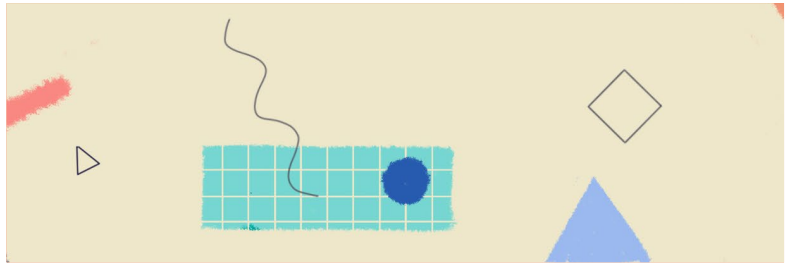
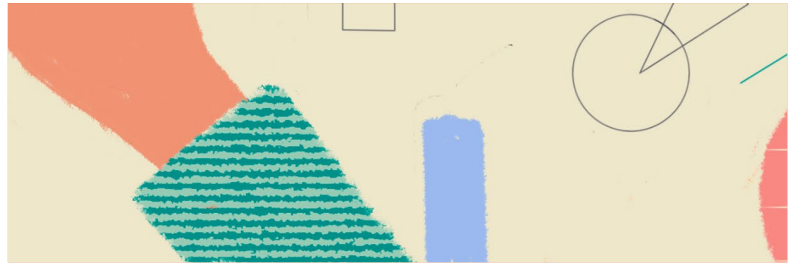
SOUTHERN NEVADA Community HEALTH CENTER

SECOND QUARTER CLINICAL PERFORMANCE MEASURES





August 18, 2026

HRSA CHQR AWARDS & QUARTILE RANKINGS

HRSA CHQR BADGE AWARDS

Community Health Quality Recognition (CHQR)

- This year, SNCHC was awarded two badges:
  - **Improving Health Care Access:**
    - Improved by at least 15% in one or more CQMs in back-to-back UDS reporting years (Tobacco Screening & Cessation, IVD Use of Aspirin/Another Antiplatelet)
    - Increase total patients and a specific service category by at least 5% in back-to-back UDS reporting year (Total patients, SUD patient services)
  - **Advancing HIT For Quality:**
    - Offer telehealth services
    - Exchange clinical information online with key providers in health care settings (HIE)
    - Engage patients through HIT (patient portal, kiosk, secure messaging via web encounters, online/virtual scheduling)
    - Collect data on patient health-related needs (PRAPARE Screenings)

