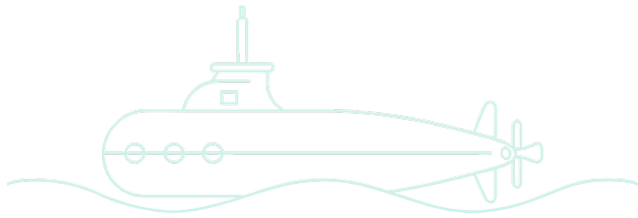
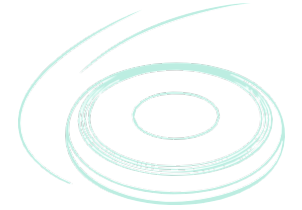


WELCOME!



Community Health Center Association of Connecticut

**To claim CMEs for this session
please scan the QR code to log
attendance and complete the
required survey.**





Community Health Center
Association of Connecticut

CHC/ACT Conference | November 13, 2025

Vital Signs

An Opinionated Guide to FQHC Executive Dashboards

Brandon Hamilton

CEO/Co-founder @ Relevant

Introductions



relevant

- Founded in 2015 by health center veterans
- Today: we work with 85 health centers, IPAs, HCCNs, and PCAs
- 100% focus on health centers



What's a dashboard?



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Audience-Focused vs. Topical Dashboards




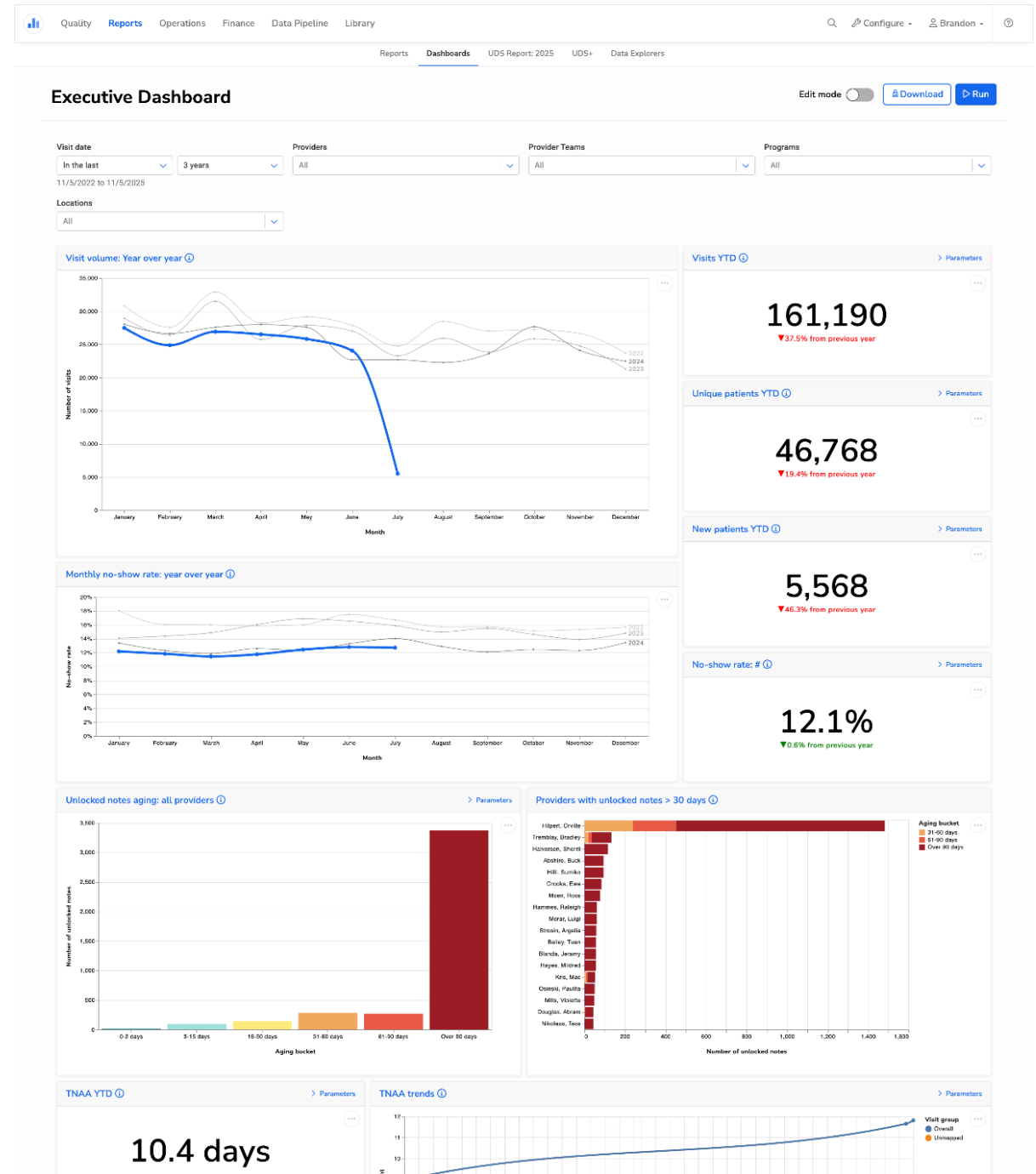
**Community Health Center
Association of Connecticut**

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Audience-focused dashboards

Tips

- Simplicity is 
- Drill-through to more expressive topical dashboards for exploration



Big recurring idea:

Big numbers, presented with context

No-show rate YTD ⓘ

> Parameters



20.7%

No-show rate YTD ⓘ

> Parameters



20.7%

▼ 3.3% from previous year

No-show rate YTD ⓘ

> Parameters

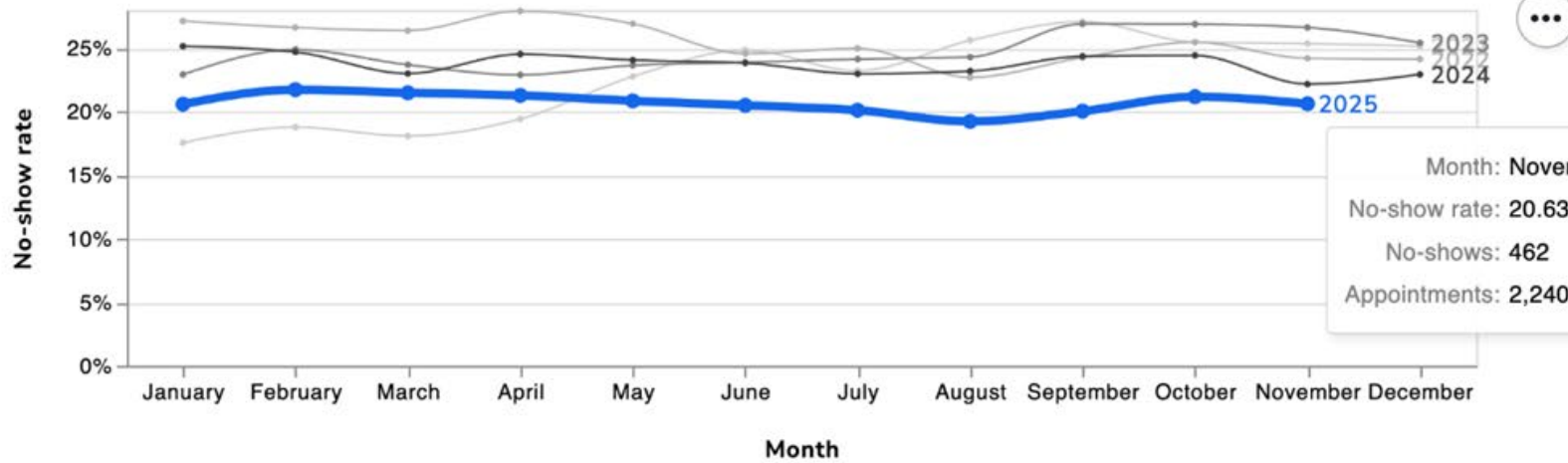


20.7%

▼ 3.3% from previous year

No-show trend analysis by Month ⓘ

> Parameters



No-show rate YTD ⓘ

> Parameters

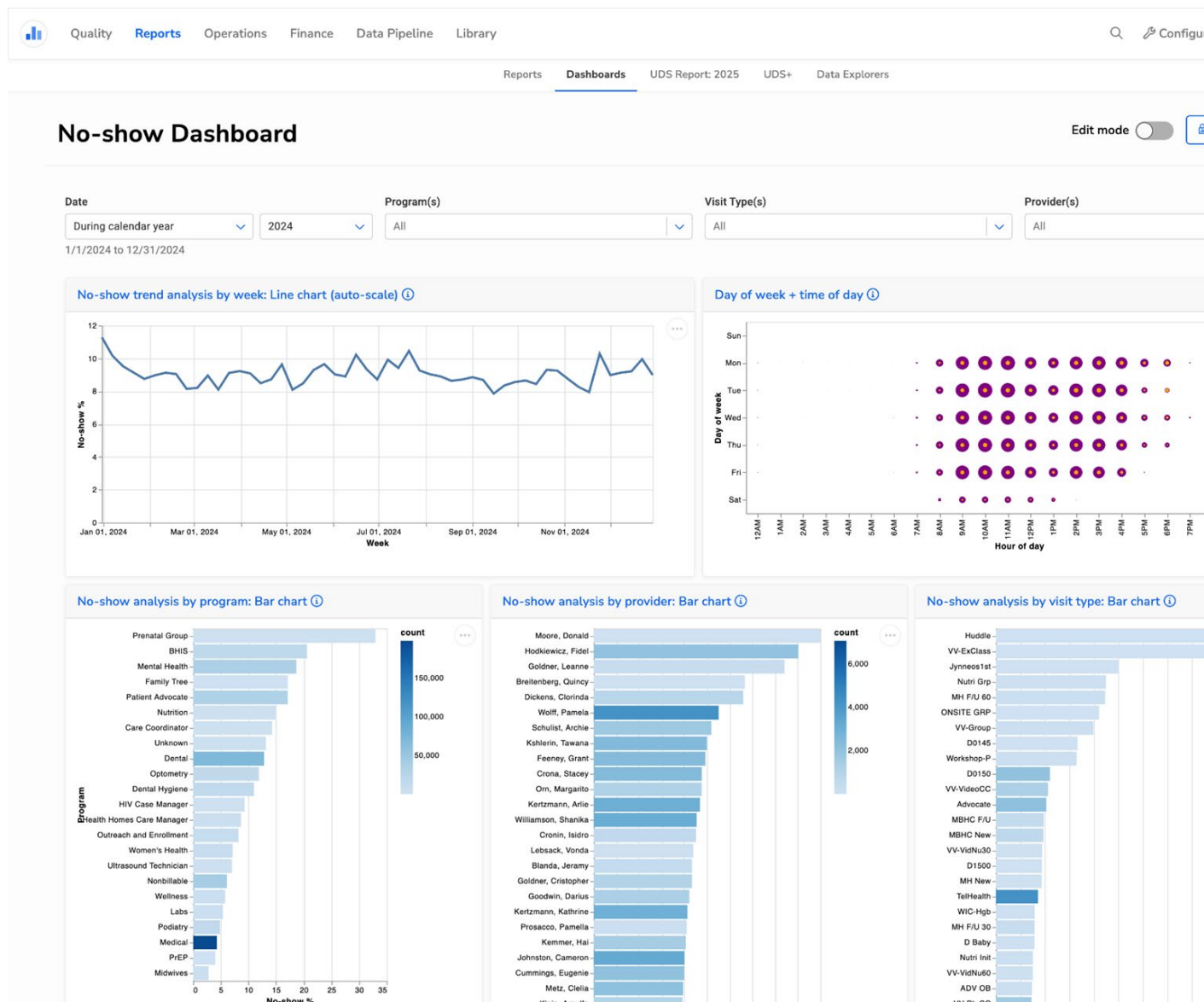
20.7%

▼ 3.3% from previous year

Topical dashboards

Tips

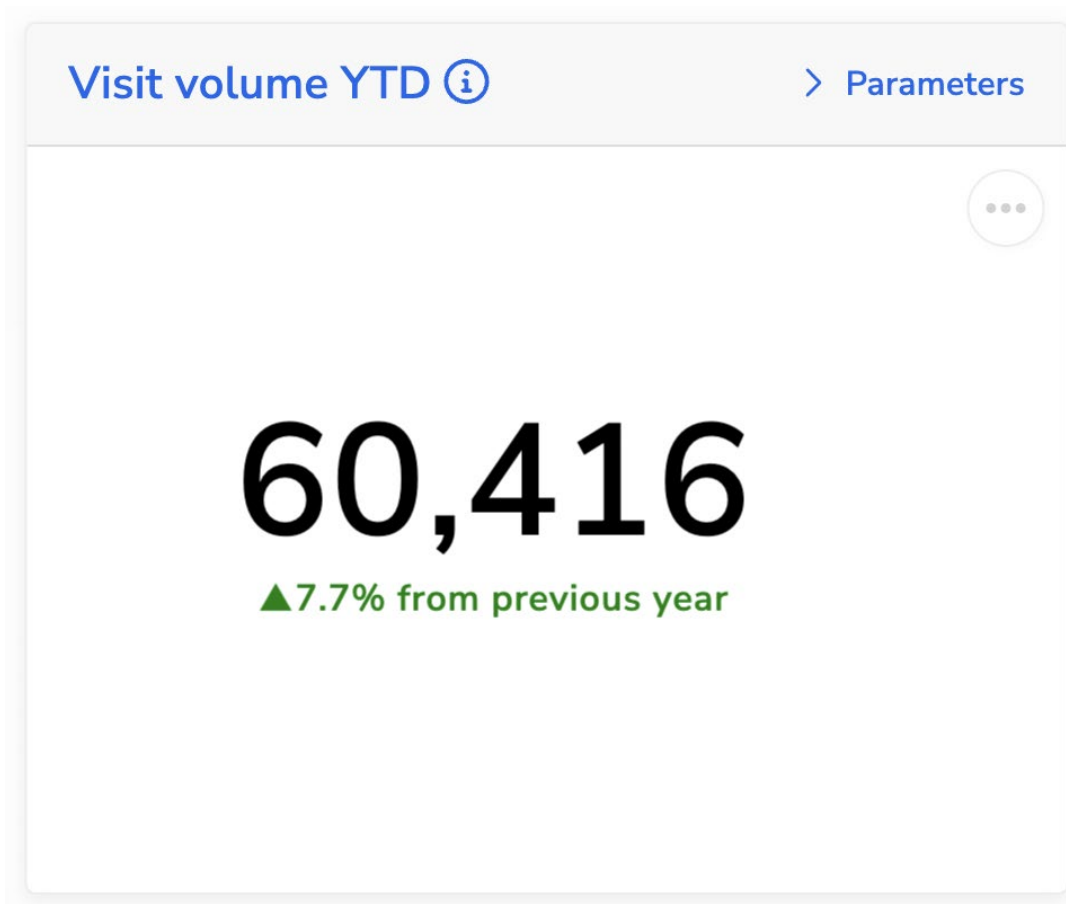
- Same data, multiple views
- More filters
- Interactivity is a +
- More interesting dataviz
- Drill through to row-level



Vital Sign #1:

Visit Volume

Visit Volume



- Seems easy!
- Gotchas
 - Context matters
 - It matters how you visualize it

Context matters

- What are we actually trying to measure?
- Is the data consumer set up well to understand?

VISIT UNIVERSE

- All visits [i](#)
- Billable visits [i](#)
- UDS visits [i](#)
- Provider productivity visits [i](#)
- Location productivity visits [i](#)
- Panel visits [i](#)
- Phone visits [i](#)
- Video visits [i](#)

Context matters

- What are we actually trying to measure?
- Is the data consumer set up well to understand?
 - **Annotations can help!**

VISIT UNIVERSE

- All visits ⓘ
- Billable visits ⓘ
- UDS visits ⓘ
- Provider productivity visits ⓘ
- Location productivity visits ⓘ
- Panel visits ⓘ
- Phone visits ⓘ
- Video visits ⓘ

Face-to-face visits with a Primary Care, Specialty Care, Behavioral Health or Urgent Care provider. This does not include Nurse, CDE, RD, or Care Manager visits and does not include ancillary services. Aligns with budgeted encounters definition.

Big recurring idea:

Good data viz matters

Visualizing visit volume data

	A	B	C	D	E	F	G	H
1	Date	Visit Count		Date	Visit Count		Date	Visit Count
2	2024-01-02	20		2024-02-01	27		2024-03-01	14
3	2024-01-03	20		2024-02-02	15		2024-03-04	21
4	2024-01-04	27		2024-02-06	20		2024-03-05	22
5	2024-01-05	14		2024-02-07	21		2024-03-06	21
6	2024-01-08	21		2024-02-08	27		2024-03-07	22
7	2024-01-10	21		2024-02-09	14		2024-03-08	13
8	2024-01-11	27		2024-02-10	15		2024-03-11	22
9	2024-01-13	13		2024-02-13	16		2024-03-12	21
10	2024-01-15	21		2024-02-14	20		2024-03-13	15
11	2024-01-16	21		2024-02-16	12		2024-03-14	27
12	2024-01-17	20		2024-02-19	21		2024-03-15	14
13	2024-01-18	26		2024-02-20	21		2024-03-16	15
14	2024-01-19	14		2024-02-21	21		2024-03-18	21
15	2024-01-22	21		2024-02-26	21		2024-03-19	20
16	2024-01-23	21		2024-02-27	23		2024-03-20	20
17	2024-01-24	21		2024-02-28	19		2024-03-21	27
18	2024-01-25	26		2024-02-29	27		2024-03-22	15
19	2024-01-26	14					2024-03-25	16
20	2024-01-29	21					2024-03-26	21
21	2024-01-30	21					2024-03-27	21
22	2024-01-31	21					2024-03-28	27
23							2024-03-29	13

What's the story? Do you see any patterns?

