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UDS: Quality of Care Measures

Age of Prenatal Care Patients

Measure Description:

- Total number of patients by age group who received prenatal care during the calendar year from the health center or a provider in the referral network.
- Include patients who received any prenatal care, including the delivery of their child, during the calendar year, regardless of when that care was initiated.

Denominator:

- Patients who received all their prenatal care from the health center.
- Patients referred by the health center to another provider for all their prenatal care.
- Patients who began prenatal care with another provider but transferred to the health center at some point.
- Patients began prenatal care with the health center but were transferred to another provider at some point.
- Patients who were provided with all their prenatal care by a health center provider but delivered by another provider.
- Patients who began or were referred for care during the previous calendar year or in this calendar year and delivered during the calendar year.
- Patients who began or were referred for care in this calendar year will not or did not deliver until the next year.

Numerator:

- Same as the denominator; report by appropriate age group using the patient's age on December 31 of the calendar year.

Early Entry into Prenatal Care

Measure Description:

- Percentage of prenatal care patients who entered prenatal care during their first trimester.

Denominator:

- Patients seen for prenatal care during the year, including:
 - Patients whose first prenatal visit occurred up through the end of the 13th week of pregnancy (first trimester).
 - Patients whose first prenatal visit occurred between the 14th and 27th week of pregnancy (second trimester).
 - Patients whose first prenatal visit occurred at 28 weeks or more of pregnancy (third trimester).

Numerator:

- Patients who began prenatal care during their first trimester.
- Include all patients receiving prenatal care, directly or via referral, and those who delivered during the year.
- Report only patients whose first comprehensive prenatal exam was with the health center or referral provider.
- Exclude visits for lab tests, vitamins, health history, or assessments as the start of prenatal care.
- Determine the trimester based on the pregnancy stage at the start of prenatal care.
- Patient self-report of trimester entry is permitted.

Childhood Immunization Status

Measure Description:

- Percentage of children 2 years of age who had the following vaccinations by their second birthday:
 - Four diphtheria, tetanus, and acellular pertussis (DTaP)
 - Three polioviruses (IPV)
 - One measles, mumps, and rubella (MMR)
 - Three or four Haemophiles influenzae type B (Hib)
 - Three hepatitis B (Hep B)
 - One varicella (VZV)
 - Four pneumococcal conjugates (PCV)
 - One hepatitis A (Hep A)
 - Two or three rotaviruses (RV)
 - Two influenza (flu) vaccines

Denominator:

- Children who turn 2 years of age during the measurement period and had an eligible countable visit during this period, including:
 - Children with birthdates on or after January 1, [2 years prior to the reporting year] and on or before December 31, [2 years prior to the reporting year].
 - Children seen for well-child services or any medical visits, including treatment of injuries or illnesses.
 - Children for whom no vaccination information is available or who were first seen when there was insufficient time to fully immunize them before their second birthday.
 - Children with contraindications for specific vaccines, counted as "compliant" if guidelines allow.
- Exclusions from denominator count include children with:
 - Severe combined immunodeficiency
 - Immunodeficiency
 - HIV
 - Lymphoreticular cancer, multiple myeloma, or leukemia
 - Intussusception
 - Children in hospice care for any part of the measurement period.
- Include children who turned two during the measurement period, regardless of when they received care.

Numerator:

- Children meeting criteria for the following vaccinations by their second birthday:
 - DTaP: At least four doses, excluding those given before 42 days after birth, or documented anaphylaxis/encephalitis due to the vaccine.
 - IPV: At least three doses, excluding those given before 42 days after birth.
 - MMR: At least one dose between the first and second birthdays, or documented history of measles, mumps, or rubella.

HIT: Data Dictionary

- Hib: At least three doses, excluding those given before 42 days after birth, or documented anaphylaxis due to the vaccine.
- Hep B: At least three doses, with one possible within the first 8 days after birth, or documented anaphylaxis/history of hepatitis B illness.
- VZV: At least one dose between the first and second birthdays, or documented history of varicella zoster.
- PCV: At least four doses, excluding those given 42 days after birth.
- Hep A: At least one dose between the first and second birthdays, or documented history of hepatitis A illness.
- RV: At least two doses of the two-dose vaccine or three doses of the three-dose vaccine, excluding those given before 42 days after birth, or documented anaphylaxis due to the vaccine.
- Flu: At least two doses, with one possible LAIV vaccination on the child's second birthday, excluding those given before 6 months (180 days) after birth.
- Use registries to complete immunization records before the end of the measurement period.
- Exclude patients only receiving vaccinations without other services.
- Do not count charts stating "patient is up to date" without specific dates and immunization names.
- Verbal assurance from parents about vaccination does not count.
- Good faith but failed immunization efforts (e.g., due to parental refusal) do not meet the numerator criteria.