NV COMPARISON - QUARTILE RANKINGS

CY25 - FQHC Nevada Comparison Report

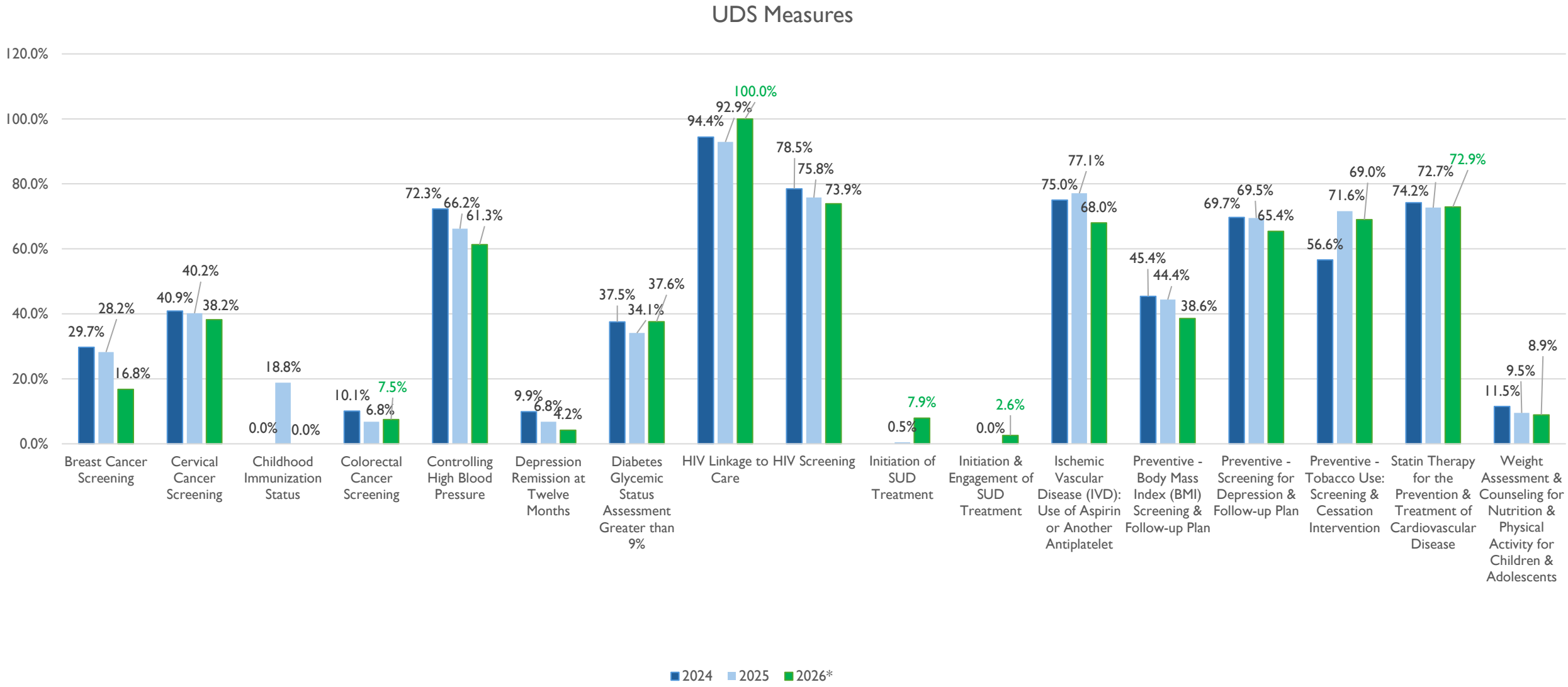
	Community Health Alliance*	First Person Care Clinic	FirstMed Health & Wellness Center	Hope Christian Health Center Corp	Nevada Health Centers#	Northern Nevada HIV Outpatient Program, Education & Services*	**Southern Nevada Health District**	Southern Nevada Health District	Southern Nevada Health District
Quality Measures								CY 24	CY 23
Perinatal Health									
Early Entry Into Prenatal Care (first visit in first trimester)	4							4	1
Low Birth Weight	4								
Preventive Health Screening & Services									
Cervical Cancer Screening	3	4	3	3	3	3	**4**	4	4
Breast Cancer Screening	2	4	3	2	3	2	**4**	4	4
Weight Assessment & Counseling for Nutritional & Physical Activity for Children & Adolescents	2	4	3	1	3	2	**4**	4	4
Body Mass Index (BMI) Screening & Follow-Up Plan	1	4	2	1	3	3	**4**	4	4
Adults Screened for Tobacco Use & Receive Cessation Intervention	2	4	3	1	2	3	**4**	4	4
Colorectal Cancer Screening	3	4	4	2	4	3	**4**	4	4
Childhood Immunization Status	2		4	4	3	2			
Screening for Depression & Follow-Up Plan	1	4	2	1	3	3	**3**	3	3
Dental Sealants for Children between 6-9 Years	2				1				
HIV Screening	3	4	2	2	3	1	**2**	1	1
Chronic Disease Management									
Statin Therapy for the Prevention & Treatment of Cardiovascular Disease	2	4	1	3	3	2	**4**	3	3
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	2	4	3	4	4	2	**3**		
Controlling High Blood Pressure	1	4	1	2	3	1	**2**	1	2
Diabetes Hemoglobin A1c Poor Control	1	4	3	2	3	3	**3**	4	4
HIV Linkage to Care							**3**	3	3
Initiation of Substance Use Disroder (SUD) Treatment	3			3	3	1	**4**		
Engagement of Substance Use Disroder (SUD) Treatment	2			4	4	2			
Depression Remission at Twelve Months	1		2	1	4	4	**4**	3	4
Total First Quartile									
	5	0	2	5	1	3	**0**	2	2
Total Patients Serviced									
	34,624	7,502	5,657	10,102	48,221	16,376	**13,431**	11,501	9,863
Cost per Patient									
	$ 1,251.50	$ 2,133.88	$ 2,629.99	$ 1,358.89	$ 1,427.36	$ 3,333.22	**$3,767.67**	$3,768.55	$3,399.65

