



First Quarter FQHC Clinical Performance Measures

June 11, 2026



CLINICAL QUALITY MEASURES





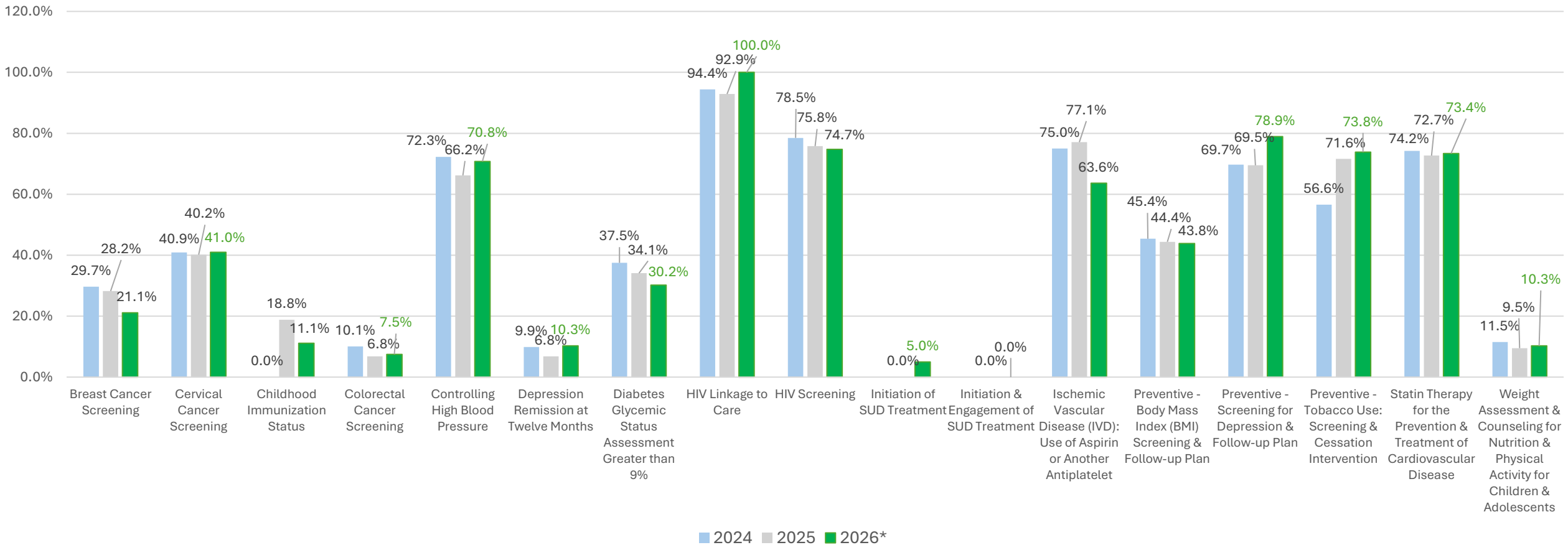
UDS CY 2025 RECAP

Opportunities Identified:

- Tracking SBIRT and PRAPARE screenings and results
 - SBIRT – Improve data capture for brief intervention and/or referral to treatment
 - PRAPARE – Identify proper report
- HIV Linkage to Care
 - Azara Data Quality - How to verify the patient's diagnosis is NEW AND they are linked to care
- Initiation and Engagement of SUD Treatment - % of patients 13 years and older with a new SUD episode who received the following:
 - Initiated treatment, that includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode
 - Engaged in ongoing SUD treatment within 34 days of initiation

