



SBHC Key Performance Measures

May 2022

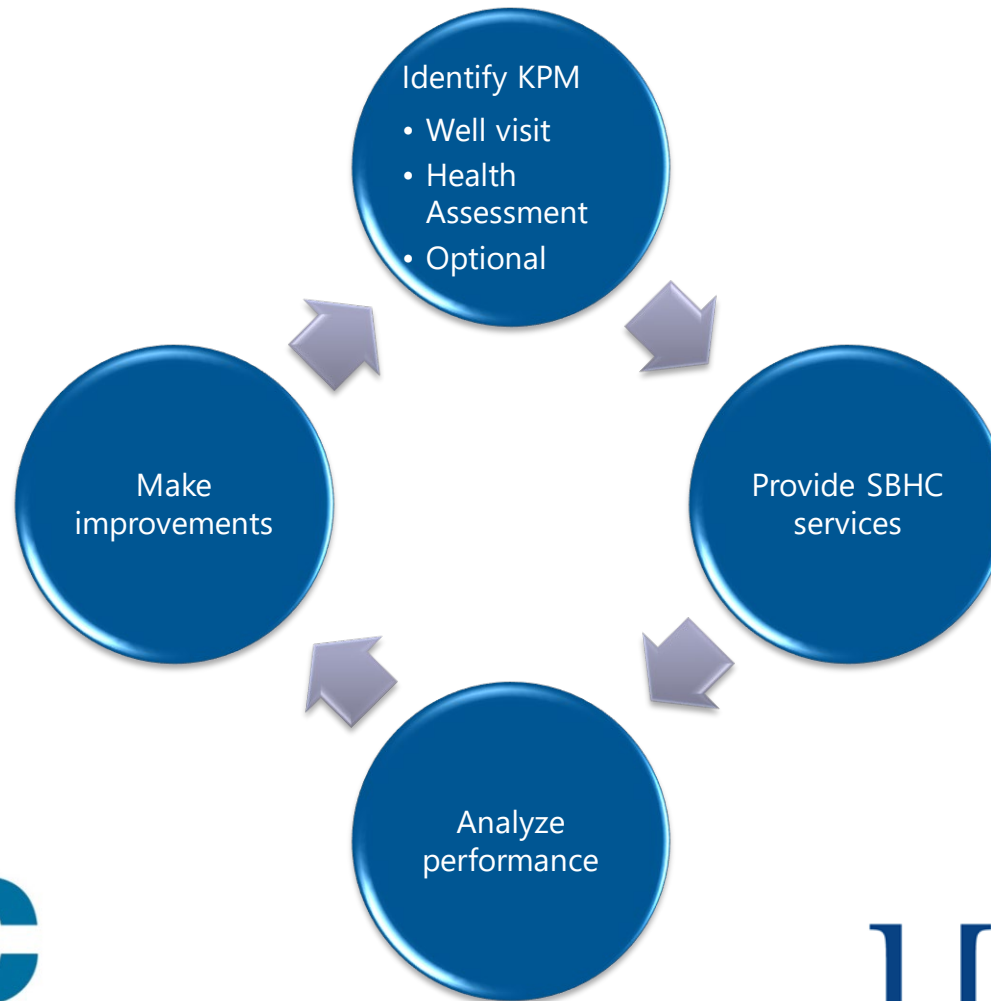


SBHC Key Performance Measures

- KPMs
- KPM Guidance Documents
- Audit Requirements
- Operational Profile Entry

KEY PERFORMANCE MEASURES

KPMs



KPMs

- SBHCs are committed to high-quality, age appropriate, accessible health care for school-aged youth.
- Annual KPM audit is a quality assurance/improvement process that includes review of SBHC client charts.

KPMs

- SBHC KPMs align with other clinical performance measures including:
 - Oregon CCO
 - HEDIS
 - CHIPRA
 - UDS
 - National School-Based Health Alliance
- Goal of KPMs is to increase the provision of services associated with the performance measures.