*Northern Nevada

#Northern & Southern Nevada

CLINICAL QUALITY MEASURES

YEAR BY YEAR COMPARISON



*Q2 2026

2026 QUALITY MEASURE FOCUS

Focus Measures	SNCHC		
2026	**2025**	**2026***	**Target**
Controlling High Blood Pressure	66.2%	61.3%	73.0%
Depression Screening and Follow-Up Plan	69.5%	65.4%	75.0%
Diabetes Glycemic Status Assessment Greater than 9%**	34.1%	37.6%	29.0%
HIV Screening	75.8%	73.9%	79.0%
HIV Linkage to Care***	92.9%	100%	95.0%
Tobacco Use: Screening & Cessation Intervention	71.6%	69.0%	76.0%

** Q2 2025*
*** Reverse measure*
**** Manual report*

Q2 QUALITY ACTIVITIES

Uniform Data System (UDS)

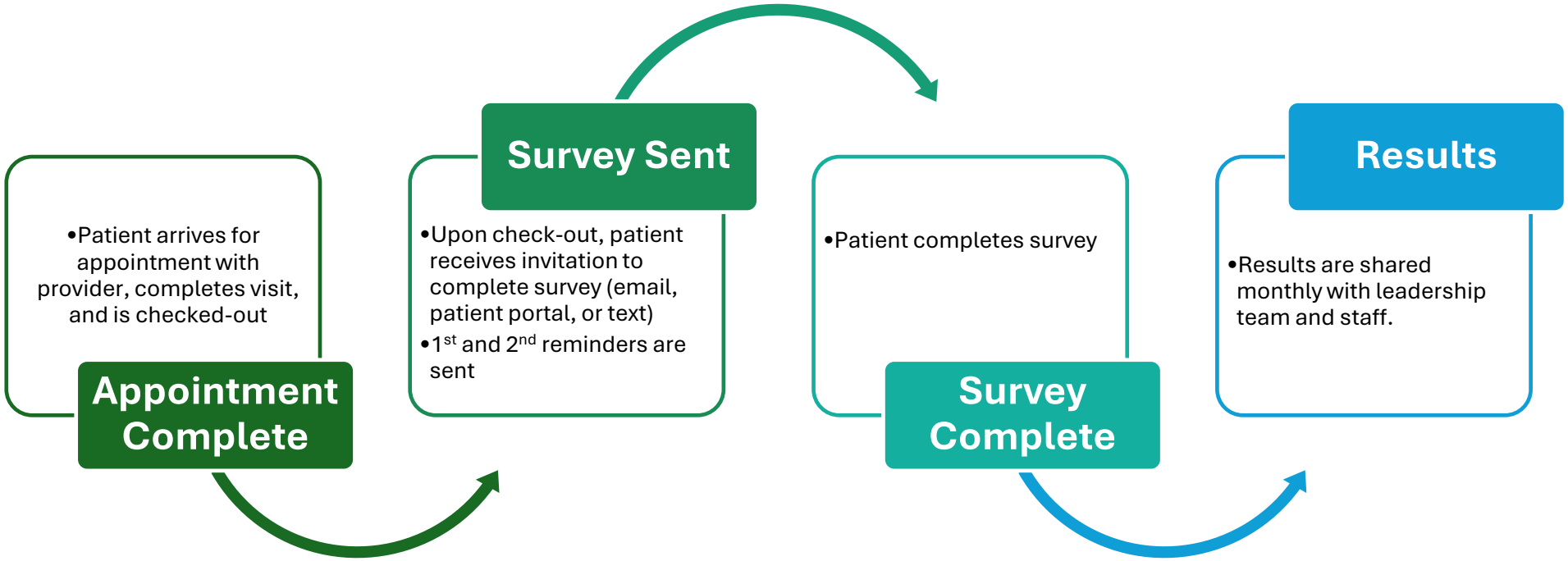
- **HIV Linkage to Care**
  - ➢Manually tracking
  - ➢Pending Azara's update on structured diagnosis facility
- **Initiation & Engagement of SUD Treatment**
  - ➢Structured data field created to capture counseling
- **BMI Screening and Follow-Up 18+ Years**
  - ➢Documentation opportunities
- **Child Weight Assessment/Nutrition Counseling/Physical Activity**
  - ➢Documentation opportunities
- **Prenatal Care and Birthweight Measure**
  - ➢Manually tracking/outreaching