YEAR BY YEAR COMPARISON

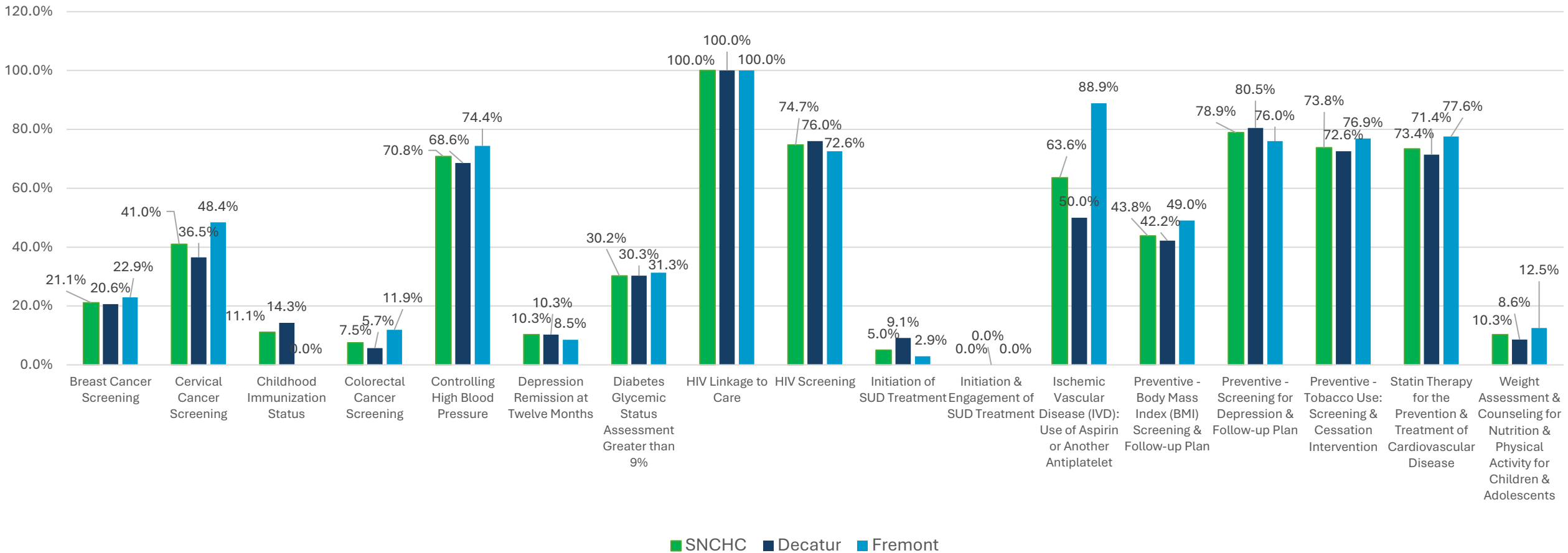
UDS Measures



*Q1 (Jan 2026 – March 2026)

SITE COMPARISON

UDS Measures



YEAR BY YEAR COMPARISON

UDS Measure	Results	2024	2025	2026
Early Entry Into Prenatal Care (Percentage of prenatal care patients who entered prenatal care during their first trimester)	Total Reporting Prenatal Care Received:	55	17	-
	First Trimester:	25	11	-
	% of Early Entry:	45.5%	64.7%	TBD
Low Birthweight ** (Percentage of babies of health center prenatal care patients born, whose birth weight was below normal – less than 2,500 grams.)	Prenatal Care Pts Who Delivered:	-	8	-
	Reported Birth Weight:	-	5	-
	Live Births >= 2500 grams:	-	5	-
	% Low Birth Weight **:	-	0%	TBD

2026 QUALITY MEASURES OF FOCUS

Focus Measures	Decatur		Fremont		SNCHC		
	2025	2026*	2025	2026*	2025	2026*	Target
Controlling High Blood Pressure	64.4%	68.6%	70.5%	74.4%	66.2%	70.8%	73.0%
Depression Screening and Follow-Up Plan	67.8%	80.5%	74.5%	76.0%	69.5%	78.9%	75.0%
Diabetes Glycemic Status Assessment Greater than 9%*	36.3%	30.3%	30.3%	31.3%	34.1%	30.2%	29.0%
HIV Screening	77.3%	76.0%	73.8%	72.6%	75.8%	74.7%	79.0%
HIV Linkage to Care	93.8%	100%	90.0%	100%	92.9%	100%	95.0%
Tobacco Use: Screening & Cessation Intervention	69.0%	72.6%	76.7%	76.9%	71.6%	73.8%	76.0%