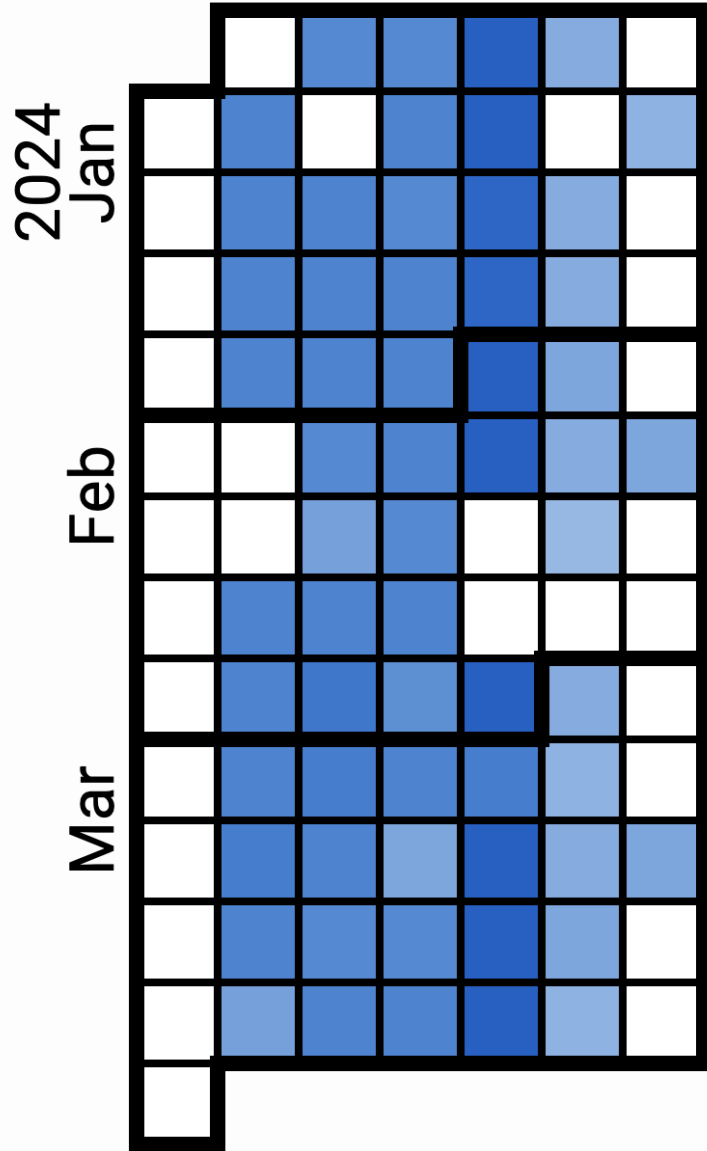
Visualizing visit volume data

	A	B	C	D	E	F	G	H
1	Date	Visit Count		Date	Visit Count		Date	Visit Count
2	2024-01-02	20		2024-02-01	27		2024-03-01	14
3	2024-01-03	20		2024-02-02	15		2024-03-04	21
4	2024-01-04	27		2024-02-06	20		2024-03-05	22
5	2024-01-05	14		2024-02-07	21		2024-03-06	21
6	2024-01-08	21		2024-02-08	27		2024-03-07	22
7	2024-01-10	21		2024-02-09	14		2024-03-08	13
8	2024-01-11	27		2024-02-10	15		2024-03-11	22
9	2024-01-13	13		2024-02-13	16		2024-03-12	21
10	2024-01-15	21		2024-02-14	20		2024-03-13	15
11	2024-01-16	21		2024-02-16	12		2024-03-14	27
12	2024-01-17	20		2024-02-19	21		2024-03-15	14
13	2024-01-18	26		2024-02-20	21		2024-03-16	15
14	2024-01-19	14		2024-02-21	21		2024-03-18	21
15	2024-01-22	21		2024-02-26	21		2024-03-19	20
16	2024-01-23	21		2024-02-27	23		2024-03-20	20
17	2024-01-24	21		2024-02-28	19		2024-03-21	27
18	2024-01-25	26		2024-02-29	27		2024-03-22	15
19	2024-01-26	14					2024-03-25	16
20	2024-01-29	21					2024-03-26	21
21	2024-01-30	21					2024-03-27	21
22	2024-01-31	21					2024-03-28	27
23							2024-03-29	13

**Of
course
you
don't!**

What's the story? Do you see any patterns?

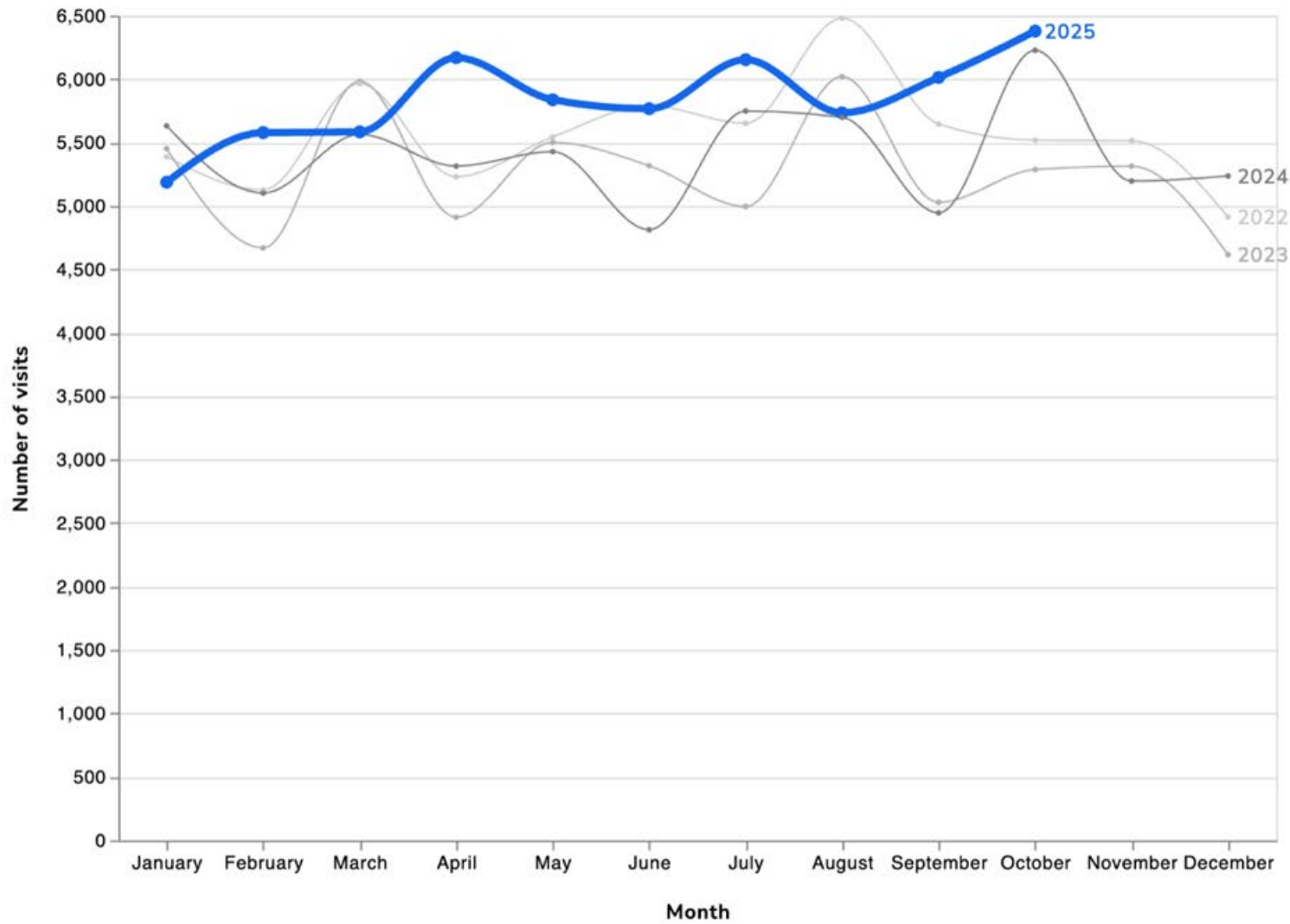
How about now?



- Provider works ~5 days a week
- They work one Saturday a month
- They got a little vacation in February
- Thursday is their highest volume day

