

Quarterly Health Center Performance Measure Reporting Tool

Health Center Name: _____

Date Completed: / /

Practice Setting Description (e.g., pediatrics, family planning): _____

Health Center/Practice Setting ID: _____

Reporting Period: Fiscal Year _____ (October to September)

Quarter 1 (October to December) Quarter 2 (January to March) Quarter 3 (April to June)

Please complete the following questions for each participating practice settings within your health center. Most items request information for the past quarter that has most recently ended and for the year to date. See the appendix titled 'Additional Guidance' at the end of this document for more information on completing Tables 2 and 3.

Operational Changes and Project Activities

Please describe operational changes or other activities (e.g., training, quality improvement team meetings) undertaken as part of this project that occurred during the past quarter.

Health Care Service Use by 15 to 19 year olds

Table 1. Adolescent Clients Ages 15-19 (Unduplicated) Receiving Any Service within the Identified Practice Setting

# Female Clients Ages 15-19 (Unduplicated)		# Male Clients Ages 15-19 (Unduplicated)	
Last Quarter	Fiscal Year to Date	Last Quarter	Fiscal Year to Date

Table 2. Receipt of Reproductive or Sexual Health Services by Clients, Ages 15-19 (Unduplicated)

See appendix at the end of this document for additional guidance on completing this table.

	Number of Female Clients Ages 15 to 19 Years who Received the Specified Service		Number of Male Clients Ages 15 to 19 Years who Received the Specified Service	
	Last Quarter	Fiscal Year to Date	Last Quarter	Fiscal Year to Date
Received any reproductive or sexual health service				
Received STD screening/ counseling/ treatment and/or HIV testing/counseling				
Screened to determine if sexually active				
Sexual health assessment conducted				

Table 3. Female Clients, Ages 15-19 Years Old, (Unduplicated) Adopting or Continuing Use of Moderately or Highly Effective Contraception

See appendix at the end of this document for additional guidance on completing this table.

	Number of 15-19 Year Old Clients who Adopted or Continued Use (Unduplicated)	
	Last Quarter	Fiscal Year to Date
Pill, Patch, Ring, or Injectable Contraception (e.g., Depo Provera)		
IUD (e.g., Mirena or ParaGard)		
Contraceptive Implants (e.g., Nexplanon)		

Table 4. Confidence in Data Reported

After reviewing the data collected in Tables 1 through 3, please indicate your level of confidence in the accuracy of each type of data retrieved from your health center’s electronic medical record. Please reflect on how confident your team is that the data reported for each of the items listed below accurately represents the extent of sexual and reproductive health services being provided in your practice setting.

	No Confidence	Low Confidence	Moderate Confidence	High Confidence
Number of clients, ages 15-19				
Received any reproductive or sexual health service.				
Received STD screening/ counseling/ treatment and/or HIV testing/ counseling				
Screened to determine if sexually active				
Sexual health assessment conducted				
Adopted or continued pill, patch, ring, or injectable contraception (e.g., Depo Provera)				
Adopted or continued IUD (e.g., Mirena or Paragard)				
Adopted or continued contraceptive implants (e.g., Nexplanon)				

Appendix: Additional Guidance

Table 2 Variables

Received any reproductive or sexual health service

Include the following services:

Provision/Surveillance/Maintenance of contraceptive methods (same codes as for Table 3, see below)

STD screening/STD treatment/STD counseling/HIV testing /HIV counseling

Pregnancy Testing

Gynecological Exam/Pap Smear

HIV Counseling

Counseling on Sexual Attitude, Behavior and Orientation

STD Prevention Education/Counseling

Provided Emergency Contraception

Provided Condoms-Male and Female

Screened to determine if sexually active and sexual health assessment conducted

Accurately collecting this information will require that additional fields are added to health center partners' EMRs.

Standard, existing codes do not adequately assess for these activities. We recognize that not all health centers are able to modify their EMR. They will not be expected to report this data.

Table 3 Variables

Please de-duplicate data, so that you only report on one form of contraception per patient. If a patient is provided a service related to more than one form of contraception during a reporting period, please only consider the most recent. The one exception is that patients provided a contraceptive implant who later receive oral contraception for management of side effects associated with the implant should be counted as an implant user.

Pill, Patch, Ring, or Injectable Contraception (e.g., Depo Provera)

Number of 15-19 year old female clients who adopted or continued use of pill should be determined using codes for 1) initial prescription and 2) surveillance/prescription refill/management. Adopted or continued use of patch should be determined using codes for prescription. Adopted or continued use of ring should be determined using codes for 1) prescription and 2) surveillance/maintenance. Adopted or continued use of injectable contraception should be determined using codes for 1) initial dose and 2) surveillance/subsequent dose/management.

IUD (e.g., Mirena or ParaGard)

Number of 15-19 year old female clients who adopted or continued use of an IUD should be determined by examining codes for 1) insertion of the IUD, 2) surveillance/management of the IUD, 3) removal and reinsertion of the IUD, and 4) IUD present.

Contraceptive Implants (e.g., Nexplanon)

Number of 15-19 year old female clients who adopted or continued use of a contraceptive implant should be determined by examining codes for 1) insertion/reinsertion of the implant, 2) surveillance/management of the implant, and 3) implant present.