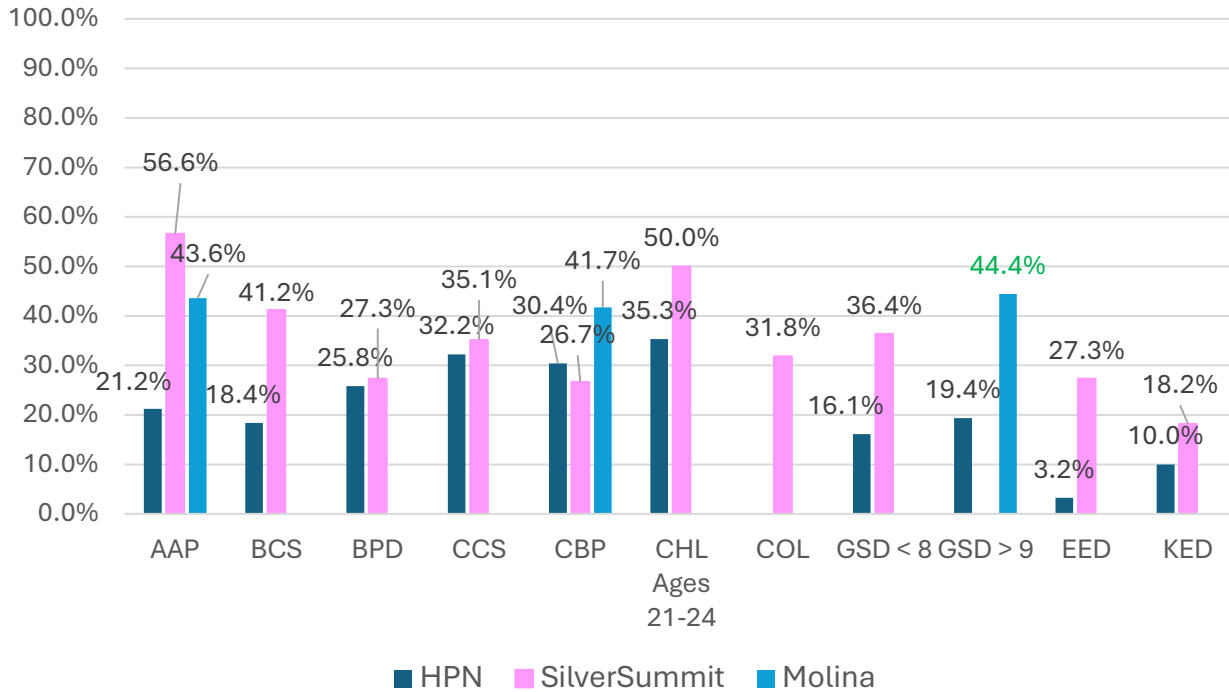
2026 TARGET UPDATE

(HRSA UDS CQM HEALTHY PEOPLE 2030 OBJECTIVES & BENCHMARKS, 2025)

