UDS
2015 = 20%
2016 = 20%
2017 = 27.14%

Internal Periodic Assessment Results:
2nd Qtr 2018 = 20% A1c > 9 or no test
Segmentation: 26% no test; 73.8% A1c > 9

3rd Qtr 2018 = 22% A1c > 9 or no test
Segmentation: 24% no test; 76.8% A1c > 9

4th Qtr 2018 = 20% A1c > 9 or no test
Segmentation: 9.2% no test; 90.7% A1c > 9

UDS Comparison:
State 2017 = 30.10%
National 2017 = 32.95%

Quantitative Analysis:

1. How are we doing and where are we headed? *(Goals, trends, benchmarks)*

Health center UDS data indicates static results in 2015 and 2016 and above the stated goal of 18.50%. In 2017 there was a significant increase of 7.14 percentage points (20% to 27.14%) in the percentage of patients with diabetes whose A1c is > 9 or have not had an A1c test documented in the health record. UDS data is better than state and national results but still falls below the health center's goal if 18.50%.

To better determine the percent differences between patients with no A1c vs those with A1c > 9 data segmentation was applied to the 2018 quarterly data beginning 2nd Qtr 2018. The purpose of applying this data segmentation is to identify best course for actions in 2019. Overall results of the HRSA UDS diabetes indictor for Qtrs. 2-4 in 2018 indicate slight improvement in reductions of patients with diabetes whose A1c is > 9 or have had no test.

Results of the data segmentation indicates the majority of patients fall in the category of A1c > 9 which provides relevance to addressing opportunities and actions to those patients that are considered uncontrolled.

Qualitative Analysis: What's the story behind our performance? *(What is working, what isn't in our management of diabetes? Root causes. Think about this from a system, patient, provider, social determinant perspective)*

Contributing Factors: *List at least 5*

3. **What have we put in place that is working well?**

a.

b.

c.

d.

e.

Restricting Factors: *(Root cause analysis) List at least 5*

4. Who are our partners who play a role in improving performance? *(Think about internal and external partners such as patients, specialists, community resources, primary care providers, etc)*

a.

b.

c.

d.

e.

Recommended Actions: *(Identify at least three actions that can be completed in the next 12 months)*

5. What do we propose to do to improve performance? *(List three actions using SMART principles. They must have a goal and a timeframe for completing within 12 months.*

a.

b.

c.

Recommendations:
- The exampled quantitative analysis is seen above. Collect your health center's data and replace the example quantitative analysis with your own. Please work with health center staff to complete the remaining sections of this worksheet in preparation for the OSV visit. The HRSA review team will perform a discussion of the questions in this section and document in the OSV summary report 5 contributing factors, 5 restricting factors, and 3 actions