SFY 2023 Community Health Grants Quarter Two Report

SFY 2023 Quarter Two (July 1, 2022 - December 31, 2022)

Welcome to the Quarter Two Performance Measure Report for your organization's SFY 2023 Community Health Grant.

If you have any questions regarding the survey, please contact your grant monitor.

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1) Enter the FIRST and LAST NAME of the employee who compiled the performance data for this report and certifies that the performance measurements are accurate, complete and collected according to the contract terms and conditions.

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2) Enter the email address for the employee who compiled the performance data for this report.

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3) Enter the phone number for the employee who compiled the performance data for this report.

   _____

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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.)

○ Advocates for Healthy Citizens dba HealthNet Gaston (44230)
○ Albemarle Hospital Foundation, Inc. (44484)
○ Alliance Medical Ministry, Inc. (44597)
○ Bakersville Community Medical Clinic, Inc. (44424)
○ Bladen Healthcare LLC dba Cape Fear Valley (44294)
○ Blue Ridge Community Health Services, Inc. (44258)
○ Blue Ridge Community Health Services, Inc. (44426)
○ Cabarrus Health Alliance (44517)
○ Camino Community Development Corporation (44506)
○ Campbell University, Inc. (44473)
○ Cape Fear Clinic, Inc. (44256)
○ Care Ring, Inc. (44508)
○ Carolina Family Health Centers, Inc. (44388)
○ Coastal Horizons Center, Inc. (44308)
○ Coastal Horizons Center, Inc. (44487)
○ Columbus County Health Department (44282)
○ Community Care Center of Forsyth County, Inc. (44550)
○ Community Care Clinic of Dare (44497)
○ Community Care Clinic of Rowan County (44302)
○ Community Free Clinic (44510)
○ Community Health Services of Union County (44321)
○ County of Beaufort, Beaufort County Health Department (44596)
○ County of Clay, Clay County Local Health Department (44259)
○ County of Duplin, Duplin County Health Department (44576)
○ County of Lee (44529)
○ County of Sampson, Sampson County Local Health Department (44472)
○ County of Wake, Wake County Human Services (44414)
○ Davidson Medical Ministries Clinic, Inc. (44261)
○ Duke University Health System, Inc. (44398)
○ East Carolina University for its Department of Childrens Health in the School of Medicine (44297)
○ Family Service of the Piedmont, Inc. (44343)
○ FHPG, LLC (44296)
○ FirstHealth of the Carolinas, Inc. (44480)
○ Free Clinic of Rockingham County, Inc. (44539)
○ Good Samaritan Clinic, Inc. (44425)
○ Granville-Vance District Health Department (44404)
○ Granville-Vance District Health Department (44560)
○ Greater Hickory Cooperative Christian Ministry (44514)
○ H.O.P.E. Regional Medical Center (44371)
○ Healing with Caare, Inc. (44421)
○ Health Reach Community Clinic, Inc. (44322)
○ Helping Hands Clinic, Inc. (44260)
○ Henderson County Free Medical Clinic, Inc. (44263)
○ Henderson County Free Medical Clinic, Inc. (44317)
○ Hyde County Health Department (44581)
○ Jones County Health Department (44562)
○ Kinston Community Health Center, Inc. (44540)
○ Matthews Free Medical Clinic (44742)
○ Medical Resource Center for Randolph County, Inc. (MERCE Family Healthcare) (44546)
○ Metropolitan Community Health Services, Inc. (AGAPE) (44419)
○ Moore Free and Charitable Care Clinic, Inc. (44471)
○ Mountain Area Health Education Center (44428)
○ Mustard Seed Community Health (44352)
○ NeighborHealth Center, Inc. (44353)
○ New Hope Clinic, Inc. (44281)
○ Novant Health New Hanover Regional Medical Center (44312)
○ Onslow Community Outreach, Inc. (44437)
○ Opportunities Industrialization Center (44427)
○ Pender Alliance for Teen Health (PATH) (44495)
○ Piedmont Health Services, Inc. (44549)
○ Presbyterian Hospital Foundation (44265)
○ RAO Community Health (44292)
○ Roanoke-Chowan Community Health Center, Inc. (44438)
○ Roanoke-Chowan Community Health Center, Inc. (44502)
○ Robeson County Department of Public Health (44278)
○ Rural Health Group (44600)