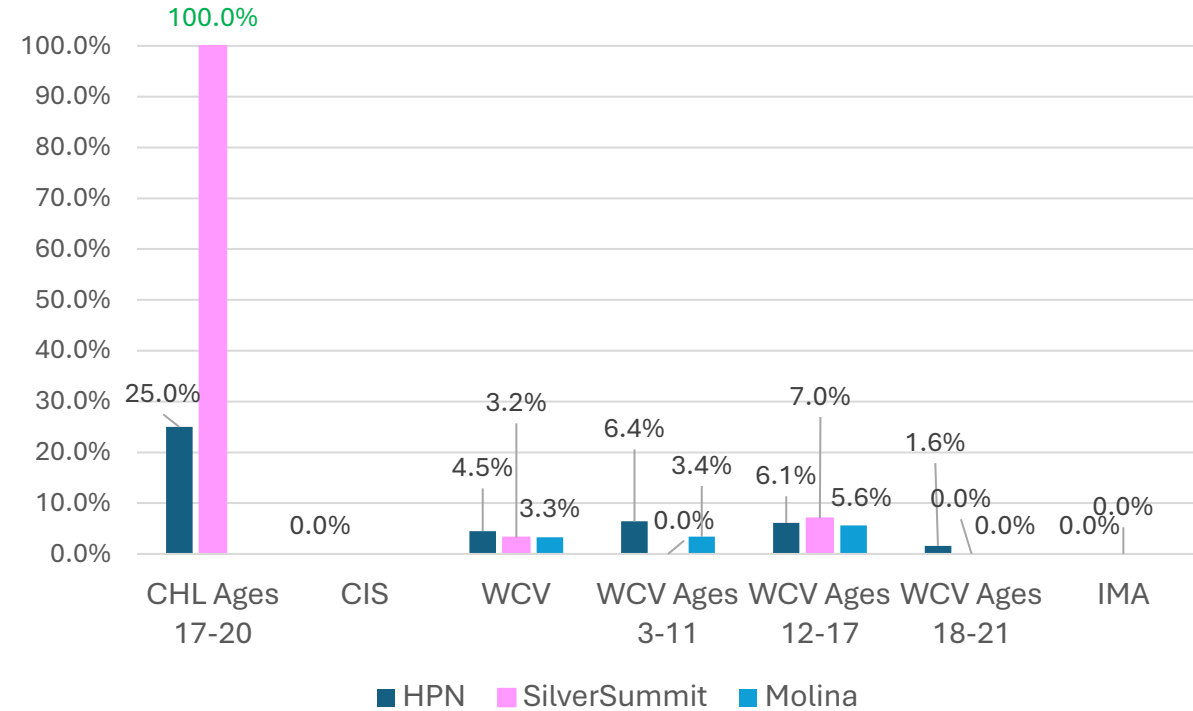
Measure Name	CY 25 Target	CY 26 Target	HRSA Target	Healthy People 2030 Target	Badge (CY 25-27)
Body Mass Index (BMI) Screening and Follow-Up Plan - Adult	70.0%	86.0%	86.0%	n/a	Diabetes Health Badge Preventative Health Badge
Breast Cancer Screening	40.0%	80.3%	80.3%	80.3%	Cancer Screening Badge Preventative Health Badge
Cervical Cancer Screening	50.0%	79.2%	79.2%	79.2%	Cancer Screening Badge Preventative Health Badge
Child Weight Screening and Counseling (Weight assessment and counseling for nutrition and physical activity for children and adolescents)	70.0%	85.1%	85% - Diabetes 85.1% - Preventative	n/a	Diabetes Health Badge Preventative Health Badge
Childhood Immunization Status	40.0%	n/a	n/a	n/a	
Colorectal Cancer Screening	40.0%	72.8%	72.8%	72.8%	Cancer Screening Badge Preventative Health Badge
Controlling High BP	65.0%	73.0%	80.0%	41.9%, 18.5%	Heart Health Badge
Depression Remission at 12 months	15.0%	18.0%	18.0%	n/a	Behavioral Health Badge
Depression Screening and Follow-up	63.0%	75.0%	85.8%	13.5%	Behavioral Health Badge Preventative Health Badge
DM Glycemic Status Assessment (A1c > 9%)	35.0%	29.0%	11.6%	11.6%	Diabetes Health Badge
HIV Linkage to Care (manual)	80.0%	95.0%		95.0%	n/a
HIV Screening	70.0%	79.0%	n/a	n/a	n/a
Initiation of SUD Tx	n/a	n/a	n/a	n/a	n/a
Initiation and Engagement of SUD Tx	n/a	n/a	n/a	n/a	n/a
IVD Use of Aspirin or Another Antiplatelet	75.0%	80.0%	80.0%	n/a	Heart Health Badge
Early Entry Intro Prenatal Care (manual)	n/a	n/a	n/a	80.5%	n/a
Statin Therapy for Prevention and Tx of Cardiovascular Disease	75.0%	80.0%	80.0%	n/a	Heart Health Badge
Tobacco Use: Screening and Cessation Intervention	64.0%	76.0%	80.0%	n/a	Heart Health Badge Preventative Health Badge

2026 MEDICAID MCO CARE GAPS

Adult Measures



Pediatric Measures



*May report with claims ending 3/31/2026

PCMH – RESOURCE STEWARDSHIP MEASURE

- Purpose: Monitor and share a measure related to resource stewardship in care coordination
- Documentation of Current Medications in the Medical Record (CMS 68v14)
 - Denominator: All qualifying visits occurring during the 12-month reporting period.
 - Numerator: Visits where an eligible clinician attests to documenting, updating or reviewing the patient's current medications using all immediate resources available on the date of the encounter.

