DRAFT

PERFORMANCE MEASURES

OFFICE OF RURAL HEALTH

NORTH CAROLINA DIVISION OF HEALTH AND HUMAN SERVICES

STATE FISCAL YEAR 2020

Version 1.1

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Contents

Part I.

Part I. Introduction

The Office of Rural Health (ORH) has defined 57 distinct performance measures (84 when cataloged by Program) for the state fiscal year 2020 to assist monitoring and evaluation of its programs as well as to enhance its ability to produce reports that inform internal and external partners about progress regarding selected services rendered.

This document is only one component of a more comprehensive system that has served to create a Program Performance Measures Database (PPMD) that will serve as a primary repository of data and information to help ORH management better gauge and report on relevant clinical, administrative, and fiscal components. The leadership at ORH views the PPMD as a first step in its continuing effort to advance quality improvement and accountability for all its programs.

Neither this document nor the PPMD are static documents. Each will continue to undergo changes and modifications aimed at improving them and simplifying their interfaces. The progress made thus far will be sustained in the future by steady collaboration among ORH staff involved in data collection and reporting as well as feedback from end users of the PPMD.

Part II. General Principles for Program's Performance Measures Database

1. **REPORTING CYCLES**. It has been agreed that whenever possible, data will be submitted, captured, and uploaded on a quarterly basis. In some cases, where it may not be possible to report data quarterly or, if reported, may not have the highest level of reliability until end of the year. Even in those cases, every effort will be made to report on a quarterly basis.

   A further caveat on reporting cycles is that not all programs coincide with the State Fiscal Year quarters. However, all the reporting cycles have three-month intervals for data to be reported quarterly. State Fiscal Year (SFY) spans July 1 to June 30; Calendar Year (CY) spans January 1 to December 31, and Federal Fiscal Year (FFY) spans October 1 to September 30. Allowances will be made in the PPMD to capture data based on whatever cyclicality data is reported. However, whenever possible, programs will try to conform to SFY quarterly cycles (exceptions to this are indicated within the document).

2. **METHODOLOGY FOR COUNTING PATIENTS FOR SELECTED VARIABLES.** For SFY 2020, each of ORH's programs will report on the number of patients seen by their grantees during the contracted reporting period. Patients are defined as individuals who have at least one visit during the reporting period. Each grantee will report a cumulative total of patients at three, six, nine, and twelve months which will represent an unduplicated count of patients and not encounters.

   Additionally, at the onset of each contract grantees are asked to report on their current (or baseline) number of unduplicated patients. This baseline number of patients is meant to capture the grantees current capacity and will be compared to their twelve-month cumulative count of unduplicated patients.

3. **METHODOLOGY FOR CALCULATING FULL-TIME EQUIVALENTS (FTEs):** The Data Team will use the following table and explanation as guidance for data collection of full-time equivalents (FTEs). ORH requires that FTE's be calculated on a 40-hour work week. There may be instances where a site may consider an employee to be full-time even if their weekly hours are less than 40. An example is when a clinic is closed on a Friday, and the employee works only 32 hours per week. For ORH purposes, this employee would be calculated as .80 FTE. See table below.

Table for Proper Conversion of Hours to Full Time Equivalent (FTE)

# of FTEs	Conversion	
2 hours/week	.05 FTE	
4 hours/week	.10 FTE	**Logic when staff sustained from grant >1.00 FTE**
6 hours/week	.15 FTE	
8 hours/week	.20 FTE	**Add 1.00 to fraction of part time. Example: if there is a part time staff working 10 hours a week in addition to one full time, that converts to 1.00+.25=1.25 FTE**
10 hours/week	.25 FTE	
12 hours/week	.30 FTE	
14 hours/week	.35 FTE	
16 hours/week	.40 FTE	
18 hours/week	.45 FTE	
20 hours/week	.50 FTE	**Hint: for staff working odd number of hours (e.g., 3 hours per week) round up to next level or, in this case, to 4 hours=.10FTE.**
22 hours/week	.55 FTE	
24 hours/week	.60 FTE	
26 hours/week	.65 FTE	
28 hours/week	.70 FTE	
30 hours/week	.75 FTE	
32 hours/week	.80 FTE	
34 hours/week	.85 FTE	
36 hours/week	.90 FTE	
38 hours/week	.95 FTE	
40 hours/week	1.00 FTE	

4. **AGE BOUNDARIES.** In general, ORH will define adults as those attaining 18 years of age. Pediatrics will be defined as those under 18 years of age. Elderly will be defined as those who are 65 years or older. Thus, non-elderly adults will refer to those between the ages of 18 and 64 (inclusive). Several performance measures specify a targeted age range that is clinically relevant for that measure. The age group is clearly indicated within the definition for those measures.

5. **TIMELINESS OF REPORTS.** Depending on cycles (quarters in which data is collected), programs are expected to report complete data for uploading no later than 45 days after end of quarter. This will permit programs with contractual arrangements requiring sites to report 30 days after end of cycle to examine and clean data and address issue of stragglers. It will be encouraged for programs to weave into their contracts a financial penalty for those sites which either do not report data and/or are chronically late in reporting quarterly data.

6. **PPMD PHASES.** The Programs Performance Measures database (PPMD) aims to be complex enough to provide robust and reliable data, simple enough to be doable, and flexible enough to be upgradable. PPMD implementation, as of July 1, 2015, was achieved in a timely fashion and the current document represents revisions and additions to the previous one as experience with SFY's 2015 - 2019 has informed and helped the process and techniques for enhancing the SFY 2020 PPMD.

7. **ROLE OF ORH DATA TEAM (DT).** The current membership of the DT serves as the core for decision making, testing, implementation, and improving the PPMD as time goes by. The DT will continue to meet on a regular basis and will be assisted by management and leadership in guiding the entire process of creating a reporting mechanism that meets current high standards for databases, including content, technology, methodology, and reporting.

Part III. Explanation of Goals and Objectives Classification System Used in Document

The North Carolina Department of Health and Human Services (DHHS) has developed a classification system for defining Goals and Objectives of services provided under its sponsorship and funding. Although the comprehensive matrix explaining all the possible combinations is beyond the scope of this document, there are three classifications used in the following tables that help explain the nature of the performance measure therein described.

This document uses only three (out of possible 5) primary goals. Goal 1 underscores measures primarily used to "…manage resources to provide effective and efficient delivery of services to North Carolinians." ORH performance measures classified under this goal fall under the objective of "capacity building to deliver services to children and/or adults through collaboration, networks, partnerships and workforce development." This objective is classified under the letter B. These measures will have the classification of 1.B or Goal 1-Objective B (Capacity Building).

A second used classification of goals and objectives in this document is Goal 2 which refers to the provision of "…expand awareness, understanding and use of information to enhance the health and safety of North Carolinians…". ORH introduced measures in SFY 2018 that focus on expanding the connection to the NCHIEA. These measures will have the classification of 2.C or Goal 2 – Objective C (Advance Knowledge and Innovation).

A third used classification of goals and objectives in this document is Goal 3 which refers to the provision of "outreach, support and services to individuals and families identified as being at risk of compromised health and safety…". Under this goal, some performance measures fall under the 2.B objective which aimed "to assure that adults at risk of compromised health and safety receive assessment and treatment services to mitigate those risks." These measures will have the classification of 3.2.B or Goal 3 – Objective 2.B (Treatment for at Risk Adults).

The fourth and last classification used in these measures was also under Goal 3, but under Objective 5.A instead. This particular objective was to "assure that families at risk of economic challenges receive health and safety benefits to mitigate those risks." These measures have the classification of 3.5.A or Goal 3 - Objective 5.A (At-Risk Family Health and Safety Benefits).

The four combinations above summarize the DHHS Goals and Objectives over time and which ultimately relate to funding sources and assist with managings costs and rendering services that are programmaticly efficient and and fiscally responsible.

Part IV. Baseline Data Collection for ORH Programs

The following baseline data will be collected either in grant applications or through a grantee quarterly survey. Only data from funded grants are retained in the PPMD (the application data for unfunded grant applications are not entered into the PPMD). Exact survey questions and responses are detailed in a separate document "PPMD Matrix FY 2020 – Qualtrics survey Questions". The Provider Recruitment program, Critical Access Hospital program, and Community Health Worker programs will not report on these baseline data.

1. **Grantee/Practice Name and physical address *(grant application)***

2. **DUNS Number** *(grant application)*

3. **Federal Tax ID (EIN) Number** *(grant application)*

4. **Organizational NPI** *(grant application)*

5. **County** *(grant application)*. List of all counties served, indicate the primary county (usually the county where the practice is located), and whether the practice serves state-wide.

6. **Category of Care Delivered** *(grant application)*
   Each contract is categorized into one of the following categories: 1) Primary Care, 2) Dental Care, and/or 3) Behavioral/Mental Health. A sub-category is also assigned: a) School-Based, b) Maternal health, c) Pediatric/Child/ Adolescents, d) Hospital-Based and/or Acute Care, e) Rx/Medication Assistance, f) Care Coordination, g) for Health Information Technology purchase (e.g., EHR), h) for Capital purchase (equipment, structural improvements)

7. **Total Unduplicated Patients** *(grant application and quarterly survey)*
   A patient is defined as individuals who have at least one visit during the reporting period.

8. **Unduplicated Patients by insurance status** *(grant application and Quarter 4 survey)*.
   Total Unduplicated Patients by Insurance Status at baseline and actually served at year end. Note that NC Farmworker Health Program's supportive contracts (340b) will not report patient numbers to avoid duplication with the core grantee's data.

Total Unduplicated Patients by Insurance Status	**Baseline as of grant start**	**Actual as of grant end**	**Net additional patients (actual minus baseline)**
a. None/Uninsured (include MAP) b. Medicaid c. Children's Health Insurance Program (CHIP) d. Medicare (includes duals) e. Other Public Insurance (e.g. Tricare) f. Private (e.g. BCBS) **Total**			

9. **Unduplicated Patients by race and ethnicity** *(grant application)*
   Total Unduplicated Patients by Race & Latino Ethnicity at baseline (aligns to the HRSA UDS definitions). Use line 'g' if race is not reported. Use last column 'Unreported/Refused to Report Ethnicity' if race is reported but ethnicity is not.

Race	Hispanic/ Latino	Non-Hispanic/ Latino	Unreported/ Refused to Report Ethnicity
a. American Indian / Alaska Native b. Asian c. Black/African American d. Native Hawaiian / Other Pacific Islander e. White f. More than one race g. Unreported / Refused to report race **Total**			

10. **Organization Type** (*grant application*)
    Both the organization type of the Grantee and that of the site which is delivering direct patient care should be captured.
    a. Academics
    b. AHEC Program
    c. Dental
    d. FQHC (and FQHC lookalike)
    e. Free Clinic
    f. Health Department
    g. Hospital (Critical Access Hospital)
    h. Hospital (non-Critical Access Hospital)
    i. Hospital-Owned Primary Care Clinic
    j. Long Term Care
    k. Mental / Behavioral Health
    l. Non-Profit referral and/or Care Coordination Agency
    m. Pharmacy
    n. Rural Health Center / Clinic
    o. School Based Health Center
    p. Other

11. **Full-time equivalent (FTE)** supported in grant application - see chart on page five. *(grant application and Quarter 4 survey)*

12. **Patient Experience** (*grant application*)
    Does the practice have a mechanism to capture Patient Experience/Satisfaction data?

