

QUALITY DATA  
**QD Initiative**

A Collaborative Approach to Improving Outcomes

- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

## Data Report January 2022

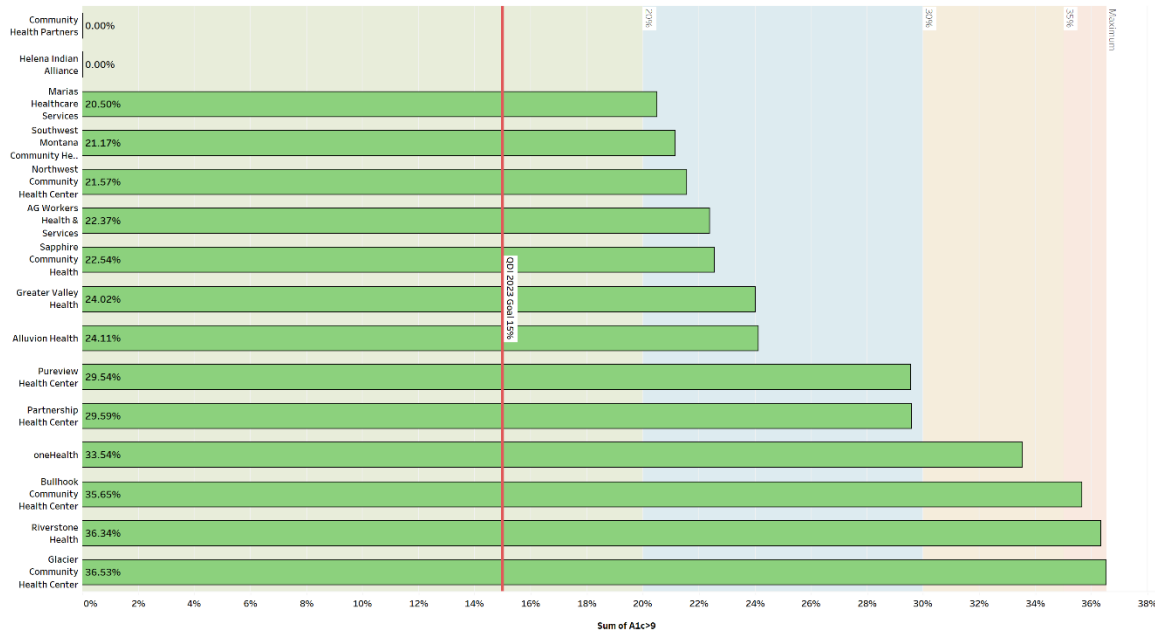
January 1, 2021- December 31, 2021

### Diabetes Management (quartile 1 is top 25% of health centers nationwide; quartile 4 is bottom 25% of health centers nationwide)

<p><b>1 (20% and below)</b> [UDS-16.64% and below]</p>	<p><b>2 (20.01%- 30.00%)</b> [UDS-25.06%-26.43%]                  Community Health Partners-NR                  Southwest Community Health Center                  Northwest Community Health Center                  Ag Worker Health &amp; Services                  Marias Healthcare Services                  Alluvion Health                  Greater Valley Health Center                  Sapphire Community Health Center                  Partnership Health Center  <b>PureView Health Center</b></p>
<p><b>3 (30.01%-34.99%)</b> [UDS-27.69%-32.0%]                  Helena Indian Alliance                  oneHealth</p>	<p><b>4 (35.00% and above)</b> [UDS- 36.62% and above]                  Glacier Community Health Center                  Bullhook Community Health Center                  Riverstone Community Health Center</p>

For the Diabetes Measure: The health centers in **bold** moved up at least one quartile; the National health center average from 2019 UDS data is 31.95%

Diabetes Management (1/1/2021 to 12/31/2021)



Sum of A1c > 9 for each Health Center. The marks are labeled by sum of A1c > 9. The view is filtered on Health Center1, which keeps 15 of 15 members.

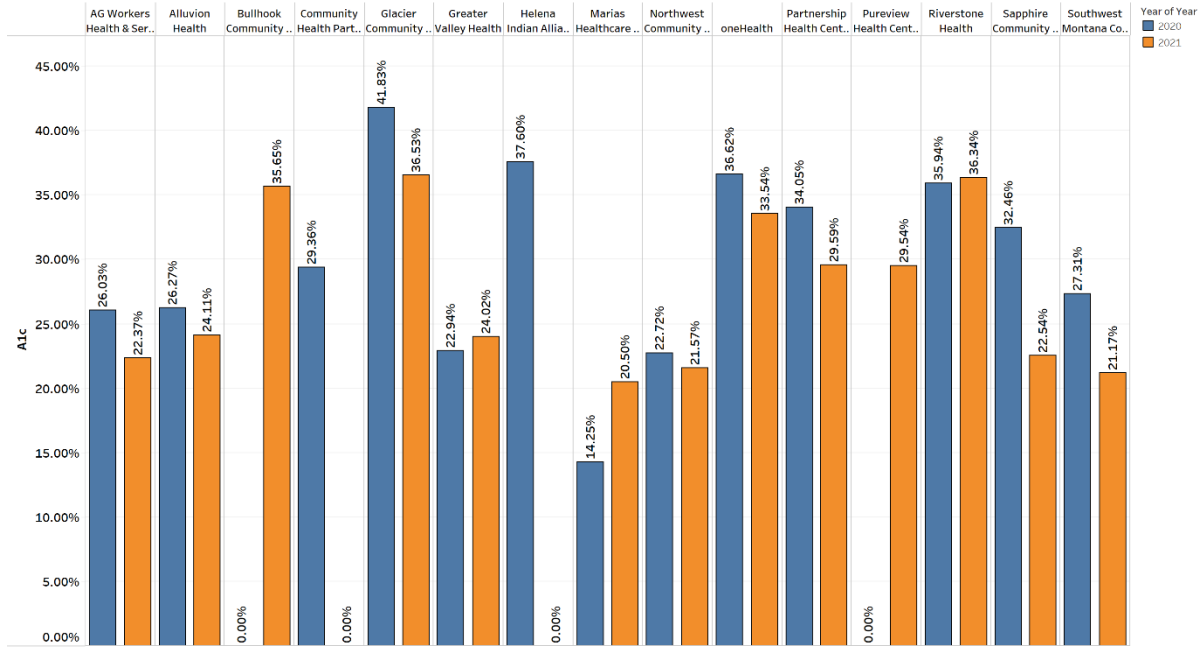
QUALITY DATA

# QD Initiative

A Collaborative Approach to Improving Outcomes

- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

Diabetes Management (December 2020 vs December 2021)



Sum of A1c for each Year Year broken down by Health Center. Color shows details about Year Year. The marks are labeled by sum of A1c. Details are shown for Month.

