
Adopted or continued pill, patch, ring, or injectable contraception (e.g., Depo Provera)				
Adopted or continued IUD (e.g., Mirena or Paragard)				
Adopted or continued contraceptive implants (e.g., Nexplanon)				

Section Two: Fiscal Year Only

Table 5. Adolescent Clients, Ages 15-19, by Race/Ethnicity (Unduplicated) Receiving Any Service within the Identified Practice Setting during the Fiscal Year

	Number of Adolescent Clients (Unduplicated) Ages 15 to 19 years old Fiscal Year	
	Female	Male
Hispanic/Latino - All Races ¹		
Black or African American (Non-Hispanic)		
White (Non-Hispanic)		
Other (Non-Hispanic)		
Unknown/Unreported		

5a. Please describe any increases or decreases in funding or other resources (e.g., staffing) for any type of clinical care (not just sexual and reproductive health care) for 15 to 19 year olds in the past fiscal year and indicate how this effected your practice setting's ability to serve teens.

Table 6. Female Clients, Ages 15-19 Years Old, (Unduplicated) Adopting or Continuing Use of Moderately or Highly Effective Contraception, by Race/Ethnicity during the Fiscal Year

¹ Count data for all clients that indicated Hispanic/Latino(a) ethnicity, regardless of race

See appendix at the end of this document for additional guidance on completing this table.

	Number of 15-19 Year Old Clients who Adopted or Continued Use during the Fiscal Year (Unduplicated)		
	Pill, Patch, Ring, or Injectable Contraception (e.g., Depo Provera)	IUD (e.g., Mirena or Paragard)	Contraceptive Implants (e.g., Nexplanon)
Hispanic/Latina (all races)			
Black or African American (non-Hispanic)			
White (non-Hispanic)			
Other (non-Hispanic)			
Unknown/unreported			
Total			

Table 7a. Female Clients, Ages 15-19 Years Old, Provided Contraceptive Implant (e.g., Nexplanon) on the Same Day Requested

Does your practice setting provide contraceptive implants to 15-19 year old clients?

- Yes
- No (Go to Table 7b)

The following data should be collected by reviewing the charts of the last ten 15-19 year olds provided a contraceptive implant during the fiscal year to determine if those clients received the contraceptive implant on the same day that they requested it.

Of the charts reviewed, number of 15-19 year olds provided contraceptive implants (e.g., Nexplanon) on the same day requested	
Number of charts reviewed (Typically ten, unless fewer than ten 15-19 year old clients received a contraceptive implant in the last year.)	

Table 7b. Female Clients, Ages 15-19 Years Old, Provided IUD (e.g., Mirena or Paragard) on the Same Day Requested

Does your practice setting provide IUDs to 15-19 year old clients?

- Yes
- No (Go to Table 8)

The following data should be collected by reviewing the charts of the last five 15-19 year olds provided an IUD during the fiscal year to determine if those clients received the IUD on the same day that they requested it.

Of the charts reviewed, number of 15-19 year olds provided IUD (e.g., Mirena or Paragard) on the same day requested	
Number of charts reviewed (Typically five, unless fewer than five 15-19 year old clients received an IUD)	

Linkages

Table 8. Formal and Informal Linkages

Please indicate the total number of formal linkages that your health center has developed with organizations, providers, programs, and/or institutions *for the purposes of increasing access to and utilization of contraceptive or reproductive health services among adolescents*, as well as the number of new formal and informal linkages obtained during this reporting period). By “formal linkages” we mean *written agreements* to work with these providers or organizations to enhance access to contraceptive or reproductive health services that your health center provides; by “informal linkages” we mean *no written agreement* exists.

	# of Formal Linkages to date	# of New Formal Linkages obtained this past fiscal year	# of Informal Linkages to date	# of New Informal Linkages obtained this past fiscal year
Between Health Center and Health Center				
Between Health Center and Youth Serving Organization				
Between Health Center and other organization (Please specify: _____ _____ _____)				

Appendix: Additional Guidance

Table 2 Variables

Received any reproductive or sexual health service

Include the following services:

Provision/Surveillance/Maintenance of contraceptive methods (same codes as for Table 3, see below)

STD screening/STD treatment/STD counseling/HIV testing /HIV counseling

Pregnancy Testing

Gynecological Exam/Pap Smear

HIV Counseling

Counseling on Sexual Attitude, Behavior and Orientation

STD Prevention Education/Counseling

Provided Emergency Contraception

Provided Condoms-Male and Female

Screened to determine if sexually active and sexual health assessment conducted

Accurately collecting this information will require that additional fields are added to health center partners' EMRs. Standard, existing codes do not adequately assess for these activities. We recognize that not all health centers are able to modify their EMR. They will not be expected to report this data.

Table 3 and 6 Variables

Please de-duplicate data, so that you only report on one form of contraception per patient. If a patient is provided a service related to more than one form of contraception during a reporting period, please only consider the most recent. The one exception is that patients provided a contraceptive implant who later receive oral contraception for management of side effects associated with the implant should be counted as an implant user.

Pill, Patch, Ring, or Injectable Contraception (e.g., Depo Provera)

Number of 15-19 year old female clients who adopted or continued use of pill should be determined using codes for 1) initial prescription and 2) surveillance/prescription refill/management. Adopted or continued use of patch should be determined using codes for prescription. Adopted or continued use of ring should be determined using codes for 1) prescription and 2) surveillance/maintenance. Adopted or continued use of injectable contraception should be determined using codes for 1) initial dose and 2) surveillance/subsequent dose/management.

IUD (e.g., Mirena or ParaGard)

Number of 15-19 year old female clients who adopted or continued use of an IUD should be determined by examining codes for 1) insertion of the IUD, 2) surveillance/management of the IUD, 3) removal and reinsertion of the IUD, and 4) IUD present.

Contraceptive Implants (e.g., Nexplanon)

Number of 15-19 year old female clients who adopted or continued use of a contraceptive implant should be determined by examining codes for 1) insertion/reinsertion of the implant, 2) surveillance/management of the implant, and 3) implant present.