13. Healthy Opportunities / Social Determinants of Health (*grant application*)

Does your practice use a Social Determinants of Health screening tool? If yes, what type of tool does your practice use?

a. NC DHHS Screening Questions
b. State Health Leads USA recommended screening tool
c. PRAPARE (Protocol for responding to and assessing patient's assets, risks and experiences)
d. THRIVE (Tool for Health and Resilience in Vulnerable Environments)
e. Hunger VitalSign
f. IHELLP (Income, Housing, Education, Legal Status, Literacy, and Personal Safety)
g. WE-CARE Survey (Well-child care visit, Evaluation, Community resources, Advocacy, Referral, Education)
h. iScreen Social Screening Questionnaire
i. The EveryONE Project (by the American Academy of Family Physicians AAFP)
j. Other, please describe: _____

14. Telehealth (*grant application*)

Does your practice utilize Telehealth? If yes, what Telehealth application is your organization using? The Health Resources and Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.

If No: Is your practice considering using telehealth over the next year? Yes / No

If Yes: What telehealth application is your organization using? (Check all that apply)

a. Live (synchronous) videoconferencing: a two-way audiovisual link between a patient and a care provider
b. Store-and-forward (asynchronous) videoconferencing: transmission of a recorded health history to a health practitioner, usually a specialist.
c. Remote patient monitoring (RPM): the use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.
d. Mobile health (mHealth): health care and public health information provided through mobile devices. The information may include general educational information, targeted texts, and notifications about disease outbreaks.

15. Health Information Technology (*grant application*)

a. Does your organization currently accept or bill NC Medicaid or State Health plan for the provision of healthcare services?
b. Does your organization have an Electronic Health Record?

c. Has your organization submitted a NC HIEA participation agreement?
d. Is your organization connected or submitting data to NC HealthConnex, the NC statewide Health Information Exchange?
e. Would your organization like to learn more about NC HealthConnex and value-added services available through NC HealthConnex?

Part V. Performance Measure Summary by Program

Small Rural Hospital Improvement Program Grants (SHIP)

Follows a June to May Fiscal Year for reporting.

1)

Measure Description	**Small rural hospital participation in the SHIP.**
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Quality
Reporting Frequency	Annually
Preferred Trend	Maintain or Increase
Metric Result	Percentage
Metric Definition	Denominator: Total number of state eligible small rural hospitals. Eligible is defined as the number of small rural hospitals that ORH determined to be eligible for the SHIP grant and were identified as applicants within ORH's annual HRSA (SHIP) grant application. Numerator: Number of small rural hospitals participating in SHIP initiatives.
Metric Definition Source	Office of Rural Health (ORH)
Data Source	North Carolina Hospital Association's (NCHA) Quality Center
Survey Question(s)	N/A

2)

Measure Description	**Value-Based Purchasing**
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Quality
Reporting Frequency	Annually
Preferred Trend	N/A
Metric Result	Percentage
Metric Definition	Denominator: Total number of SHIP participating hospitals. Numerator: Number of small rural hospitals utilizing SHIP funds in the VBP Category.
Metric Definition Source	Office of Rural Health (ORH)
Data Source	North Carolina Hospital Association's (NCHA) Quality Center
Survey Question(s)	N/A

3)	Measure Description	Accountable Care Organizations (ACO) / Shared savings
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality
	Reporting Frequency	Annually
	Preferred Trend	N/A
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of SHIP participating hospitals. Numerator: Number of small rural hospitals utilizing SHIP funds in the ACO shared Savings Category.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	North Carolina Hospital Association's (NCHA) Quality Center
	Survey Question(s)	N/A

4)	Measure Description	Payment Bundling / PPS
	Goal and Objective	1.B: (Goal: 1 – Obj: B) Capacity Building
	Measure Type	Quality
	Reporting Frequency	Annually
	Preferred Trend	N/A
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of SHIP participating hospitals. Numerator: Number of small rural hospitals utilizing SHIP funds in the payment bundling / PPS category.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	North Carolina Hospital Association's (NCHA) Quality Center
	Survey Question(s)	N/A

Critical Access Hospital Network Development (FLEX)

Follows a September to August Fiscal Year for reporting. Q4 and annual reporting are due 75 days after Fiscal Year end (rather than the standard 45 days) to allow data reporting to align with November reporting to the Federal Office of Rural Policy.

5)

Measure Description	**Number of FTEs supported**
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Input
Reporting Frequency	**Annually**
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of FTEs supported by FLEX Grants. Baseline FTEs are captured in RFA at start of contract. Actual FTEs are captured via Survey at end of Q4 and verified by the Contracts Team.
Metric Definition Source	Office of Rural Health (ORH) (see page 4-5 for instructions)
Data Source	Contractor's quarterly reports
Survey Question(s)	N/A

6)

Measure Description	**NC Critical Access Hospital participation rate with NC Quality Center's QI Collaborative**
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Quality
Reporting Frequency	Quarterly
Preferred Trend	Increase
Metric Result	Percentage
Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs). Numerator: Number of CAHs participating in the NC Quality Center's QI Collaborative. *Goal is to achieve a participation rate of 75% or greater.
Metric Definition Source	Office of Rural Health (ORH)
Data Source	North Carolina Quality Center (NCQC)
Survey Question(s)	N/A

7)	Measure Description	Routine reporting of the Medicare Beneficiary Quality Improvement Project (MBQIP) quality measure: Outpatient Core Measures
	Goal and Objective	1.B: (Goal: 1 – Obj: B) Capacity Building
	Measure Type	Quality
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs). Numerator: Number of CAHs reporting the Outpatient Core Measures (an MBQIP quality measure).
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Telligen/MBQIP reports (HRSA)
	Survey Question(s)	N/A

8)	Measure Description	NC Critical Access Hospital *improvement* with respect to outpatient core measures: Cardiac Care, Emergency Department, Pain Management, Influenza Immunization/Vaccination
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality
	Reporting Frequency	**Annually**
	Preferred Trend	Maintain or Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs) participating in the NC Quality Collaborative. Numerator: Number of CAHs that improved* in at least one outpatient core measure. *Improvement is determined by reviewing the CAH's most recent MBQIP report and comparing the most recent quarter to the first quarter reported on that MBQIP report. Improvement will be determined individually within the following categories: Cardiac Care – if at least one of the five quality measures improve; Emergency Department – if at least one of the three quality measures improve; Pain Management – if the one quality measure improves; Influenza Immunization – if either the Influenza Immunization or the Influenza Vaccination improves. Even if there is an improvement in at least one outpatient core measure, if most of the scores actually worsen, ORH will make the determination that there was no improvement. **Goal is to achieve an improvement rate of 75% or greater of the participating NC CAHs.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	North Carolina Quality Center (NCQC)
	Survey Question(s)	N/A

9)	Measure Description	Routine reporting of the Medicare Beneficiary Quality Improvement Project (MBQIP) quality measure: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
	Goal and Objective	1.B: (Goal: 1 – Obj: B) Capacity Building
	Measure Type	Quality
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs). Numerator: Number of CAHs reporting the HCAHPS (an MBQIP quality measure).
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Telligen/MBQIP reports (HRSA)
	Survey Question(s)	N/A

10)	Measure Description	NC Critical Access Hospital *improvement* with respect to HCAHPS (patient satisfaction)
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality
	Reporting Frequency	**Annually**
	Preferred Trend	Maintain or Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs) participating in the NC Quality Collaborative. Numerator: Number of CAHs that improved* in at least one HCAHPS (patient satisfaction) dimension. *Improvement is determined by reviewing the CAH's most recent MBQIP report with the previous year's report. Improvement will be determined if at least one of the individual composite or item scores has improved. Even if there is an improvement in at least one HCAHPS dimension, if most of the composite/scores actually worsen, ORH will make the determination that there was no improvement. Goal is to achieve an improvement rate of 75% or greater of the participating NC CAHs.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	North Carolina Quality Center (NCQC)
	Survey Question(s)	N/A

11)	Measure Description	Routine reporting of the Medicare Beneficiary Quality Improvement Project (MBQIP) quality measure: Emergency Department Transfer Communications (EDTC)
	Goal and Objective	1.B: (Goal: 1 – Obj: B) Capacity Building
	Measure Type	Quality
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs). Numerator: Number of CAHs reporting the EDTC (one of the MBQIP quality measures).
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Telligen/MBQIP reports (HRSA)
	Survey Question(s)	N/A

12)	Measure Description	NC Critical Access Hospital *improvement* with respect to Emergency Department Transfer Communication (EDTC) core measures
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality
	Reporting Frequency	**Annually**
	Preferred Trend	Increase or Maintain
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs) participating in the NC Quality Collaborative. Numerator: Number of CAHs that improved in at least one EDTC core measure. *Improvement is determined by reviewing the CAH's 2017 Q4 MBQIP report and comparing the "All EDTC Composite" measure Q4 to Q1. Goal is to achieve an improvement rate of 75% or greater of the participating NC CAHs.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	North Carolina Quality Center (NCQC)
	Survey Question(s)	N/A

13)	Measure Description	**NC Critical Access Hospital participation rate with Stroudwater's Financial and Operational Improvement Network**
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	**Annually**
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs). Numerator: Number of CAHs participation with the Stroudwater's Financial and Operational Improvement Network. Goal is to achieve rate of 75% or greater participation rate.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Stroudwater (using NC Hospital Association's ANDI (Advocacy Needs Data Initiative) dataset
	Survey Question(s)	N/A

14)	Measure Description	**NC Critical Access Hospital *improvement* with respect to Operating Margin**
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	**Annually**
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of NC Critical Access Hospitals (CAHs) participating in Stroudwaters Financial and Operational Improvement Network. Numerator: Number of CAHs improved in Operating Margin. Goal is to achieve rate of 75% or greater of participating NC CAHs improve Operating Margin comparing current year to prior year. **Data quality and method for determining "improvement" is currently under review.**
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Stroudwater (using NC Hospital Association's ANDI (Advocacy Needs Data Initiative) dataset
	Survey Question(s)	N/A

Medical, Psychiatric, and Dental Provider Recruitment

Follows the State Fiscal Year (July to June) for reporting. Placements are based on the date the placement services team placed the provider, not necessarily the date the provider started.

