



FY2014 Michigan CAHC Report Card

Metric No.	Metric	FY14	Trend FY13 to FY14	FY13
Services to Families and Children				
2	Unduplicated number of youth age 21 and under served	30,369	↔	30,297
2	Number of physical exams provided <i>(n=61)</i>	12,838	↔	12,210
2	Number of immunizations provided	26,987	↑	25,841
2/1	Percent positive pregnancy tests <i>(median percent positive) (n=58)</i>	6%	↔	9%
2/1	Percent positive chlamydia tests <i>(median percent positive) (n=59)</i>	12%	↔	13%
1	Number enrolled in Medicaid	1374	↓	1809
Prevention and Disease Control <i>(all values represent the median percentage)</i>				
3	Percent of clients with a documented comprehensive physical exam <i>(n=61)</i>	53%	↔	49%
3	Percent of clients with an up-to-date risk assessment <i>(n=59)</i>	76%	↑	63%
3	Percent of clients with complete immunizations for age Using ACIP recommendations, except for HPV, Hepatitis A and Flu <i>(n=57)</i>	81%	↔	79%
3	Percent of clients with diagnosis of asthma that have an individualized care plan (action plan) <i>which includes annual medication monitoring (n=59)</i>	70%	↔	71%
3	Percent of clients with a BMI at or above 85 th percentile who had evidence of counseling for nutrition and physical activity <i>(n=57)</i>	83%	↑	65%
3	Percent of clients who smoke/use tobacco that were assisted with cessation <i>(n=52)</i>	85%	↔	89%
3	Percent of clients who were screened for depression <i>(n=58)</i>	79%	↑	64%
3	Percent of positive chlamydia treated onsite at CAHC <i>(n=53)</i>	100%	↔	100%
Administration and Regulation				
2	Percent of centers that reached 90% or more of Projected Performance Output Measure*	54%	↔	56%
3	Percent of centers that achieved a median score of "0" or higher on final GAS report in all four work plan areas**	79%	↑	63%
3	Percent of centers that received an "A" or "B" grade at site review	100% <i>(n=9)</i>	↔	100% <i>(n=13)</i>
3	Percent of centers that 90% or better threshold on Asthma Chart Review during site review	100% <i>(n=7)</i>	↑	50% <i>(n=6)</i>
2	Average number of days for MDCH to process a site review report <i>(n=N/A)</i>	23.5	↓	49

REPORT CARD KEY & THRESHOLDS

*see page 9 of the FY13 CAHC Dashboard PDF for key & thresholds

*updated info below replaces right hand column of the page

*left hand column remains the same except FY13 changes to FY14 and 63% changes to 76%

*I have the updated info for the table at the bottom written on hard copy – may be easier for me to scan and send when you are ready

n= 62 centers reporting in FY14 unless otherwise noted

Metric Key:

1=effectiveness

2=efficiency

3=quality

Measures and Trends Key:

“FY14” and “FY13” columns: **Red Bold Font** indicates a measurement that is below the desired threshold.

“Trend” column:

↑ or ↓ Movement in desired direction, which may be upward or downward depending on the metric.

↔ Relatively stable measure from the previous year and/or metric met threshold in both fiscal years.

↓ Movement in a direction which may not necessarily be negative e.g., there may be fewer uninsured clients (due to previous Medicaid enrollment efforts and/or coverage under the ACA) which may be why fewer were clients enrolled in Medicaid than the previous year.

↔ Relatively stable measure from the previous year but metric is below desired threshold in both fiscal years.

Not all centers had data to report for some metrics, especially in the Prevention and Disease Control section (e.g., elementary centers did not conduct pregnancy or chlamydia tests, no clients reported smoking, etc.). Some centers could not report data because data was not collected due to lack of use of proper codes, challenges with transition to electronic medical records or other reasons.

*Projected Performance Output Measure (PPOM) = number of unduplicated clients each health center projects to reach each year.

**Goal Attainment Scaling (GAS) = Goal Attainment Scaling (GAS) is a tool for tracking and recording the achievement and completion of health center work plan objectives and activities. Median scores are used for demonstrating achievement on the GAS as there are varied numbers of criterion in each area, and where some extreme values within an area may otherwise skew the data.