Patient Centered Medial Home (PCMH)

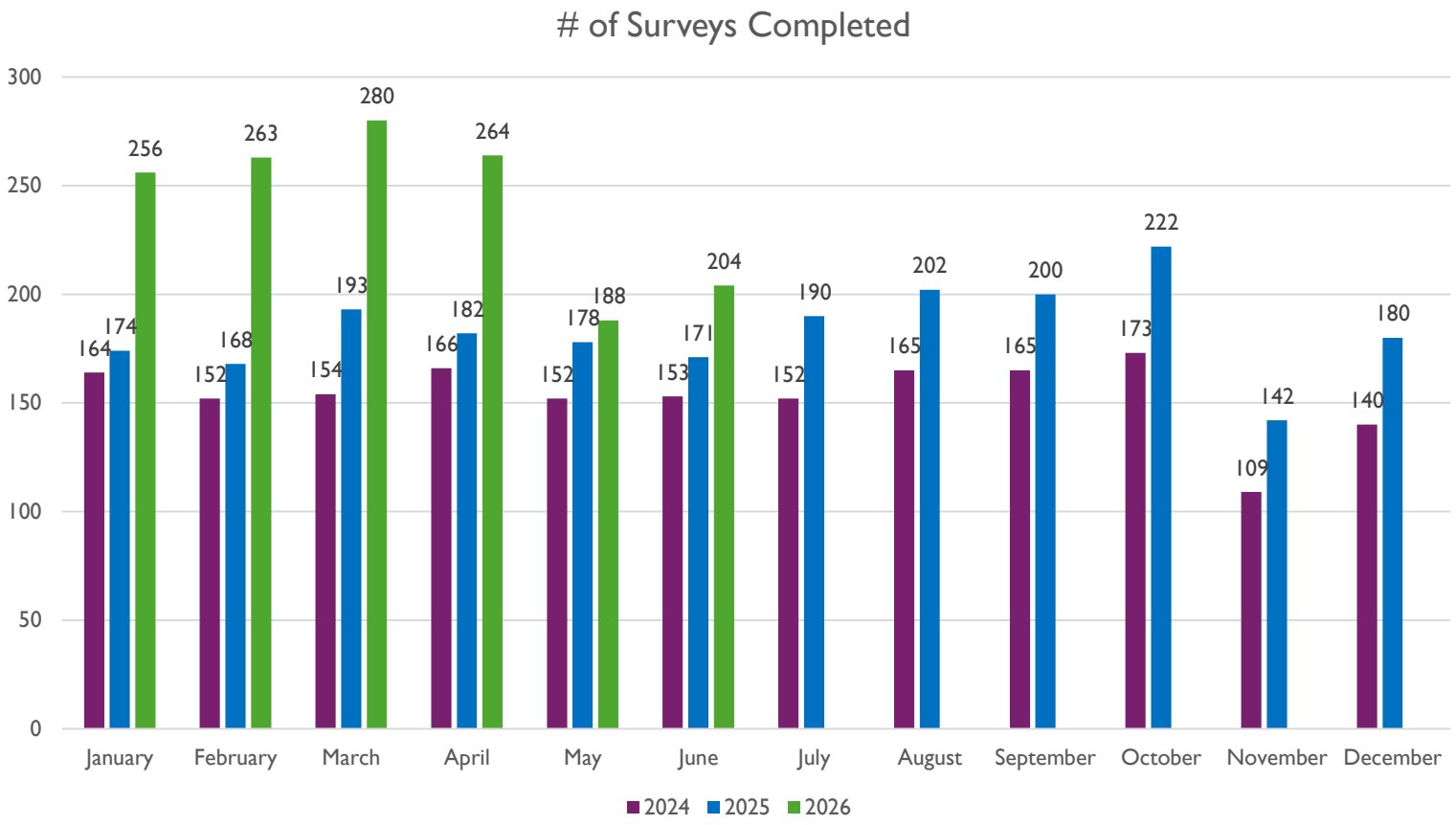
- **Preparations for Virtual Review 1**
  - ➢Pediatric Outreach Campaign (re-engage care)
  - ➢Capturing all quality work in progress/completed over the past year
- **Care Management**
  - ➢Chronic Care Management (CCM)
  - ➢Ryan White
  - ➢Behavioral Health
- **Virtual Review 1 (7/28/26) – Successful!**
  - ➢**Core Criteria:** 29 out of 39 reviewed & met
  - ➢**Elective Criteria:** 26 credits reviewed & met (only 25 required, but goal is to reach 30)
  - ➢**Next Steps** – Virtual Review 2 in November TBD