15)	**Measure Description**	**Number of health professionals placed in the state**
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Output
	Reporting Frequency	Quarterly
	Preferred Trend	Maintain
	Metric Result	Number
	Metric Definition	Total number of all placements placed in both HPSA and non-HPSA areas of the state. Placements made by the Office of Rural Health are tracked regardless of incentive type or if provider is receiving no incentives. Financial Incentives include: State Loan Repayment (SLRP), NC Loan Repayment, High Needs Service Bonus Non-Financial Incentives include: J-1, NIW ORH does not track the placements made into the Community Practicioner Program or the NHSC Loan Repayment Program.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Excel Report exported from Kontact Intelligence (KI)
	Survey Question(s)	N/A

16)	**Measure Description**	**Percentage of health professional placed within HPSA-designated counties, facilities, or geographical areas**
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome or Efficiency
	Reporting Frequency	Quarterly
	Preferred Trend	Maintain
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of all placements regardless of any incentives (HPSA and non-HPSA). Numerator: Number of Placements in HPSA designations
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Excel Report exported from Kontact Intelligence (KI)
	Survey Question(s)	N/A

17)	Measure Description	Economic impact of a medical placement (by provider type).
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Efficiency
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Dollar amount
	Metric Definition	Number of providers (by provider type) multiplied by the economic impact dollar amount, for that provider type, for a rural NC county: Number of Certified Nurse Midwives placed multiplied by $280,774 Number of Dental Hygienists placed multiplied by $251,367 Number of Dentists placed multiplied by $794,077 Number of Licensed Professional Counselors placed multiplied by $137,924 Number of Nurse Practicioners placed multiplied by $317,377 Number of Physicans placed multiplied by $615,282 Number of Physicans-OBGYN placed multiplied by $725,668 Number of Physicans-Pediatrician placed multiplied by $600,190 Number of Physicans-Surgeon placed multiplied by $820,781 Number of Physican Assistants placed multiplied by $298,238 Number of Psychiatrists placed multiplied by $652,037 Number of Psychologists placed multiplied by $413,462 Number of Social Workers placed multiplied by $211,188
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	• ORH Incentives tracking database (FileMaker Loan Repayment db) • ORH Placements tracking database (Practice Sights db which migrated to Kontact Intelligence in November 2016) • Multipliers derived from Economic Impact analysis conducted by ORH in February 2017 using IMPLAN economic impact assessment software (using 2015 data). Uses 70 rural counties as aggregate "Rural Economy" and US Bureau of Labor Statistics (NC) annual mean wage as input for Dentist, Dental Hygienist, Physician, OBGYN, Pediatrician, Surgeon, Physician Assistant, Nurse Practitioner, Nurse Midwife, Phychiatrist to calculate the Total Effect (direct, indirect, and induced). Total effect is the monetary value for impact generated within the study area (county).
	Survey Question(s)	N/A

18)

Measure Description	Average cost per medical placement
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Efficiency
Reporting Frequency	Annually
Preferred Trend	Decrease
Metric Result	Dollar amount
Metric Definition	Denominator: Total number of placements for the SFY. Numerator: Total cost of program for the SFY. Total cost consists of salaries and admin; and dollars obligated for LRP/HNSB Contracts. * Note: Budget data uses only what was obligated through state appropriations and does not include additional obligations to be paid through Trust and Agency Funds. This approach is used so that funds are not "double counted" if providers defaulted and ORH repurposed the unspent but obligated funds.
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Excel In-House Team report from recruiters; Excel Report exported from Kontact Intelligence (KI) Budget worksheet prepared by Budget and Contracts team (ready in September)
Survey Question(s)	N/A

19)

Measure Description	Secured Federal Loan Repayments for Providers
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Efficiency
Reporting Frequency	Annually (reported at end of Federal FY on September 30)
Preferred Trend	Maintain
Metric Result	Dollar amount
Metric Definition	Total dollar amount of Federal Loan Repayment provided to North Carolina.
Metric Definition Source	Office of Rural Health (ORH) HPSA / Recruitment Team
Data Source	NHSC LRP Awards by State report
Survey Question(s)	N/A

Rural Practice Incentives

Follows the State Fiscal Year (July to June) for reporting.

20)

Measure Description	Percentage of providers with incentives who remain at placement site
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Efficiency
Reporting Frequency	Annually
Preferred Trend	Increase
Metric Result	Percentage
Metric Definition	Denominator: Total number of providers placed with ORH's incentives. Numerator: Total number of providers placed with ORH's incentives that remain at placement site (i.e., fullfillment of contracted length of stay at site) during the SFY
Metric Definition Source	Office of Rural Health (ORH)
Data Source	ORH FileMaker Loan Repayment Database; Excel Report exported from Kontact Intelligence (KI)
Survey Question(s)	N/A

21)

Measure Description	Percentage of providers placed who are enrolled in Office of Rural Health's Incentive Program
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Efficiency (can be unduplicated within a year). They can roll over from year to year.
Reporting Frequency	Annually
Preferred Trend	Maintain
Metric Result	Percentage
Metric Definition	Denominator: Total number of all providers placed (with or without ORH's incentives). Numerator: Total number of providers placed with ORH's incentives
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Excel Report exported from Kontact Intelligence (KI)
Survey Question(s)	N/A

22)	Measure Description	**Provider <u>Anticipated</u> Retention: Average number of years the provider anticipates they will remain in their current practice/service site.**
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Annually
	Preferred Trend	Increase
	Metric Result	Average Number of Years
	Metric Definition	Average number of years the provider anticipates staying at their current practice. Reporting period is for questionnaires completed between 1/1/2010 to 6/30/2019. Data are from clinicians' questionnaires as they completed their contracts and reflects how many additional years they anticipate remaining in their service sites. Only those providers placed and receiving ORH incentives are surveyed. Survey response rates vary but are generally range between 70-80%.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Practice Sights Retention Database "End of Year and End of Contract" Questionnaire Data
	Survey Question(s)	N/A

23)	Measure Description	**Provider Retention: Percentage of providers (who received financial incentives and were recruited by ORH) who are still working in their service sites 2 years after completing contract**
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	
	Reporting Frequency	Annually
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	<u>Denominator</u>: Total number of <u>ORH placed</u> providers (who received incentives) who responded to the Alumni questionnaire <u>Numerator</u>: Total number of providers in the denominator who remain at their service site 24 months after the end of their contract Reporting period is for questionnaires completed between 1/1/2010 to 6/30/2019. Only those providers placed and receiving ORH incentives are surveyed. Survey response rates vary but have averaged 45% for this alumni survey. This metric may be subject to selection bias.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Practice Sights Retention Database "End of Year and End of Contract" Questionnaire Data
	Survey Question(s)	N/A

Community Health Grants: General Care Sites

Follows the State Fiscal Year (July to June) for reporting.

24)

Measure Description	Number of FTEs supported
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Input
Reporting Frequency	Annually
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of FTEs supported by Community Health Grants. * Baseline FTEs are captured in RFA at start of contract. Actual FTEs are captured via Survey at end of Q4 and verified by the Contracts Team.
Metric Definition Source	Office of Rural Health (ORH) (see page 4-5 for instructions)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

25)

Measure Description	Number of patients served
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Maintain or Increase (as indicated in contract)
Metric Result	Number
Metric Definition	Number of unduplicated patients served. Patients are individuals who have at least one visit during the reporting period. (Note that the *baseline* numbers reported reflect the patient population that was seen at the site over the last 12 months.)
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

26)	Measure Description	**Controlling High Blood Pressure** Percentage of patients 18-85 years old who had a diagnosis of Hypertension (HTN) and whose Blood Pressure (BP) was adequately controlled (less than 140/90 mm Hg) during the reporting period.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension (who were diagnosed at least six months before the end of the reporting period) AND had a medical visit during the reporting period. Numerator: Patients 18-85 years old who had a diagnosis of hypertension and whose blood pressure at the most recent visit is adequately controlled during the reporting period. Adequate control is defined as systolic blood pressure lower than 140 mm Hg and diastolic blood pressure lower than 90 mm Hg. (Patients who have not had their blood pressure tested during the reporting period are not counted in the numerator.) Exclusions: Patients who were diagnosed with essential hypertension within the last six months. Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the reporting period. Patients with a diagnosis of pregnancy during the reporting period. Patients who were in hospice care during the reporting period. Grantee's ability to adhere to these UDS exclusions may vary.
	Guidance	• Note that this is a "positive" measure. For this measure, the higher the number of patients with controlled hypertension the better the performance on the measure. • Include patients who have an active diagnosis of hypertension even if their medical visits during the year were unrelated to the diagnosis. • Include blood pressure readings taken at any visit type at the health center as long as the result is from the most recent visit. • Only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable.

	• If no blood pressure is recorded during the reporting period, the patient's blood pressure is assumed "not controlled" and isn't counted in the numerator If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 105; CMS eMeasure ID: CMS165v6; National Quality Forum#: 0018
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

27)	Measure Description	**Diabetes: Hemoglobin A1c Poor Control** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the reporting period (or who had no test conducted during the reporting period).
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Decrease
	Metric Result	Percentage
	Metric Definition	Denominator: Patients 18-75 years of age with a medical visit during the reporting period who have a diagnosis of Type 1 or Type 2 diabetes. It does not matter if diabetes was treated, or is currently being treated, or when the diagnosis was made. The notation of diabetes may appear during or prior to the reporting period. Numerator: Patients whose most recent hemoglobin A1c level during the reporting period is greater than 9.0 percent **OR** who had no test conducted during the reporting period **OR** whose test result is missing. Exclusions: Patients with a diagnosis of secondary diabetes due to another condition (e.g., Gestational diabetes, steriod-induced diabetes). Patients who were in hospice care during the reporting period. Grantee's ability to adhere to these UDS exclusions may vary.
	Guidance	• Note that this is a "negative" measure. For this measure, the lower the number of adult diabetics with poorly controlled diabetes, the better the performance on the measure. • Also note that unlike the Hypertension measure, this measure calls for reporting on patients with diabetes regardless of when they were first diagnosed. • Only include patients with an active diagnosis of Type 1 or Type 2 diabetes • Include patients in the numerator whose most recent HbA1c level is greater than 9 percent, the most recent HbA1c result is missing, or when no HbA1c tests were performed or documented during the reporting period.
	Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p.106; CMS eMeasure ID: CMS122v6; National Quality Forum#: 0059
	Data Source	Grantee reports quarterly using survey (Qualtrics).
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

28)	Measure Description	**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up** Percentage of patients aged 18 years and older with a visit during the reporting period with a documented BMI during the most recent visit or within the six months prior to that visit **AND** *when the BMI is outside of normal parameters,* a follow-up plan is documented during the visit or during the previous six months of the visit.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Patients who were 18 years of age or older with a medical visit during the reporting period. Numerator: Patients with a documented BMI (not just height and weight) during their most recent visit or during the previous six months of the most recent visit, **AND** *when the BMI is outside of normal parameters**, a follow-up plan is documented during the visit or during the previous six months of the current visit. * Normal parameters: Age 18 years and older BMI greater than or equal to 18.5 and less than 25 kg/m2 Exclusions: Patients who are pregnant, visits where the patient is receiving palliative care, patients who refuse measurement of height and/or weight or refuses follow-up visit. Patients with a documented medical reason during the visit or within 12 months of the visit, including: o Elderly patients (65 years or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as the following examples: ▪ Illness or physical disability ▪ Mental illness, dementia, confusion ▪ Nutritional deficiency, such as vitamin/mineral deficiency ▪ Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, o There is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.

