# Encounters

1. Enter the email address for the employee who compiled the performance data for this report.
2. If the email address listed above is incorrect or needs to be updated, please enter in the field below. If there are no changes needed ignore this field.
3. Enter the phone number for the employee who compiled the performance data for this report.
4. Grantee Organization: Pick your organization and contract number listed in the drop down box: (Select your Organization's Name from the list. Note the contract number in parentheses.)
5. Please confirm the reporting period by selecting the quarter in the field below.

Q4 -- Data collected in July, covering a 12-month reporting period: 07/01/2022 - 06/30/2023  07/01/2022 - 06/30/2023

Guidance for Encounter Types

In-Clinic/In-Person Encounters Virtual/Telemedicine Encounters

Visits that occurred in-person at the clinic You can count group visits. You can count care coordination visits.

Only count virtual/telemedicine visits provided using interactive, synchronous audio and/or video telecommunication systems that permit real-time communication between a distant provider and a patient. Report virtual/telemedicine visits where: The health center provider virtually provided care to a patient who was elsewhere (i.e., not physically at their health center). The health center authorized patient services by a non-health-center provider or volunteer provider who provided care to a patient who was at the health center through telemedicine, and the health center paid for the services. (Do not report a clinic visit.) A provider who was not physically present at the health center provided care to a patient, if this is consistent with their scope of project. The provider would need access to the health center's HIT/EHR to record their activities and review the patient's record. Interactive, synchronous audio and/or video telecommunication systems permitting real-time communication between the provider and a patient were used. Do not count other modes of telemedicine services (e.g., store and forward, remote patient monitoring, mobile health) or provider-to-provider consultations. The visit is coded and charged as telehealth services, even if third-party payers may not recognize or pay for such services. Generally, these charges would be comparable to a clinic visit charge. Do not count as a virtual visit, situations in which the health center does not pay for virtual services provided by a non-health center provider (referral). Remember that Telemedicine is a growing model of care delivery. State and federal telehealth definitions and regulations regarding the acceptable modes of care delivery, types of providers, informed consent, and location of the patient and/or provider are not applicable in determining virtual visits here.

1. How many virtual/telemedicine patient encounters took place during the reporting period, (07/01/2021 - 06/30/2023)? Do not use commas when entering numbers.
2. How many in-clinic patient encounters took place during the reporting period, (07/01/2021 - 06/30/2023)? Do not use commas when entering numbers.
3. TOTAL ENCOUNTERS REPORTED (in-clinic + virtual):

(This is the total of your virtual and in-clinic patient visits.)

1. Please describe how you pulled data for patient encounters and if there were any issues.
2. What is the total number of unduplicated patients served during the reporting period, (07/01/2021 - 06/30/2023)? Patients are individuals who have had at least one visit during the reporting period. For example, if a patient is seen five times during the reporting period of (07/01/2021 - 06/30/2023) that patient is counted ONLY ONCE. Do not use commas when entering numbers.

Value reported cannot exceed the total number of clinic visits reported: [visits\_total]

This is the number you selected as your target for number of unduplicated patients served: [target\_arm\_1][target\_pts\_served]

1. Please discuss any challenges or successes you encountered in meeting the patients served performance measure outlined in your contract during the reporting period, (07/01/2021 - 06/30/2023). If you were unable to achieve the target goal, please provide specific details.

Of the [pts\_served] unduplicated patients served, please provide a breakdown by their insurance status in the table below. Only report insurance status for the number of unduplicated patients served during the reporting period, (07/01/2021 - 06/30/2023).

The total of all the patients reported below should equal, [pts\_served], the value reported for the number of unduplicated patients served.

|  |  |
| --- | --- |
| Insurance Status | Unduplicated Patients Served (07/01/2022-06/30/2023) |
| No Insurance/Uninsured |  |
| Medicaid |  |
| Children’s Health Insurance Program (CHIP) |  |
| Medicare (including duals) |  |
| Other public insurance (e.g., Tricare) |  |
| Private Insurance (e.g.s BCBS) |  |

Of the [pts\_served] unduplicated patients served, please provide a breakdown based on the patient's Race and Ethnicity in the table below. Only report the race and ethnicity for the patients served during the reporting period, (07/01/2021 - 06/30/2023).