PATIENT SATISFACTION

SURVEY WORKFLOW

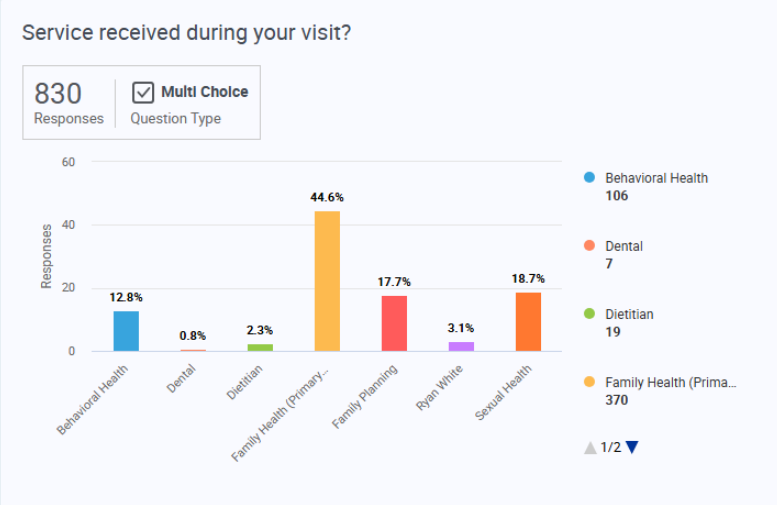


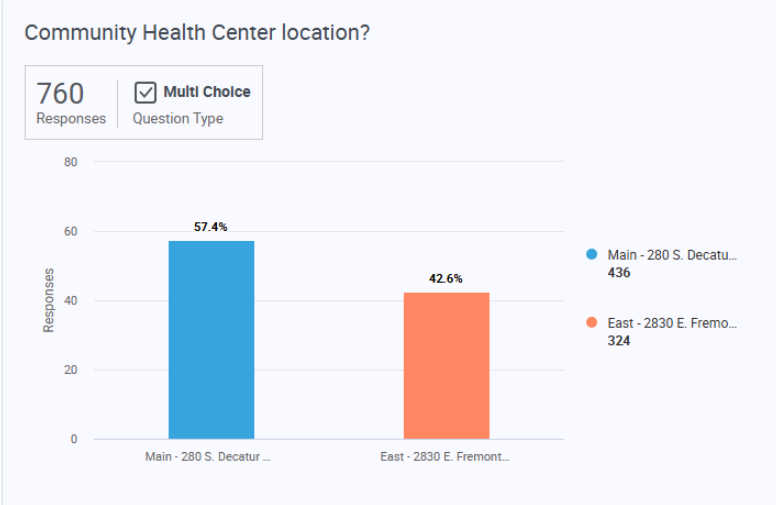
SURVEY PARTICIPATION



Month	2025 Completion %	2026 Completion %
January	10%	16.3%
February	10%	13.5%
March	10%	13.5%
April	9%	13.3%
May	10%	11.8%
June	10%	13.9%
July	10%	
August	10%	
September	10%	
August	10%	
September	8%	
October	10%	
November	10%	
December	10%	
YTD Total Avg.	10%	13.7%