KPMs

KPM audits have helped some SBHCs identify areas of improvement and change:

- Modify clinic workflow
- Increase collaboration between primary care and mental health
- Develop forms for MH providers to identify and refer clients who need a well visit or other primary care services
- Monthly or quarterly review to increase provision of KPM services

KPMs

EHR changes SBHCs have made as a result of KPM audit:

- Consistent documentation in EHR
 - Location in EHR
 - Verbiage used
- Easier to identify if client needs services associated with KPMs
- Simplify audit process
- Reduce staff time spent on auditing and reporting

KPM Requirements

- All SBHCs audit two **Core** measures
- SBHC selects one of eight **Optional** measures
- Audit process includes random selection of a subset of school-age clients seen during the measurement year
- Submission of audit documents and results
- Benchmark: 70% of audited charts in compliance

Core and Optional KPMs

Core Measures – required

- ♦ Well-Care Visit
- ♦ Comprehensive Health Assessment

Optional Measures – one selected (*SBHC can choose more, but only one will be reported to SPO*)

- ♦ Adolescent Immunizations (Tdap & Meningococcal)
- ♦ Adolescent Teen Immunization Series (HPV, Tdap & Meningococcal)
- ♦ Chlamydia Screening
- ♦ Depression Screening
- ♦ Flu Immunization
- ♦ HPV Immunization
- ♦ Nutrition Counseling
- ♦ Substance Use Screening

Optional KPM Selection

- Optional measures are tracked for two years.
- Optional measures selected in Spring prior to next biennium. Next selection made Spring 2023.
- A minimum of 20 clients from the KPM's eligible population must be seen the previous year (*email Loretta any questions about this requirement*)
- Consider SBHC host school, population served and eligible population when selecting Optional KPM.

Advice on Selecting Optional KPM

	Elementary School	Middle School	High School
Core KPMs:			
Health Assessment	5–21-year-olds		
Well-Care Visit	5–21-year-olds		
Optional KPMs:			
Adolescent Immunization		13-year-olds	
Adolescent Teen Immie Series		13–17-year-olds	
HPV Immunization		13–17-year-olds	
Flu Immunization	5–21-year-olds		
Nutrition Counseling	5–21-year-olds		
Chlamydia Screening		12–21-year-olds	
Depression Screening		12–21-year-olds	
Substance Use Screening		12–21-year-olds	

Optional KPM: Selection in Operational Profile

SBHC selects their Optional measure on the KPM tab of the Operational Profile.

Optional KPM - Biennial Selection

Add Optional KPM

	Date Created	Biennium	Optional KPM Measure	
Select	5/6/2022			✕
Select	7/23/2021	2021 - 2023	HPV Immunization	✕
Select	6/13/2019	2019 - 2021	Chlamydia Screening	✕
Select	5/10/2017	2017 - 2019	Chlamydia Screening	✕