Pulling it all together

Monthly visit volume: year over year ⓘ



Visit volume YTD ⓘ

> Parameters

60,730

▲8.2% from previous year

Unique patients YTD ⓘ

> Parameters

13,508

▲8.3% from previous year

New patients YTD ⓘ

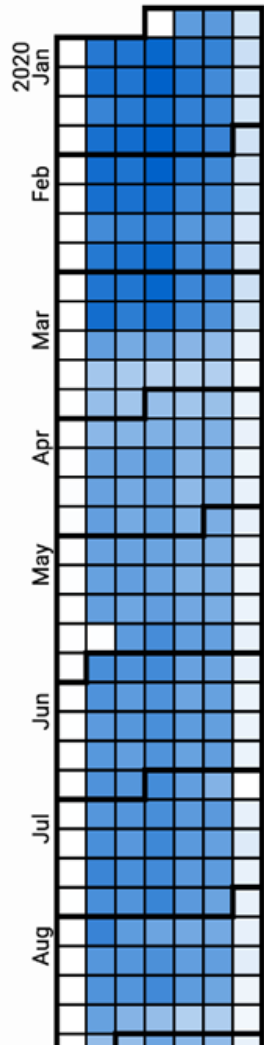
> Parameters

3,383

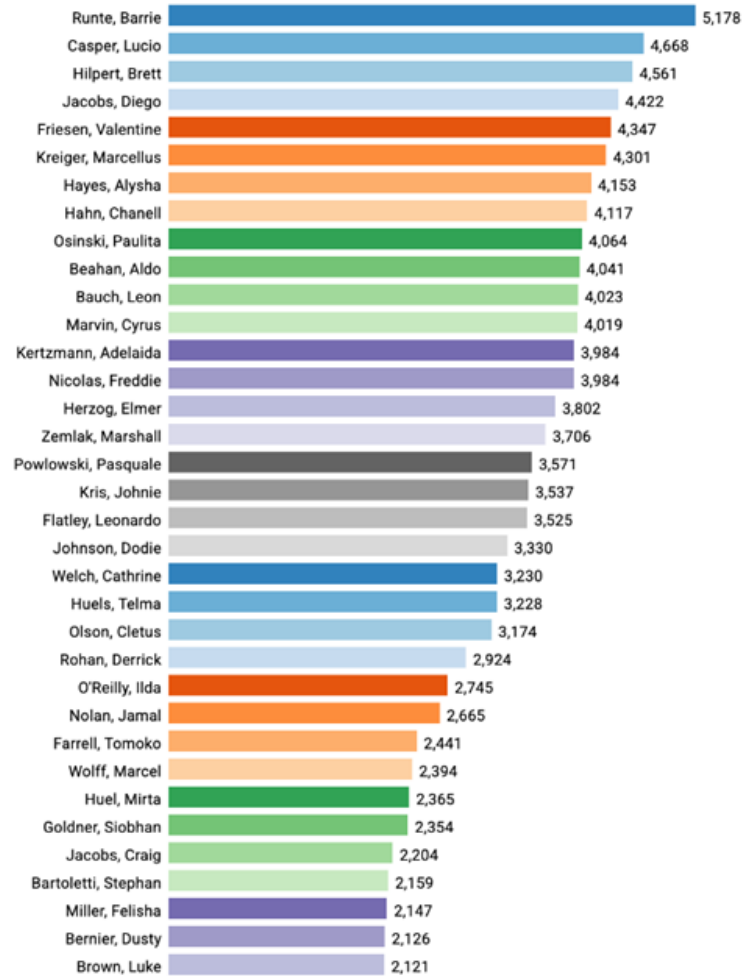
▲24.4% from previous year



Visit Calendar



VISIT COUNTS BY PROVIDER



SUMMARY

282,351

visits

60,577

unique patients

1/1/2020 to 12/31/2020

DATES

Start date 1/1/2020

End date 12/31/2020

FILTERS

+ Add filter

VISIT UNIVERSE

All visits

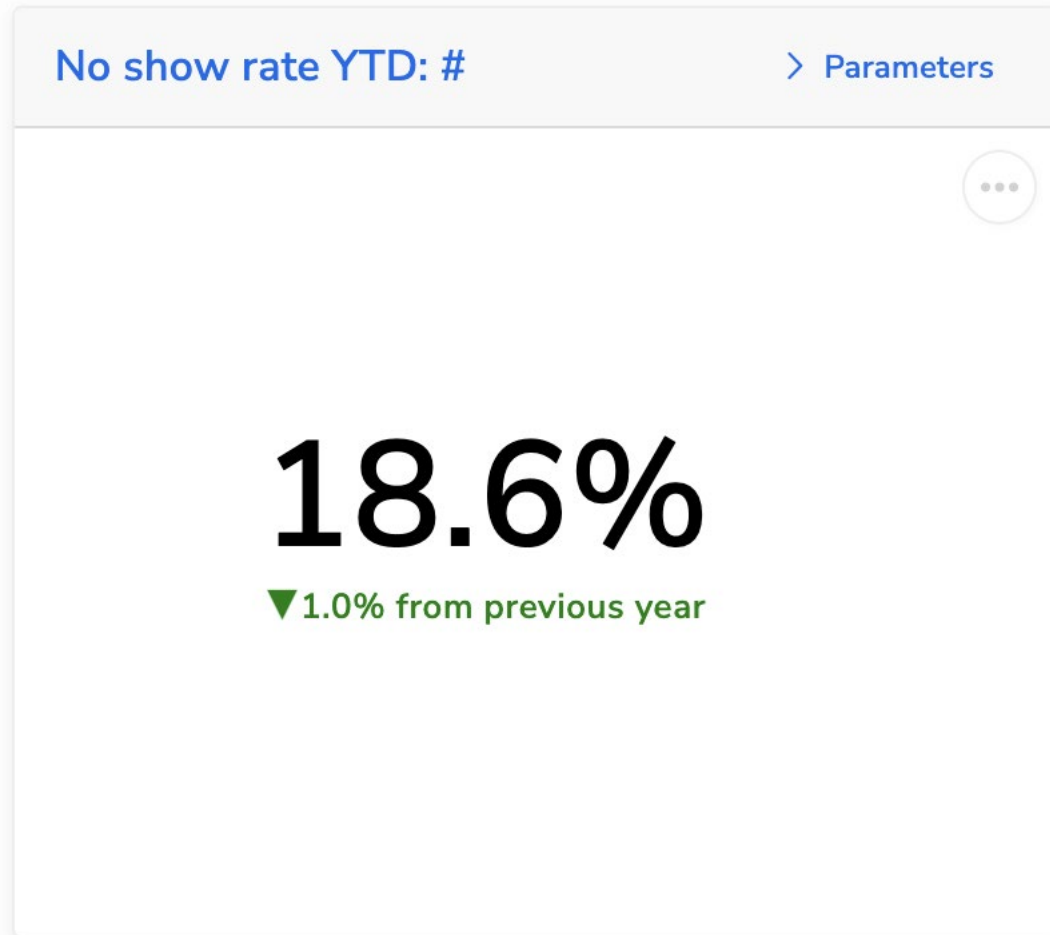
Billable visits ⓘ

UDS visits

Vital Sign #2:

No-show Rates

No-show Rates



- Why it matters
 - Every no-show is a person who intended to get care and *didn't*
 - Wasted capacity
 - Financial impact



Challenges for No-shows

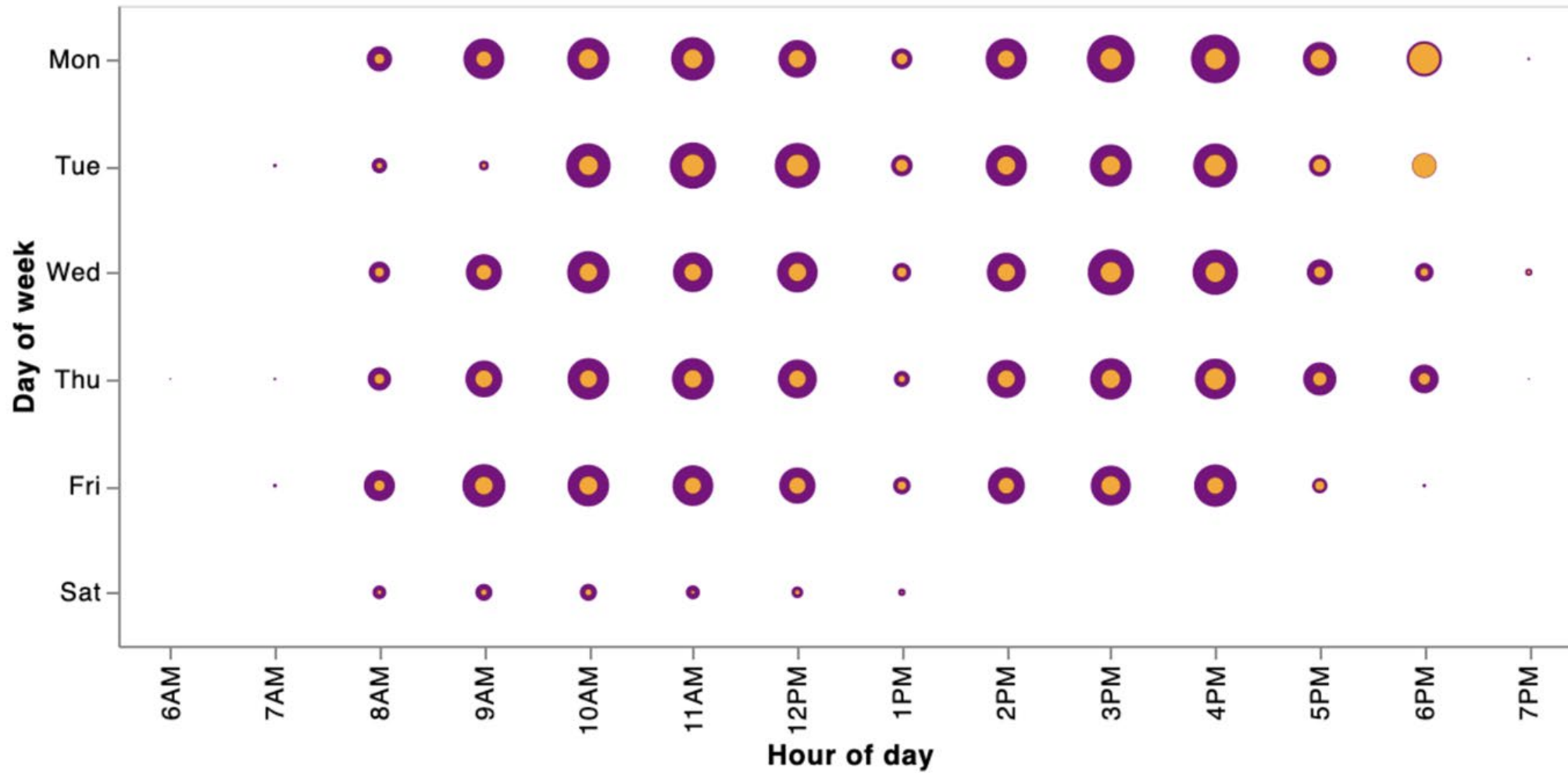
- Messy EHR data
- Data-definitions
- Once again: it matters how you visualize the data

Status	Count ↓
CHK	733247
N/S	234928
PEN	78294
R/S	78272
COMP	64499
CANC	61975
CLINCANC	16724
Error	15678
ERR	12998
0	9454
CANCPHONE	7375
CANCSMS	7248
LABCHK	6675
RSPHONE	6126
ESAOUT	3482
ARR	2667
W/O	1670
M\O	1610
V\B	1561

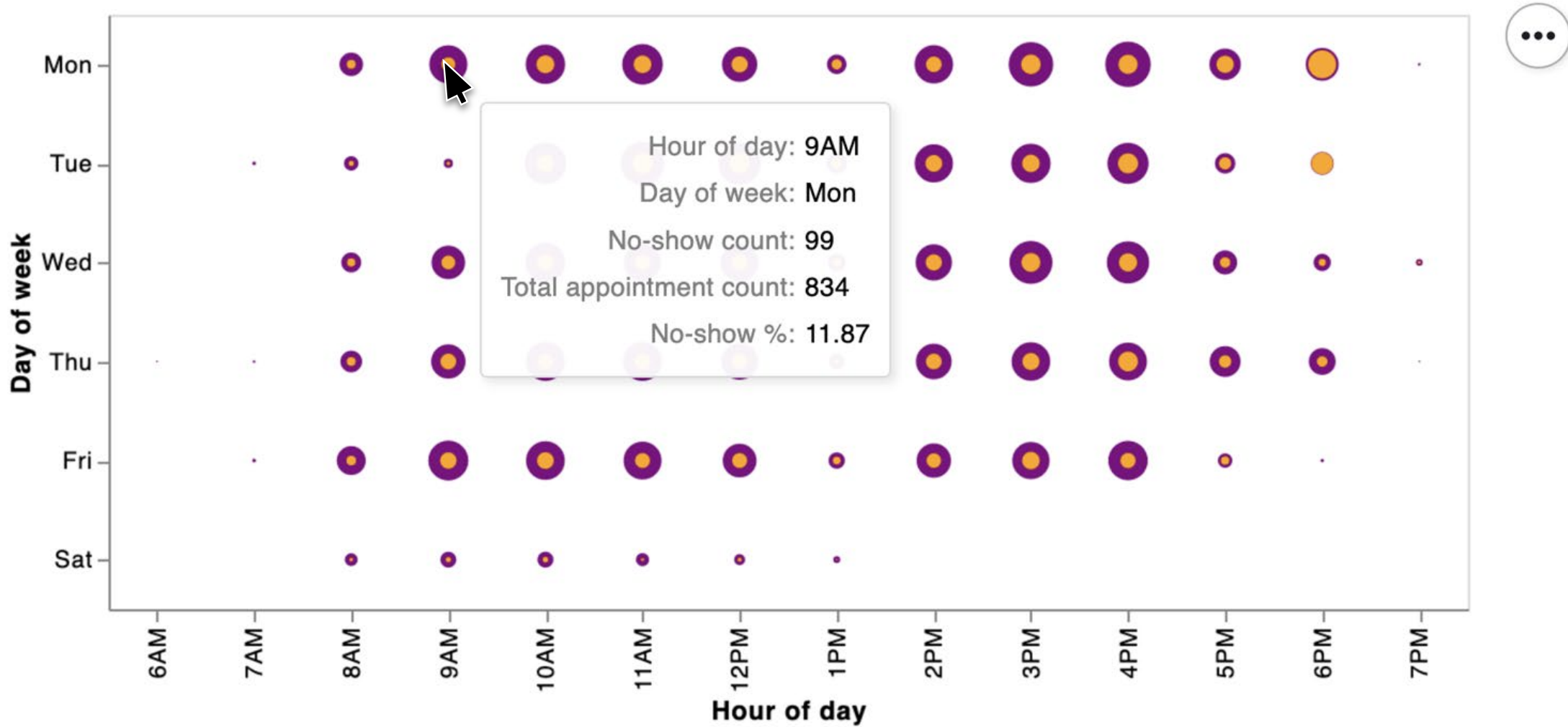
Big recurring idea:

Good data viz matters!