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○ Samaritan Health Center, Inc. (44569)
○ School Health Alliance for Forsyth County (44373)
○ School Health Alliance for Forsyth County (44509)
○ Scotland Community Health Clinic, Inc. (44303)
○ Shepherds Care (44554)
○ St. Luke's Hospital, Inc dba Fotthills Medical Associates (44305)
○ St. Luke's Hospital, Inc dba Fotthills Medical Associates (44324)
○ Surry County Health & Nutrition Center (44408)
○ The C.W. Williams Community Health Center, Inc. (44336)
○ The C.W. Williams Community Health Center, Inc. (44531)
○ The Center for Rural Health Innovation (44333)
○ The Center for Rural Health Innovation (44422)
○ Cabarrus Health Alliance (44326)
○ Cabarrus Health Alliance (44276)
○ Cabarrus Health Alliance (44517)
○ The Shalom Project, Inc. (44570)
○ UNC Rockingham Health Care, Inc. (44561)
○ UNC Rockingham Health Care, Inc. dba Rockingham County Student Health Centers (44410)
○ UNC-CH Dept. of Family Medicine (44378)
○ Urban Ministries of Wake County, Inc. (44575)
○ Wake Forest University Health Sciences (DEAC) (44413)
○ Wake Forest University Health Sciences (44415)
○ Wayne Health Foundation, Inc. (WATCH) (44500)
○ Wayne Initiative for School Health (WISH) (44401)
○ Wayne Initiative for School Health (WISH) (44555)
○ Western NC Community Health Services, Inc. (44306)
○ Western NC Community Health Services, Inc. (44526)
○ Wilkes County Local Health Department (44412)
○ Wilkes County Local Health Department (44418)
○ Wilkes County Local Health Department (44530)

Encounters

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.

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1) How many virtual/telemedicine patient encounters took place during the reporting period, 07/01/2022 - 12/31/2022? Do not use commas when entering numbers.

_____

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2) How many in-clinic patient encounters took place during the reporting period, 07/01/2022 - 12/31/2022? Do not use commas when entering numbers.

_____

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3) TOTAL ENCOUNTERS REPORTED (in-clinic +virtual):

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

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4) Describe how you pulled data for patient encounters.

Patients Served

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1) What is the total number of unduplicated patients served during the reporting period, 07/01/2022 - 12/31/2022? 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 07/01/2022 - 12/31/2022 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]

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2) Describe how you pulled data for patients served:

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 outpatinet 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, 7/1/2022 to 12/31/2022? 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 7/1/2022 to 12/31/2022 that patient is counted ONLY ONCE.   Do not use commas when entering numbers.

_____

2) 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, 07/1/2022 to 12/31/2022. 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.

_____

3) This is the percentage you are reporting for the measure "Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents ". %

_____

4) Discuss any challenges or successes in meeting your contract's Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents performance measures within the reporting period (7/1/2022-12/31/2022) in the comment box below.

Tobacco Use and Help with Quitting Among Adolescents

Definition: Percentage of adolesents 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 wiht quitting but who refuse to accept help.

5) What is the number of total unduplicated patients served, ages 12-20, during the reporting period, 7/1/2022 to 12/31/2022? 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 7/1/2022 to 12/31/2022 that patient is counted ONLY ONCE.   Do not use commas when entering numbers.

_____

6) 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.

_____

7) This is the percentage you are reporting for the measure "Tobacco Use and Help with Quitting Among Adolescents ". %

_____

8) Discuss any challenges or successes in meeting your contract's Tobacco Use and Help with Quitting Among Adolescents performance measure within the reporting period (7/1/2022-12/31/2022) in the comment box below.

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 postive screen. DO NOT count a PHQ-9 screening that follows a positive PHQ-2 screening during the measurement period as meeting the numerator critieria 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.

9) What is the number of total unduplicated patients served, age 12 years and older during the reporting period, 7/1/2022 to 12/31/2022? 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 7/1/2022 to 12/31/2022 that patient is counted ONLY ONCE.   Do not use commas when entering numbers.

_____

10) 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 dpression, 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.

_____

11) This is the percentage you are reporting for the
    measure "Screening for Clinical Depression and
    Follow-Up Plan ". %   _____

12) Discuss any challenges or successes in meeting your contract's Screening for Clinical Depression and Follow-Up plan
    performance measure within the reporting period (7/1/2022-12/31/2022) in the comment box below.

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?

_____

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

_____

Number of CHWs employeed
Full-time employment (>= 32 hours/week) _____
Part-time employment (< 32 hours/week) _____
Full-time volunteer (>= 32 hours/week) _____
Part-time volunteer(< 32 hours/week) _____
Other (describe): _____ _____