Year	Decatur	Fremont	SNCHC	Goal
2026 Q1	86%	94%	88%	90%

PATIENT SATISFACTION



CLINIC ACCESS SURVEY

Clinic Access Survey -2026				
Question	Decatur (110)	Fremont (85)	Total (187)	%
1. Are our health center facilities open during hours that are convenient for you?				
a. Strongly Agree	67	62	129	65%
b. Agree	36	17	53	27%
c. Neutral	6	6	12	6%
d. Disagree	1	0	1	1%
e. Strongly Disagree	3	0	3	2%
2. Are our health center facilities located in areas that are convenient for you?				
a. Strongly Agree	57	58	115	59%
b. Agree	38	19	57	29%
c. Neutral	14	5	19	10%
d. Disagree	1	0	1	1%
e. Strongly Disagree	1	3	4	2%
3. SNCHC offers same-day appointments. What time of the day would you prefer for your same-day				
a. Early morning	47	32	79	39%
b. Late morning	21	15	36	18%
c. Early afternoon	10	10	20	10%
d. Late afternoon	9	18	27	13%
e. Anytime	27	15	42	21%

92% agree

88% agree

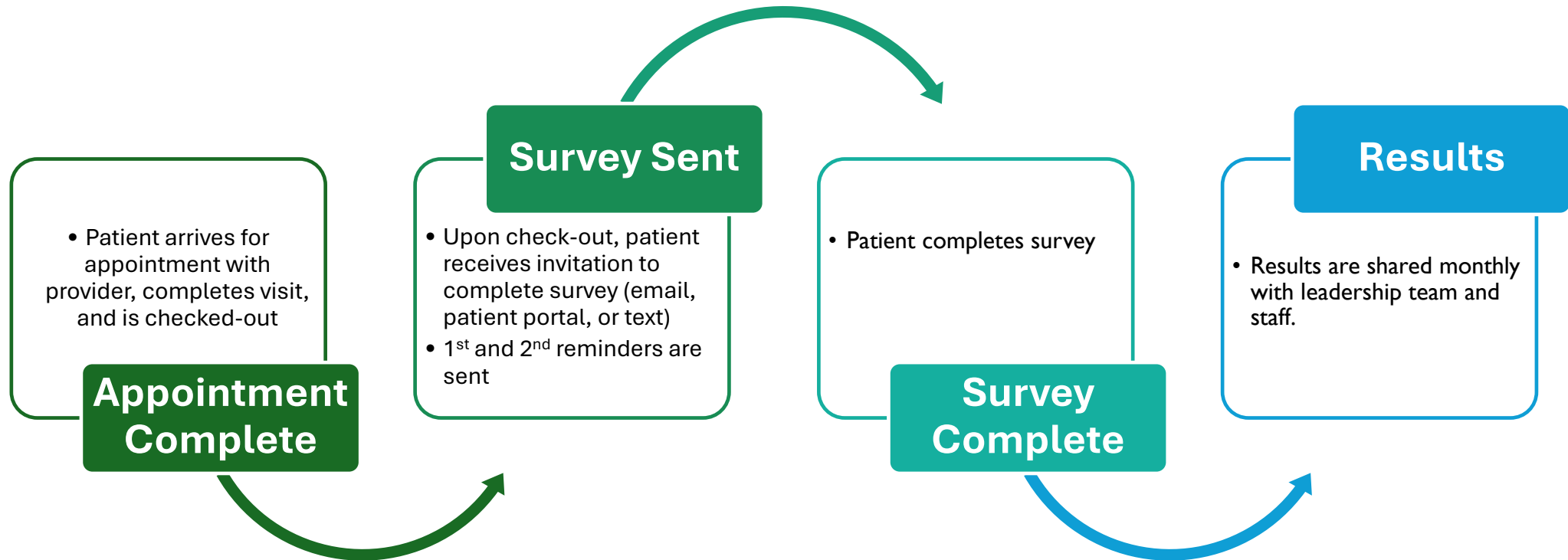
78% prefer morning
(early morning, late morning, anytime)