	Grantee's ability to adhere to these UDS exclusions may vary.
Guidance	• Report this measure for all patients seen during the reporting period. • An eligible professional or their staff is required to measure both height and weight. Both height and weight must be measured within 12 months of the current encounter and may be obtained from separate visits. Do not use self-reported values. • BMI may be documented in the medical record at the health center or in outside medical records obtained by the health center. • If more than one BMI is reported during the measurement period, use the most recent BMI to determine if the performance has been met. • Document the follow-up plan based on the most recent documented BMI outside of normal parameters. • Documentation in the medical record must show the actual BMI or the template normally viewed by a clinician must display BMI. Do not count as meeting the measurement standard charts or templates that display only height and weight. The fact that an HIT/EHR can calculate BMI does not replace the presence of the BMI itself.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 88; CMS eMeasure ID: CMS69v6; National Quality Forum#: 0421, 2828
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

29)	Measure Description	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months **AND** *if identified as a tobacco user*, received cessation counseling intervention
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the reporting period Numerator: Patients who were screened for tobacco use at least once within 24 months **AND** *if identified as a tobacco user*, received tobacco cessation intervention Exclusions: Patient records with documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) Note: Numerator meant to include patients screened who are not tobacco users OR are tobacco users that received cessation intervention.
	Guidance	• Include in the numerator patients with a negative screening ***and*** those with a positive screening who had cessation intervention if a tobacco user. • If patients use any type of tobacco (i.e., smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention (counseling and/or pharmacotherapy). • If a patient has multiple tobacco use screenings during the 24-month period, use the most recent screening which has a documented status of tobacco user or non-user. • If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and has not met the measurement standard. "Unknown" includes patients who were not screened or patients with indefinite answers. • The medical reason exception applies to the screening data element of the measure or to any of the tobacco cessation intervention data elements. • If a patient has a diagnosis of limited life expectancy, that patient has a valid denominator exception for not being screened for tobacco use or for not receiving tobacco use cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user.

	• Electronic nicotine delivery systems (ENDS), including electronic cigarettes for tobacco cessation, are not currently classified as tobacco. They are not to be evaluated for this measure. • Include in the numerator records that demonstrate that the patient had been asked about their use of all forms of tobacco within 24 months before the end of the measurement period. • Include patients who receive tobacco cessation intervention, including: o Received tobacco use cessation counseling services, ***or*** o Received an order for (a prescription or a recommendation to purchase an over-the-counter [OTC] product) a tobacco use cessation medication, ***or*** Are on (using) a tobacco use cessation agent.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 89; CMS eMeasure ID: CMS138v6; National Quality Forum#: 0028, 3185
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

30)	Measure Description	Average amount of Office of Rural Health (ORH) financial support per patient
	Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
	Measure Type	Efficiency
	Reporting Frequency	Annually – by October 1
	Preferred Trend	Maintain
	Metric Result	Dollar amount
	Metric Definition	Denominator: Actual number of unduplicated patients served. Numerator: Total actual amount spent on program (does not include ORH administrative costs).
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Patients: Unduplicated patients are reported quarterly by the Grantee using survey (Qualtrics). Expenditures: ORH Assistant Director of Business to provide total amount of funding expended by contractors (total for contract period). Does not include ORH adminstrative costs.
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

Community Health Grants: School Based Health Centers

Follows the State Fiscal Year (July to June) for reporting.

31)

Measure Description	Number of FTEs supported
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Input
Reporting Frequency	Annually
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of FTEs supported by Community Health Grants. * Baseline FTEs are captured in RFA at start of contract. Actual FTEs are captured via Survey at end of Q4 and verified by the Contracts Team.
Metric Definition Source	Office of Rural Health (ORH) (see page 4-5 for instructions)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

32)

Measure Description	Number of patients served
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Maintain or Increase (as indicated in contract)
Metric Result	Number
Metric Definition	Number of unduplicated patients served. Patients are individuals who have at least one visit during the reporting period. (Note that the *baseline* numbers reported reflect the patient population that was seen at the site over the last 12 months.)
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

33)	Measure Description	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents** Percentage of patients 3 -18 years of age who had a medical visit ***and*** who had evidence of height, weight, and body mass index (BMI) percentile documentation ***and*** who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the reporting period.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Patients 3 through 18 years of age with at least one medical visit during the reporting period. Patients must have been seen by the health center prior to their 18th birthday. Numerator: Patients who had their BMI percentile (not just BMI or height and weight) documented during the reporting period **AND** who had documentation of counseling for nutrition **AND** who had documentation of counseling for physical activity during the reporting period. (Do not count as meeting the performance measure, charts which show only that a well-child visit was scheduled, provided, or billed. The electronic or paper well-child visit template/form must document each of the elements noted above.) Exclusions: Patients who have a diagnosis of pregnancy during the reporting period *Grantee's ability to adhere to these UDS exclusions may vary.
	Guidance	
	Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 87; CMS eMeasure ID: CMS155v6; National Quality Forum #0024 *Note that the age cut-off used differs from the age cut-off used in the sources listed above. HRSA, CMS, and NQF use age 17 while ORH extends the age cut-off to 18 to allow for inclusion of 18 year old high school seniors.
	Data Source	Grantee reports quarterly using survey (Qualtrics).
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

Should we break this one out into two separate measures instead of both criteria in one measure: (1) % pts with BMI screening ; (2) % of pts with documented counseling for nutrition

34)	Measure Description	**Tobacco Use and Help with Quitting Among Adolescents** Percentage of adolescents 12 to 20 years of age during the measurement year for whom tobacco use status was documented ***and*** *if identified as a tobacco user*, received help with quitting.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Adolescents who turn 12 through 20 years of age during the reporting period. Numerator: Adolescents who are not smokers **OR** Adolescents who are smokers and are receiving cessation counseling. * Exclusions: N/A *Include those adolescents who use tobacco and are offered help with quitting but who refuse to accept help.
	Metric Definition Source	National Quality Forum #2803
	Data Source	Grantee reports quarterly using survey (Qualtrics).
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

35)	Measure Description	**Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan** Percentage of patients aged 12 years and older screened for clinical depression on the date of the visit using an age-appropriate standardized depression screening tool ***and***, *if screening is positive*, for whom a follow-up plan is documented on the date of the positive screen.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Patients aged 12 years and older with at least one medical visit during the reporting period Numerator: Patients screened for clinical depression on the date of the visit using an age-appropriate standardized tool and, if screened positive for depression, for whom a follow-up plan is documented on the date of the positive screen. Include patients who received a standardized depression screening test during the reporting period: • That was negative, **OR** • That was positive and had a follow-up plan documented. Exclusions: • Patients who refuse to participate, who are in urgent or emergent situations • Patients whose functional capacity or motivation to improve affects the accuracy of results • Patients with an active diagnosis for depression or a diagnosis of bipolar disorder Note: Patients who are already participating in ongoing treatment for depression will not be included in the universe count. Grantee's ability to adhere to these UDS exclusions may vary.
	Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 95; CMS eMeasure ID: CMS2v7; National Quality Forum #3148, 3132
	Data Source	Grantee reports quarterly using survey (Qualtrics).
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

Community Health Grants: Dental Clinics

Follows the State Fiscal Year (July to June) for reporting.

36)

Measure Description	Number of FTEs supported
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Input
Reporting Frequency	Annually
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of FTEs supported by Community Health grants. Baseline FTEs are captured in RFA at start of contract. Actual FTEs are captured via Survey at end of Q4 and verified by the Contracts Team.
Metric Definition Source	Office of Rural Health (ORH) (see page 4-5 for instructions)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

37)

Measure Description	Number of patients served
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Maintain or Increase (as indicated in contract)
Metric Result	Number
Metric Definition	Number of unduplicated patients served. Patients are individuals who have at least one visit during the reporting period. (Note that the *baseline* numbers reported reflect the patient population that was seen at the site over the last 12 months.)
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

38)

Measure Description	Number of children who had a dental varnishing procedure
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Quality (Process)
Reporting Frequency	Quarterly
Preferred Trend	Increase
Metric Result	Number
Metric Definition	Number of children who are dental patients who received a dental varnishing. Result is a number.
Metric Definition Source	North Carolina Institute of Medicine Recommendation
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

39)	**Measure Description**	**Dental Sealants for Children** 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 reporting period.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Children 6 through 9 years of age who had a dental visit (with the health center or with another dental provider through a paid referral) in the reporting period who had an oral assessment or comprehensive or periodic oral evaluation visit **AND** are at moderate to high risk for caries in the reporting period. Numerator: Children who received a sealant on a permanent first molar tooth during the reporting period. Exclusions: Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/ missing)
	Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 96; CMS eMeasure ID: CMS277v0; National Quality Forum #2508; North Carolina Institute of Medicine Recommendation
	Data Source	Grantee reports quarterly using survey (Qualtrics).
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

40)	Measure Description	Average amount of Office of Rural Health (ORH) financial support per patient
	Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
	Measure Type	Efficiency
	Reporting Frequency	Annually – by October 1
	Preferred Trend	Maintain
	Metric Result	Dollar amount
	Metric Definition	Denominator: Actual number of unduplicated patients served. Numerator: Total actual amount spent on program (does not include ORH administrative costs).
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Patients: Unduplicated patients are reported quarterly by the Grantee using survey (Qualtrics). Expenditures: ORH Assistant Director of Business to provide total amount of funding expended by contractors (total for contract period). Does not include ORH adminstrative costs.
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

Community Health Grants: Maternal Care Sites

Follows the State Fiscal Year (July to June) for reporting.

