**2024 Performance Improvement Goals**

**Clinical Quality Measures (5)**

1. By December 31, 2024, improve percent of adults aged 45–75 years who had appropriate screening for colorectal cancer to 40%.
	1. Baseline: 29%
	2. Goal: 40%
2. By December 31, 2024, reduce the disparity in hypertension control rates (less than 140/90 mmHg) among Black, White, and Hispanic/Latino/a women and men by 5%.

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| **Clients** | **Baseline (all: 61%)** | **Current disparity** | **Goal**  |
| Black men | 64% | 9% |  |
| Black women | 55% |  | 61%  |
| White men | 71% | 15% |  |
| White women | 56% |  | 61% |
| Hispanic/Latino | 69% | 9% |  |
| Hispanic/Latina | 60%  |  | 65%  |

1. By December 31, 2024, ensure at least 25% of children will have all combo 10 vaccinations by age 2.
	1. Baseline: 13%
	2. Goal: 18%
2. By December 31, 2024, for clients 12+, improve aggregate score by 5% on the PHQ-9 for Question 1: little interest or pleasure in doing things or Question 6: feeling bad about yourself; or that you are a failure or have let yourself or family down.
	1. Baseline: 5% improvement
	2. Goal: 10% improvement
3. By December 31, 2024, reduce the percent of clients aged 18–75 years with diabetes who had hemoglobin A1c (HbA1c) greater than 9.0 percent to 27% and reduce the racial/ethnic gap by 5% for Hispanic/Latino clients.
	1. Baseline: 30%
	2. Goal: 27% overall; 31% for Hispanic/Latino clients
4. By December 31, 2024, double the number of clients receiving PrEP.
	1. Baseline: 18
	2. Goal: 36

**Access (1)**

1. By December 31, 2024, ensure at least 70% of pregnant clients have access to and initiate care in the first trimester of pregnancy.
	1. Baseline: 52%
	2. Goal: 70%

**Client Experience (1)**

1. By December 31, 2024, improve overall score (aggregate of all sites and departments) by 5% that clients reported an ability to access an appointment when needed.
	1. Baseline: Medical: 66% Urgent, 100% Routine; Behavioral Health: 75% Urgent, 75% Routine; Dental: 66% Urgent, 100% Routine
	2. Goal: 5% improvement for each

**Resource Stewardship (2)**

1. By December 31, 2024, reduce hospital readmission rate (hospitalized within 30 days) by 5%.
	1. Baseline: 20%
	2. Goal: 15%
2. By December 31, 2024, monitor and conduct at least one PI project working to improve care coordination based on KPI data (**closing the loop for referrals** or current medication documentation).
	1. Baseline: 26%
	2. Goal: 40%

In addition to PI goals, the quality department monitors and reports on the following measures.

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| **Maternal and Child Health** | **Steward** |
| Childhood Immunization Status | UDS |
| Dental Sealants (ages 6-9 Years) | UDS |
| Early Entry into Prenatal Care  | UDS |
| Low Birthweight | UDS |
| Weight assessment & counseling for nutrition & Physical Assessment (Peds) | UDS |
| **Disease Management** |  |
| IVD: Use of Aspirin/Other Antiplatelet | UDS |
| Statin Therapy for Prevention/Treatment of CVD | UDS |
| HIV Linkage to Care | UDS |
| Depression Remission at Twelve Months | UDS |
| **Screening and Preventive Care Measures** |  |
| Height and Weight Assessment and Health Counseling | UDS |
| Breast Cancer Screening | UDS |
| Cervical cancer screening | UDS |
| Colorectal cancer screening | UDS |
| Depression Screening and Follow-Up Plan  | UDS |
| HIV Screening | UDS |
| Tobacco use: screening and cessation intervention | UDS |
| **Chronic Disease Management** |  |
| Controlling high blood pressure | UDS |
| Diabetes: HbA1c poor control (>9%) [inverse] | UDS |
| **Additional HCH priorities** |  |
| Advance Care Planning | NCQA |
| Lab Notifications | KPI |
| SDH Ask Rate | KPI |
| FLU: adult vaccination rates | TJC |
| Suicide assessment follow-up | KPI |
| Prescribing antibiotics for URI and acute bronchitis | TJC |
| Hospitalization f/u | KPI |
| **NCQA dashboard** |  |
| Closing the Loop (% complete referral tracking) | NCQA  |
| % lab reports received back | NCQA  |
| % in care management with care plan | NCQA  |
| % in care management with care plan with written care plan offered | NCQA  |
| % on time timely clinical advice calls | NCQA  |
| % imaging received back | NCQA  |
| % clients who visited care team/PCP | NCQA  |
| % med reconciliation | NCQA  |
| % up to date med list | NCQA  |