Cervical Cancer Screening

Measure Description:

- Percentage of women 24–64 years of age who received a screening for cervical cancer using either cervical cytology within the last 3 years or HPV testing within the last 5 years.

Denominator:

- Women 24 through 64 years of age by the end of the measurement period who had an eligible countable visit during the measurement period, including:
 - Women with birthdates between January 1, [Reporting Year minus 64], and December 31, [Reporting Year minus 24].
- Include patients of all gender identities who have a cervix.
- Exclusions from denominator count include:
 - Women who had a hysterectomy with no residual cervix or a congenital absence of cervix.
 - Patients in hospice care for any part of the measurement period.
 - Patients who received palliative care for any part of the measurement period.

Numerator:

- Women with one or more screenings for cervical cancer, defined by:
 - Cervical cytology performed during the measurement period or within the 2 years prior for women at least 21 years old at the time of the test.
 - Cervical HPV testing performed during the measurement period or within the 4 years prior for women 30 years or older at the time of the test.
- Include documentation in the patient health record of cervical cytology and HPV tests performed outside the health center with the test date, performer, and result provided by the agency that conducted the test or a copy of the lab test.
- Do not count charts noting the patient's refusal to have the test as compliant.

Breast Cancer Screening

Measure Description:

- Percentage of women 52–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period.

Denominator:

- Women 52 through 74 years of age by the end of the measurement period who had an eligible countable visit during the measurement period, including:
- Women with birthdates between January 1, [Reporting Year – 74], and December 31, [Reporting Year – 52].
- Patients count according to sex at birth.
- Exclusions from denominator:
 - Women who had a bilateral mastectomy or have a history of a bilateral mastectomy, or evidence of a right and a left unilateral mastectomy.
 - Patients in hospice care for any part of the measurement period.
 - Patients aged sixty-six or older by the end of the measurement period lived long-term in an institution for more than ninety consecutive days during the measurement period.
 - Patients aged sixty-six and older with frailty for any part of the measurement period, including those with advanced illness or taking dementia medications during the measurement period or the year prior.
 - Patients who received palliative care during the measurement period.

Numerator:

- Women with one or more mammograms performed any time between October 1 two years prior to the measurement period and the end of the measurement period.
- Include documentation in the patient health record of mammograms performed outside the health center with the date the test was performed, who performed it, and the results provided by the agency that conducted the test or a copy of the results.
- Do not count biopsies, breast ultrasounds, or magnetic resonance imaging, as these are not appropriate methods for primary breast cancer screening.
- Do not count charts noting the patient's refusal to have the test as compliant.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Measure Description:

- Percentage of patients aged 3–17 years who had an outpatient medical visit and evidence of height, weight, and body mass index (BMI) percentile documentation, as well as documentation of counseling for nutrition and physical activity during the measurement period.

Denominator:

- Patients aged 3 through 17 years with at least one outpatient medical visit by the end of the measurement period, including:
 - Children and adolescents with birthdates between January 1, [Reporting Year – 17], and December 31, [Reporting Year – 3].
 - Medical visits are performed by any medical provider, including Nurse Practitioners (NPs).
- Exclusions:
 - Patients with a diagnosis of pregnancy during the measurement period.
 - Patients in hospice care for any part of the measurement period.

Numerator:

- Children and adolescents who have had:
 - Their height, weight, and BMI percentile recorded during the measurement period.
 - Counseling for nutrition during the measurement period.
 - Counseling for physical activity during the measurement period.
 - All three components are completed to meet the numerator criteria using one age strata (age 3–16).
- Documentation in the patient record of each element, not just that a well-child visit was scheduled, provided, or billed.

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Measure Description:

- The percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period, who had a follow-up plan documented if BMI was outside normal parameters.
 - Normal Parameters: For age 18 years and older, BMI greater than or equal to 18.5 kg/m² and less than 25 kg/m².

Denominator:

- Patients 18 years of age or older on the date of the visit with at least one eligible countable visit during the measurement period, including:
 - Patients with a birthdate on or before January 1, [Reporting Year – 18], who were 18 years of age or older on the date of their last visit.
- Excludes patients who only had virtual visits during the year. Telehealth or telephone-only visits are also excluded from the denominator.
- Other exclusions:
 - Patients who are pregnant at any time during the measurement period.
 - Patients receiving palliative or hospice care at any time during the measurement period.
 - Patients who refuse measurement of height and/or weight.
 - Patients with a documented medical reason for not documenting BMI or for not documenting a follow-up plan for a BMI outside normal parameters, such as:
 - Elderly patients (65 years or older) for whom weight reduction or gain would complicate other underlying health conditions (e.g., illness or physical disability, mental illness, dementia, confusion, nutritional deficiency). Patients in an urgent or emergent medical situation where delaying treatment would jeopardize the patient's health status.

