



SBHC Key Performance Measures

May 2023



SBHC Key Performance Measures

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

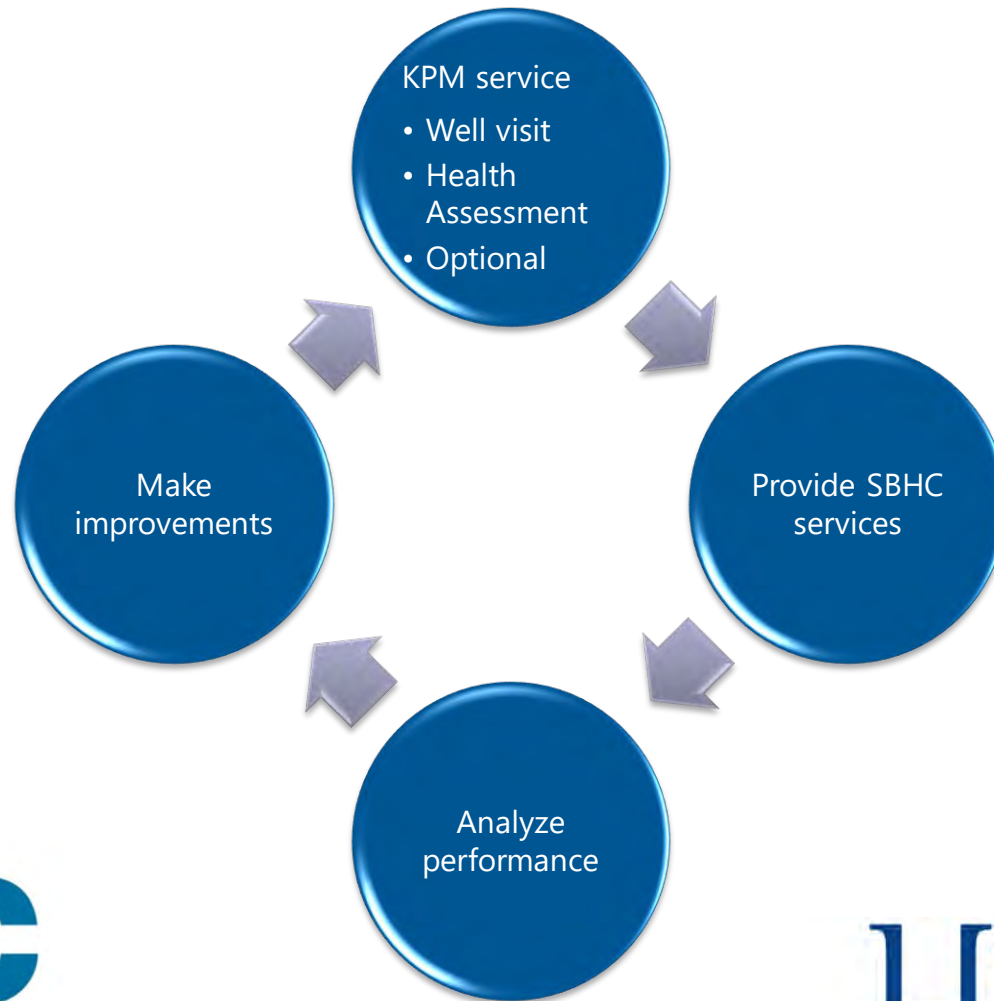
KEY PERFORMANCE MEASURES



KPMs

- As you all know, 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 to assess whether services associated with the KPMs were provided.

KPMs Cycle



KPMs

- Align with other clinical performance measures including:
 - Oregon CCO
 - HEDIS
 - CHIPRA
 - UDS
 - National School-Based Health Alliance
- Ultimate goal of KPMs is to increase the provision of important health services.

