



# **SBHC Key Performance Measures: Background and Operational Profile Entry**

**November 2021**



# Key Performance Measures (KPMs)

- SBHCs are committed to high-quality, age appropriate, accessible health care for school-aged children.
- SBHC must conduct an annual chart audit of the visits that occurred between July 1<sup>st</sup> and June 30<sup>th</sup>.
- *Results of KPM audits are submitted via the Operational Profile database by October 1<sup>st</sup> (this year's deadline has been changed to 12/1).*
- Due to COVID-19, the statewide KPM benchmarks for 2020-21 and 2021-22 have been eliminated and waivers are not required for low compliance percentages.

# KPMs for 2021-2022

Core Measures – required for all sites

Well-Care Visit

Comprehensive Health Assessment

Optional Measures – one measure selected every 2 years

Adolescent Immunizations (Tdap & Meningococcal)

Adolescent Teen Immunization Series (HPV, Tdap & Meningococcal)

Chlamydia Screening

Depression Screening

Flu Immunization

HPV Immunization

Nutrition Counseling

Substance Use Screening

# Selection of Optional KPM

- Every two years, SBHCs will select and track their compliance with one of eight Optional KPMs.
- SBHC can track the same Optional measure they'd chosen previously or select a different one.
- If the SBHC chooses to track the same Optional measure, they must still make their selection in the Operational Profile.
- The SPO will notify all SBHCs during the Spring of every odd year that it's time to select an Optional Measure.
- The next selection will take place in 2023.

# KPM Reference Materials

- Guidance Documents for each KPM can be found on the [SPO Website- Data Requirements page](#).
- Each document includes information on the KPM that will assist you when performing the chart audit.
- Information included on each document:
  - KPM Description
  - Eligible Population
  - Exclusions
  - Measure Specifications
  - FAQs
  - Resources

# Chart Audit

SBHC will audit 20% of charts from the **eligible population** of 5–21-year-old students except for any of the immunization-related KPMs.

- Random selection of at least 30 charts with a maximum of 50.
- **If client is not in eligible population, another chart must be selected to ensure the required number of charts are audited.**
- If there are fewer than 30 eligible charts, then all must be audited.
- SBHC can audit the same chart for each KPM if eligible populations are the same.

# Auditing the Optional Immunization-related KPMs

- The State Immunization program will audit the below KPMs by reviewing clients' immunization records in ALERT IIS:
  - Adolescent Immunizations (Tdap & Meningococcal)
  - Adolescent Teen Immunization Series (HPV, Tdap & Meningococcal)
  - Flu Immunization
  - HPV Immunization
- **SBHCs DO NOT audit client's charts for these measures.**
- Sites choosing an immunization KPM must submit, via secure email, a spreadsheet with name, date of birth, gender, and address of all SBHC clients in the eligible population.
  - **Review Guidance documents for eligible population criteria.**
  - Immunization Program will review ALERT to determine compliance.

# Eligible Population for KPMs

Any client in the target population seen during the service year must be included in the chart audit. **Guidance documents describe eligible population for each KPM.**

- Chart audit must include physical, behavioral/ mental, and dental health clients seen during the service year (July 1<sup>st</sup> – June 30<sup>th</sup>).
- Any visit submitted in the visit data report should be part of the audit.
  - Including RN only visits and Immunization only visits
- SBHC must coordinate with outside agencies (mental health or dental) to review charts.

If you need assistance coordinating the KPM audit with an outside agency, contact Loretta Gallant at the SPO: [loretta.l.gallant@dhsoha.state.or.us](mailto:loretta.l.gallant@dhsoha.state.or.us)



# Excluding Charts during audit

KPM Guidance documents list reasons why a chart may be excluded from audit:

- Client is not in the target population (age, gender, existing diagnosis) – **if client is not in target population, another chart must be audited.**
- Client refuses
- Parent refuses for clients under 15 years of age
- 2 no-show appointments documented in client's chart
- Unsuccessful attempt to get outside primary care provider documentation for a well-visit or chlamydia screening.

# Target age range and Exclusions for each KPM

Measure	Measure age range	Exclusions (make one attempt to obtain)				
		Client refuses	Parent refuses	Can't get PCP documentation	2 documented no-shows	Other
Well visit	5-21	X	X	X	X	
Health assessment	5-21	X	X	N/A	X	
Adol immunizations	13	X	X	N/A	X	
Adol teen imm series	13-17	X	X	N/A	X	
Chlamydia Screening	12-21	X	X	X	X	Male
Depression Screening	12-21	X	X	N/A	X	Mood disorder dx
Flu Immunization	5-21	X	X	N/A	X	
HPV Immunization	12-21	X	X	N/A	X	
Nutrition Counseling	5-21	X	X	N/A	X	
Substance Use Screening	12-21	X	X	N/A	X	

# Submission of Required KPM Documents

## Chart Audit Process summary must include:

- Explanation of how charts from the eligible population were identified
- Process used to randomly select the charts
- Criteria used to determine compliance for KPM
- How the compliance percentage was calculated

Send document to Loretta for approval.