Optional KPM - Biennial Selection Info

Biennium

Choose One

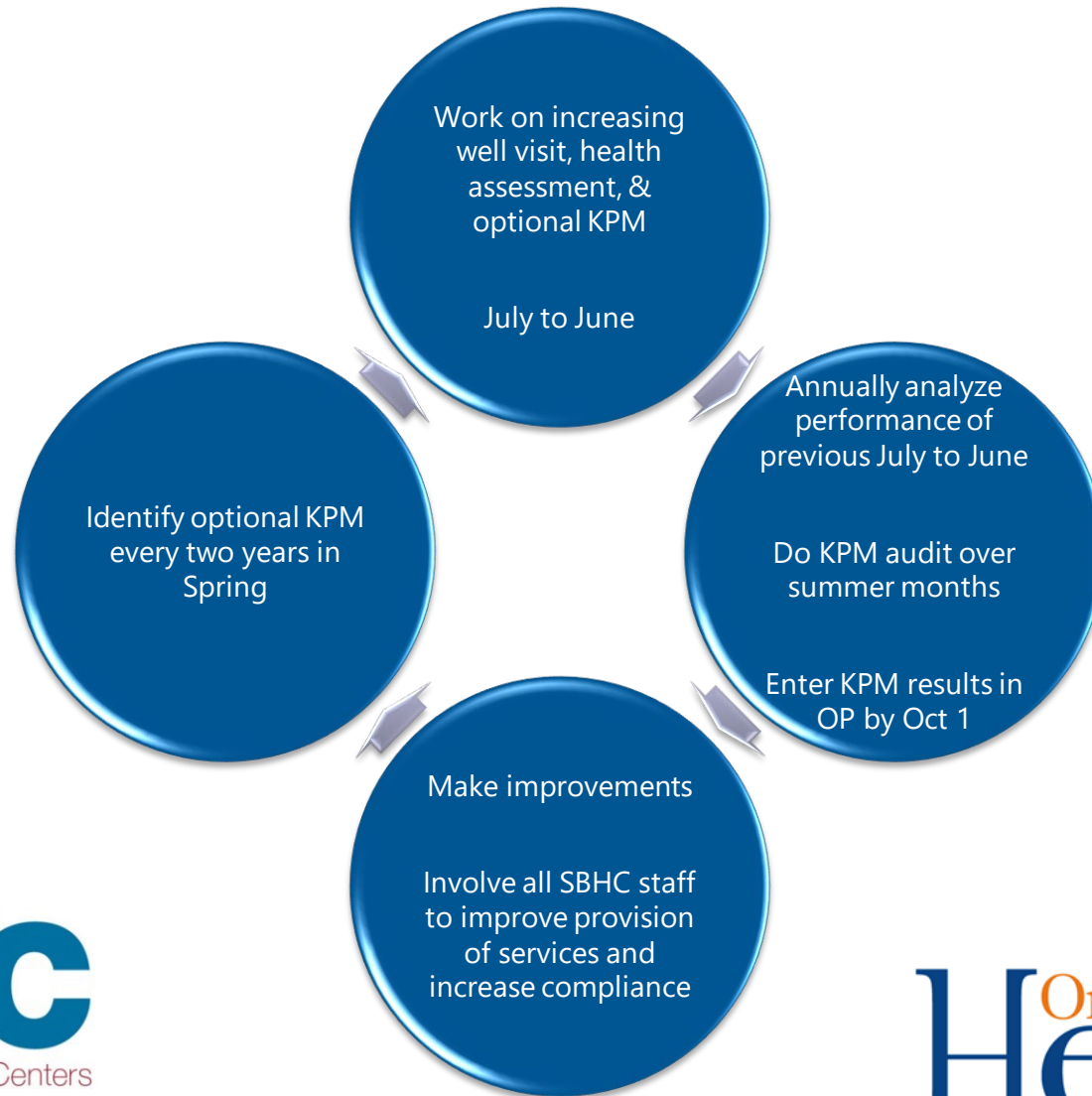
- ☐ Adolescent Immunization
- ☐ Adolescent Immunization Series
- ☐ Chlamydia Screening
- ☐ Depression Screening
- ☐ Flu Immunization
- ☐ HPV Immunization
- ☐ Nutrition Counseling
- ☐ Substance Use Screening

This information is accurate

☐

Confirmed by

Timeline



Impact of COVID-19 on KPMs

School Years 2020-21 and 2021-22

- Temporary suspension of statewide benchmarks
- Waiver submission for non-compliance removed

Resume KPM Requirements

School Year 2022-23

- Reimplement statewide benchmarks
- Non-compliance with benchmarks will require waiver submission in October 2023

KPM GUIDANCE DOCUMENTS



KPM Guidance Documents

- [Information on KPMs and Guidance Documents is on SPO website](#)
- New documents will be posted July 1 to reflect reimplementations of 70% benchmark
 - No other changes for 2022-23 school year

Key Performance Measures (KPMs)

Each certified SBHC is required to report on two Core KPMs, as well as one of eight Optional KPMs. As part of the KPMs process, SBHCs are required annually to perform a random chart audit of 20% of their charts of the eligible population, with a **minimum** of 30 charts and a **maximum** of 50 charts. If the SBHC has fewer than 30 eligible charts, they should review all eligible charts. Any physical, mental or oral health visit for which the SBHC currently submits data to SPO would be eligible to be included in the chart audit, unless explicitly stated otherwise.

For background information and instructions on how to submit chart audit results, please reference this [!\[\]\(d66ff64371a51729ac8c1cdaa685ba6f_img.jpg\) KPM presentation](#).