KPMs

Impact of KPM audits: SBHCs have identified areas of improvement and change:

- Modify clinic workflow
- Increase collaboration between primary care and mental/behavioral health providers
 - Develop a mechanism 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

Changes to EHR documentation as a result of KPM audit:

- Consistent documentation in EHR (location in medical record and language used)
- Simplify audit process
- Reduce time that staff spend on auditing and reporting
 - Don't have to review multiple places in the client's medical record

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

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

[Link to SPO website with KPM information](#)

Optional KPM Selection

- Optional measure is tracked for at least two years.
- SBHC decides if they want to track the same measure or choose a different one.
- Selection timing: every odd year, prior to the start of a new biennium. Next selection is 7/15/2023.
- A minimum of 20 clients from the KPM's eligible population must be seen the previous year
- 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

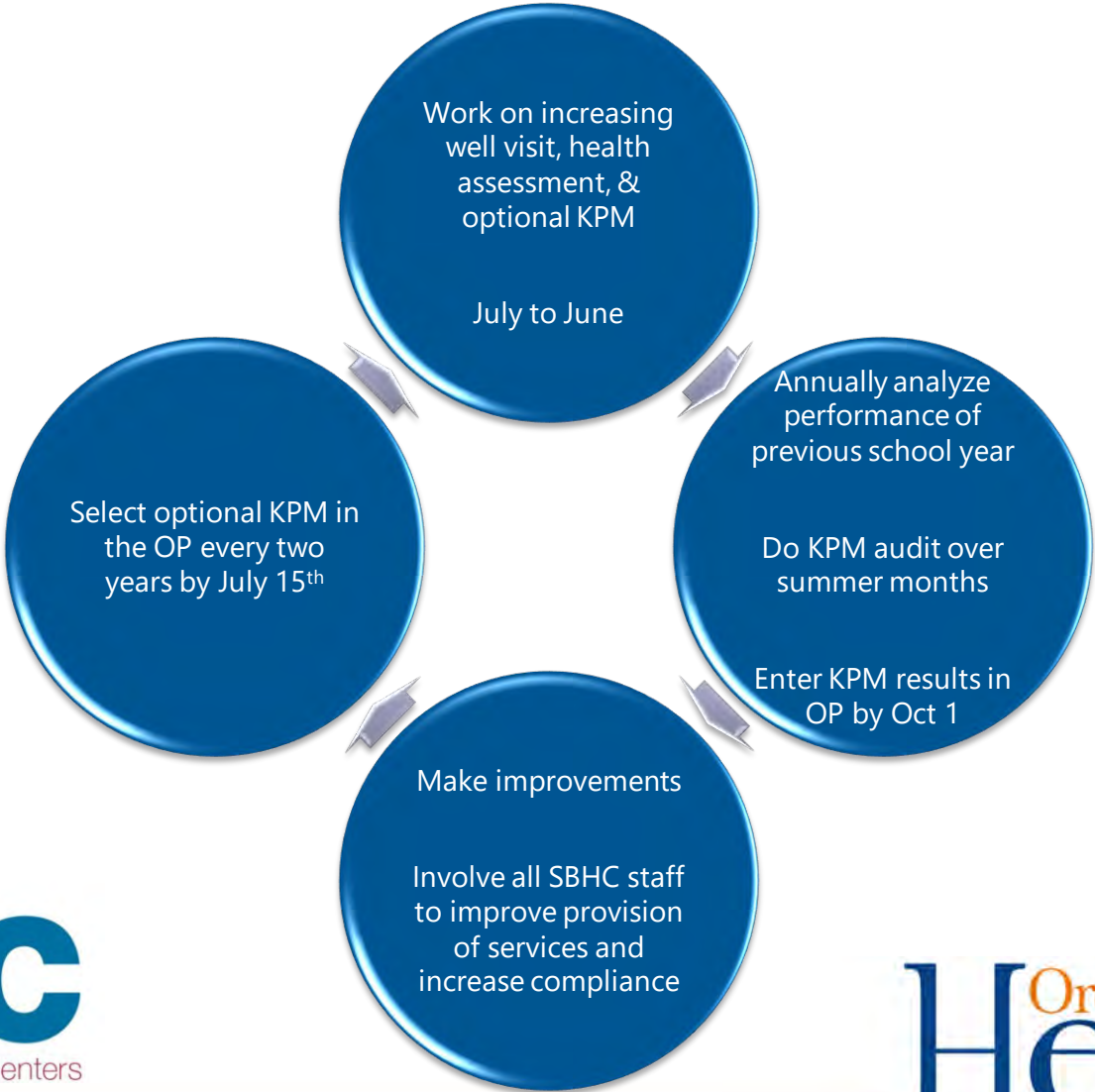
Choose One

- 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



KPM GUIDANCE DOCUMENTS



KPM Information on SPO Website

[Guidance documents posted on the Data Requirements tab of the SPO website](#)

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 [KPM presentation](#).

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

Visits During 2022-23 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: [KPM Blank Chart Audit Spreadsheet](#). For an example of how the data should be entered into the chart audit spreadsheet, review this [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 [KPM 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 7/1/2022)

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; <u>OR</u> CPT: 99383-99385, 99393-99395; <u>OR</u> HCPCS: G0438, G0439
State Benchmark:	70% of charts sampled with documented comprehensive well-care visit during the measurement school year
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, hearing, lungs, skin, genitals etc.
- Health education/anticipatory guidance provided based on results of health assessment

Guidance Document: Well-Care Visit

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) during the measurement school year (July 1 – June 30) ages 5-21 at the time of their visit

Important: review the Eligible Population section on each Guidance document to see which charts you audit for the measure

Guidance Document: Well-Care Visit