QUALITY DATA  
**QD Initiative**

A Collaborative Approach to Improving Outcomes

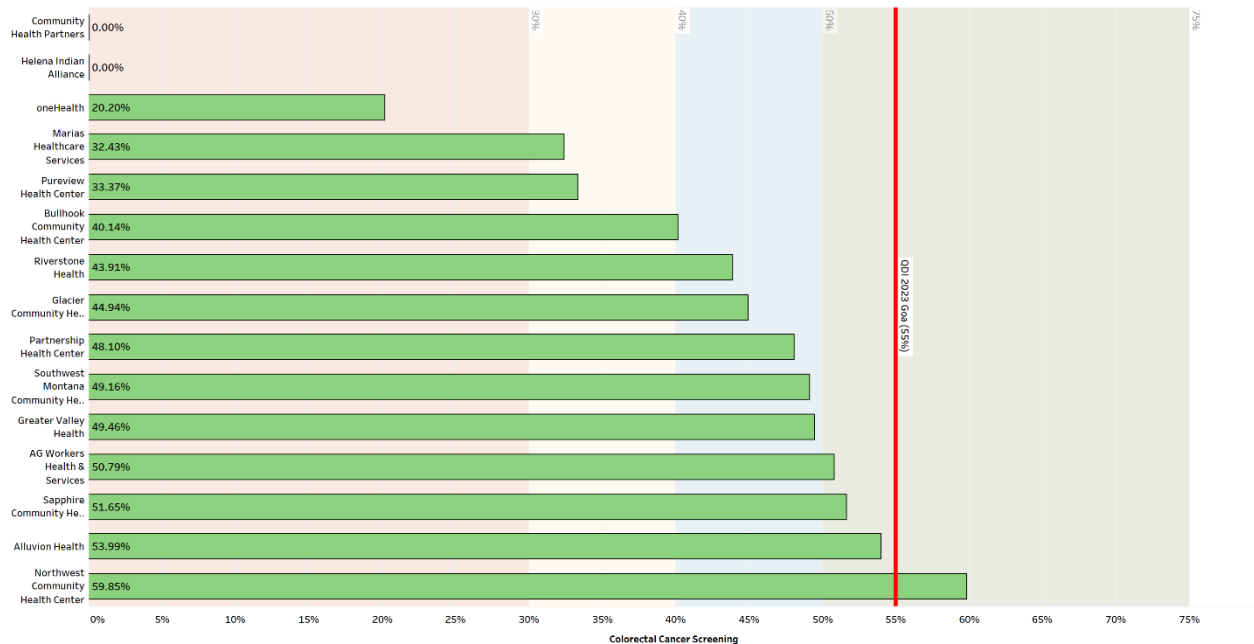


## Colorectal Cancer Screening (quartile 1 is top 25% of health centers nationwide; quartile 4 is bottom 25% of health centers nationwide)

<b>1 (55.00% and above)</b> [UDS- 57.03% and above] Northwest Community Health Center	<b>2 (45.00%- 54.99%)</b> [UDS- 44.66%-53.54%] Ag Worker Health & Services Sapphire Community Health Center Southwest Community Health Center Partnership Community Health Center Alluvion Health Partnership Community Health Center <b>Greater Valley Health Center</b>
<b>3 (40.00%-44.99%)</b> [UDS- 39.77%-42.72%] Community Health Partners-NR Riverstone Health Bullhook Community Health Center Glacier Community Health Center	<b>4 (Below 39.99%)</b> [UDS-Below 29.35%] Helena Indian Alliance-NR PureView Health Center Marias Healthcare Services oneHealth

For the CRCS Measure: The health centers in **bold** moved up at least one quartile; the National health center average from 2019 UDS data is 45.56%

Colorectal Cancer Screening (1/1/2021 to 12/31/2021)



Sum of Colorectal Cancer Screening for each Health Center1. The marks are labeled by sum of Colorectal Cancer Screening. The view is filtered on Health Center1, which keeps 15 of 15 members.

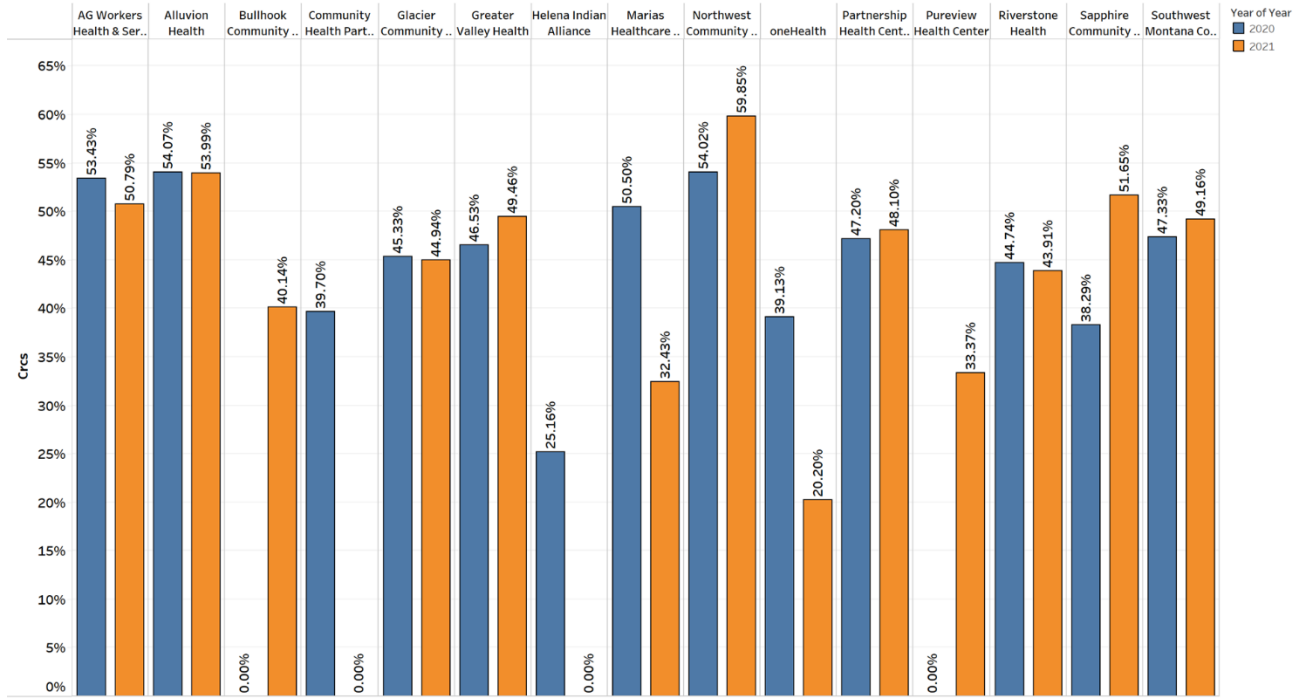
QUALITY DATA

# QD Initiative

A Collaborative Approach to Improving Outcomes

- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

Colorectal Cancer Screening (December 2020 vs December 2021)