Guidance documents were created to outline the definitions and requirements for each measure:

Visits During 2020-21 Service Year

1. Adolescent Immunization
2. Adolescent Teen Immunization Series
3. Chlamydia Screening
4. Depression Screening
5. Flu Immunization
6. Health Assessment
7. HPV Immunization
8. Nutrition Counseling
9. Substance Use Screening
10. Well Visit

Visits During 2021-22 Service Year

Core KPMs:

1. Health Assessment
2. Well Visit

Optional KPMs:

1. Adolescent Immunization
2. Adolescent Teen Immunization Series
3. Chlamydia Screening
4. Depression Screening
5. Flu Immunization
6. HPV Immunization
7. Nutrition Counseling
8. Substance Use Screening

KPM Chart Audits

Each SBHC is required to submit a brief description of their chart audit process as well as a chart audit tracking sheet. The SPO created a sample tracking sheet that SBHCs may use: [!\[\]\(4f6bf54ae7e4144a72d78316053e412d_img.jpg\) KPM Blank Chart Audit Spreadsheet](#). For an example of how the data should be entered into the chart audit spreadsheet, review this [!\[\]\(1be454ab98bc856a53cc962da77a541d_img.jpg\) KPM Sample Chart Audit Dummy Data](#).

KPM Submission Timeline

Submission of KPMs data must occur no later than **October 1st for the preceding service year** (July 1 - June 30) into your site's Operational Profile. For instructions, please reference the [!\[\]\(56549452e01ca28bdf2500ced9653143_img.jpg\) Operational Profile User's Guide](#).

KPM Guidance Documents

Guidance document includes:

- Measure Description
- Eligible Population
- Exclusions
- Measure Specifications
- FAQs
- Resources



Oregon SBHC Key Performance Measures Guidance Document Core Measure 1: Well-care visit (Effective 7/1/2021)

Measure Description

The percentage of SBHC clients ages 5-21 with evidence of a completed comprehensive well-care visit during the measurement school year

Eligible Population

All SBHC clients seen for any reason (including physical, mental, dental health visits) either in-person or telehealth during the measurement school year (July 1 – June 30) ages 5-21 at the time of their visit.

Exclusions

SBHC clients are excluded from Well-Care Visit denominator if:

- Client of any age refuses comprehensive well-care visit;
- Parent consent for comprehensive well-care visit is unable to be obtained after 1 attempt for client under 15 years of age; OR
- Client/parent claims comprehensive well-care visit has been provided elsewhere AND clinic makes 1 documented unsuccessful attempt to obtain clinical records; OR
- Clients with two documented no-shows for a scheduled appointment when a KPM service was to be provided; OR
- Client makes documented request for confidential visit and there is concern that obtaining information from a non-SBHC provider may compromise the client's confidentiality.

Measure Specifications

Denominator:	Eligible population
Numerator:	Unique counts of SBHC clients ages 5-21 during the measurement school year (July 1 – June 30) who received a well-care visit
Required Codes:	ICD-10-CM Diagnosis: Z00.00, Z00.01, Z00.121, Z00.129, Z02.5, Z76.1, Z76.2 CPT: 99383-99385, 99393-99395 HCPCS: G0438, G0439
State Benchmark:	Given the impact of COVID-19, KPM benchmarks are eliminated for school year 2021-2022.
Chart Audit Requirements:	SBHCs should audit 20% of their charts of the eligible population, with a floor of 30 charts and a ceiling of 50. If the SBHC has fewer than 30 eligible charts, they should review all eligible charts.

What "counts" as a well-care visit?

This measure is based on administrative (billing) data. The well-care visit should be documented using one of the required numerator CPT codes listed in the Measure Specifications. To use the billing codes listed above, the following components must be present for a visit to count as a well-care visit:

- A health and developmental history, e.g. social and emotional well-being, health behavior, academic history, physical development and mental health
- A physical exam, e.g., weight, height, vision, hear, lungs, skin, genitals etc.
- Health education/anticipatory guidance provided based on results of health assessment

Guidance Document: Well-Care Visit

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Guidance Document: Well-Care Visit

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Required Codes:	ICD-10-CM Diagnosis: Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2; <u>OR</u> CPT: 99383-99385, 99393-99395; <u>OR</u> HCPCS: G0438, G0439
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KPM Age Range and Exclusions