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Guidance Document: Well-Care Visit

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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>

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	

****Immunization Alert Program audits the immunization-related KPMs. No exclusions for the immunization measures****

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

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 if:

- 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 clients with an active mood disorder since they 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 Immunization KPMs.
- State Immunization Program reviews the immunization records in ALERT IIS for clients in the eligible population.
- Review guidance documents to identify eligible population:
[Link to SPO website](#)
- Email spreadsheet with client name, date of birth, gender, and full address for anyone in the immunization measure's eligible population.
- *Send spreadsheet to Loretta via HIPAA-compliant secure transmission*

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)
- Enter results into the Operational Profile

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
1	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
2	Your sbhc	ptid1	16	in person	Compliance	Compliance	Non-compliance	
3	Your sbhc	ptid12	14	tele	Non-compliance	Compliance	Compliance	
4	Your sbhc	ptid13	8	both	Compliance	Compliance	Not reviewed/Not in population	Client too young
5	Your sbhc	ptid24	19	tele	Compliance	Compliance	Compliance	
6	Your s				Refused	Compliance	Refused	
7	Your s				Compliance	Compliance	Compliance	
8	Your s				Non-compliance	Non-compliance	Non-compliance	
9	Your s				Excluded	Excluded	Compliance	2 no-show appts
10	Your s				Non-compliance	Compliance	Compliance	
11	Your sbhc	ptid51	6	both	Compliance	Compliance	Not reviewed/Not in population	Client too young
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

Audit Timeline 2022-23

Beginning Summer 2023:

- Develop or update Chart Audit process document
- Audit visits that occurred July 1, 2022 - June 30, 2023, looking for evidence KPM service was provided.
- Document results on Audit tracking sheet

October 1, 2023:

- Deadline to enter audit results into the Operational Profile

OPERATIONAL PROFILE ENTRY



Operational Profile: Enter Audit Results

- After the Audit process and Tracking sheet are approved, SBHC enters results into the Operational Profile
- KPM entry in the OP is **locked** until audit documents are approved.
- Enter results by October 1st