41)

Measure Description	Number of FTEs supported
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Input
Reporting Frequency	Annually
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of FTEs supported by Community Health grants. * Baseline FTEs are captured in RFA at start of contract. Actual FTEs are captured via Survey at end of Q4 and verified by the Contracts Team.
Metric Definition Source	Office of Rural Health (ORH) (see page 4-5 for instructions)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

42)

Measure Description	Number of patients served
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Maintain or Increase (as indicated in contract)
Metric Result	Number
Metric Definition	Number of unduplicated patients served. Patients are individuals who have at least one visit during the reporting period. (Note that the *baseline* numbers reported reflect the patient population that was seen at the site over the last 12 months.)
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

43)

Measure Description	**Access to Prenatal Care: First Prenatal Visit in 1st Trimester** Percentage of prenatal care patients who entered prenatal care during their first trimester.
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Quality (Process)
Reporting Frequency	Quarterly
Preferred Trend	Maintain or Increase (as indicated in contract)
Metric Result	Percentage
Metric Definition	Denominator: Total number of women (of any age) seen for prenatal care during the reporting period. Numerator: Number of women beginning prenatal care at the health center, including referral provider or with another health center, during their first trimester. Note that prenatal care is considered to have begun at the time the patient had her first visit with a physician or NP, PA, or CNM provider who inititates prenatal care with a complete prenatal exam. (Most women will have one or more interactions with the health center prior to that for their pregnancy test, other lab tests, dispensing vitamins, and/or taking a health history. These interactions do not count as the start of prenatal care.) Also note that in those rare instance where a woman receives prenatal care services for two separate pregnancies in the same reporting period, she is to be counted twice.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 82; National Quality Forum #1517;
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

44)	Measure Description	Average amount of Office of Rural Health (ORH) financial support per patient
	Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
	Measure Type	Efficiency
	Reporting Frequency	Annually – by October 1
	Preferred Trend	Maintain
	Metric Result	Dollar amount
	Metric Definition	Denominator: Actual number of unduplicated patients served. Numerator: Total actual amount spent on program (does not include ORH administrative costs).
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Patients: Unduplicated patients are reported quarterly by the Grantee using survey (Qualtrics). Expenditures: ORH Assistant Director of Business to provide total amount of funding expended by contractors (total for contract period). Does not include ORH adminstrative costs.
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

Rural Health Centers – Funding

Follows the State Fiscal Year (July to June) for reporting.

45)

Measure Description	**Percentage of RHCs achieving any level Patient Centered Medical Home (PCMH) certification**
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Quality
Reporting Frequency	Annually
Preferred Trend	Increase
Metric Result	Percentage
Metric Definition	Denominator: Total number of rural health centers supported. Numerator: Number of rural health centers achieving any level of Patient Centered Medical Home (PCMH) certification
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Office of Rural Health (ORH) direct communication with grantee (Operations Team)
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

Rural Health Centers - Operational Support

Follows the State Fiscal Year (July to June) for reporting.

46)

Measure Description	Number of FTEs supported
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Input
Reporting Frequency	Annually
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of FTEs supported by Rural Health Center Operational Support Grants. * Baseline FTEs are captured in RFA at start of contract. Actual FTEs are captured via Survey at end of Q4 and verified by the Contracts Team.
Metric Definition Source	Office of Rural Health (ORH) (see page 4-5 for instructions)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

47)

Measure Description	Number of patients served (MAP and non-MAP)
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Maintain or Increase (as indicated in contract)
Metric Result	Number
Metric Definition	Number of unduplicated patients served (MAP and non-MAP). Patients are individuals who have at least one visit during the reporting period. (Note that the *baseline* numbers reported reflect the patient population that was seen at the site over the last 12 months.)
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

48)

Measure Description	Number of MAP provider face-to-face patient encounters
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of MAP provider face-to-face patient encounters.
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

49)	Measure Description	**Controlling High Blood Pressure** Percentage of patients 18-85 years old who had a diagnosis of hypertension (HTN) ***and*** whose Blood Pressure (BP) was adequately controlled (less than 140/90 mm Hg) during the reporting period.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension (who were diagnosed at least six months before the end of the reporting period) AND had a medical visit during the reporting period. Numerator: Patients 18-85 years old who had a diagnosis of hypertension and whose blood pressure at the most recent visit is adequately controlled during the reporting period. Adequate control is defined as systolic blood pressure lower than 140 mm Hg and diastolic blood pressure lower than 90 mm Hg. (Patients who have not had their blood pressure tested during the reporting period are not counted in the numerator.) Exclusions: Patients who were diagnosed with essential hypertension within the last six months. Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the reporting period. Patients with a diagnosis of pregnancy during the reporting period. Patients who were in hospice care during the reporting period. Grantee's ability to adhere to these UDS exclusions may vary.
	Guidance	• Note that this is a "positive" measure. For this measure, the higher the number of patients with controlled hypertension the better the performance on the measure. • Include patients who have an active diagnosis of hypertension even if their medical visits during the year were unrelated to the diagnosis. • Include blood pressure readings taken at any visit type at the health center as long as the result is from the most recent visit. • Only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable.

	• If no blood pressure is recorded during the reporting period, the patient's blood pressure is assumed "not controlled" and isn't counted in the numerator • If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 105; CMS eMeasure ID: CMS165v6; National Quality Forum#: 0018
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

50)	Measure Description	**Diabetes: Hemoglobin A1c Poor Control** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the reporting period (or who had no test conducted during the reporting period).
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Decrease
	Metric Result	Percentage
	Metric Definition	Denominator: Patients 18-75 years of age with a medical visit during the reporting period who have a diagnosis of Type 1 or Type 2 diabetes. It does not matter if diabetes was treated, or is currently being treated, or when the diagnosis was made. The notation of diabetes may appear during or prior to the reporting period. Numerator: Patients whose most recent hemoglobin A1c level during the reporting period is greater than 9.0 percent **OR** who had no test conducted during the reporting period **OR** whose test result is missing. Exclusions: Patients with a diagnosis of secondary diabetes due to another condition (e.g., Gestational diabetes, steriod-induced diabetes). Patients who were in hospice care during the reporting period. Grantee's ability to adhere to these UDS exclusions may vary.
	Guidance	• Note that this is a "negative" measure. For this measure, the lower the number of adult diabetics with poorly controlled diabetes, the better the performance on the measure. • Also note that unlike the Hypertension measure, this measure calls for reporting on patients with diabetes regardless of when they were first diagnosed. • Only include patients with an active diagnosis of Type 1 or Type 2 diabetes • Include patients in the numerator whose most recent HbA1c level is greater than 9 percent, the most recent HbA1c result is missing, or when no HbA1c tests were performed or documented during the reporting period.
	Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p.106; CMS eMeasure ID: CMS122v6; National Quality Forum#: 0059
	Data Source	Grantee reports quarterly using survey (Qualtrics).
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

51)	Measure Description	**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up** Percentage of patients aged 18 years and older with a visit during the reporting period with a documented BMI during the most recent visit or within the six months prior to that visit ***and*** *when the BMI is outside of normal parameters*, a follow-up plan is documented during the visit or during the previous six months of the visit.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Patients who were 18 years of age or older with a medical visit during the reporting period. Numerator: Patients with a documented BMI (not just height and weight) during their most recent visit or during the previous six months of the most recent visit, **AND** *when the BMI is outside of normal parameters**, a follow-up plan is documented during the visit or during the previous six months of the current visit. * Normal parameters: Age 18 years and older BMI greater than or equal to 18.5 and less than 25 kg/m2 Exclusions: Patients who are pregnant, visits where the patient is receiving palliative care, patients who refuse measurement of height and/or weight or refuses follow-up visit. Patients with a documented medical reason during the visit or within 12 months of the visit, including: o Elderly patients (65 years or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as the following examples: ▪ Illness or physical disability ▪ Mental illness, dementia, confusion ▪ Nutritional deficiency, such as vitamin/mineral deficiency ▪ Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, o There is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.

	Grantee's ability to adhere to these UDS exclusions may vary.
Guidance	• Report this measure for all patients seen during the reporting period. • An eligible professional or their staff is required to measure both height and weight. Both height and weight must be measured within 12 months of the current encounter and may be obtained from separate visits. Do not use self-reported values. • BMI may be documented in the medical record at the health center or in outside medical records obtained by the health center. • If more than one BMI is reported during the measurement period, use the most recent BMI to determine if the performance has been met. • Document the follow-up plan based on the most recent documented BMI outside of normal parameters. • Documentation in the medical record must show the actual BMI or the template normally viewed by a clinician must display BMI. • Do not count as meeting the measurement standard charts or templates that display only height and weight. The fact that an HIT/EHR can calculate BMI does not replace the presence of the BMI itself.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 88; CMS eMeasure ID: CMS69v6; National Quality Forum#: 0421, 2828
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

52)	Measure Description	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months ***and*** *if identified as a tobacco user*, received cessation counseling intervention
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the reporting period Numerator: Patients who were screened for tobacco use at least once within 24 months **AND** *if identified as a tobacco user*, received tobacco cessation intervention Exclusions: Patient records with documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) Note: Numerator meant to include patients screened who are not tobacco users OR are tobacco users that received cessation intervention.
	Guidance	• Include in the numerator patients with a negative screening ***and*** those with a positive screening who had cessation intervention if a tobacco user. • If patients use any type of tobacco (i.e., smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention (counseling and/or pharmacotherapy). • If a patient has multiple tobacco use screenings during the 24-month period, use the most recent screening which has a documented status of tobacco user or non-user. • If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and has not met the measurement standard. "Unknown" includes patients who were not screened or patients with indefinite answers. • The medical reason exception applies to the screening data element of the measure or to any of the tobacco cessation intervention data elements. • If a patient has a diagnosis of limited life expectancy, that patient has a valid denominator exception for not being screened for tobacco use or for not receiving tobacco use cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user.

	• Electronic nicotine delivery systems (ENDS), including electronic cigarettes for tobacco cessation, are not currently classified as tobacco. They are not to be evaluated for this measure. • Include in the numerator records that demonstrate that the patient had been asked about their use of all forms of tobacco within 24 months before the end of the measurement period. • Include patients who receive tobacco cessation intervention, including: o Received tobacco use cessation counseling services, ***or*** o Received an order for (a prescription or a recommendation to purchase an over-the-counter [OTC] product) a tobacco use cessation medication, ***or*** o Are on (using) a tobacco use cessation agent.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 89; CMS eMeasure ID: CMS138v6; National Quality Forum#: 0028, 3185
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

53)	Measure Description	Average amount of Office of Rural Health (ORH) financial support per patient
	Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
	Measure Type	Efficiency (not in contract)
	Reporting Frequency	Annually – by October 1
	Preferred Trend	Maintain (not in contract)
	Metric Result	Dollar Amount
	Metric Definition	Denominator: Actual number of unduplicated patients served. Numerator: Total actual amount spent on program (does not include ORH administrative costs).
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Patients: Unduplicated patients are reported quarterly by the Grantee using survey (Qualtrics). Expenditures: ORH Assistant Director of Business to provide total amount of funding expended by contractors (total for contract period). Does not include ORH adminstrative costs.
	Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

Medication Assistance

Follows the State Fiscal Year (July to June) for reporting.