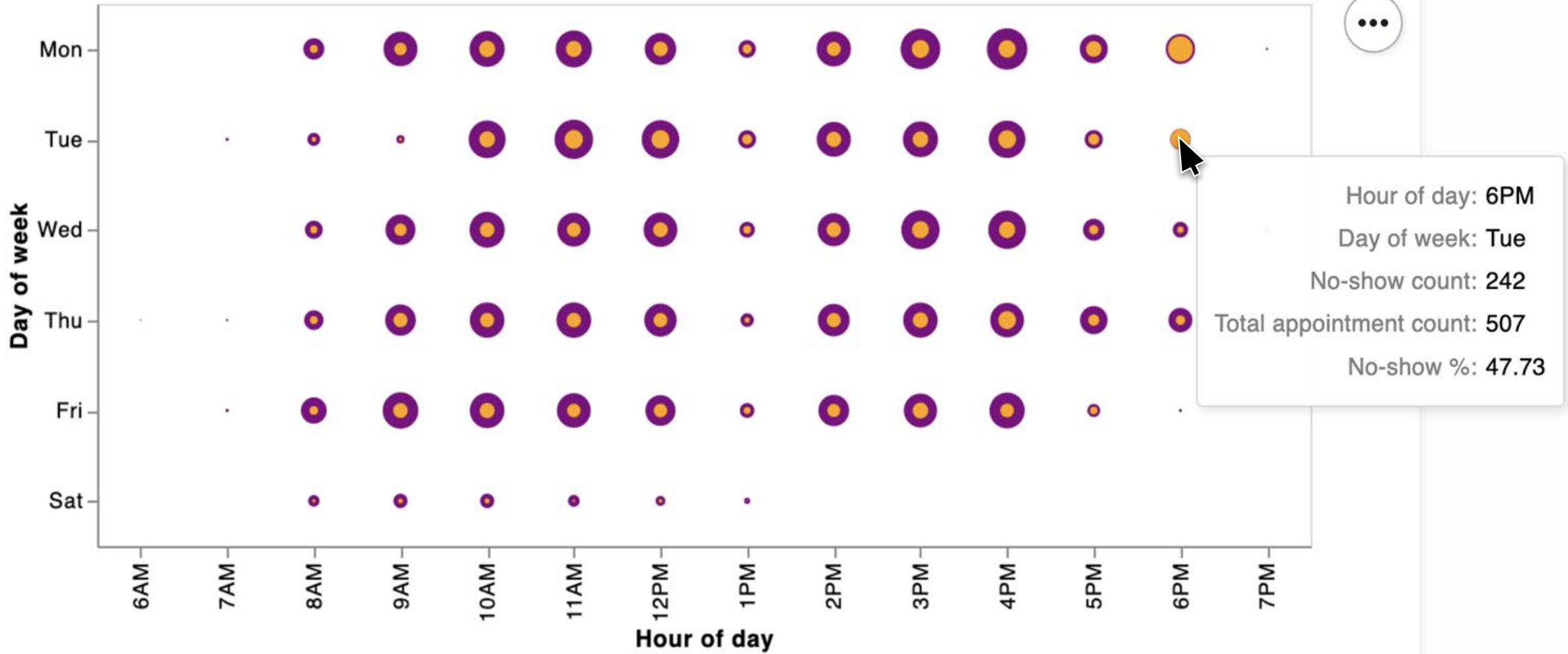
No-show analysis by day of week and time of day



No-show analysis by day of week and time of day



No-show analysis by day of week and time of day



“Should we really be offering 6pm visits for this program?”

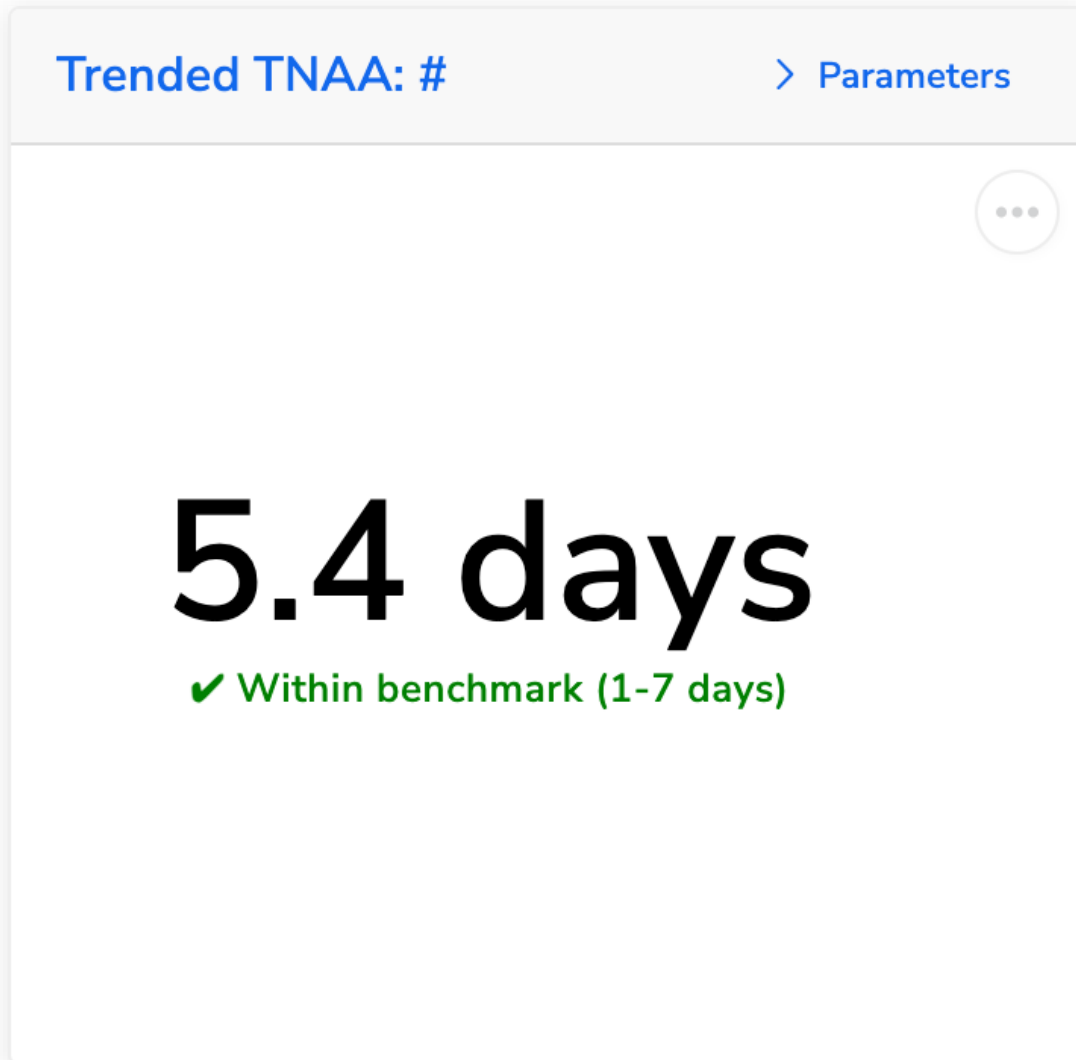
“Do we need different reminder strategies for evening appointments?”

“Are transportation and childcare the culprits?”

Vital Sign #3:

Third Next Available Appointment

Third Next Available Appointment



- Exactly what it sounds like!
- Used to assess patient access and make decisions re: staffing and schedule structure
- Why not first?