KPM Tab

The screenshot displays the 'SBHC Detail - Web' interface. At the top, there is a navigation bar with 'HOME' and 'LIST' links. Below this, the text 'Fake SBHC' is visible on the left and 'SBHC ID 753' on the right. A horizontal menu contains several tabs: 'Details', 'Operations', 'Hours of Operation', 'Staff', 'Shift Hours', 'Services', 'Cert Waiver', 'KPM', and 'PH R'. The 'KPM' tab is highlighted with a red box. Below the menu, the 'Key Performance Measures' section is active, featuring an 'Add KPM' button and a table with the following data:

Date Created	Fiscal Year	REQUIRED		Opt. KPM %	Date Subm
		Well Visit %	TA %		
Select 3/14/2023	7/1/2021 to 6/30/2022	50%	40%	90%	3/28/2023

Below this, the 'Optional KPM - Biennial Selection' section is visible, with an 'Add Optional KPM' button and a table:

Date Created	Biennium	Optional KPM Measure	
Select 3/28/2023	2023 - 2025	Nutrition Counseling	⊗
Select 3/28/2023	2021 - 2023	Nutrition Counseling	⊗

A red arrow points from the 'Add KPM' button to the 'Date Subm' column of the first row in the 'Key Performance Measures' table.

Press Add KPM button to enter audit results

Create KPM Entry

- Blank KPM entry opens after pressing Add KPM button
- Select Fiscal Year from dropdown
- # of charts reviewed (do not include refusals, not in population, ineligible)
- # of charts in compliance
- Press red button to Submit entry

Key Performance Measure Info

Fiscal Year	<input type="text"/>	Date Created	3/28/2023
CORE MEASURES (Required)			
Well-Care Visit			
Reviewed	<input type="text"/>	Number of charts reviewed	
In compliance	<input type="text"/>	Number of charts in compliance	
		Percent of charts in compliance	
Comprehensive Health Assessment (HA)			
Reviewed	<input type="text"/>	Number of charts reviewed	
In compliance	<input type="text"/>	Number of charts in compliance	
		Percentage of charts in compliance	
OPTIONAL MEASURE			
Reviewed	<input type="text"/>	Number of charts reviewed	
In compliance	<input type="text"/>	Number of charts in compliance	
		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	<input type="text"/>		
Please provide any explanations/feedback			
<input type="text"/>			
KPM INFORMATION COMPLETE: Submit to SPO			

KPM Entry is Complete

Key Performance Measure Info

Fiscal Year Date Created 3/14/2023

CORE MEASURES (Required)

Well-Care Visit

Reviewed Number of charts reviewed
In compliance Number of charts in compliance
50.0% Percent of charts in compliance

Comprehensive Health Assessment (HA)

Reviewed Number of charts reviewed
In compliance Number of charts in compliance
40.0% Percentage of charts in compliance

OPTIONAL MEASURE

Nutrition Counseling

Reviewed Number of charts reviewed
In compliance Number of charts in compliance
90.0% Percentage of charts in compliance

REQUIRED DOCUMENTS

The following required documents have been submitted to the SPO:

- Chart audit process summary Chart audit tracking sheet

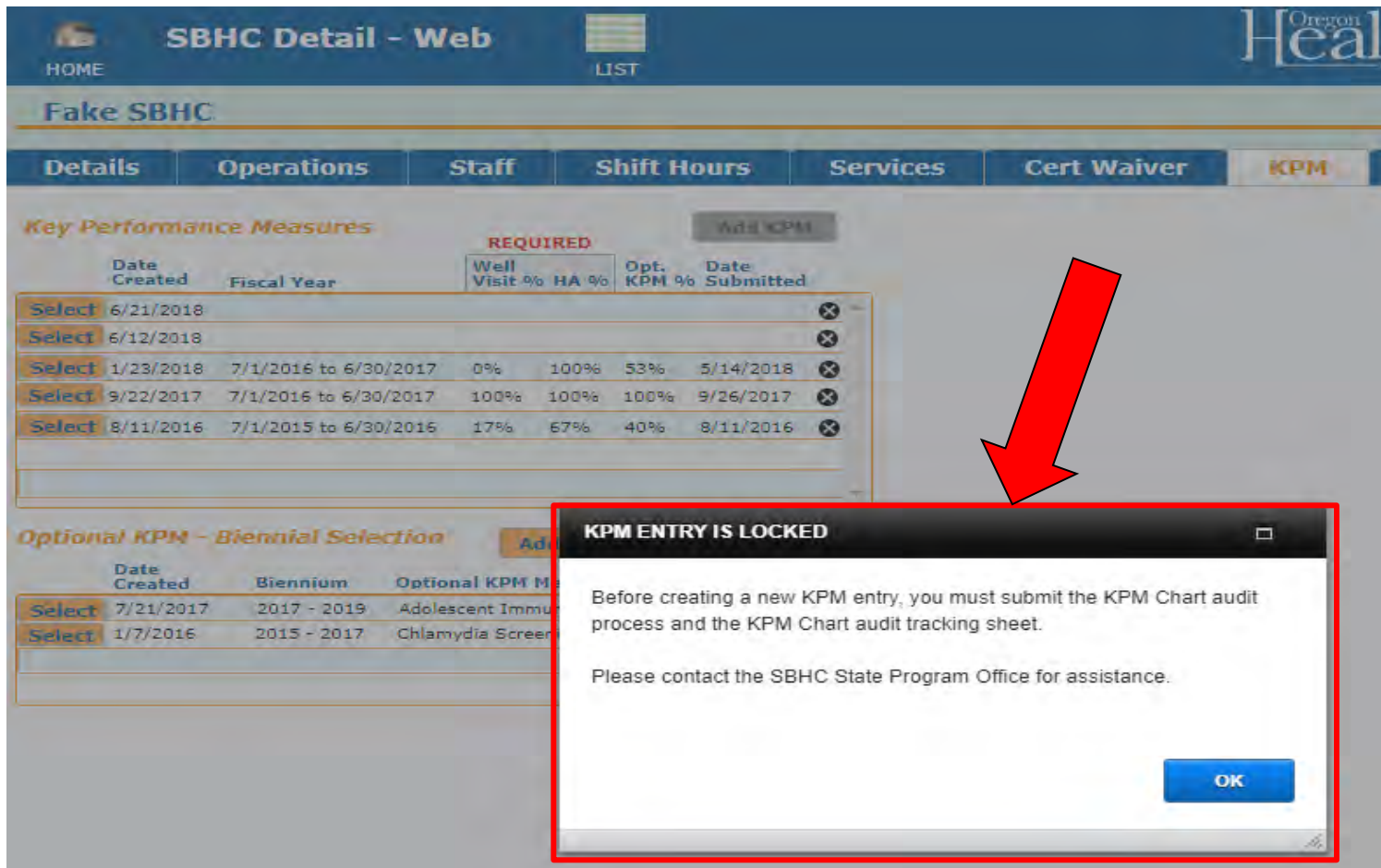
Submitted by

Please provide any explanations/feedback

**KPM
INFORMATION
COMPLETE:
Submit to SPO**

OP Error Message

Pop up message will display if you press the "Add KPM" button before your audit documents are approved.



The screenshot shows the 'SBHC Detail - Web' interface. The 'KPM' tab is selected, displaying a table of Key Performance Measures. A red arrow points from the 'Add KPM' button to a pop-up error message.

Key Performance Measures

Date Created	Fiscal Year	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 Screenshot

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 Reminders & Helpful Hints

- Operational Profile is locked until Loretta approves your Audit Process and Tracking sheets.
- Submit Audit process document before auditing charts in case there are errors with your process
- **Submit Audit tracking sheet via HIPAA compliant secure email**
- October 1st deadline to submit results into the Operational Profile

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

Contact Information

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