Numerator:

- Patients with a documented BMI during the most recent visit or during the measurement period, and:
- BMI is within normal parameters.
- When the BMI is outside of normal parameters, a follow-up plan is documented during the most recent visit or during the measurement period.
- If more than one BMI is reported during the measurement period, and any documented BMI is outside normal parameters, documentation of an appropriate follow-up plan is required to meet performance.
- Documentation in the patient health record must show the actual BMI, or the template normally viewed by a provider must display BMI.
- A follow-up plan may include, but is not limited to, documentation of education, referral (e.g., to a registered dietitian nutritionist [RDN], occupational therapist, physical therapist, primary care provider, exercise physiologist, mental health professional, or surgeon) for lifestyle/behavioral therapy, pharmacological interventions, dietary supplements, exercise counseling, and/or nutrition counseling.



HIT: Data Dictionary

- Do not count charts or templates that display only height and weight as meeting the numerator criteria. The fact that an HIT/EHR can calculate BMI does not replace the presence of the BMI itself.

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Measure Description:

- The percentage of patients aged 18 years and older screened for tobacco use during the measurement period who received a tobacco cessation intervention if identified as a tobacco user.

Denominator:

- Patients aged 18 years and older with at least two eligible countable visits or one preventive visit during the measurement period.
- Includes patients born on or before January 1, [Reporting Year – 18].
- Excludes patients in hospice care during the measurement period.
- Identify preventive visits using "Preventive Care Services" CPT codes.

Numerator:

- Patients screened for tobacco use at least once during the measurement period and were either:
- Not identified as tobacco users, or identified as tobacco users and received a cessation intervention (counseling and/or pharmacotherapy) during the measurement period or the 6 months prior.
- If cessation intervention is pharmacotherapy, the prescription must be active or ordered during the measurement period.
- Interventions can include services from any provider, such as counseling or medication orders.
- Note: Use the most recent screening for multiple screenings within the period and patients with unknown tobacco use status or refusal do not meet numerator criteria.
 - The use of e-cigarettes is considered tobacco use.

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Measure Description:

- Percentage of high-risk patients prescribed or on statin therapy during the measurement period:
 - Patients with clinical atherosclerotic cardiovascular disease (ASCVD) or who have ever had an ASCVD procedure.
 - Patients 20 years or older with LDL-C ≥ 190 mg/dL or familial hypercholesterolemia.
 - Patients 40-75 years old with a diagnosis of diabetes.

Denominator:

- Patients with:
 - An active diagnosis of ASCVD or who have ever had an ASCVD procedure.
 - Age 20 years or older with LDL-C ≥ 190 mg/dL or familial hypercholesterolemia at the start of the measurement period.
 - Age 40-75 years with type 1 or type 2 diabetes at the start of the measurement period.
- Additionally, includes patients with:
 - Any age for ASCVD determination.
 - Birthdate on or before January 1, [Reporting Year – 18], for LDL-C determination.
 - Birthdate on or after January 1, [Reporting Year – 75], and on or before January 1, [Reporting Year - 40], for diabetes determination.
- Patient must also have had an eligible countable visit during the measurement period.
- Exclude:
 - Patients who are breastfeeding.
 - Patients with a diagnosis of rhabdomyolysis during the measurement period.
 - Patients with statin-associated muscle symptoms or an allergy to statin medication.
 - Patients receiving palliative or hospice care.
 - Patients with active liver disease or hepatic insufficiency.
 - Patients with end-stage renal disease (ESRD).
 - Patients with documented medical reasons for not being prescribed statin therapy.

Numerator:

- Patients actively using or who received a prescription for statin therapy at any time during the measurement period.

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Measure Description:

- Percentage of patients 18 years and older diagnosed with acute myocardial infarction (AMI), who had a coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documented use of aspirin or another antiplatelet during the measurement period.

Denominator:

- Patients 18 years and older with an eligible countable visit during the measurement period who:
 - Had AMI, CABG, or PCI during the 12 months prior to the measurement period, or
 - Had a diagnosis of IVD overlapping the measurement period.

Numerator:

- Patients who had an active prescription for or documented use of aspirin or another antiplatelet during the measurement period.

Colorectal Cancer Screening

Measure Description:

- The percentage of adults 45–75 years of age had appropriate screening for colorectal cancer.
- Note: This includes patients from age 46 on or after December 31 of the reporting year as the initial age for assessment.