Sum of CrCs for each Year Year broken down by Health Center1. Color shows details about Year Year. The marks are labeled by sum of CrCs. Details are shown for Month.

QUALITY DATA  
**QD Initiative**

A Collaborative Approach to Improving Outcomes

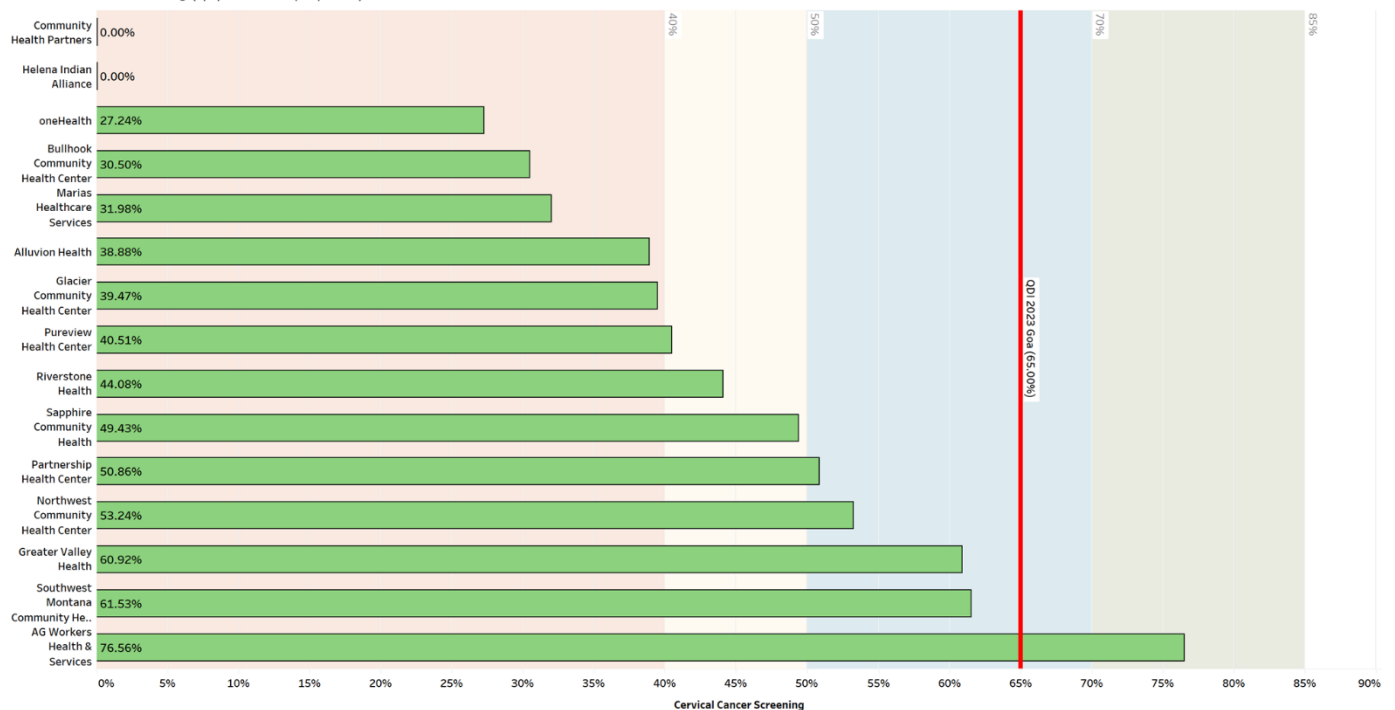


## Cervical Cancer Screening (quartile 1 is top 25% of health centers nationwide; quartile 4 is bottom 25% of health centers nationwide)

<b>1 65.00% and above</b> [UDS 63.09% and above] Ag Worker Health & Services	<b>2 (50.00%-64.99%)</b> [UDS 53.57%-57.74%] Community Health Partners-NR Southwest Community Health Center Partnership Health Center Greater Valley Health Center Northwest Community Health Center
<b>3 (40.00%- 49.99%)</b> [UDS 38.39%-46.37%] Riverstone Health Sapphire Community Health Center <b>PureView Health Center</b>	<b>4 Below 40.00%</b> [UDS 32.49% and below] Helena Indian Alliance- NR Bullhook Community Health Center Marias Healthcare Services oneHealth Glacier Community Health Center Alluvion Health

For the Cervical Cancer Screening Measure: The health centers in **bold** moved up at least one quartile; the National health center average from 2019 UDS data is 56.53%

Cervical Cancer Screening (1/1/2021 to 12/31/2021)



Sum of Cervical Cancer Screening for each Health Center1. The marks are labeled by sum of Cervical Cancer Screening. The view is filtered on Health Center1, which keeps 15 of 15 members.

