

2026 Performance Improvement Goals

Goal Selection Process

Approach

- 1. Select evidence-based goals that are benchmarked nationally and locally (e.g. UDS measures) and that meet regulatory or grant requirements (e.g. NCQA requirements to “act and improve”)
- 2. Prioritize goals with a large impact on client populations or have a substantial health impact on a specific population
- 3. Promote buy-in through direct staff feedback on goal selection and subsequent engagement in improvement initiatives
- 4. Select goals that show room for improvement in performance trends or experience challenges in meeting a previous target

Choosing Goal Percentages

Objectives

- Ensure the Agency is meeting or exceeding national benchmarks for health outcomes.
- Create achievable goals that are aligned with staff capacity and interest.

Approach

- 1. **Review Trends:** Compare last year and the current year's performance to see how the Agency is trending, using benchmarks for reference.
- 2. **Assess Current Work:** Look at ongoing clinical and operational initiatives and identify priority areas for improvement. Reflect on last year’s Performance Improvement (PI) focus areas and current interventions that show positive results.
- 3. **Use Comparison Data:** Analyze available data (e.g., UDS reports or national averages) to gauge performance. Set goals to meet or exceed national benchmarks.
- 4. **Consider Influencing Factors:** Consider client population characteristics and other factors that may affect performance rates.
- 5. **Set Realistic Improvement Targets:**
  - a. Aim for a 3–5% improvement within a year, depending on the measure.
  - b. For challenging outcome measures, set realistic, attainable goals.
  - c. For process measures or those with potential “quick fixes” (e.g., documentation issues), set stretch goals for greater improvement

Clinical Quality Measures (3)

- 1. **Other Preventive:** By December 31, 2026, increase the percentage of individuals age 21 – 64 who were screened for cervical cancer to 60%.
  - a. **Agency comparison to national average and similar health centers (2024 UDS data)**

HCH Average	National Average	BMS	Chase	Total Health Care
52%	55%	61%	49%	54%
  - b. **Current Baseline:** 56% (July 2025 TY)
  - c. **Goal:** 60%
  - d. **Goal Rationale:** HCH’s 2024 UDS-reported rate was **52%**, with a **4% increase** observed by July 2025. This improvement occurred without a dedicated Performance Improvement (PI) focus, suggesting that a 4% annual increase is both feasible and sustainable. Achieving this target would bring the Agency closer to the top-performing local health center (BMS at 61%) and position us above the national average. In 2025, the Agency also launched a population health project focused on cervical cancer screening. Insights from this initiative have guided new quality and medical team collaborations, including efforts to expand cancer screening access in non-traditional medical settings and to introduce HPV self-collection kits.
- 2. **Chronic or Acute Clinical:** By December 31, 2026, improve hypertension control rates (less than 140/90 mmHg) for clients 18 – 85 years of age to 67%.
  - a. **Agency comparison to national average and similar health centers (2024 UDS data)**

HCH Average	National Average	BMS	Chase	Total Health Care
62%	67%	67%	56%	53%
  - b. **Baseline:** 63% (July 2025 TY)
  - c. **Goal:** 67%

- d. **Goal Rationale:** The Agency achieved a **1% increase** from the 2024 UDS-reported rate, with an additional **3% improvement year-to-date in 2025**. By year-end, the goal is to narrow the disparity gap by raising hypertension control rates among Black or African American women from 53% to 57%—a 4% increase. With current initiatives underway, promising new strategies to be piloted, and strong engagement from the medical team, this target is considered realistic and attainable. Reaching this goal would align the Agency’s performance with the 2024 UDS national average and position it competitively with BMS by 2026.
3. **Behavioral Health:** By December 31, 2026, increase the percentage of clients 13+ years of age who initiated and engaged in ongoing treatment of substance use disorder to 35%.
- a. *New UDS measure; no UDS comparisons* (please see national averages below)

Measurement Year	Commercial HMO	Commercial PPO	Medicaid HMO	Medicare HMO	Medicare PPO
2023	40.8	42	58.4	31.7	31
2022	42.5	40.7	58.3	33.2	33.2
2021	39.7	38.2	57.2	31.3	30
2020	40.0	38.8	56.3	31.3	30.8

- b. **Baseline:** 24% (July 2025 TY)
- c. **Goal:** 35%
- d. **Goal Rationale:** In 2023, the **national average across payers was 40.8%**; excluding the highest-scoring payer, the average drops to **36%**. Although there is no current UDS or FQHC benchmark for this measure, the Agency’s goal is to align more closely with national averages. As this is a new measure, it is anticipated that initial improvements in documentation practices will lead to early gains in reported rates, establishing a strong foundation for broader, system-wide improvements in the future.

#### Resource Stewardship (1)

4. **Care Coordination:** By December 31, 2026, increase the percentage of clients age 18+ years of age with a documented list of current medications in their electronic health record to 90%.
- a. **Baseline:** 88% (July 2025 TY)
- b. **Goal:** 90%
- c. **Goal Rationale:** Ensuring accurate documentation of current medications is a key indicator of safe and coordinated care. According to Azara user data, the top-performing center reports a rate of 88%, which aligns with the Agency’s current performance. Continuing to strengthen efforts in this area to reach the NCQA target of 90% for the measure will further enhance workflow efficiency and reinforce the Agency’s commitment to high-quality, safe care.

#### Client Experience (1)

5. By December 31, 2026, improve client reported perception of their care team’s care coordination efforts by 4%
- Question: "How well did we (your medical provider, case manager, therapist, and other staff) work together to make sure you had the care you needed?" Answer selection: Excellent – everyone worked together very well to meet my needs; Good – most staff worked together effectively; Fair – some staff worked together, but there were communication challenges; Limited – staff did not seem to work together well on my care; Very Limited – staff did not work together on my care at all*
- a. **Baseline:** 86% (December 2025; trailing 2 months)
- b. **Goal:** 90%
- c. **Goal Rationale:** In alignment with The Joint Commission’s standard requiring organizations to collect data on patient perceptions of care coordination and continuity, this goal focuses on acting upon findings from the client experience survey. Building on ongoing efforts to strengthen care team coordination in 2025, the Agency will formally evaluate care team interventions and use this measure to guide continued improvements in care coordination. The target percentage for improvement will be determined based on the foundational work completed in 2025 and the promising practices under consideration for 2026.