54)

Measure Description	**Number of FTEs supported**
Goal and Objective	3.2.B: (Goal: 3 - Obj: 2b) Treatment for At-Risk Adults
Measure Type	Input
Reporting Frequency	Annually
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of FTEs supported by Medication Assistance grants. Baseline FTEs are captured in RFA at start of contract. Actual FTEs are captured via Survey at end of Q4 and verified by the Contracts Team.
Metric Definition Source	Office of Rural Health (ORH) (see page 4-5 for instructions)
Data Source	Grantee reports quarterly using survey (Qualtrics).
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

55)

Measure Description	**Number of patients served**
Goal and Objective	3.2.B: (Goal: 3 - Obj: 2b) Treatment for At-Risk Adults
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Maintain or Increase (as indicated in contract)
Metric Result	Number
Metric Definition	Number of unduplicated patients served. Patients are individuals who have at least one visit during the reporting period. (Note that the *baseline* numbers reported reflect the patient population that was seen at the site over the last 12 months.)
Metric Definition Source	Office of Rural Health; The Pharmacy Connection Software
Data Source	The Pharmacy Connection database (Grantee reports directly into TPC)
Survey Question(s)	See "PPMD Matrix FY2019 – Survey Questions.doc"

56)

Measure Description	**Number of prescription medications received**
Goal and Objective	3.2.B: (Goal: 3 - Obj: 2b) Treatment for At-Risk Adults
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Increase
Metric Result	Number
Metric Definition	Number of prescription medications received.
Metric Definition Source	Office of Rural Health; The Pharmacy Connection Software
Data Source	The Pharmacy Connection database (Grantee reports directly into TPC)
Survey Question(s)	N/A

57)	Measure Description	Dollar value of all drugs received
	Goal and Objective	3.2.B: (Goal: 3 – Obj: 2b) Treatment for At-Risk Adults
	Measure Type	Outcome
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Dollar amount
	Metric Definition	Cumulative average wholesale price of drugs received during SFY.
	Metric Definition Source	Office of Rural Health; The Pharmacy Connection Software
	Data Source	The Pharmacy Connection database (Grantee reports directly into TPC)
	Survey Question(s)	N/A

58)	Measure Description	Dollar value of diabetic drugs received
	Goal and Objective	3.2.B: (Goal: 3 - Obj: 2b) Treatment for At-Risk Adults
	Measure Type	Outcome
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Dollar amount
	Metric Definition	Cumulative average wholesale price of diabetic drugs received.
	Metric Definition Source	Office of Rural Health; The Pharmacy Connection Software
	Data Source	The Pharmacy Connection database (Grantee reports directly into TPC)
	Survey Question(s)	N/A

59)	Measure Description	Dollar value of hypertension drugs received.
	Goal and Objective	3.2.B: (Goal: 3 - Obj: 2b) Treatment for At-Risk Adults
	Measure Type	Outcome
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Dollar amount
	Metric Definition	Cumulative average wholesale price of hypertension drugs received.
	Metric Definition Source	Office of Rural Health; The Pharmacy Connection Software
	Data Source	The Pharmacy Connection database (Grantee reports directly into TPC)
	Survey Question(s)	N/A

60)

Measure Description	Dollar value of mental health drugs received.
Goal and Objective	3.2.B: (Goal: 3 - Obj: 2b) Treatment for At-Risk Adults
Measure Type	Outcome
Reporting Frequency	Quarterly
Preferred Trend	Increase
Metric Result	Dollar amount
Metric Definition	Cumulative average wholesale price of mental drugs received.
Metric Definition Source	Office of Rural Health; The Pharmacy Connection Software
Data Source	The Pharmacy Connection database (Grantee reports directly into TPC)
Survey Question(s)	N/A

Farmworker Health Medical and Outreach Services

*Follows the **Calendar Fiscal Year** (January to December) for reporting.*

61)

Measure Description	Number of FTEs supported
Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
Measure Type	Input
Reporting Frequency	Annually (Note: Due to reporting requirements, data is collected based on calendar year instead of state fiscal year-SFY).
Preferred Trend	Maintain
Metric Result	Number
Metric Definition	Number of FTEs supported by Migrant Farmworker grants.
Metric Definition Source	Office of Rural Health (ORH) (see page 4-5 for instructions)
Data Source	Manual review of monthly expenditure reports
Survey Question(s)	N/A

62)

Measure Description	Number of patients served
Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
Measure Type	Output
Reporting Frequency	Quarterly (Due to seasonality of work the data may not be reliable until end of year report.)
Preferred Trend	Maintain or Increase (as indicated in contract)
Metric Result	Number
Metric Definition	Number of unduplicated patients served. Patients are individuals who have at least one visit during the reporting period. (Note that the *baseline* numbers reported reflect the patient population that was seen at the site during the last calendar year.)
Metric Definition Source	HRSA Uniform Data System (UDS)
Data Source	Grantee reported directly into FHASES
Survey Question(s)	N/A

63)	Measure Description	**Controlling High Blood Pressure** Percentage of patients 18-85 years old who had a diagnosis of hypertension (HTN) ***and*** whose Blood Pressure (BP) was adequately controlled (less than 140/90 mm Hg) during the reporting period.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension (who were diagnosed at least six months before the end of the reporting period) AND had a medical visit during the reporting period. Numerator: Patients 18-85 years old who had a diagnosis of hypertension and whose blood pressure at the most recent visit is adequately controlled during the reporting period. Adequate control is defined as systolic blood pressure lower than 140 mm Hg and diastolic blood pressure lower than 90 mm Hg. (Patients who have not had their blood pressure tested during the reporting period are not counted in the numerator.) Exclusions: Patients who were diagnosed with essential hypertension within the last six months. Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the reporting period. Patients with a diagnosis of pregnancy during the reporting period. Patients who were in hospice care during the reporting period. Grantee's ability to adhere to these UDS exclusions may vary.
	Guidance	• Note that this is a "positive" measure. For this measure, the higher the number of patients with controlled hypertension the better the performance on the measure. • Include patients who have an active diagnosis of hypertension even if their medical visits during the year were unrelated to the diagnosis. • Include blood pressure readings taken at any visit type at the health center as long as the result is from the most recent visit. • Only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable.

	• If no blood pressure is recorded during the reporting period, the patient's blood pressure is assumed "not controlled" and isn't counted in the numerator If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 105; CMS eMeasure ID: CMS165v6; National Quality Forum#: 0018
Data Source	FHASES database export (grantee reported directly into FHASES). (Denominator will be pulled from universe – not a sample.)
Survey Question(s)	N/A

64)	Measure Description	**Diabetes: Hemoglobin A1c Poor Control** Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the reporting period (***or*** who had no test conducted during the reporting period).
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Quarterly (at Q2 and Q4 only)
	Preferred Trend	Decrease
	Metric Result	Percentage
	Metric Definition	Denominator: Patients 18-75 years of age with a medical visit during the reporting period who have a diagnosis of Type 1 or Type 2 diabetes. It does not matter if diabetes was treated, or is currently being treated, or when the diagnosis was made. The notation of diabetes may appear during or prior to the reporting period. Numerator: Patients whose most recent hemoglobin A1c level during the reporting period is greater than 9.0 percent **OR** who had no test conducted during the reporting period **OR** whose test result is missing. Exclusions: Patients with a diagnosis of secondary diabetes due to another condition (e.g., Gestational diabetes, steriod-induced diabetes). Patients who were in hospice care during the reporting period. Grantee's ability to adhere to these UDS exclusions may vary.
	Guidance	• Note that this is a "negative" measure. For this measure, the lower the number of adult diabetics with poorly controlled diabetes, the better the performance on the measure. • Also note that unlike the Hypertension measure, this measure calls for reporting on patients with diabetes regardless of when they were first diagnosed. • Only include patients with an active diagnosis of Type 1 or Type 2 diabetes • Include patients in the numerator whose most recent HbA1c level is greater than 9 percent, the most recent HbA1c result is missing, or when no HbA1c tests were performed or documented during the reporting period.
	Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p.106; CMS eMeasure ID: CMS122v6; National Quality Forum#: 0059
	Data Source	FHASES database export (grantee reported directly into FHASES). (Denominator will be pulled from universe – not a sample.)
	Survey Question(s)	N/A

65)	Measure Description	**Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up** Percentage of patients aged 18 years and older with a visit during the reporting period with a documented BMI during the most recent visit or within the six months prior to that visit ***and*** *when the BMI is outside of normal parameters*, a follow-up plan is documented during the visit or during the previous six months of the visit.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	**Annually (at Q4 only)**
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Patients who were 18 years of age or older with a medical visit during the reporting period. Numerator: Patients with a documented BMI (not just height and weight) during their most recent visit or during the previous six months of the most recent visit, **AND** *when the BMI is outside of normal parameters**, a follow-up plan is documented during the visit or during the previous six months of the current visit. * Normal parameters: Age 18 years and older BMI greater than or equal to 18.5 and less than 25 kg/m2 Exclusions: Patients who are pregnant, visits where the patient is receiving palliative care, patients who refuse measurement of height and/or weight or refuses follow-up visit. Patients with a documented medical reason during the visit or within 12 months of the visit, including: o Elderly patients (65 years or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as the following examples: ▪ Illness or physical disability ▪ Mental illness, dementia, confusion ▪ Nutritional deficiency, such as vitamin/mineral deficiency ▪ Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status, o There is any other reason documented in the medical record by the provider explaining why BMI measurement was not appropriate.

	Grantee's ability to adhere to these UDS exclusions may vary.
Guidance	• Report this measure for all patients seen during the reporting period. • An eligible professional or their staff is required to measure both height and weight. Both height and weight must be measured within 12 months of the current encounter and may be obtained from separate visits. Do not use self-reported values. • BMI may be documented in the medical record at the health center or in outside medical records obtained by the health center. • If more than one BMI is reported during the measurement period, use the most recent BMI to determine if the performance has been met. • Document the follow-up plan based on the most recent documented BMI outside of normal parameters. • Documentation in the medical record must show the actual BMI or the template normally viewed by a clinician must display BMI. Do not count as meeting the measurement standard charts or templates that display only height and weight. The fact that an HIT/EHR can calculate BMI does not replace the presence of the BMI itself.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 88; CMS eMeasure ID: CMS69v6; National Quality Forum#: 0421, 2828
Data Source	ORH staff manual chart audit of a 70-chart sample following HRSA guidelines. This data will not be reported at a site level.
Survey Question(s)	N/A