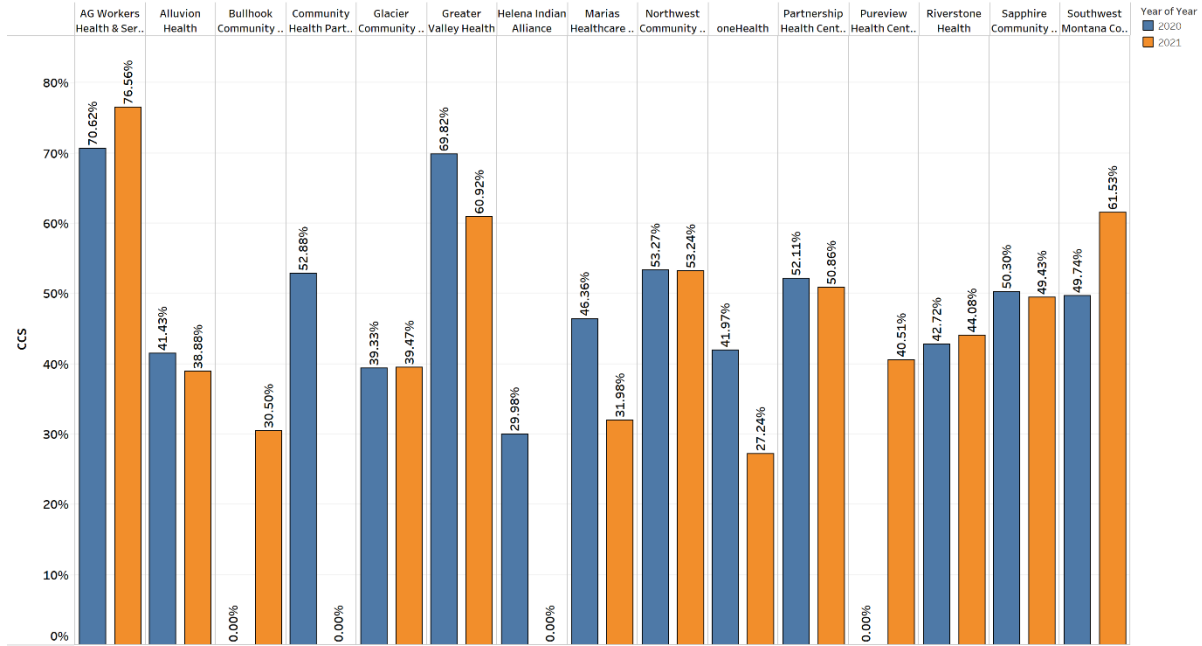
QUALITY DATA

# QD Initiative

A Collaborative Approach to Improving Outcomes

- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

Cervical Cancer Screening (December 2020 vs December 2021)



Sum of CCS for each Year Year broken down by Health Center. Color shows details about Year Year. The marks are labeled by sum of CCS. Details are shown for Month.

QUALITY DATA

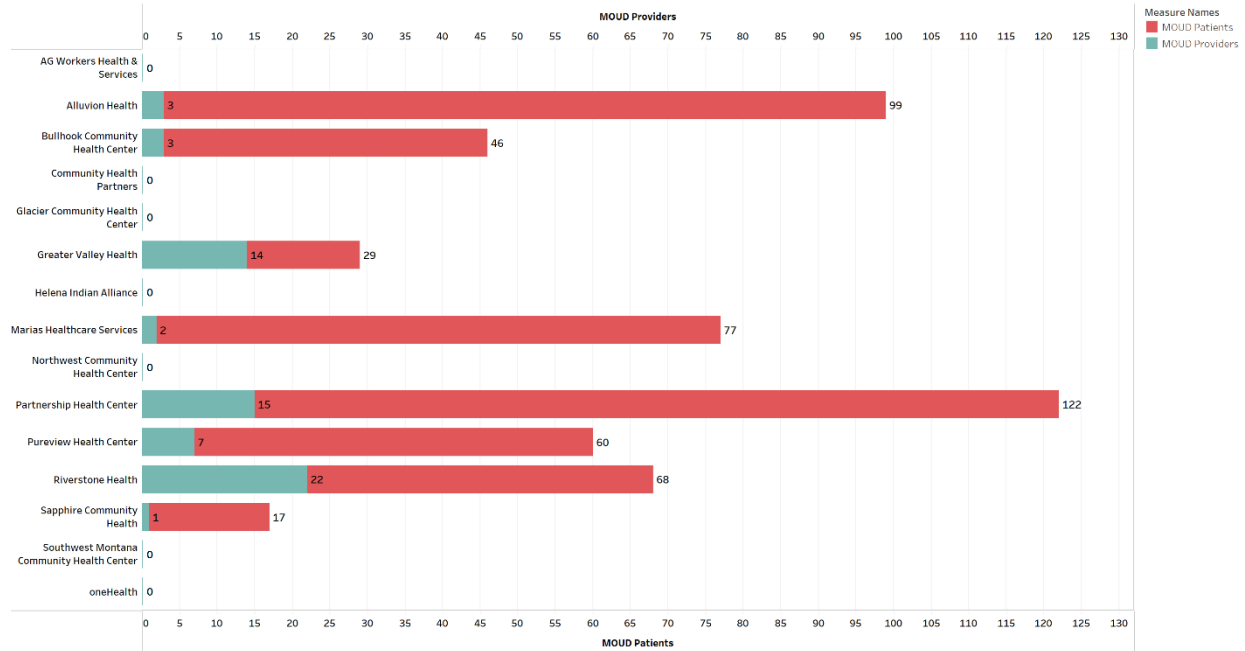
# QD Initiative

A Collaborative Approach to Improving Outcomes

- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

**MOUD Providers and Patients** SAMHSA recommends replacing the term “Medication Assisted Treatment (MAT)” with “Medications for Opioid use Disorder (MOUD).” The term “MAT” implies that medication plays a secondary role to other approaches while the term “MOUD” reinforces the idea that medication is its own treatment form.

MOUD Providers and Physicians (1/1/2021 to 12/31/2021)



MOUD Patients and MOUD Providers for each Health Center. Color shows details about MOUD Patients and MOUD Providers. For pane Sum of MOUD Patients: The marks are labeled by MOUD Patients. For pane Sum of MOUD Providers: The marks are labeled by MOUD Providers. The view is filtered on Health Center1, which keeps 15 of 15 members.