CLINIC ACCESS SURVEY - COMMENTS

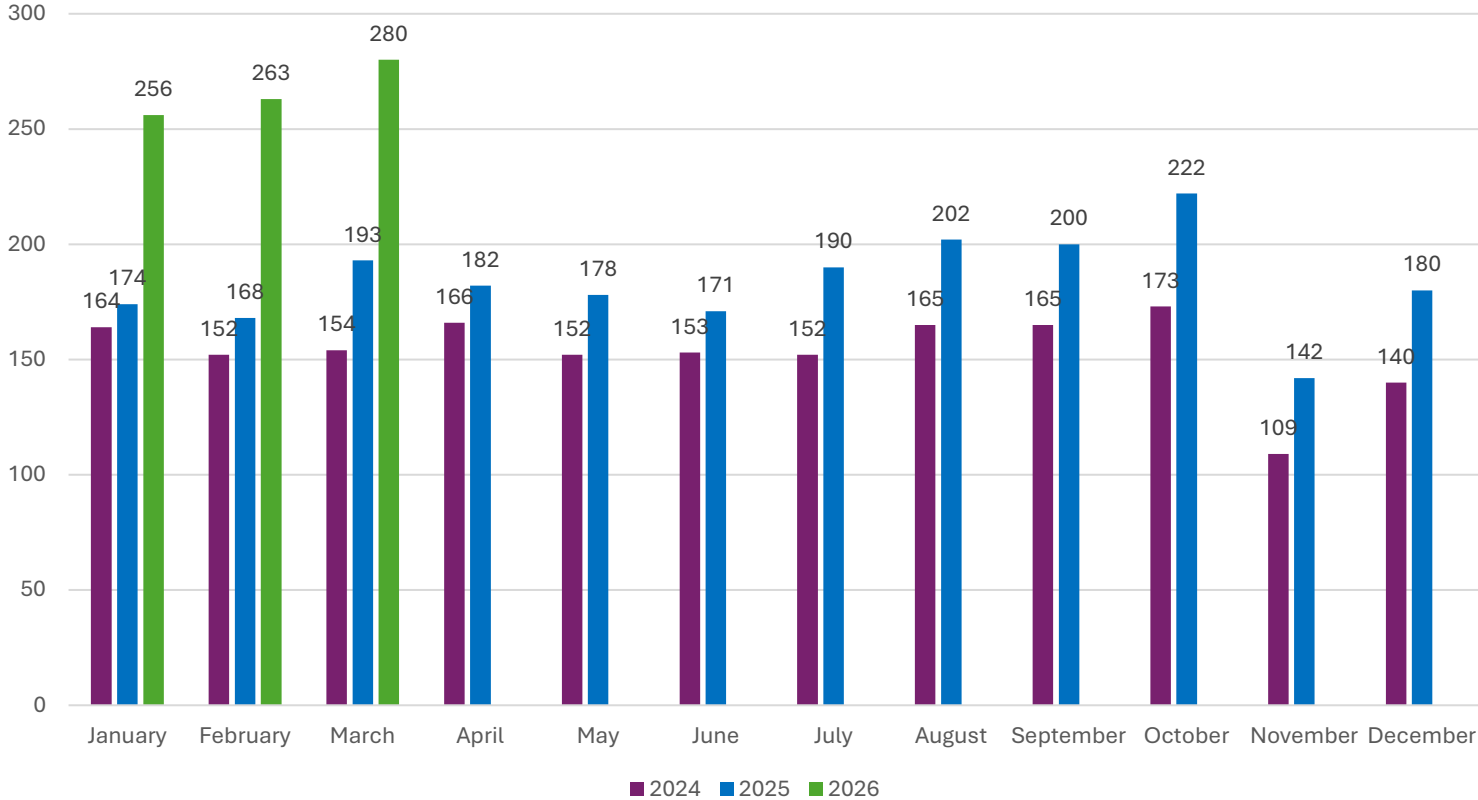
- “For 20 years they have always given me excellent treatment and good service. Thanks for your attention <3”
- “Thank you to each member of the clinic staff for helping us with our services and speaking our language. Thank you.”
- “Front desk staff is awesome! Please never change them.”
- “This is my first time here, and I feel it's very good, and they are also very kind in their service.”
- “This clinic is very dependable, and the physicians and nurses are very accurate in the help they give.”
- “The health departments in Nevada continue to do great things that better our community!”

