**Continuous Quality Improvement & 2020 Goals**

***Please Note: The information below will be provided in a customized, fillable format to each applicant when the 2019 Actual Data has been collected and compiled. Please use the individualized, pre-populated form for completion and submission once it has been provided to you.***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Access** **Measure** | **2017**  | **2018** | **2019 Actual** | **2019 Goal** | **% of Goal** | **2020 Goal** | **If you did not meet your goal, what challenges did you face? If you met your goal, what contributed to your success?** | **What activities do you propose to increase patient total and/or encounters if applicable?**  |
| **Total Unduplicated Patients** |  |  |  |  |  |  |  |  |
| **Enabling Encounters** |  |  |  |  |  |  |  |  |
| **Medical Encounters** |  |  |  |  |  |  |  |  |
| **Dental Encounters** |  |  |  |  |  |  |  |  |
| **Behavioral Health Patients** |  |  |  |  |  |  |  |  |
| **Behavioral Health Encounters** |  |  |  |  |  |  |  |  |

**Access**

**Quality Enabling Services**

*The 2020 Quality Enabling Goals should represent a realistic, incremental improvement based on your 2019 performance.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quality Enabling****Measure** | **2017** | **2018**  | **2019 Actual** | **2019 Goal**  | **NCFHP Average** | **2020 Goal**  | **If you did not meet your goal, what challenges did you face?**  | **What activities do you propose to improve?** |
| **Hypertension:**% of patients ages 18 and older who are found to have a blood pressure ≥140/90 by outreach staff referred for primary care visit. |   |   |  |   |  |   |  |  |
| **Mental Health:**% of MSFW patients ages 12 and older responding “yes” to one or more initial mental health screening question who are administered full mental health screening. |   |   |  |   |  |   |  |  |
| **Substance Use Disorder:**% of MSFW patients ages 12 and older responding “yes” to alcohol or drug use who are administered full CAGE screening. |  |  |  |  |  |  |  |  |
| **Violence Screening:**% of MSFW patients ages 12 and over screened for violence. |  |  |  |  |  |  |  |  |
| **Occupational Health:** % of MSFW patients who receive targeted occupational health education. List 1 topic for 2019:     2020: topic:       |  |  |  |  |  |  |  |  |

**Special Initiatives**

*If you received funding for any special initiatives or projects for 2019-2020 grant application, please report back on your progress and/or outcomes resulting from these efforts.*

|  |  |
| --- | --- |
| **2019-2020 Special Initiative/Project** | **Summary of Progress/Impact** |
| Objective: Performance Indicator/Measure: |  |

*If you are proposing any special initiatives or projects for 2020-2021, please complete the table below.*

|  |  |
| --- | --- |
| **2020-2021 Special Initiative/Project** | **Proposed Activities** |
| Objective: Performance Indicator/Measure: |  |
| Objective: Performance Indicator/Measure: |  |

**Quality Clinical Services**

*The 2019 goal should represent a realistic, incremental improvement based on your 2019 medical audit results.*

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| **Quality Clinical** **Measure** | **2017** | **2018** | **2019 Actual** | **2019 Goal**  | **2019 NCFHP Average** | **2020 Goal** | If you did not meet your goal, what challenges did you face? If you met your goal, what contributed to your success? | How does your CQI team propose to improve? |
| \*% of patients 18-85 years old who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (less than 140/90 mm Hg) |  |   |  |   |   |  |  |  |
| \*% of adult patients with diabetes with last hemoglobin A1c (HbA1c) equal to or less than 9.0 percent |  |  |  |  |  |  |  |  |
| % of female patients ages 21-64 have had a documented pap smear within the past three years. |  |  |  |  |  |  |  |  |
| % of adult patients with BMI noted & documented follow-up weight management plan if abnormal |  |  |  |  |  |  |  |  |
| % of adult patients with tobacco use documented & cessation counseling within the past 24 months if using |  |  |  |  |  |  |  |  |
| % of adult patients ages 50-75 are screened for colorectal cancer by a method approved by NCFHP. |  |  |  |  |  |  |  |  |
| % of patients 12 years and older who have documented depression screening and follow-up plan if positive |  |  |  |  |  |  |  |  |
| % of migrant diabetic patients that received a clinical departure visit |  |  |  |  |  |  |  |  |