Consider sending your audit process document for review before completing the chart audit.

# Submission of Required KPM Documents cont'd

## Chart Audit Tracking Sheet must include:

- Patient ID of each audited chart
- Client age
- Compliance for each measure
- Reason if chart was excluded
- For the 2021-2022 audit, you must include whether audited visits were in-person and/or telehealth.

Send document via secure email to Loretta for approval.

# Audit Tracking Sheet Documentation

Coding on audit tracking sheet must indicate:

- Compliance
- Non-compliance
- Refused
- Excluded (include reason)
- Not reviewed (include reason)

*A sample tracking sheet is posted on the Data Requirements tab of the SPO website. Contact Loretta with questions.*

# Audit Tracking Sheet example

SBHC name	Patient ID	Age of Patient	Core - Well Visit	Core - Health Assess	Optional Measure	Comments OR Explanation for Exclusion or Not reviewed
Your sbhc	ptid1	16	Compliance	Refused	Non-compliance	
Your sbhc	ptid12	14	Non-compliance	Compliance	Compliance	
Your sbhc	ptid13	8	Compliance	Compliance	Not reviewed/Not in population	Too young for Optional measure
Your sbhc	ptid24	19	Compliance	Compliance	Compliance	
Your sbhc	ptid26	17	Refused	Compliance	Refused	
Your sbhc	ptid36	12	Compliance	Compliance	Compliance	
Your sbhc	ptid37	13	Non-compliance	Non-compliance	Non-compliance	
Your sbhc	ptid44	16	Excluded	Excluded	Compliance	2 no-show appts: well visit & health assessment
Your sbhc	ptid49	18	Non-compliance	Compliance	Compliance	
Your sbhc	ptid51	6	Compliance	Compliance	Not reviewed/Not in population	Too young for Optional measure
Your sbhc	ptid55	7	Compliance	Compliance	Not reviewed/Not in population	Too young for Optional measure
Your sbhc	ptid62	17	Refused	Non-compliance	Compliance	
Your sbhc	ptid67	13	Excluded	Excluded	Excluded	Attempt parental consent
Your sbhc	ptid70	14	Non-compliance	Compliance	Non-compliance	
Your sbhc	ptid73	16	Excluded	Compliance	Non-compliance	Attempt to get records from PCP for well visit
Your sbhc	ptid79	15	Non-compliance	Compliance	Compliance	
Your sbhc	ptid80	9	Compliance	Compliance	Not reviewed/Not in population	Too young for Optional measure
Your sbhc	ptid87	17	Excluded	Compliance	Compliance	Confidential visit - no attempt to get well visit records from PCP
Your sbhc	ptid88	20	Refused	Compliance	Not reviewed/Not in population	Existing mood disorder diagnosis - not reviewed for Optional measure
Your sbhc	ptid91	12	Compliance	Compliance	Compliance	
Your sbhc	ptid93	13	Excluded	Non-compliance	Non-compliance	Attempt to get records from PCP for well visit
Your sbhc	ptid94	18	Excluded	Excluded	Excluded	2 no-show appts

# Submit KPM results: New entry in the Operational Profile

Once your KPM audit process summary and audit tracking sheet are approved, the Operational Profile will allow you to create a new KPM audit entry.

The screenshot shows the 'SBHC Detail - Web' interface. At the top, there is a navigation bar with 'HOME' and 'SBHC Detail - Web'. Below this, there are tabs for 'Details', 'Overview', and 'KPM'. The main content area is titled 'Key Performance Measures' and contains a table with columns for 'Date Created' and 'Biennium'. Below this, there is a section for 'Optional KPM - Biennial Selection' with a table of similar columns. A yellow starburst overlay is centered on the page, containing red text. In the bottom right corner, a modal dialog box is open, containing text about submitting a chart audit tracking sheet and an 'OK' button.

There is a slightly modified process for entering the results of the 2020-2021 KPM chart audit.

Loretta Gallant will provide instructions after your audit process and tracking spreadsheet are approved.

Chart audit tracking sheet.

OK

# KPM Audit Helpful Hints

- KPMs audit results are entered into the Operational Profile. [Link to SPO website with KPM info and OP User's Guide.](#)
- Audit Process and Tracking sheets must be approved by Loretta before OP KPM entry button can be accessed.
- Recommend sending audit process document to Loretta before auditing charts.
- **Submit KPM Audit tracking sheet via secure email.**
- If SBHC is out of compliance for any KPM, a waiver must be submitted via the Operational Profile. *Due to COVID-19, KPM waivers are not required this year or next year.*



# Contact Information

- All questions and required documents should be sent to Loretta Gallant at [loretta.l.gallant@dhsoha.state.or.us](mailto:loretta.l.gallant@dhsoha.state.or.us).
- State Program Office group email address: [sbhc.program@dhsoha.state.or.us](mailto:sbhc.program@dhsoha.state.or.us)
- SPO website with Certification standards, data requirements and general information: [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)