APPOINTMENTS & SCHEDULING





Survey Questions	SNCHC	Qtr. Comp.
Scheduling Method		
Phone call (you called the health center)	31.5%	-0.5%
Staff member call (the health center called you)	11.2%	0.3%
Online Patient Portal/Healow App	5.6%	0.7%
SNCHC Website	3.6%	-0.4%
In-Person	48.0%	-0.2%
Appointments		
Was it easy to schedule an appointment?	97.5%	-0.4%
Was the recent visit as soon as you needed?	97.2%	0.4%

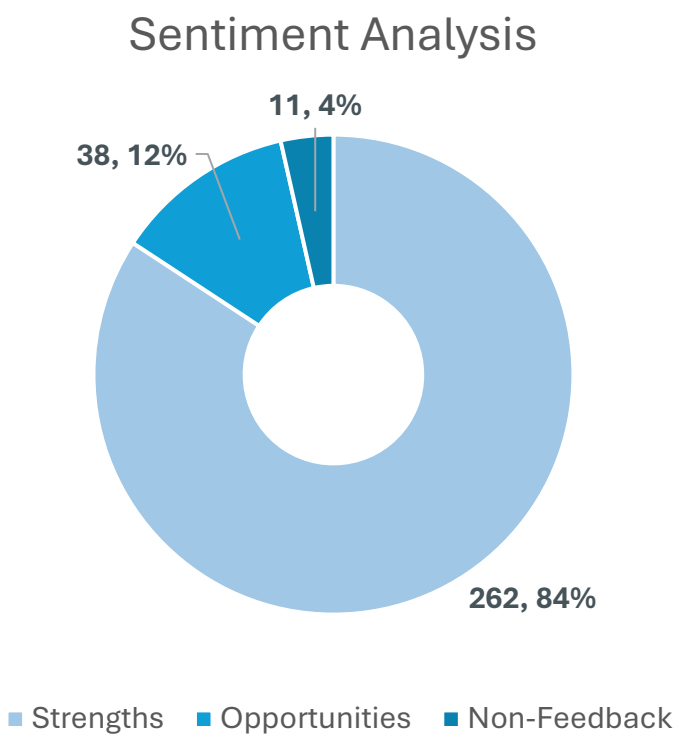
*Q2 2026

PROVIDERS, STAFF & FACILITY

Survey Questions	SNCHC	Qtr. Comp.
Provider		
Explain in a way that was easy to understand?	99.2%	0.2%
Listen carefully to you?	99.0%	0.1%
Show respect for what you had to say?	99.5%	0.1%
Spend enough time with you?	98.4%	0.6%
Staff		
Satisfied with how the staff worked to address your healthcare needs (e.g.: outstanding referrals, medications, labs, diag. results)?	96.5%	-0.7%
Treat you with courtesy and respect?	99.7%	0.1%
Facility & Overall Care		
Overall cleanliness and appearance?	100.0%	0.2%
Overall Care (Net Promoter Score):	90	0
Decatur:	87	1
Fremont:	95	0

*Q2 2026

PATIENT COMMENTS



Top Strengths

1. Friendly & Caring Staff

"They make you feel like you matter."

2. Excellent Service & Satisfaction

"The service from the entire staff was excellent, from the moment I walked in until I left."

3. Provider Communication & Professionalism

"I felt cared for, understood, and my doctor really wanted to help me."

Top Improvement Opportunities

1. Wait Times

"Really wish appointments were at the exact time but unluckily that can't be controlled."