Measure	Age range	Exclusions				
		Client refuses	Parent refuses	Can't get PCP documentation	2 documented no-shows	Other
Health Assessment	5-21	X	X	N/A	X	
Well-Care Visit	5-21	X	X	X	X	
Adolescent Immunization**	13	N/A	N/A	N/A	N/A	
Adolescent Teen Imm Series**	13-17	N/A	N/A	N/A	N/A	
Chlamydia Screening	12-21	X	X	X	X	Male or Not sexually active
Depression Screening	12-21	X	X	N/A	X	Mood disorder dx
Flu Immunization**	5-21	N/A	N/A	N/A	N/A	
HPV Immunization**	13-17	N/A	N/A	N/A	N/A	
Nutrition Counseling	5-21	X	X	N/A	X	
Substance Use Screening	12-21	X	X	N/A	X	

****There are no exclusions for any Immunization-related KPM****

Guidance Document: Well-Care Visit

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- A health and developmental history, e.g., social and emotional well-being, health behavior, academic history, physical development, and mental health
- A physical exam, e.g., weight, height, vision, heart, lungs, skin, genitals etc.
- Health education/anticipatory guidance provided based on results of health assessment

OR

- Documentation of well-care visit conducted at non-SBHC provider

FAQ

Does the Health Assessment need to be completed at the same time as the comprehensive well-care visit and physical exam?

No. We understand that the health assessment may be conducted over multiple visits, rather than within the context of a single well visit.

Resources

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. American Academy of Pediatrics. <http://brightfutures.aap.org/>

Reuland, C, Gillespie, RJ, Case, K. 2014. Enhancing Adolescent Well-Visits: Getting Them In, Setting the Stage, and Implementing Strength & Risk Screening Tools. Portland, OR: Patient Centered Primary Care Institute.

Available at: <http://www.pccpi.org/resources/webinars/enhancing-adolescent-well-visits>

AUDIT REQUIREMENTS

KPM Audit

- SBHC conducts a retroactive chart review of clients who received services in the measurement year
- Chart audit looks for evidence that a KPM service was provided to clients in the eligible population

KPM Audit

Any school-aged client (5-21 years) receiving services during the measurement period

- Physical, behavioral/mental, dental health visits, as well as other visits such as nurse-only and immunization-only
- The subset of charts that are randomly chosen for the audit will be selected from the visit data report
- In-person and telehealth visits

Individuals seen at mass screening events (vision, dental) or immunization clinics are not part of the KPM audit

Chart Audit Selection

Random selection: 20% of charts from eligible population, minimum of 30 charts and max of 50. *SBHC can audit all clients in the eligible population if they wish to do so.*

- Review all charts if there are fewer than 30 eligible charts.
- Audit the same chart for multiple KPMs where the eligible populations overlap. *Guidance documents:* [Link to SPO website](#)
- Coordinate with mental health or dental agencies for chart review. Contact Loretta with questions or issues.

Excluding Charts from Audit

If client is not in the eligible population:

- Exclude from audit
- Select replacement chart

Excluding Charts from Audit

Exclude from audit, no replacement chart:

- Client refuses
- Parent/guardian refuses
- Unable to obtain consent for client under 15 years of age (14 years for mh/bh KPM)
- 2 no-show appointments documented in chart
- ONLY for well-visit or chlamydia screening:
 - Unable to obtain clinical records from a non-SBHC provider (including instances where non-SBHC provider requests payment for copy of a patient's records)
 - Client requests a confidential visit

KPM Audit Helpful Hints

Review guidance documents for audit exclusions

Examples:

- Depression screening
 - The goal of this measure is to increase screening for clients who do not have a mood disorder.
 - Exclude any clients with an active mood disorder since those clients are regularly screened for depression.
- Chlamydia screening
 - Exclude male clients or female clients who are not sexually active

Immunization KPMs

- SBHC does not audit charts for Optional Immunization KPMs.
- Review guidance documents to identify eligible population:
[Link to SPO website](#)
- Email a spreadsheet with client name, date of birth, gender, and full address for clients in the immunization eligible population.
- *Send spreadsheet to Loretta via secure transmission*
- State Immunization Program reviews the immunization records in ALERT IIS for clients in the eligible population.