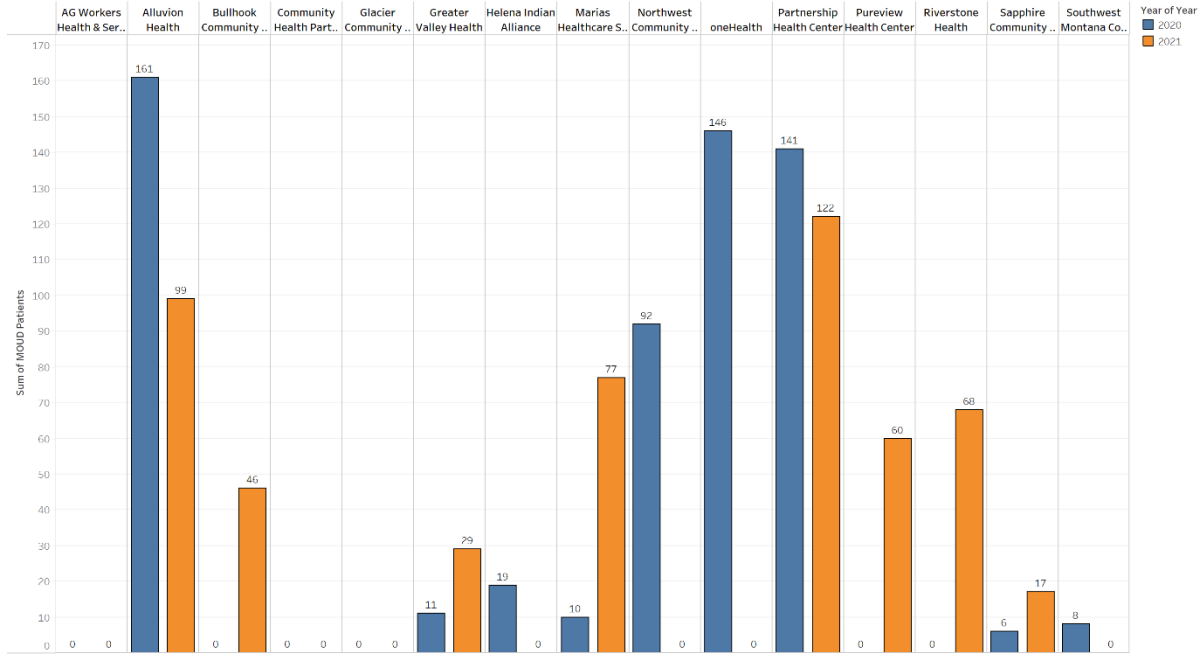
QUALITY DATA

# QD Initiative

A Collaborative Approach to Improving Outcomes

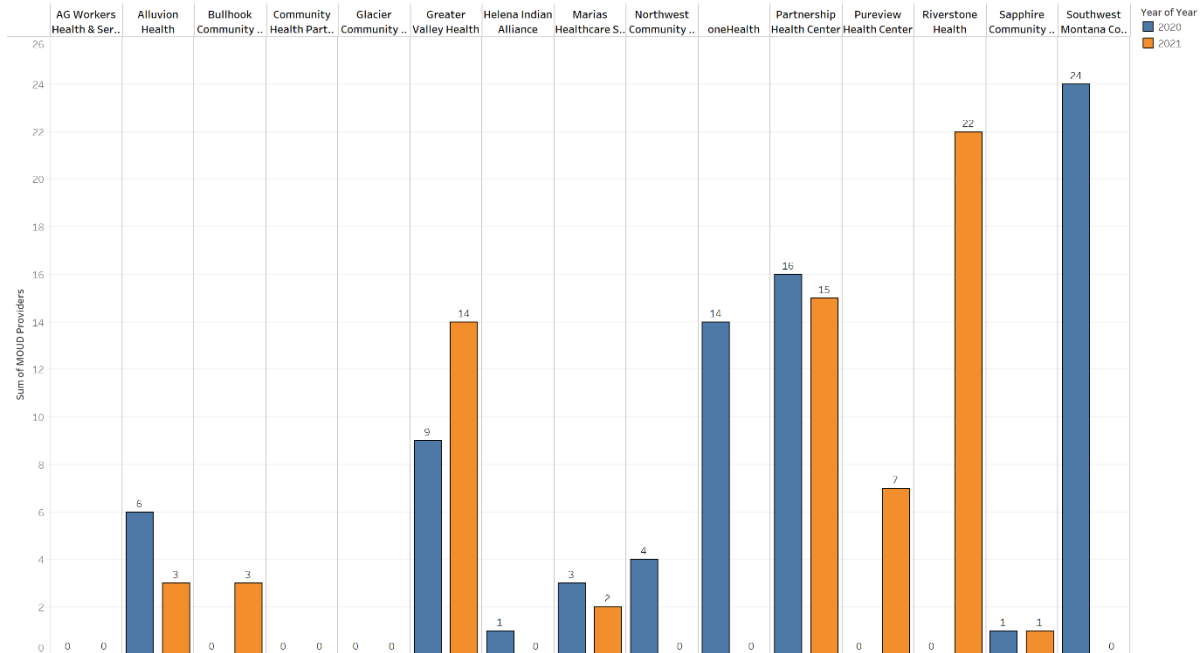
- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

MOUD Patients (December 2020 vs December 2021)



Sum of MOUD Patients for each Year Year broken down by Health Center1. Color shows details about Year Year. The marks are labeled by sum of MOUD Patients. Details are shown for Month.

MOUD Providers (December 2020 vs December 2021)



Sum of MOUD Providers for each Year Year broken down by Health Center1. Color shows details about Year Year. The marks are labeled by sum of MOUD Providers. Details are shown for Month.