66)	Measure Description	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months ***and*** *if identified as a tobacco user*, received cessation counseling intervention
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Quality (Process)
	Reporting Frequency	**Annually (at Q4 only)**
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: All patients aged 18 years and older seen for at least two visits or at least one preventive visit during the reporting period Numerator: Patients who were screened for tobacco use at least once within 24 months **AND** *if identified as a tobacco user*, received tobacco cessation intervention Exclusions: Patient records with documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason) Note: Numerator meant to include patients screened who are not tobacco users OR are tobacco users that received cessation intervention.
	Guidance	• Include in the numerator patients with a negative screening ***and*** those with a positive screening who had cessation intervention if a tobacco user. • If patients use any type of tobacco (i.e., smokes or uses smokeless tobacco), the expectation is that they should receive tobacco cessation intervention (counseling and/or pharmacotherapy). • If a patient has multiple tobacco use screenings during the 24-month period, use the most recent screening which has a documented status of tobacco user or non-user. • If tobacco use status of a patient is unknown, the patient does not meet the screening component required to be counted in the numerator and has not met the measurement standard. "Unknown" includes patients who were not screened or patients with indefinite answers. • The medical reason exception applies to the screening data element of the measure or to any of the tobacco cessation intervention data elements. • If a patient has a diagnosis of limited life expectancy, that patient has a valid denominator exception for not being screened for

	tobacco use or for not receiving tobacco use cessation intervention (counseling and/or pharmacotherapy) if identified as a tobacco user. • Electronic nicotine delivery systems (ENDS), including electronic cigarettes for tobacco cessation, are not currently classified as tobacco. They are not to be evaluated for this measure. • Include in the numerator records that demonstrate that the patient had been asked about their use of all forms of tobacco within 24 months before the end of the measurement period. • Include patients who receive tobacco cessation intervention, including: o Received tobacco use cessation counseling services, ***or*** o Received an order for (a prescription or a recommendation to purchase an over-the-counter [OTC] product) a tobacco use cessation medication, ***or*** Are on (using) a tobacco use cessation agent.
Metric Definition Source	HRSA Uniform Data System (UDS) 2018 p. 89; CMS eMeasure ID: CMS138v6; National Quality Forum#: 0028, 3185
Data Source	ORH staff manual chart audit of a 70-chart sample following HRSA guidelines. This data will not be reported at a site level.
Survey Question(s)	N/A

67)	Measure Description	Average amount of Office of Rural Health (ORH) financial support per patient
	Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
	Measure Type	Efficiency (not in contract)
	Reporting Frequency	**Annually (by October 1)**
	Preferred Trend	Maintain (not in contract)
	Metric Result	Dollar Amount
	Metric Definition	Denominator: Actual number of unduplicated patients served. Numerator: Total actual amount spent on program (does not include ORH administrative costs). This measure is reported both at the Calendar and State Fiscal Years. Expenses reflect those actual expenses that occur during the period patients were seen, not just those expenses that 'hit' during the reporting period (but were incurred during another period of time). Note: Program is sole source of funding for these services. Services covered vary by site and can include enabling, medical, and dental services as well as a portion of grantee's administrative overhead.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Patients: Unduplicated patients are reported quarterly by the Grantee. Expenditures: ORH Assistant Director of Business to provide total amount of funding expended by contractors (total for contract period). Does not include ORH adminstrative costs.
	Survey Question(s)	N/A

68)	Measure Description	Number of 340B drug prescriptions filled
	Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
	Measure Type	Output
	Reporting Frequency	**Annually (reported on the SFY cycle)**
	Preferred Trend	Maintain
	Metric Result	Number
	Metric Definition	Number of 340B prescriptions filled.
	Metric Definition Source	Office of Rural Health (ORH)
	Data Source	Pharmacist data and wholesaler data is entered into FHASES
	Survey Question(s)	N/A

69)

Measure Description	**Net savings of all medications obtained through 340B Drug Program** *(NOTE: use only at program level, not as comparison across sites)*
Goal and Objective	3.5.A: (Goal: 3 - Obj: 5a) At-Risk Family Health and Safety Benefits
Measure Type	Efficiency
Reporting Frequency	**Annually (reported on the SFY cycle)**
Preferred Trend	Maintain
Metric Result	Dollar amount
Metric Definition	Retail/average wholesale price of all medications received ***minus*** the actual cost of the medicine received through the 340B drug program.
Metric Definition Source	Office of Rural Health (ORH)
Data Source	Pharmacist data and wholesaler data is entered into FHASES
Survey Question(s)	N/A

State Telepsychiatry Network

Follows the State Fiscal Year (July to June) for reporting.

70)

Measure Description	Number of participating consultant providers.
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Increase
Metric Result	Number
Metric Definition	The actual number of participating consultant providers. *Goal is to increase the number of participating consultant providers. Target allows for expanded site implementation and onboarding of telepsychiatry protocols.
Metric Definition Source	Office of Rural Health (ORH)
Data Source	East Carolina University Center for Telepsychiatry from Web Portal. Sent as WORD document
Survey Question(s)	N/A

71)

Measure Description	The number of overturned involuntary commitments
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Quality
Reporting Frequency	Quarterly
Preferred Trend	Increase
Metric Result	Number
Metric Definition	The actual number of hospital involuntary commitments which are overturned. *Goal is to increase the number of overturned involuntary commitments in order to address unnecessary hospitalization of behavioral health patients. Once a consultation occurs, the hospital involuntary admission is overturned and the patient's disposition is ordered by the ED physician. Target allows for expanded site implementation and onboarding of telepsychiatry protocols.
Metric Definition Source	Office of Rural Health (ORH)
Data Source	East Carolina University Center for Telepsychiatry from Web Portal. Sent as WORD document.
Survey Question(s)	N/A

72)	Measure Description	Average and Median Hospital Length of Stay (in hours) for all patients with a primary mental health diagnosis across all dispositions
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Quarterly
	Preferred Trend	Decrease
	Metric Result	Number (Average) Number (Median)
	Metric Definition	The actual mean (average) and median Hospital Length of Stay for patients with a primary mental health diagnosis. Length of stay is measured in hours. *Goal is to reduce the average Length of Stay for all patients with a primary mental health diagnosis across all dispositions. Target allows for expanded site implementation and onboarding of telepsychiatry protocols.
	Metric Definition Source	NC General Assembly
	Data Source	East Carolina University Center for Telepsychiatry from Web Portal. Sent as WORD document.
	Survey Question(s)	N/A

73)	Measure Description	Number of telepsychiatry referring sites.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Output
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Number
	Metric Definition	The actual number of referring sites. *Goal is to increase the number of telepsychiatry referring sites. Referral sites will be hospital emergency departments for this program. Target allows for expanded site implementation and onboarding of telepsychiatry protocols.
	Metric Definition Source	NC General Assembly
	Data Source	East Carolina University Center for Telepsychiatry from Web Portal. Sent as WORD document.
	Survey Question(s)	N/A

74)	Measure Description	Ratio of the overall revenues to program costs
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Efficiency
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Ratio
	Metric Definition	Denominator: The total program costs, exclusive of startup costs. Result is a ratio. Numerator: Total overall revenue exclusive of grant funding. The ratio is calculated and sent in by contractor. Numerator and denominator are not reported. Goal is to increase the ratio of the overall revenues (billing, subscription fees), exclusive of grant funding, to program costs (exclusive of start-up costs) to at least 1.0. To demonstrate sustainability for cost savings through the telepsychiatry program, the overall ratio of revenues to expenses should be greater than 1.0. Nonrecurring costs include telepsychiatry equipment, as well as project implementation and operations.
	Metric Definition Source	NC Office of Rural Health (ORH)
	Data Source	East Carolina University Center for Telepsychiatry from Web Portal. Sent as WORD document
	Survey Question(s)	N/A

75)	Measure Description	Number of reports of involuntary commitments to an enrolled hospital.
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Ouput
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Number
	Metric Definition	Actual number of involuntary commitments made to enrolled hospitals. Goal is to increase the *reporting* of involuntary commitments to an enrolled hospital. An involuntary commitment (IVC) occurs when a patient is admitted to the ED under an IVC and a telepsychiatry consultation has not yet occurred. Target allows for expanded site implementation and onboarding of telepsychiatry protocols.
	Metric Definition Source	NC General Assembly
	Data Source	East Carolina University Center for Telepsychiatry from Web Portal. Sent as WORD document.
	Survey Question(s)	N/A

76)

Measure Description	The number of telepsychiatry assessments provided
Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
Measure Type	Output
Reporting Frequency	Quarterly
Preferred Trend	Increase
Metric Result	Number
Metric Definition	Actual number of telepsychiatry assessments provided. Goal is to increase the number of telepsychiatry assessments provided. A telepsychiatry assessment occurs when the remote provider conducts a one-on-one consultation with the patient via the telemedicine equipment. Target allows for expanded site implementation and onboarding of telepsychiatry protocols.
Metric Definition Source	NC General Assembly
Data Source	East Carolina University Center for Telepsychiatry from Web Portal. Sent as WORD document.
Survey Question(s)	N/A

Health Information Technology

Follows the State Fiscal Year (July to June) for reporting.

77)	Measure Description	Percentage of ORH-Funded Practices that have Implemented an Electronic Health Record (EHR) System in their Practice
	Goal and Objective	2.C: (Goal: 2 - Obj: C) Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians
	Measure Type	Outcome
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of ORH-funded sites that are mandated to connect to the NC Health Information Exchange (NC Health Connex). Numerator: Sites in the denominator that have adopted an approved* EHR system. Reported by ORH Program (RHC, FW, CAH, CHG, MA and Behavioral Health EHR Incentive Program). * The list of approved EHR systems/vendors is maintained by the NC HIEA
	Metric Definition Source	NC Office of Rural Health (ORH)
	Data Source	NC Health Connex (https://hiea.nc.gov/); Grantee reported
	Survey Question(s)	N/A

78)	Measure Description	Percentage of ORH-Funded Practices that have a signed participation agreement to connect to the NC Health Connex
	Goal and Objective	2.C: (Goal: 2 - Obj: C) Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians
	Measure Type	Outcome
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of ORH-funded sites that are mandated to connect to NC Health Connex. Numerator: Sites in the denominator that have a signed Participation Agreement with the NC Health Information Exchange (NC Health Connex)* Reported by ORH Program (RHC, FW, CAH, CHG, MA and Behavioral Health EHR Incentive Program).

	* The numerator will consist of both sites that are already connected to HealthConnex ***and*** sites who are not connected but have a signed Participation Agreement in place.
Metric Definition Source	NC Office of Rural Health (ORH)
Data Source	NC Health Connex (https://hiea.nc.gov/); Grantee reported
Survey Question(s)	N/A

79)	**Measure Description**	**Percentage of ORH-Funded Practices that have Achieved Connectivity to the Health Information Exchange**
	Goal and Objective	2.C: (Goal: 2 - Obj: C) Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians
	Measure Type	Outcome
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of ORH-funded sites that are mandated to connect to NC Health Connex. Numerator: Sites in the denominator that have connected to the NC Health Information Exchange (NC Health Connex) and are live in production. Reported by ORH Program (RHC, FW, CAH, CHG, MA and Behavioral Health EHR Incentive Program).
	Metric Definition Source	NC Office of Rural Health (ORH)
	Data Source	NC Health Connex (https://hiea.nc.gov/); Grantee reported
	Survey Question(s)	N/A

80)	**Measure Description**	**Percentage of ORH-Funded Practices that Utilize the NC HIE Value-Add Services**
	Goal and Objective	2.C: (Goal: 2 - Obj: C) Expand awareness, understanding and use of information to enhance the health and safety of North Carolinians
	Measure Type	Outcome
	Reporting Frequency	Quarterly
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Total number of ORH funded sites that have a full Participation Agreement with the NC Health Information Exchange (NC Health Connex).