SURVEY WORKFLOW



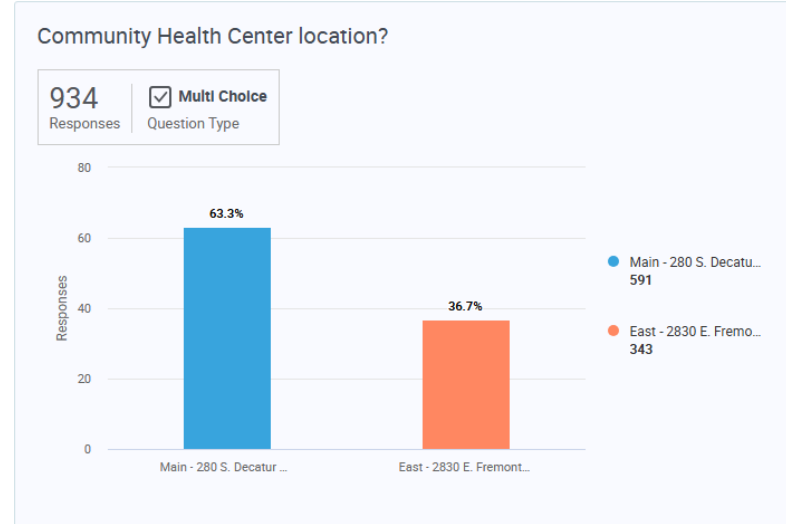
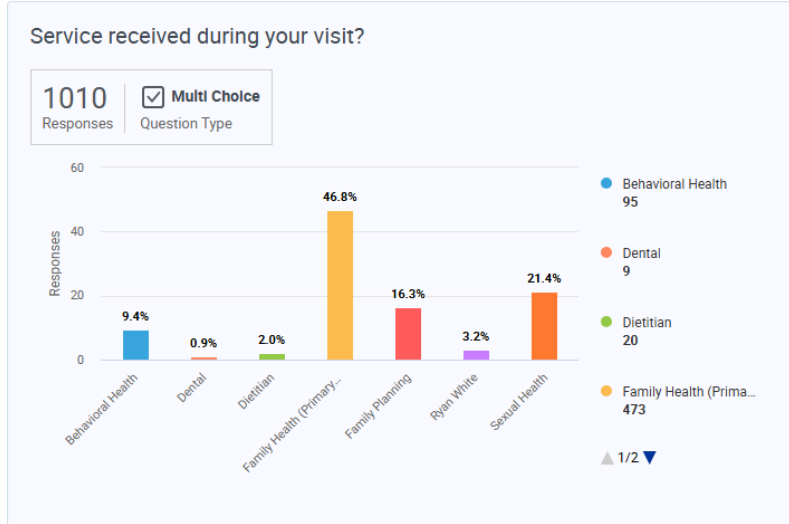
SURVEY PARTICIPATION

of Surveys Completed



Month	2025 Completion %	2026 Completion %
January	10%	16.3%
February	10%	13.5%
March	10%	13.5%
April	9%	
May	10%	
June	10%	
July	10%	
August	10%	
September	10%	
August	10%	
September	8%	
October	10%	
November	10%	
December	10%	
Total Avg.	10%	14.43%

APPOINTMENTS & SCHEDULING



Survey Questions	SNCHC	Qtr. Comp.
Scheduling Method		
Phone call (you called the health center)	32.0%	-
Staff member call (the health center called you)	10.9%	-
Online Patient Portal/Healow App	4.9%	-
SNCHC Website	4.0%	-
In-Person	48.2%	-
Appointments		
Was it easy to schedule an appointment?	97.9%	-
Was the recent visit as soon as you needed?	96.8%	1.3%

PROVIDERS, STAFF & FACILITY

Survey Questions	SNCHC	Qtr. Comp.
Provider		
Explain in a way that was easy to understand?	99.0%	0.6%
Listen carefully to you?	98.9%	0.5%
Show respect for what you had to say?	99.4%	1.0%
Spend enough time with you?	97.8%	1.0%
Staff		
Satisfied with how the staff worked to address your healthcare needs (e.g.: outstanding referrals, medications, labs, diag. results)?	97.2%	-
Treat you with courtesy and respect?	99.6%	0.6%
Facility & Overall Care		
Overall cleanliness and appearance?	99.8%	0.5%
Overall Care (Net Promoter Score):	90	2
Decatur:	86	-
Fremont:	95	2