QUALITY DATA

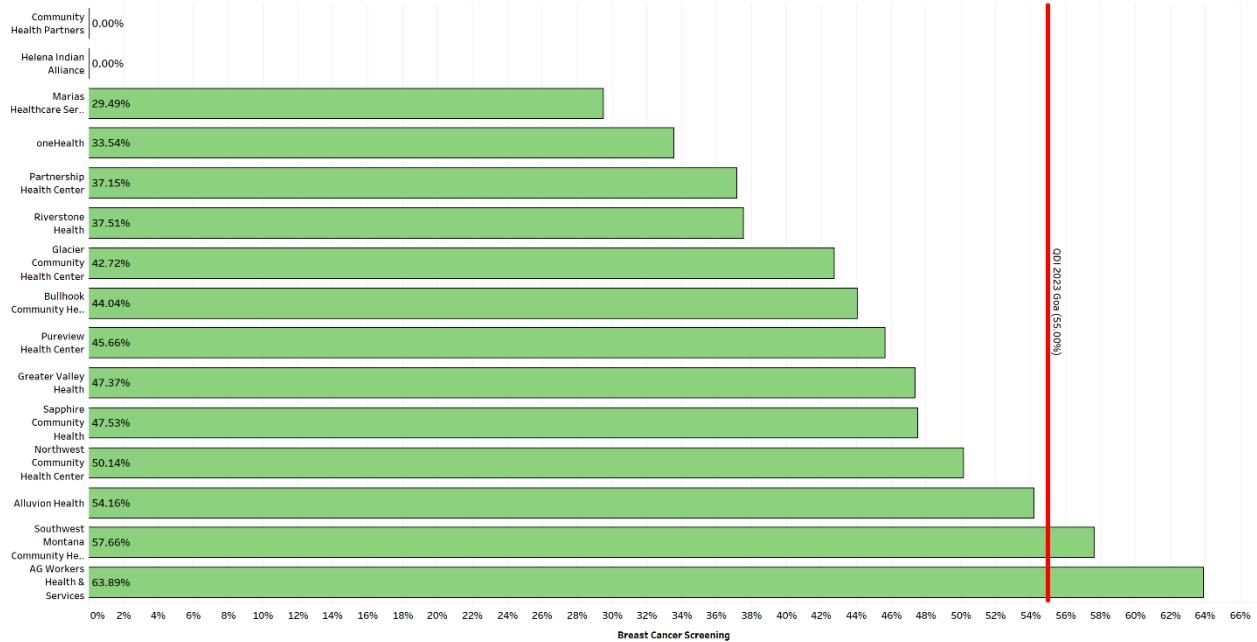
# QD Initiative

A Collaborative Approach to Improving Outcomes

- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

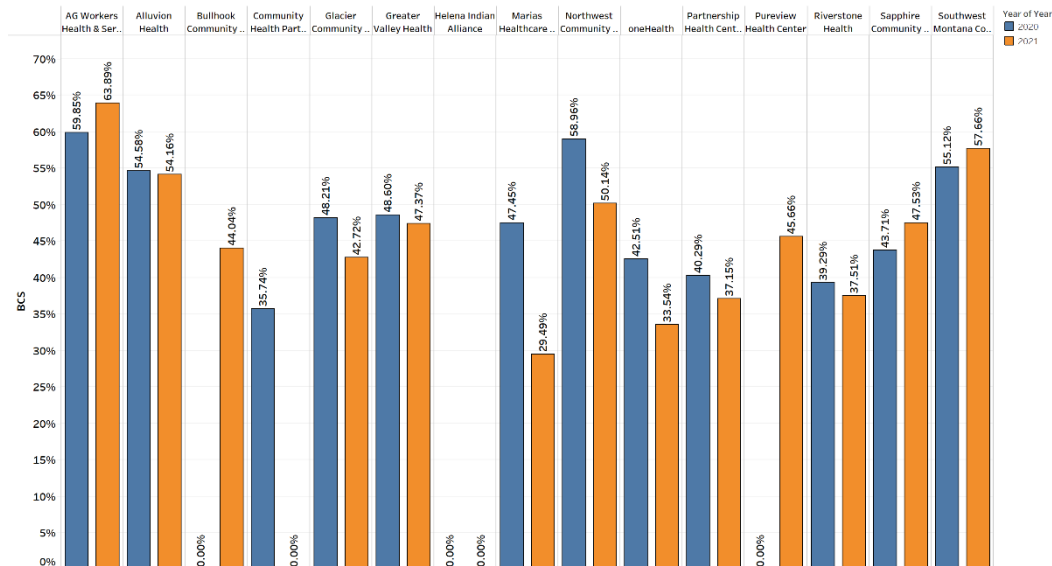
## Breast Cancer Screening

Breast Cancer Screening (1/1/2021 to 12/31/2021)



Sum of Breast Cancer Screening for each Health Center1. The marks are labeled by sum of Breast Cancer Screening. The view is filtered on Health Center1, which keeps 15 of 15 members.

Breast Cancer Screening (December 2020 vs December 2021)



Sum of BCS for each Year Year broken down by Health Center1. Color shows details about Year Year. The marks are labeled by sum of BCS. Details are shown for Month and Year Quarter.

QUALITY DATA  
**QD Initiative**

A Collaborative Approach to Improving Outcomes

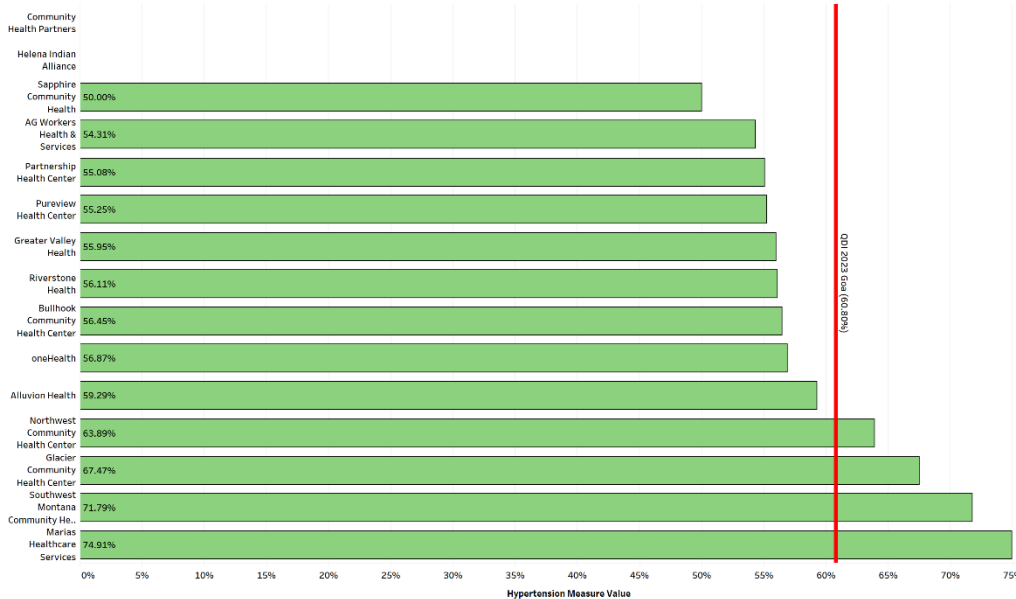


## Controlling High Blood Pressure (quartile 1 is top 25% of health centers nationwide; quartile 4 is bottom 25% of health centers nationwide)

<b>1 85.00% and above</b> [UDS 86.05%]	<b>2 (65.00% - 84.99%)</b> [UDS 67.25%-69.14%] Southwest Community Health Center Glacier Community Health Center Marias Healthcare Services
<b>3 (60.00%- 64.99%)</b> [UDS 62.95% - 67.78%] Northwest Community Health Center	<b>4 Below 60.00%</b> [UDS 58.99% and below] Helena Indian Alliance-NR PureView Health Center Ag Worker Health & Services oneHealth Alluvion Health Greater Valley Health Center Partnership Health Center Riverstone Health Sapphire Community Health Center Community Health Partners-NR Bullhook Community Health Center

For the Controlling High Blood Pressure Measure: The health centers in **bold** moved up at least one quartile; the National health center average from 2019 UDS data is 64.62%

Hypertension Controlling High Blood Pressure (1/1/2021 to 12/31/2021)



Sum of Hypertension Measure Value for each Health Center1. The marks are labeled by sum of Hypertension Measure Value. The view is filtered on Health Center1, which keeps 15 of 15 members.