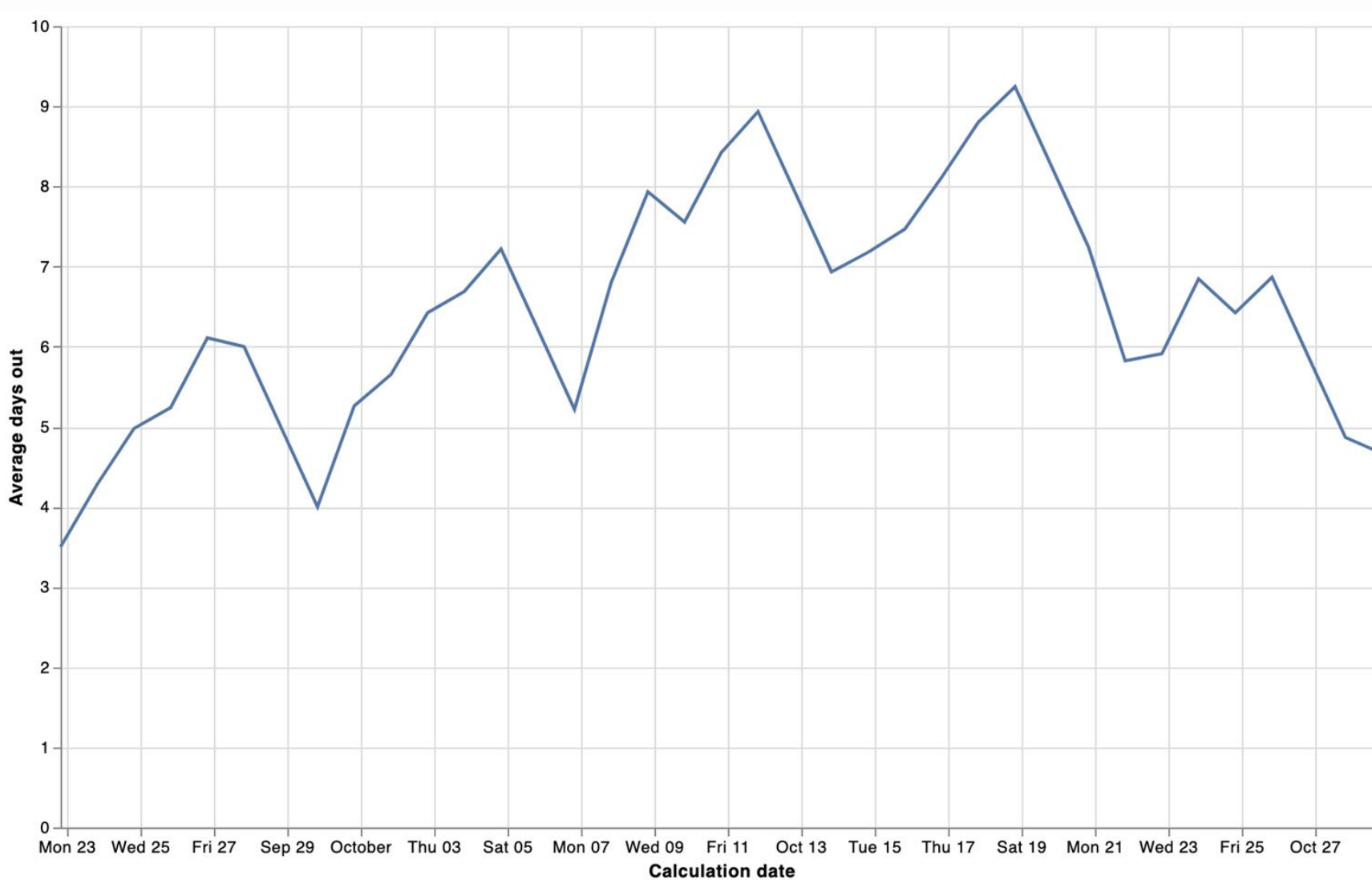
Challenges for TNAA

- Schedules are thorny
- Real-life workflow changes may be required
- It really matters

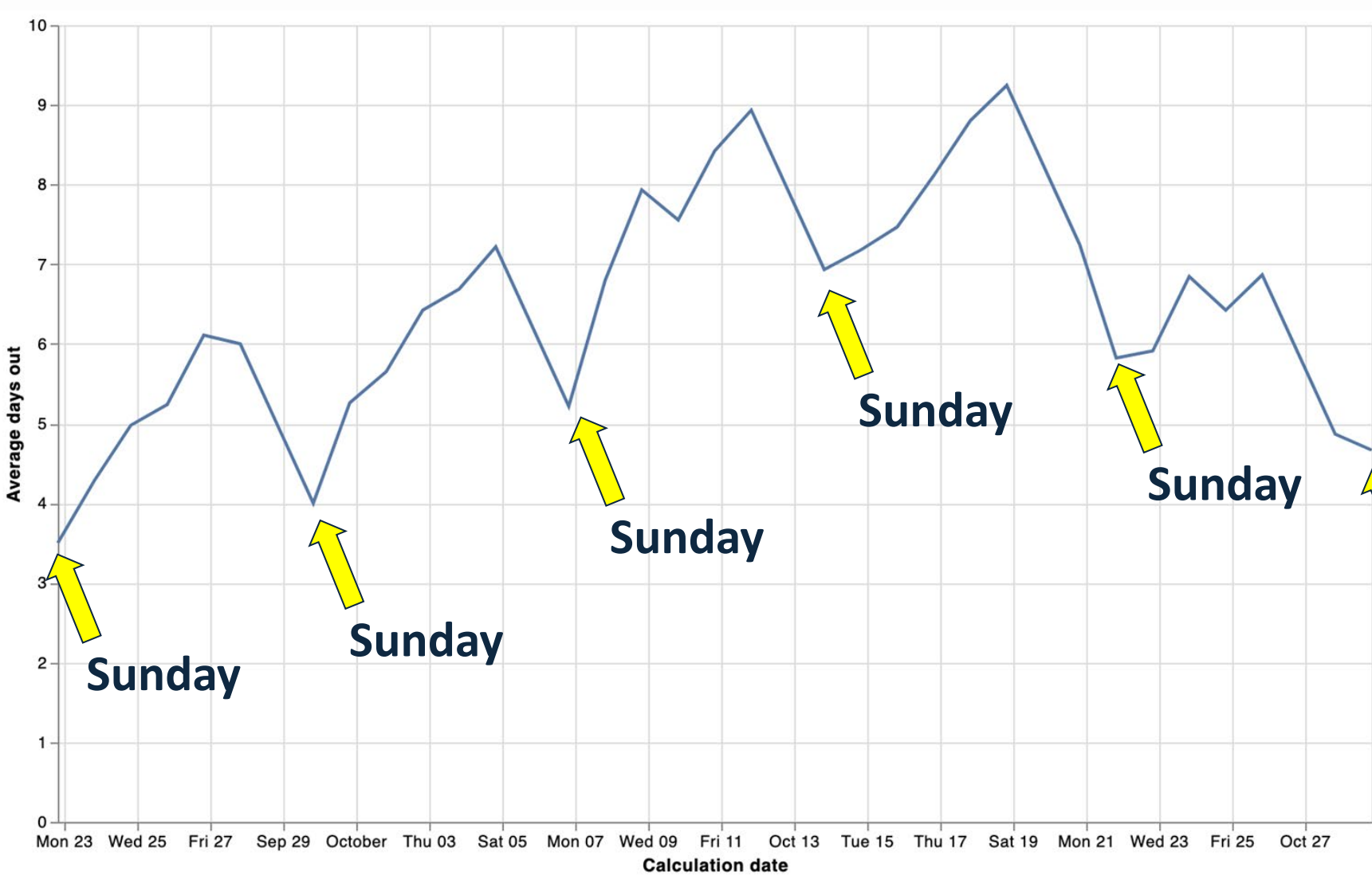
when you measure TNAA!

Status	Count ↓
CHK	733247
N/S	234928
PEN	78294
R/S	78272
COMP	64499
CANC	61975
CLINCANC	16724
Error	15678
ERR	12998
0	9454
CANCPHONE	7375
CANCSMS	7248
LABCHK	6675
RSPHONE	6126
ESAOUT	3482
ARR	2667
W/O	1670
M\O	1610
V\B	1561

It matters when you measure TNAA!



It matters when you measure TNAA!



Sunday

Overall TNAA: Average year-to-date ⓘ

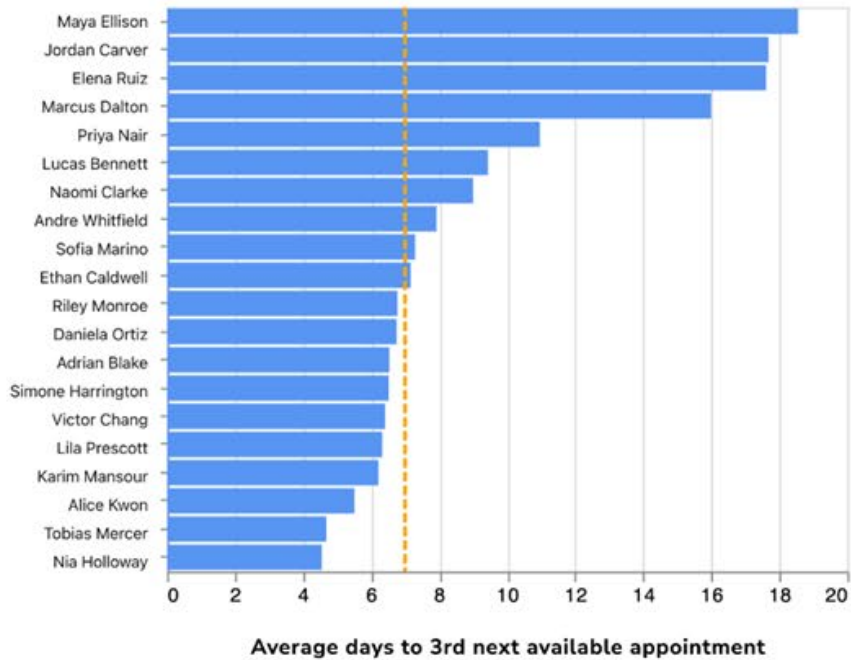
> Parameters

4.7 days

✓ Within benchmark (1-7 days)