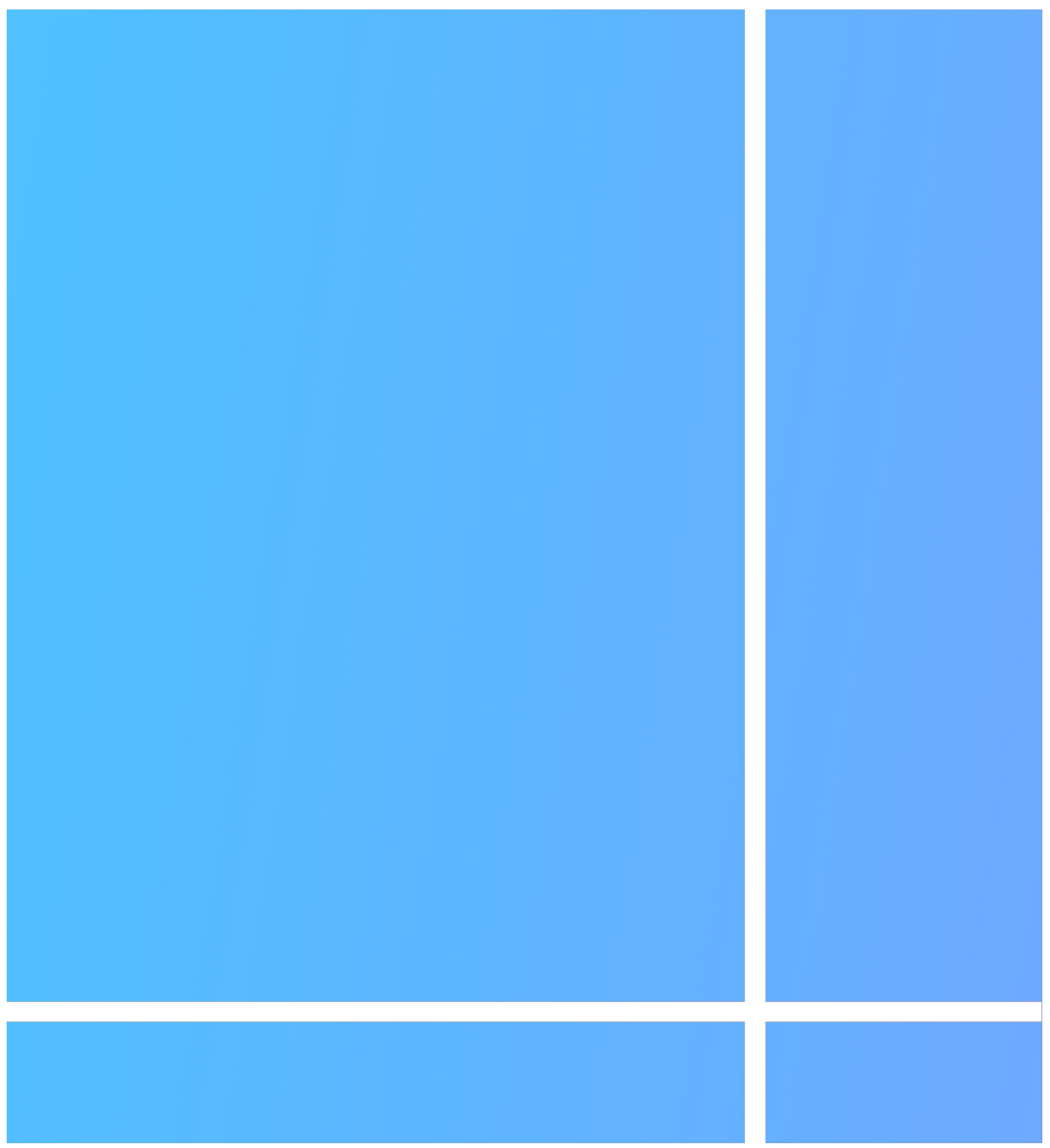
PATIENT COMMENTS

Top 3 Most Commonly Identified Strengths

1. Exceptional Staff
 - “Respectful staff, so helpful!”
2. Praise for Providers
 - “The nurse practitioner who spent the majority of the time with me was amazing. She was patient, allowed me to explain my needs and gave appropriate information to help me make an informed decision. She was knowledgeable about everything we discussed. She used statistics and graphs to represent the data she was explaining to me which was a relief.”
3. Excellent Service
 - The service was beyond our expectation. People without insurance like us benefit a great deal from this service.. We cannot thank them enough!

Top 3 Most Commonly Identified Opportunities for Improvement

1. Long Wait Times
 - “My appointment was scheduled for 3:20 and I was seen at 5pm.”
2. Communication & Professionalism
 - “I was asked the same set of questions three different times.”
3. Service Coverage Issues
 - “Sometimes they do not cover necessary services for low-income users.”



QUESTIONS?