QUALITY DATA  
**QD Initiative**

A Collaborative Approach to Improving Outcomes

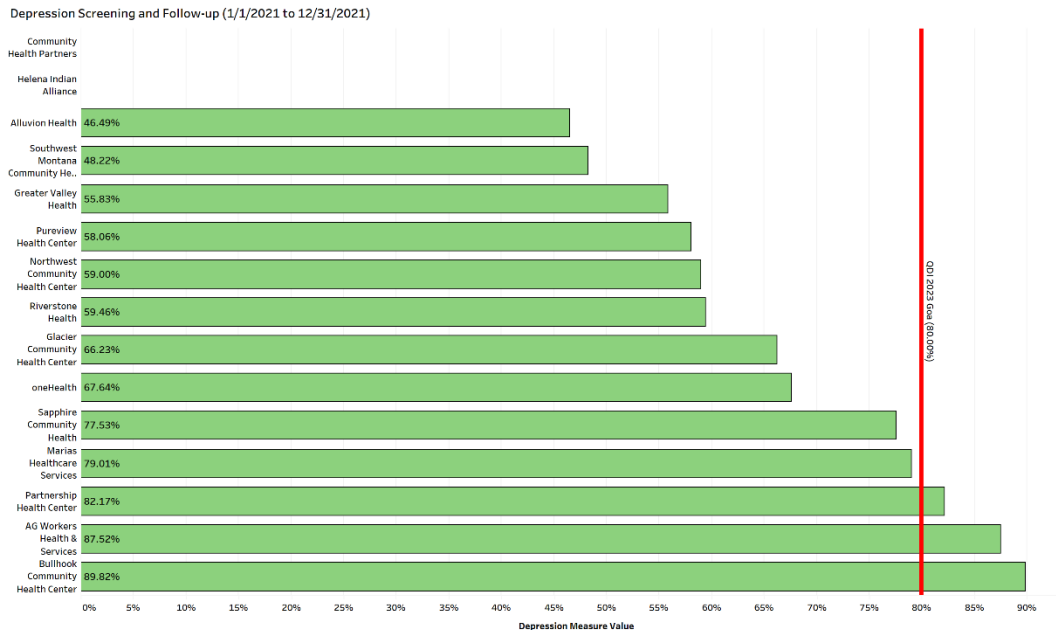


### Screening for Depression and Follow-Up

(quartile 1 is top 25% of health centers nationwide; quartile 4 is bottom 25% of health centers nationwide)

<b>1 90.00% and above</b> [UDS 90.04% and above]	<b>2 (75.00.00%-89.99%)</b> [UDS 75.17%- 87.84%] Ag Workers Health and Services Bullhook Community Health Center Partnership Health Center Sapphire Community Health Marias Healthcare Services
<b>3 (65.00%- 74.99%)</b> [UDS 64.33%- 73.86%] oneHealth Glacier Community Health Center	<b>4 Below 65.00%</b> [UDS 58.09% and below] Community Health Partners-NR Northwest Community Health Center Southwest Montana Community Health Center Riverstone Health Helena Indian Alliance-NR PureView Alluvion Health Greater Valley Health Center

For the Screening for Depression and Follow-Up Plan: The health centers in **bold** moved up at least one quartile; the National health center average from 2019 UDS data is 71.61%



Sum of Depression Measure Value for each Health Center1. The marks are labeled by sum of Depression Measure Value. The view is filtered on Health Center1, which keeps 15 of 15 members.

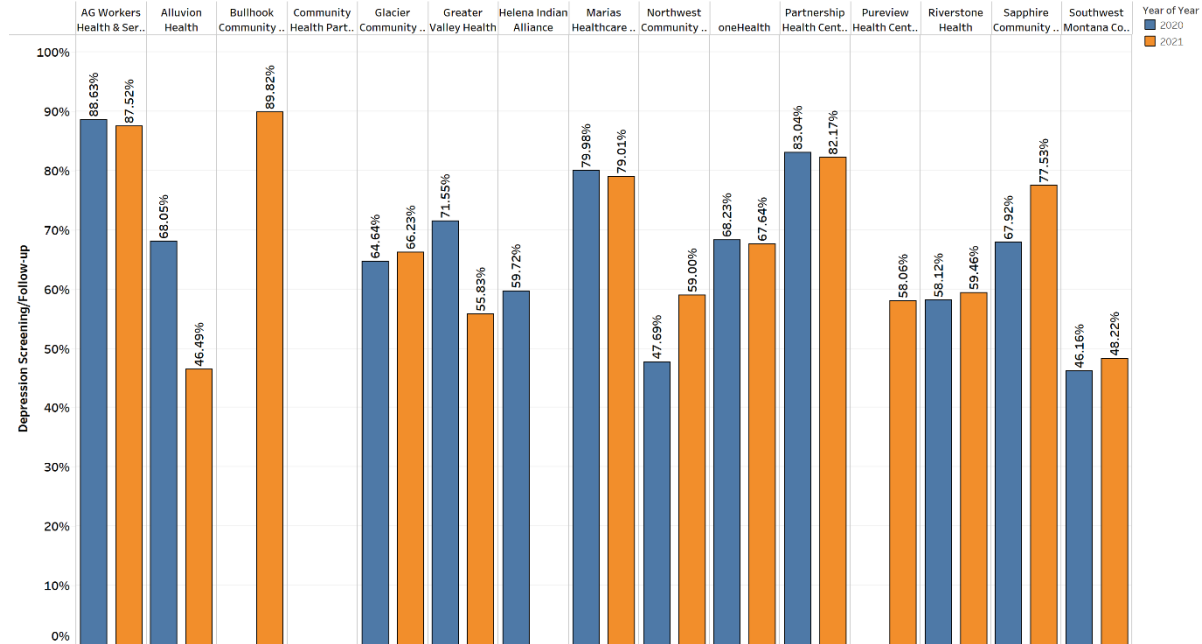
QUALITY DATA

# QD Initiative

A Collaborative Approach to Improving Outcomes

- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

Depression Screening and Follow-up (December 2020 vs December 2021)