Denominator:

- Patients aged 46 through 75 years by the end of the measurement period with an eligible countable visit during the measurement period.
- Includes patients with birthdates on or after January 1, [Reporting Year – 75], and birthdates on or before December 31, [Reporting Year - 46].
- Excludes:
 - Patients with a diagnosis or history of colorectal cancer or total colectomy.
 - Patients who were receiving palliative or hospice care for any part of the measurement period.
 - Patients aged sixty-six or older by the end of the measurement period who were living long-term in an institution for more than ninety consecutive days during the measurement period.
 - Patients aged 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet advanced illness criteria (advanced illness with one inpatient visit or two outpatient visits during the measurement period or the year prior; taking dementia medications during the measurement period or the year prior).

Numerator:

- Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
 - Fecal occult blood test (FOBT) during the measurement period.
 - Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior.
 - Flexible sigmoidoscopy during the measurement period or the 4 years prior.
 - Computerized tomography (CT) colonography during the measurement period or the 4 years prior.
 - Colonoscopy during the measurement period or the 9 years prior.

HIV Linkage to Care

Measure Description:

- The percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis.

Denominator:

- Patients were first diagnosed with HIV by the health center between December 1 of the prior year through November 30 of the current measurement period.
- Must have had at least one eligible countable visit during the measurement period or prior year as specified.
- Includes patients newly diagnosed with HIV by the health center between December 1, 2022, and November 30, 2023, and had at least one medical visit during 2023 or 2022.
- Note: This measure does not conform to the calendar year reporting requirement.

Numerator:

- Newly diagnosed HIV patients received treatment within 30 days of diagnosis.
- Include patients who were newly diagnosed by health center providers and:
 - Had a medical visit with a health center provider who initiated HIV treatment.
 - Had a visit with a referral resource who initiated HIV treatment.

HIV Screening

Measure Description:

- The percentage of patients aged 15–65 at the start of the measurement period who were assessed for HIV between ages 15–65.

Denominator:

- Patients aged 15 through 65 years at the start of the measurement period.
- Must have had at least one outpatient eligible countable visit during the measurement period as specified.
- Includes patients with birthdate on or after January 2, [Reporting Year – 66], and birthdate on or before January 1, [Reporting Year – 15].
- Excludes:
 - Patients diagnosed with HIV prior to the start of the measurement period.

Numerator:

- Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday.
- Specifically, the measure evaluates the proportion of patients aged 15–65 at the start of the measurement period who have documentation of receiving an HIV test at least once between ages 15–65.
- HIV tests performed elsewhere must be confirmed by documentation in the chart or correspondence.
- Patient attestation or self-report does not satisfy the measure requirements.

Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Measure Description:

- The percentage of patients aged 12 years and older screened for depression using an age-appropriate standardized tool on the date of the visit or up to 14 days prior, with a documented follow-up plan if positive.

Denominator:

- Patients aged 12 years and older at the beginning of the measurement period.
- Must have had at least one eligible countable visit during the measurement period as specified.
- Includes patients with birthdate on or before January 1, [Reporting Year – 12].
- Exclusions:
 - Patients diagnosed with depression or bipolar disorder at any time prior to the qualifying visit, regardless of active status.
 - Patients who refuse to participate.
 - Medical reasons documented for not screening (e.g., cognitive, functional, or motivational limitations).

Numerator:

- Patients screened for depression on the date of the visit or up to 14 days prior using an age-appropriate standardized tool, and:
 - Screened negative for depression, or
 - Screened positive with a documented follow-up plan on the date of or up to two days after the qualifying visit.

Depression Remission at Twelve Months

Measure Description:

- Percentage of patients aged 12 years and older with major depression or dysthymia who achieved remission 12 months (+/- 60 days) after an index event.

Denominator:

- Patients aged 12 years and older with a diagnosis of major depression or dysthymia.
- Initial PHQ-9 or PHQ-9 modified for teens (PHQ-9M) score greater than nine during the index event between November 1, [Reporting Year - 2], through October 31, [Reporting Year - 1].
- Must have at least one eligible countable visit during the measurement period as specified.
- Includes patients with birthdate on or before November 1, 2009, who were 12 years of age or older on the date of the index event.
- Exclusions:
 - Patients with a diagnosis of bipolar disorder, personality disorder emotionally labile, schizophrenia, psychotic disorder, or pervasive developmental disorder.
 - Patients who died, received hospice or palliative care services, or were permanent nursing home residents.

Numerator:

- Patients who achieved remission at 12 months as demonstrated by the most recent 12-month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5.

Dental Sealants for Children between 6–9 Years

Measure Description:

- The percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period.

Denominator:

- Children 6 through 9 years of age with an eligible oral assessment or comprehensive/periodic oral evaluation countable visit.
- At moderate to high risk for caries as determined by assessment criteria during the measurement period.
- Includes children with birthdates on or after January 2, [Reporting Year – 10], and birthdates on or before January 1, [Reporting Year - 6].

Numerator:

- Children who received a sealant on a permanent first molar tooth during the measurement period.