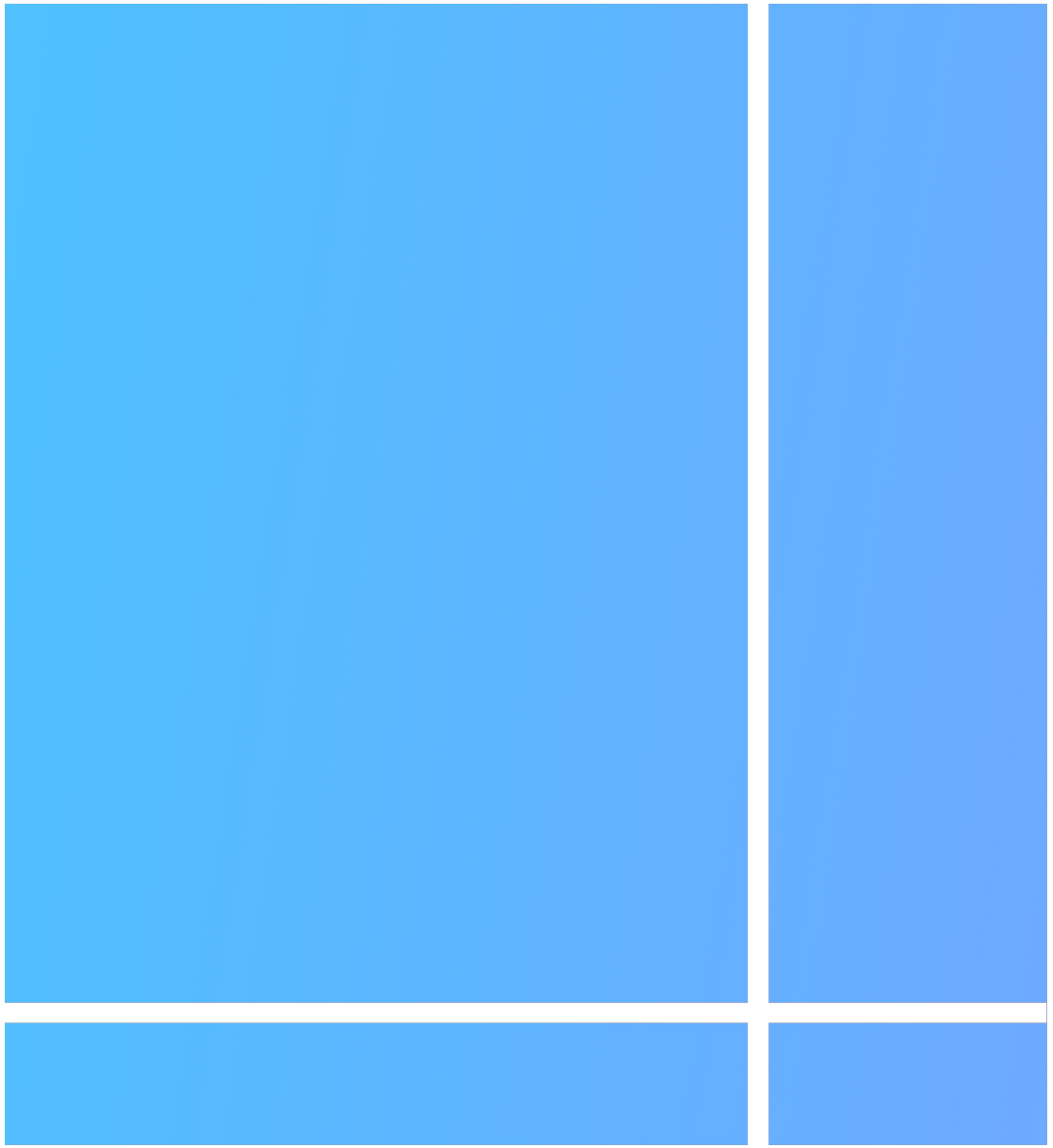
2. Communication Follow-Up/Responsiveness

"There was an issue with contacting (the office) but overall they were caring."

3. Scheduling & Access Processes

"Long hold times when trying to schedule."

**Q2 2026*



QUESTIONS?