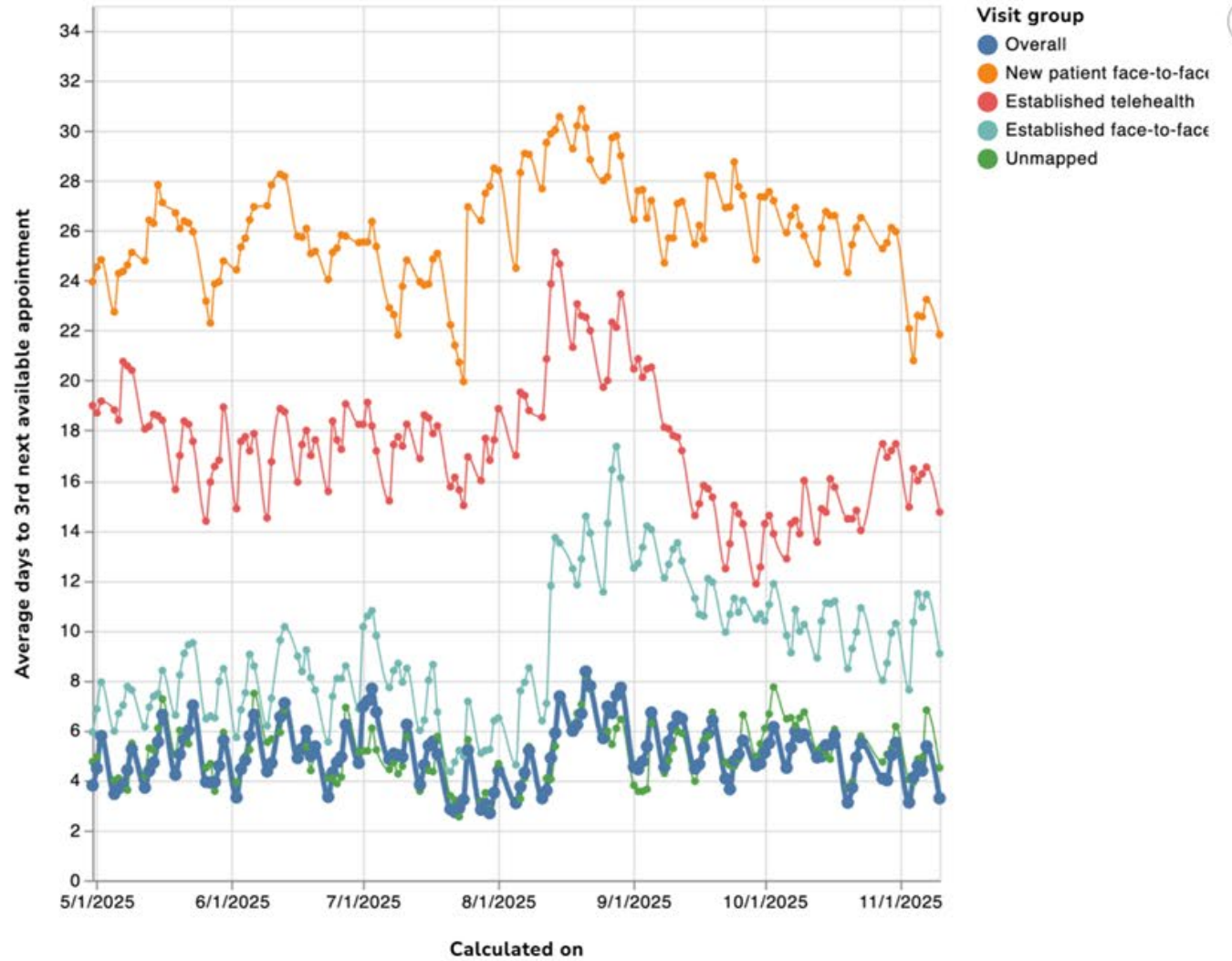
TNAA top providers: Average days out ⓘ

> Parameters



Trended third next available appointment: average ⓘ

> Parameters



Vital Sign #4:

Provider Productivity

Provider Productivity

12

visits on day
11/7/2025

61

visits in week
11/2/2025 to 11/8/2025

66

visits in month
11/1/2025 to 11/30/2025

2,237

visits YTD
1/1/2025 to 11/7/2025

- A subset of Visit Volume that tells answers the question “given the resources we’ve invested in this provider, how much patient care are we getting out of it?”
- Productivity sits right at the intersection of access, provider workload, and **financial viability.**



Challenges for Provider Productivity

- It affects morale
- Your panel matters!
- Multiple ways to measure (patients per hour, RVUs)



Dr. Dentist

As of 11/7/2025

12

visits on day
11/7/2025

61

visits in week
11/2/2025 to 11/8/2025

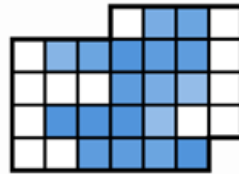
66

visits in month
11/1/2025 to 11/30/2025

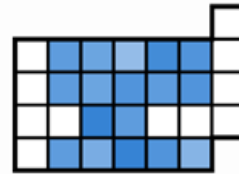
2,237

visits YTD
1/1/2025 to 11/7/2025

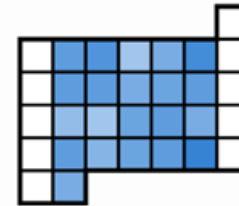
January 2025



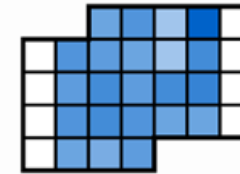
February



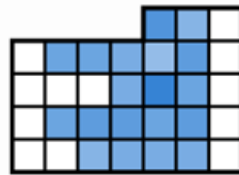
March



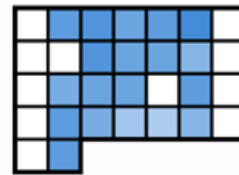
April



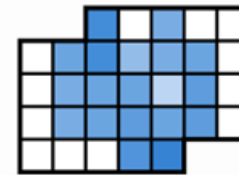
May



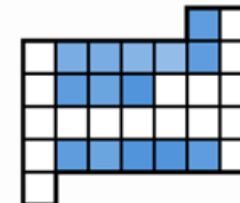
June



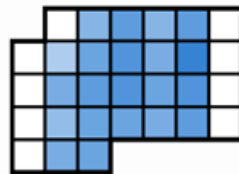
July



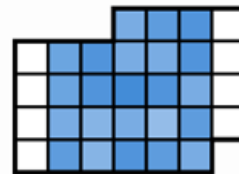
August



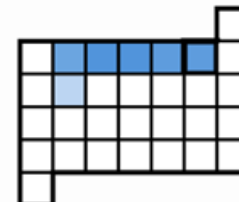
September



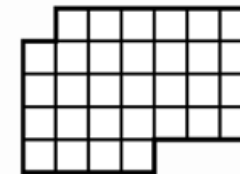
October



November



December



110%

YTD target as of 11/7/2025

2,237 visits / 2,042 target

93%

CY target as of 11/7/2025

2,237 visits / 2,396 target

Challenges for Provider Productivity

- It affects morale
- Your panel matters!
- Multiple ways to measure (patients per hour, RVUs)

Our strategy

- Don't try for patients per hour.
- **Zoom out!**
 - Assign targets by discipline that fairly bake in admin time, QI work, vacation, etc.
- Prorate those targets across the year!

116%

YTD target as of 5/9/2025

981 visits / 847 target

41%

CY target as of 5/9/2025

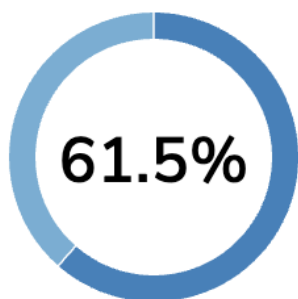
981 visits / 2,396 target

Vital Sign #5:

Quality Measures

Quality Measures

Controlling High Blood Pressure ⓘ



1,695
2,756
31 exclusions

Above target

60.0%
Compliance target

+1.5
Percentage points

+42
Patients

- Measure process and outcomes with numerators, denominators, and exclusions.
- Why do they matter?
 - UDS(+)
 - Core to the FQHC mission
 - Health Equity



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Challenges for QMs

- Data quality
- Outcome measures need to be paired with process measures.
- Long lookback windows (e.g. colonoscopies).
- Need to be able to slice by
 - Race/Gender/Ethnicity
 - Providers/Locations/Teams
 - Payers/Risk groups
 - Specific populations

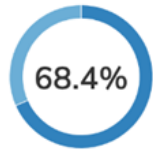


Controlling High Blood Pressure (UDS 2024 Table 7) >

Measurement period: 11/1/2022 to 10/31/2023

Data last refreshed on 7/11/2024

COMPLIANCE



193
282
3 exclusions

TARGET

68.0%
Compliance target

+0.4
Percentage points

+2
Patients

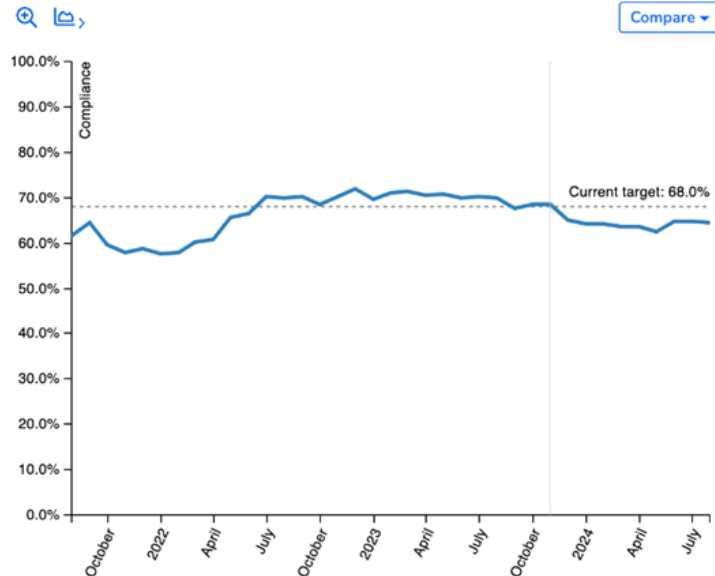
Above target

FILTERS

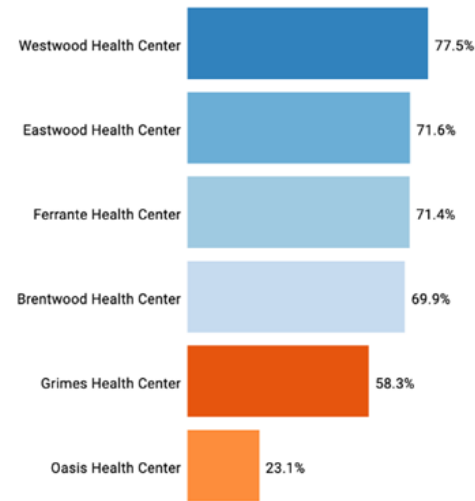
Populations
High risk for no...