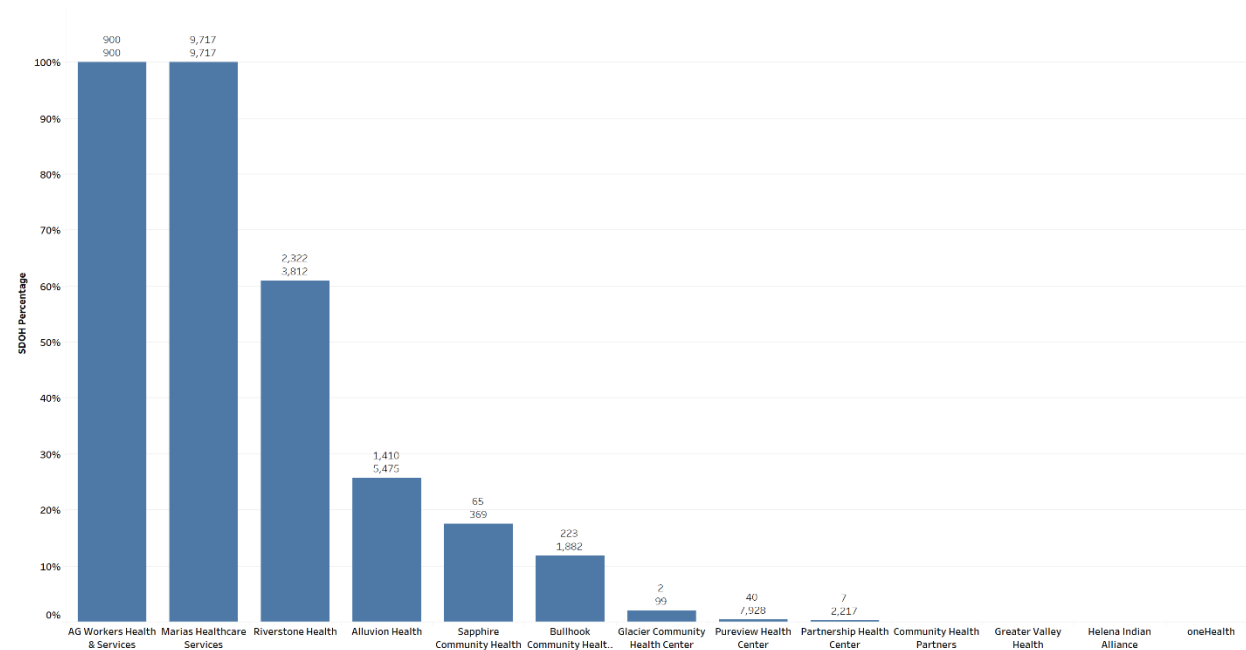


Sum of Depression Screening/Follow-up for each Year Year broken down by Health Center. Color shows details about Year Year. The marks are labeled by sum of Depression Screening/Follow-up. Details are shown for Month and Year Quarter.

## Percentage of Patients Screened for One or More SDOH

1/2022 Note- Centers with open Azara tickets for SDOH measure updates are not included.

Percentage of Patients Screened for One or More SDOH (1/1/2021 to 12/31/2021)



Sum of SDOH Percentage for each Health Center. The marks are labeled by sum of SDOH Numerator and sum of SDOH Denominator. The view is filtered on Health Center, which excludes Northwest Community Health Center and Southwest Montana Community Health Center.

QUALITY DATA

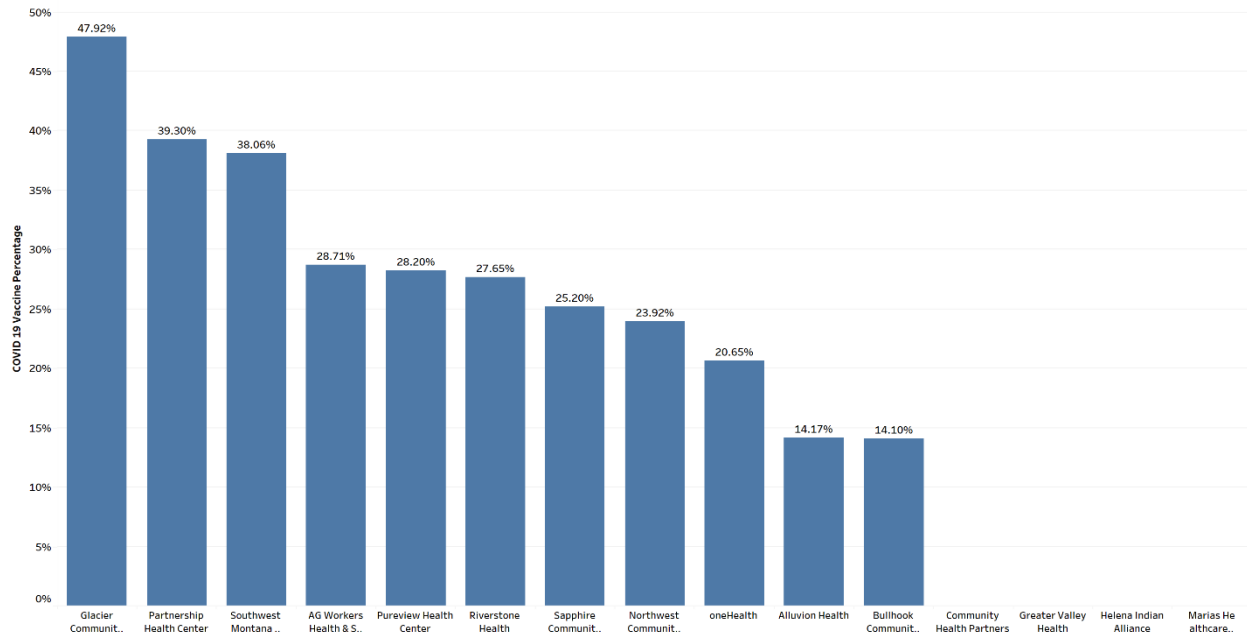
# QD Initiative

A Collaborative Approach to Improving Outcomes

- 1 Improve Patient Outcomes
- 2 Build Capacity
- 3 Build a Network of Data through Sharing & Transparency

## Percentage of Eligible Patients Vaccinated for COVID-19

Percentage of Eligible Patients Vaccinated with COVID-19 (1/1/2021 to 12/31/2021)



Sum of COVID-19 Vaccine Percentage for each Health Center1. The marks are labeled by sum of COVID-19 Vaccine Percentage. The view is filtered on Health Center1, which keeps 15 of 15 members.