	Numerator: Sites in the denominator that utilize BOTH of the NC HIE Value-Add services (subscribing to NC HealthConnex event notification AND participation in the NC HealthConnex Diabetes Registry). Denominator: Total number of ORH funded sites that have a full Participation Agreement with the NC Health Information Exchange (NC Health Connex). Numerator: Sites in the denominator that subscribe to NC HealthConnex event notification (Notify). Denominator: Total number of ORH funded sites that have a full Participation Agreement with the NC Health Information Exchange (NC Health Connex). Numerator: Sites in the denominator that participate in the NC HealthConnex Diabetes Registry. Reported by ORH Program (RHC, FW, CAH, CHG, MA and Behavioral Health EHR Incentive Program).
Metric Definition Source	NC Office of Rural Health (ORH); Grantee reported
Data Source	NC Health Connex (https://hiea.nc.gov/) Grantee reported
Survey Question(s)	N/A

Community Health Worker Program

Follows the State Fiscal Year (July to June) for reporting.

81)	Measure Description	Number of individuals enrolled in Community Health Worker core competency training
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Output
	Reporting Frequency	Quarter 2 and Quarter 4
	Preferred Trend	Increase
	Metric Result	Number
	Metric Definition	Actual number of enrollees at six (6) Community College test sites*. *Test site for SFY 2020 include: Catawba, Durham, Edgecombe, Robeson, Rockingham and Gaston Community Colleges
	Metric Definition Source	ORH
	Data Source	Enrollment numbers from Community College test sites compiled by UNC Pembroke as part of a data tracking agreement and sent to ORH as PDF report
	Survey Question(s)	N/A

82)	Measure Description	Percentage of individuals completing Community Health Worker core competency training
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Outcome
	Reporting Frequency	Quarter 2 and Quarter 4
	Preferred Trend	Increase
	Metric Result	Percentage
	Metric Definition	Denominator: Actual number of enrollees at the six (6) Community College test sites Numerator: Actual number of students receiving certificates of course completion
	Metric Definition Source	ORH
	Data Source	Enrollment and Certification Completion numbers from Community College test sites compiled by UNC Pembroke as part of a data tracking agreement and sent to ORH as PDF report
	Survey Question(s)	N/A

83)	Measure Description	Total Number of ORH Grantees with a full or part-time Community Health Worker in place (employed)
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Output
	Reporting Frequency	Quarter 2 and Quarter 4
	Preferred Trend	Increase
	Metric Result	Number
	Metric Definition	Actual number of full-time Community Health Workers employeed by the ORH grantee. Actual number of part-time Community Health Workers employeed by the ORH grantee.
	Metric Definition Source	ORH
	Data Source	Qualtrics Survey to each ORH grantee (CHG, RHC OPS, FWH) program grantee) at Q2 and Q4

	Survey Question(s)	Add Definition of Community Health Worker from American Public Health Association Community Health Worker Section, 2010
		
		• Does your practice employ a Community Health Worker (CHW) as of 12/31/2019 (insert end of quarterly time period)? Y/N
		  • If yes, how many? ____
		• Describe the current CHW's employment status:
		  a. Full-time employment (≥ 32hr/week)
		  b. Part-time employment (< 32hr/week)
		  c. Full-time volunteer (≥ 32hr/week)
		  d. Part-time volunteer (< 32hr/week)
		  e. Other: describe_____

84)	Measure Description	Total number of patients receiving referral services supported by Community Health Worker
	Goal and Objective	1.B: (Goal: 1 - Obj: B) Capacity Building
	Measure Type	Output
	Reporting Frequency	Quarter 2 and Quarter 4
	Preferred Trend	Increase
	Metric Result	Number
	Metric Definition	Actual number of patients that received a referral service through a Community Health Worker.
	Metric Definition Source	ORH
	Data Source	Qualtrics Survey to each ORH grantee (CHG, RHC OPS, FWH) program grantee) at Q1 and Q4
	Survey Question(s)	Add Definition of Community Health Worker from American Public Health Association Community Health Worker Section, 2010 • Does your practice employ a Community Health Worker? Y/N If yes, • Does your practice track the number of patient referrals who are initiated for the patient by the Community Health Worker? Y/N If yes, • How many unduplicated patients received a referral service from your practice's Community Health Worker as of as of 12/31/2019 (insert end of quarterly time period)?

Part VI. Table of Unique Performance Measures

Measure		CHG	RHC	MA	FWH/340b	TPSY	SHIP	FLEX	Placement Services	HIT	CHW
Financial & Input Measures											
1.	Number of FTEs supported	X	X	X	X			X			X
2.	Average amount of ORH financial support per patient	X	X		X						
3.	NC Critical Access Hospital participation rate with Stroud water's Financial and Operational Improvement Network							X			
4.	NC Critical Access Hospital improvement with respect to Operating Margin							X			
5.	Economic impact of a medical placement (by provider type).								X		
6.	Average cost per medical placement								X		
7.	Net savings of all medications obtained through the 340b Drug Program (NOTE: use only at program level, not as comparison across sites.)				X						
Output Measures											
8.	Number of unduplicated patients served	X	X	X	X						X
9.	Number of health professionals placed in the state								X		
10.	Number of MAP Provider Face-to-Face Patient Encounters		X								
11.	Number of individuals enrolled in Community Health Worker core competency training										X
12.	Percentage of individuals completing Community Health Worker core competency training										X
Clinical Measures											
13.	Controlling High Blood Pressure Percentage of patients 18-85 years old who had a diagnosis of hypertension (HTN) and whose BP (BP) was adequately controlled (less than 140/90 mm Hg) during the reporting period.	X	X		X						
14.	Diabetes: Hemoglobin A1c Poor Control Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent during the reporting period (or who had no test conducted during the reporting period).	X	X		X						

Measure		CHG	RHC	MA	FWH/340b	TPSY	SHIP	FLEX	Placement Services	HIT	CHW
15.	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Percentage of patients aged 18 years and older with a visit during the reporting period with a documented BMI during the most recent visit or within the six months prior to that visit AND when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous six months of the visit. (General Care Sites)	X	X		X						
16.	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND if identified as a tobacco user, received cessation counseling intervention (General Care Sites)	X	X		X						
17.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents Percentage of patients 3 -18 years of age who had a medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the reporting period. (school based health center sites)	X									
18.	Tobacco Use and Help with Quitting Among Adolescents Percentage of adolescents 12 to 20 years of age during the measurement year for whom tobacco use status was documented AND if identified as a tobacco user, received help with quitting. (school based health center sites)	X									
19.	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan Percentage of patients aged 12 years and older screened for clinical depression on the date of the visit using an age-appropriate standardized depression screening tool, AND, if screening is positive, for whom a follow-up plan is documented on the date of the positive screen. (school based health center sites)	X									
20.	Number of children who had a dental varnishing procedure (dental sites)	X									

Measure		CHG	RHC	MA	FWH/340b	TPSY	SHIP	FLEX	Placement Services	HIT	CHW
21.	Dental Sealants for Children 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 reporting period. (dental sites)	X									
22.	Access to Prenatal Care: First Prenatal Visit in 1st Trimester Percentage of prenatal care patients who entered prenatal care during their first trimester. (maternal care sites)	X									
23.	NC Critical Access Hospital improvement with respect to outpatient core measures: Cardiac Care, Emergency Department, Pain Management, Influenza Immunization/Vaccination							X			
Prescription Medication Measures											
24.	Number of prescription medications received			X							
25.	Dollar value of all drugs received			X							
26.	Dollar value of diabetic drugs received			X							
27.	Dollar value of hypertension drugs received.			X							
28.	Dollar value of mental health drugs received.			X							
29.	Number of 340B drug prescriptions filled				X						
Telepsychiatry Measures											
30.	Number of participating consultant providers.										
31.	The number of overturned involuntary commitments					X					
32.	Average and Median Length of Stay (in hours) for all patients with a primary mental health diagnosis across all dispositions					X					
33.	Number of Telepsychiatry referring sites.					X					
34.	Ratio of the overall revenues to program costs					X					
35.	Number of reports of involuntary commitments to an enrolled hospital.					X					
36.	The number of Telepsychiatry assessments provided					X					
Health Care Reform Efforts											
37.	Percentage of RHCs Achieving Any Level of Patient Centered Medical Home (PCMH) Certification		X								
38.	Small rural hospital participation in the SHIP						X				
39.	Value-Based Purchasing						X				

Measure		CHG	RHC	MA	FWH/340b	TPSY	SHIP	FLEX	Placement Services	HIT	CHW
40.	Accountable Care Organization (ACO) / Shared Savings						X				
41.	Payment Bundling / PPS						X				
42.	NC Critical Access Hospital participation rate with NC Quality Center's QI Collaborative							X			
43.	Routine reporting of the Medicare Beneficiary Quality Improvement Project (MBQIP) quality measure: Outpatient Core Measures							X			
44.	Routine reporting of the Medicare Beneficiary Quality Improvement Project (MBQIP) quality measure: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPHS)							X			
45.	NC Critical Access Hospital improvement with respect to HCAHPS (patient satisfaction)							X			
46.	Routine reporting of the Medicare Beneficiary Quality Improvement Project (MBQIP) quality measure: Emergency Department Transfer Communications (EDTC)							X			
47.	NC Critical Access Hospital improvement with respect to Emergency Department Transfer Communication (EDTC) core measures							X			
48.	Percentage of ORH-Funded Practices that have Achieved Connectivity to the Health Information Exchange									X	
49.	Percentage of ORH-Funded Practices that have a signed participation agreement to connect to Health Information Exchange									X	
50.	Percentage of ORH-Funded Practices that have Implemented an Electronic Health Record (EHR) System in their Practice									X	
51.	Percentage of ORH-funded practices that Utilize the NC HIE Value-Add Services: Event Notification and Diabetes Registry									X	
Recruitment and Retention Measures											
52.	Percentage of health professionals placed within HPSA-designated counties, facilities, or geographical areas								X		
53.	Secured Federal Loan Repayments for Providers								X		
54.	Providers Placed who are Enrolled in ORH's Incentive Program.								X		
55.	Percentage of Providers with Incentives Who Remain at Placement Site (who did not default)								X		
56.	Provider Anticipated Retention: Average number of years the provider anticipates they will remain in their current practice.								X		

Measure		CHG	RHC	MA	FWH/340b	TPSY	SHIP	FLEX	Placement Services	HIT	CHW
57.	Provider Retention: Percentage of providers (who received financial incentives and were recruited by ORH) who are still working in their service sites 24 months after completing contract								X		