KPM Audit

Each year SBHC must:

- Submit two KPM audit documents to Loretta for approval
 - Chart Audit process
 - Chart Audit tracking spreadsheet (sent via secure email)
- SBHC enters results into the Operational Profile

Audit Timeline 2021-22

Beginning Summer 2022:

- Develop or update Chart Audit process document
- Audit visits that occurred July 1, 2021 - June 30, 2022, looking for evidence KPM service was provided.
- Document results on Audit tracking sheet

October 1, 2022:

- Deadline to enter results into the Operational Profile
 - *Submit audit documents before October 1st to allow enough time for Loretta to review and approve*

Chart Audit Process Document

Audit Process must describe:

- How charts from eligible population were identified
- How EHR report was run
- Method used to randomly select charts
- Criteria used to determine compliance for KPM
- Method for calculating compliance percentage

Strongly recommend sending audit process document to Loretta for approval **before** performing chart audit.

Chart Audit Tracking Sheet

When reviewing charts, fill-out the Audit Tracking with the following information:

- Patient ID
- Age
- Compliance/non-compliance
- If chart excluded, provide reason for exclusion
- Type of visits audited (in-person only, telehealth only, or a combination of both)

Send document via secure email to Loretta for approval.

Tracking Sheet: Compliance Documentation

For each audited chart, the tracking spreadsheet must indicate:

- Compliance
- Non-compliance
- Refused
- Excluded (include reason)
- Not reviewed/not in target population (include reason)

A sample tracking sheet is posted on [SPO website](#).

Audit Tracking Sheet example

	A	B	C	D	E	F	G	H
	SBHC name	Patient ID	Age	Type of visits (in person only, telehealth only, or both)	Core Well Visit	Core Health Assessment	Optional KPM name	Reason why chart was Excluded or Not reviewed
1	Your sbhc	ptid1	16	in person	Compliance	Compliance	Non-compliance	
2	Your sbhc	ptid12	14	tele	Non-compliance	Compliance	Compliance	
3	Your sbhc	ptid13	8	both	Compliance	Compliance	Not reviewed/Not in population	Client too young
4	Your sbhc	ptid24	19	tele	Compliance	Compliance	Compliance	
5	Your sbhc	ptid25	18	in person	Refused	Compliance	Refused	
6	Your sbhc	ptid26	17	both	Compliance	Compliance	Compliance	
7	Your sbhc	ptid27	16	both	Non-compliance	Non-compliance	Non-compliance	
8	Your sbhc	ptid28	15	both	Excluded	Excluded	Compliance	
9	Your sbhc	ptid29	14	both	Non-compliance	Compliance	Compliance	2 no-show appts
10	Your sbhc	ptid30	13	both	Compliance	Compliance	Not reviewed/Not in population	Client too young
11	Your sbhc	ptid51	6	both	Compliance	Compliance	Compliance	
12	Your sbhc	ptid55	7	tele	Compliance	Compliance	Compliance	
13	Your sbhc	ptid62	17	in person	Refused	Non-compliance	Compliance	
14	Your sbhc	ptid67	13	both	Excluded	Excluded	Excluded	Attempt parental consent
15	Your sbhc	ptid70	14	both	Non-compliance	Compliance	Non-compliance	
16	Your sbhc	ptid73	16	both	Excluded	Compliance	Non-compliance	Attempt to get records from PCP
17	Your sbhc	ptid79	15	in person	Non-compliance	Compliance	Compliance	
18	Your sbhc	ptid80	9	both	Compliance	Compliance	Not reviewed/Not in population	Client too young
19	Your sbhc	ptid87	17	both	Excluded	Compliance	Compliance	Confidential visit
20	Your sbhc	ptid88	20	in person	Refused	Compliance	Compliance	
21	Your sbhc	ptid91	12	tele	Compliance	Compliance	Compliance	
22	Your sbhc	ptid92	16	both	Non-compliance	Non-compliance	Non-compliance	
23	Your sbhc	ptid93	13	both	Excluded	Non-compliance	Non-compliance	Attempt to get records from PCP
24	Your sbhc	ptid94	18	both	Excluded	Excluded	Excluded	2 no-show appts
25	Your sbhc	ptid95	12	both	Non-compliance	Non-compliance	Compliance	

Do not select replacement chart for "Excluded" or "Refused". Those charts do not impact/count against your compliance calculation.

Select replacement chart if it is not in eligible population

OPERATIONAL PROFILE ENTRY



Operational Profile Entry

- After the Audit process and Tracking sheet documents are approved, SBHC enters results into the Operational Profile
- KPM entry in the OP is **locked** until audit documents are approved.
- Please do not wait until October 1st to send KPM documents to Loretta for approval.