The total of all the patients reported below should equal, [pts\_served], the value reported for the number of unduplicated patients served.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hispanic/Latino | Non-Hispanic/Latino | Unreported/Refused to Report Ethnicity |
| American Indian/Alaska Native |  |  |  |
| Asian |  |  |  |
| Black/African American |  |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |  |
| White |  |  |  |
| More than one race |  |  |  |
| Unreported/refused to report race |  |  |  |

Of the [pts\_served] patients served, please provide an age breakdown into the categories listed below. Only report the age breakdown for the number of unduplicated patients served during the reporting period, (07/01/2021 - 06/30/2023).

The total of all the patients reported below should equal, [pts\_served], the value reported for the number of unduplicated patients served.

|  |  |
| --- | --- |
| Age | Number of unduplicated patients served (07/01/2022 – 06/30/2023) |
| Age < 18 (children) |  |
| Age 18 to 64 (adults) |  |
| Age 65 and older (older adults) |  |

# School Based Health Center

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

Definition: Percentage of patients 3-18\* years of age who had an outpatient medical visit and who had evidence, heigh, 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.

\*UDS definition uses 17 years of age as their cutoff, ORH has extended this age to 18.

\*For more information refer to UDS 2022 Manual pages 95-96. To access the online UDS manual click here. Note that ORH uses a different reporting period than the UDS.

Denominator: Patients 3-18 years of age with at least one outpatient visit with a medical provider during the measurement period.

Exclusions: Patients who have a diagnosis of pregnancy during the reporting period. Exclude patients whose hospice care overlaps the reporting period.

Numerator: Children and adolescents who have had a height, weight and body mass index (BMI) percentile recorded during the reporting period and who had counseling for nutrition during the reporting period and who had counseling for physical activity during the reporting period.

Guidance:

Visits can be performed by any medical provider not just a PCP or OB/GYN (for example, include patients who had a visit with an NP). Because BMI norms for youth vary with age and sex, this measure evaluates whether BMI percentile, rather than an absolute BMI value, is assessed. Values that are self reported by patient are not acceptable.

1. What is the number of total unduplicated patients served, ages 3-18 during the reporting period, (07/01/2021 - 06/30/2023)? Value reported cannot exceed the total number of unduplicated patients served: [pts\_served]

Patients are individuals who have at least one visit during the reporting period. For example, if a patient is seen five times during the reporting period of (07/01/2021 - 06/30/2023) that patient is counted ONLY ONCE. Do not use commas when entering numbers.

1. Of the [sbhc\_bmi\_d] patients reported in the question above, how many met ALL of the following criteria: Had a documented BMI (not just height and weight) during the reporting period, (07/01/2021 - 06/30/2023). AND Had documentation of counseling for nutrition AND

Had documentation of counseling for physical activity during the reporting period. Do not use commas when entering numbers.

1. This is the percentage you are reporting for the

measure "Weight Assessment and Counseling for Nutrition and Physical Activity for Children and

Adolescents ". %

1. This is the percentage you selected as your target for

"Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents ". %

1. Please discuss any challenges or success you encountered in meeting the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents performance measure outlined in the contract during the reporting period, (07/01/2021 - 06/30/2023). If you were unable to achieve the target goal, please provide specific details.

Tobacco Use and Help with Quitting Among Adolescents

Definition: Percentage of adolescents 12 to 20 years of age with a primary care visit during the reporting year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.

Denominator: Adolescents who turn 12 through 20 years of age during the reporting period.

Numerator: Patients who were screened for tobacco use at least once within 18 months and who received tobacco cessation intervention if identified as a tobacco user.

Guidance:

Tobacco Cessation services can be utilized through telehealth services. Include those adolescents who use tobacco and are offered help with quitting but who refuse to accept help.

1. What is the number of total unduplicated patients served, ages 12-20, during the reporting period, (07/01/2021 - 06/30/2023)? Value reported cannot exceed the total number of unduplicated patients served: [pts\_served]

Patients are individuals who have at least one visit during the reporting period. For example, if a patient is seen five times during the reporting period of (07/01/2021 - 06/30/2023) that patient is counted ONLY ONCE. Do not use commas when entering numbers.

1. Of the [sbhc\_tobacco\_d] patients reported in the question above, how many met ALL of the following criteria: Screened for tobacco use at least once within the past 18 months AND

Received tobacco cessation intervention IF identified as a tobacco user Do not use commas when entering numbers.