+ Add filter

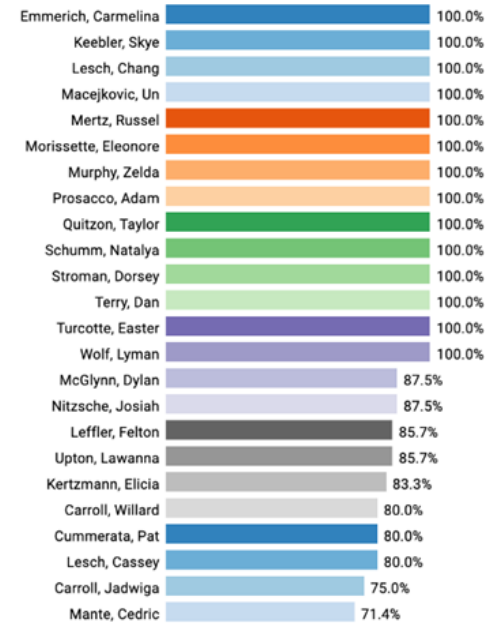
COMPLIANCE TREND BY PERCENTAGE



COMPLIANCE BY LOCATION



COMPLIANCE BY PROVIDER

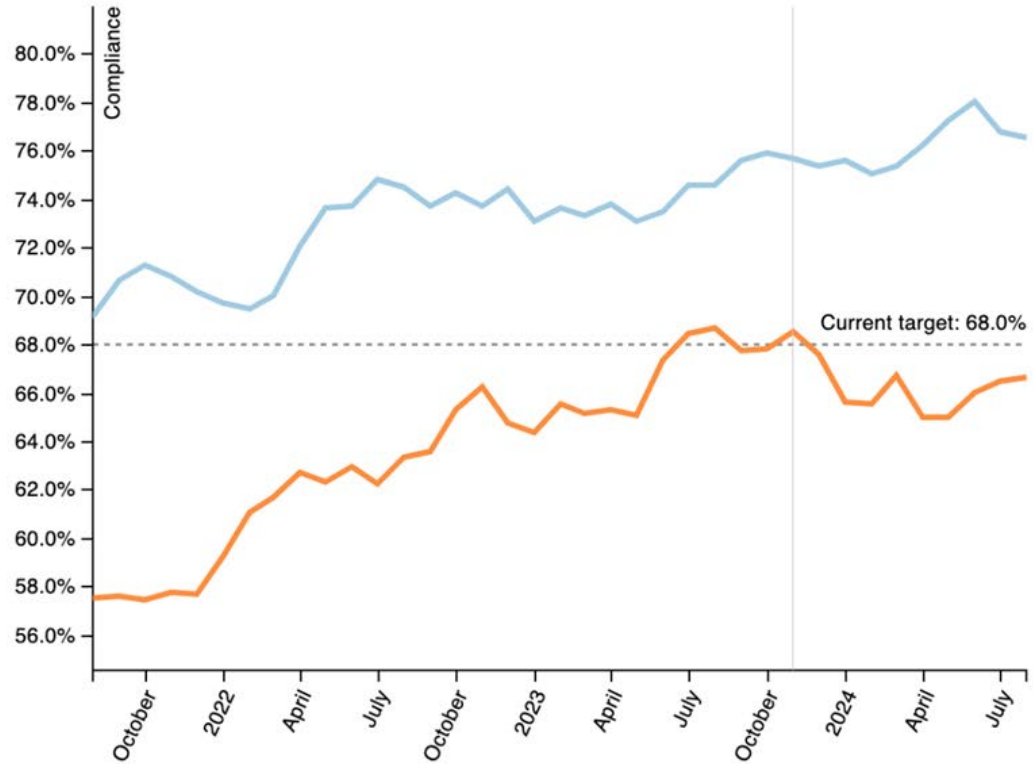


Slicing/dicing

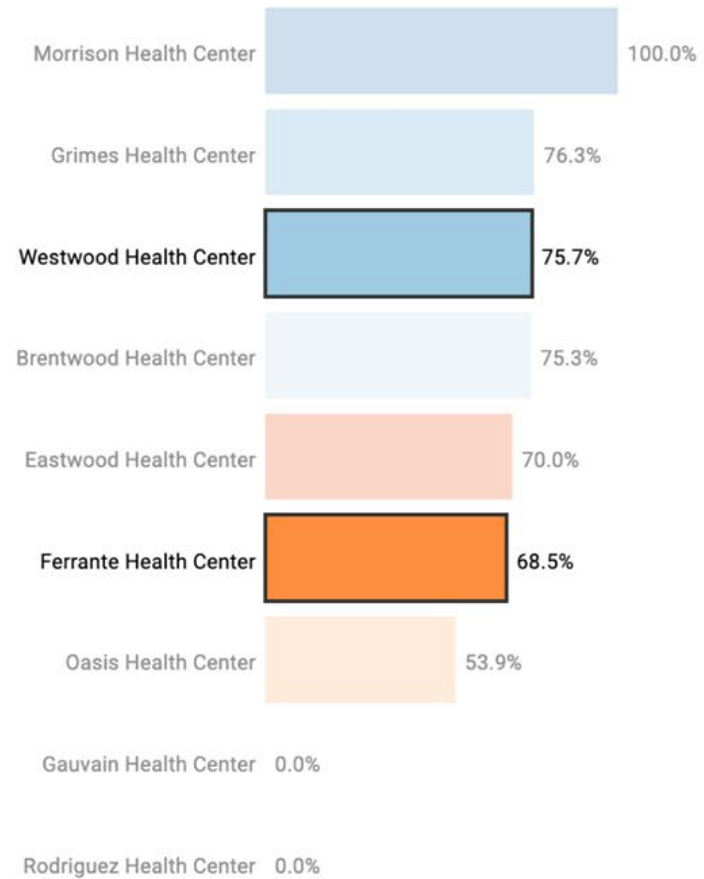
COMPLIANCE TREND BY PERCENTAGE ▾



Compare ▾



COMPLIANCE BY LOCATION ▾



Custom Populations

The image shows a user interface for filtering data. At the top left, there is a tab labeled "FILTERS". Below it, a filter is applied, labeled "Populations" in blue text with a small downward arrow. To the left of this label is a grey circle containing a white "x", which is used to remove the filter. Below the "Populations" label, the word "All" is displayed. To the right of the filter label is a blue-outlined button with the text "+ Add filter".

Custom Populations

FILTERS

⊗ **Populations** ▾
All

⊙ Populations

🔍 Search

- HealthGuard Roster Patients
- Dual Eligible (Medicare/Medicaid)
- ✓ HealthGuard High Cost Patients
- Corticosteroids
- Thalassemia
- Alzheimer's
- WIC
- High risk for no-show
- New Patient from Roster
- Has recent contact from outreach team

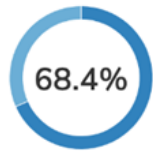


Controlling High Blood Pressure (UDS 2024 Table 7) >

Measurement period: 11/1/2022 to 10/31/2023

Data last refreshed on 7/11/2024

COMPLIANCE



193
282
3 exclusions

TARGET

68.0%
Compliance target

Above target

+0.4
Percentage points

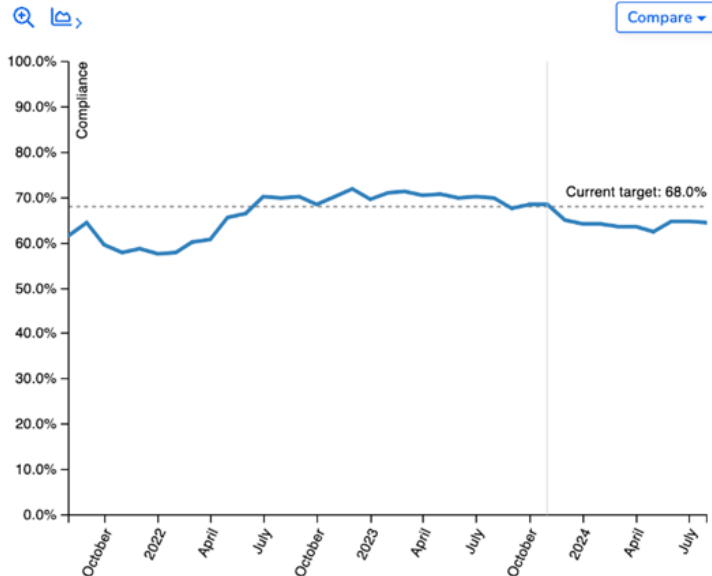
+2
Patients

FILTERS

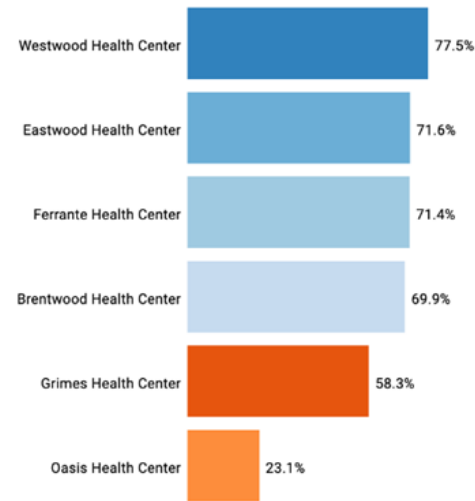
Populations
High risk for no...

+ Add filter

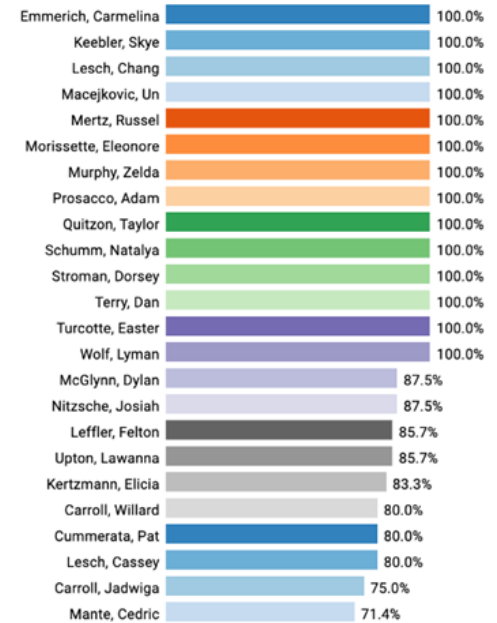
COMPLIANCE TREND BY PERCENTAGE



COMPLIANCE BY LOCATION



COMPLIANCE BY PROVIDER



Discussion and Q & A



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Thanks!

brandon@relevant.healthcare



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