Operational Profile Entry

On the KPM tab in the OP, Press the Add KPM button

Key Performance Measures

Date Created	Fiscal Year	REQUIRED Well Visit % HA %	Opt. KPM %	Date Submitted
<div>Add KPM</div>				

- Blank KPM entry opens
- Select Fiscal Year
- From tracking sheet, add # of Non-compliant charts to # of Compliant charts; enter # in "Reviewed" box.
- Press red button when entry is complete.

Key Performance Measure Info

Fiscal Year	7/1/2021 to 6/30/2022	Date Created	5/6/2022
CORE MEASURES (Required)			
Well-Care Visit			
Reviewed	30	Number of charts reviewed	
In compliance	24	Number of charts in compliance	
	80.0%	Percent of charts in compliance	
Comprehensive Health Assessment (HA)			
Reviewed	30	Number of charts reviewed	
In compliance	26	Number of charts in compliance	
	86.7%	Percentage of charts in compliance	
OPTIONAL MEASURE			
Chlamydia Screening			
Reviewed	30	Number of charts reviewed	
In compliance	20	Number of charts in compliance	
	66.7%	Percentage of charts in compliance	
REQUIRED DOCUMENTS			
The following <u>required</u> documents have been submitted to the SPO:			
<input type="checkbox"/> Chart audit process summary		<input type="checkbox"/> Chart audit tracking sheet	
Submitted by Jackie Test			
Please provide any explanations/feedback			
<div>KPM INFORMATION COMPLETE: Submit to SPO</div>			

OP Error Message Submitting Results

This message will display in the Operational Profile if you press the “Add KPM” button before Loretta approves your audit documents.

The screenshot displays the 'SBHC Detail - Web' interface. The top navigation bar includes 'HOME', 'LIST', and the 'Oregon Health' logo. The main header is 'Fake SBHC'. Below this are tabs for 'Details', 'Operations', 'Staff', 'Shift Hours', 'Services', 'Cert Waiver', and 'KPM'. The 'KPM' tab is selected, showing 'Key Performance Measures'. A table lists KPM entries with columns for 'Date Created', 'Fiscal Year', 'REQUIRED Well Visit %', 'HA %', 'Opt. KPM %', and 'Date Submitted'. A red arrow points to the 'Add KPM' button. An error message dialog box is overlaid on the bottom right, titled 'KPM ENTRY IS LOCKED'. The message states: 'Before creating a new KPM entry, you must submit the KPM Chart audit process and the KPM Chart audit tracking sheet. Please contact the SBHC State Program Office for assistance.' An 'OK' button is at the bottom right of the dialog.

SBHC Detail - Web

HOME LIST

Fake SBHC

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

Key Performance Measures

REQUIRED Add KPM

Date Created	Fiscal Year	REQUIRED Well Visit %	HA %	Opt. KPM %	Date Submitted
Select 6/21/2018					
Select 6/12/2018					
Select 1/23/2018	7/1/2016 to 6/30/2017	0%	100%	53%	5/14/2018
Select 9/22/2017	7/1/2016 to 6/30/2017	100%	100%	100%	9/26/2017
Select 8/11/2016	7/1/2015 to 6/30/2016	17%	67%	40%	8/11/2016

Optional KPM - Biennial Selection

Date Created	Biennium	Optional KPM M
Select 7/21/2017	2017 - 2019	Adolescent Immu
Select 1/7/2016	2015 - 2017	Chlamydia Scre

KPM ENTRY IS LOCKED

Before creating a new KPM entry, you must submit the KPM Chart audit process and the KPM Chart audit tracking sheet.

Please contact the SBHC State Program Office for assistance.

OK

KPM Audit Helpful Hints

- Audit Process and Tracking sheets must be approved by Loretta
- Recommend sending Audit process document to Loretta before auditing charts
- **Submit Audit tracking sheet via secure email**
- Enter audit results into the Operational Profile
- Due date for OP entry is October 1st

[Link to SPO website- KPM and OP User's Guide](#)

Contact Information

- Questions and submission of required documents: Loretta.L.Gallant@dhsosha.state.or.us.
- SPO email: sbhc.program@dhsosha.state.or.us
- SPO website: www.healthoregon.org/sbhc
- SPO data requirements: [Link to Data and KPM info](#)