1. This is the percentage you are reporting for the

measure "Tobacco Use and Help with Quitting Among Adolescents ". %

1. This is the percentage you selected as your target for

"Tobacco Use and Help with Quitting Among Adolescents ". %

1. Please discuss any challenges or successes you encountered in meeting the Tobacco Use and Help with Quitting Among Adolescents performance measure outlined in the contract during the reporting period, (07/01/2021 - 06/30/2023). If you were unable to achieve the target goal, please provide specific details.

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

Definition: Percentage of patients aged 12 years and older screened for depression on the date of the visit or 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool AND, if screening was positive, had a follow-up plan documented on the date of the visit.

Denominator: All patients aged 12 years and older with at least one medical visit during the reporting period.

Exclusions: Patients with an active diagnosis for depression or a diagnosis of bipolar disorder. Patient refuses to participate. Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status. Situations where the patient's cognitive capacity, functional or motivational may impact the accuracy of results.

Numerator: Patients screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool AND if screened positive for depression, had a follow-up plan documented on the date of the visit.

\*For more information refer to UDS 2022 Manual pages 105-107. To access the online UDS manual click here. Note that ORH uses a different reporting period than the UDS.

Guidance:

Use the most recent screening results. The follow-up plan must be related to a positive depression screening. Documentation of a follow-up plan "on the date of the visit" can refer to any countable visit, NOT only a medical visit. The depression screening must be completed on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool and must be reviewed and addressed in the office of the provider on the date of the visit. If the screening result is positive, a follow-up plan must be documented on the date of the visit. A follow-up plan could be additional evaluation, referral, treatment, pharmacological intervention, or other interventions. Document the screening tool used in the patient health record. Each standardized screening tool provides guidance on whether a particular score is considered positive for depression.

Follow-up for a positive depression screening must include one or more of the following: 1) Additional interventions designed to treat depression, such as behavioral health evaluation, psychotherapy, or additional treatment. 2) Referral to a provider for further evaluation for depression. Or 3) Pharmacological interventions, when appropriate. DO NOT count patients who are re-screened as meeting the numerator criteria as a follow-up plan to a positive screen. DO NOT count a PHQ-9 screening that follows a positive PHQ-2 screening during the measurement period as meeting the numerator criteria for a follow-up plan to a positive depression screening. A suicide risk assessment does not qualify for the numerator as a follow-up plan.

1. What is the number of total unduplicated patients served, age 12 years and older during the reporting period, (07/01/2021 - 06/30/2023)? Value reported cannot exceed the total number of unduplicated patients served: [pts\_served]

Patients are individuals who have at least one visit during the reporting period. For example, if a patient is seen five times during the reporting period of (07/01/2021 - 06/30/2023) that patient is counted ONLY ONCE. Do not use commas when entering numbers.

1. Of the [sbhc\_depression\_d] patients reported in the question above, how many met ALL of the following criteria:

Screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool AND

If screening was positive for depression, a follow-up plan documented on the date of the visit Note: Patients who are already participating in ongoing treatment for depression will not included in the universe count.

Do not use commas when entering numbers.

1. This is the percentage you are reporting for the

measure "Screening for Clinical Depression and Follow-Up Plan ". %

1. This is the percentage you selected as your target for

"Screening for Clinical Depression and Follow-Up Plan ". %

1. Please discuss any challenges or successes you encountered in meeting the Screening for Clinical Depression and Follow-Up plan performance measure outlined in the contract during the reporting period,(07/01/2021 - 06/30/2023). If you were unable to achieve the target goal, please provide specific details.

# Community Health Workers

Does your practice employ a Community Health Worker?

Yes No



Does your practice track the number of patient referrals who are initiated for the patient by the Community Health Worker?

Yes No



How many unduplicated patients received a referral service from your practice's Community Health Worker as of the end of this reporting period (6/30/2023)?

How many CHW's does your practice employ (full-time, part-time, volunteer, or paid positions)?

|  |  |
| --- | --- |
|  | Number of CHWs employed |
| Full-time employment ( >= 32hours/week) |  |
| Part-time employment (< 32 Hours/week) |  |
| Full-time volunteer (>= 32 hours/week) |  |
| Part-time volunteer (< 32 hours/week) |  |
| Other (describe) |  |