



PROGRAM ASSISTANCE LETTER

DOCUMENT NUMBER: 2013-07

DOCUMENT TITLE: Proposed Uniform Data System Changes for Calendar Year 2014

DATE: May 10, 2013

TO: Health Centers
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. BACKGROUND

This Program Assistance Letter (PAL) provides information on the Health Resources and Services Administration's (HRSA) proposed changes to the calendar year (CY) 2014 Uniform Data System (UDS) to be reported by Health Center Program grantees and look-alikes in early 2015. These changes also will be announced soon in the Federal Register. You are invited to submit your comments on the proposed changes directly to HRSA in order that they may be considered during the public comment review process.

II. PROPOSED CHANGES FOR CY 2014 UDS REPORTING

1. *Patient Characteristics*

The number of public housing patients is reported on line 26 of Table 4 – Selected Patient Characteristics.

Rationale: Residents of public housing that receive health center services are a statutory special population not previously reported in the UDS.

2. *Patient Counts*

The number of patients with a first time diagnosis of HIV is reported on line 1-2 (a) of Table 6A – Selected Diagnoses and Services Rendered.

Rationale: HIV positivity is a HHS data reporting priority that is not currently in the UDS.

3. *Reportable Services*

All grantees now are required to report prenatal and perinatal services for the prenatal access to care and low birth weight measures in Table 6B and Table 7, for all health center patients regardless of whether they receive services in the health center or are referred elsewhere.

Rationale: Prenatal and perinatal services are required services for health centers pursuant to section 330 of the Public Health Service Act. The program expectation is that patients will be tracked by the referring health center in order to assure continuity of care upon their return to the health center. Reporting data for all patients that receive or are referred elsewhere for prenatal and perinatal services is a requirement consistent with recent health center developments to improve reporting and continuity of care systems. Most health centers have developed Electronic Health Record (EHR) capabilities and many have demonstrated commitment to continuity of care by becoming patient centered medical homes (PCMH).

4. *Quality of Care Measures*

Table 6B – Quality of Care Indicators is modified by removing the check box for no prenatal care provided (described above) and

- combining the tobacco screening and cessation intervention pair into a single measure
- removing the lipid therapy measure,
- adding a measure for new HIV cases with timely follow up, and
- adding a new behavioral health measure for clinical depression screening and follow up.

Rationale: The single measure for tobacco cessation and intervention (reported in Section G, line 14a) is aligned with the National Quality Forum (NQF) measure and Meaningful Use (MU).

The lipid therapy measure has been replaced by a lipid control measure for NQF and MU. (The lipid control measure is added in Table 7 as described below.)

The clinical depression screening and follow up measure (added as Section M, line 21) has been endorsed by the HHS Measures Policy Council and is aligned with NQF and MU. Standardized reporting of this measure by health centers underscores the importance of behavioral health quality measurement for the Health Center Program.

5. *Health Outcomes and Disparities Measures*

Table 7 – Health Outcomes and Disparities has been modified by:

- revising the diabetes control measure to no longer require reporting for Hba1c levels less than 7 and
- adding a lipid control measure to replace the lipid therapy measure no longer reported in Table 6B.

Rationale:

Diabetes Control – NQF and MU measures do not record Hba1c levels less than 7. Alignment with these measures (which record Hba1c levels of 8 and 9) reduces health center reporting burden. (Health centers are not precluded from collecting Hba1c levels below 7, if they track performance on these measures for quality improvement purposes.)

Lipid Control – The lipid control measure encourages stabilization of coronary artery disease by realizing or planning to achieve (with prescription of a statin) an LDL-C result < 100mg/dl. This measure is the lipid control outcomes measure that has been identified by the NQF to replace the lipid therapy measure. It is added as Section D, Coronary Artery Disease to Table 7.

6. *Electronic Health Records Capabilities and Quality Recognition*

The questions on electronic health records capabilities and quality recognition through PCMH accreditation have been revised and streamlined to capture essential information with reduced reporting burden.

Rationale: Ensuring that health centers adopt EHRs is a priority for HRSA, including helping health centers use EHR functionality to obtain MU incentive payments from the Center for Medicare and Medicaid Services (CMS). The annual UDS report contains data on EHR capabilities required of all health centers. Updated information on PCMH designation and accreditation is essential for describing the quality and continuity of care provided to health center patients.

III. CONTACTS

If you have any questions or comments regarding the proposed changes to the CY 2014 UDS, please contact the Office of Quality and Data at OQDComments@hrsa.gov or 301-594-0818.

Attachments:

1. Proposed Changes to UDS Tables 4, 6A, 6B, and 7
2. Electronic Health Record (EHR) Capabilities and Quality Recognition

ATTACHMENT 1: Proposed Changes to UDS Tables (shown in bold italics)

Reporting Period: January 1, 2014 through December 31, 2014

TABLE 4 – SELECTED PATIENT CHARACTERISTICS

| CHARACTERISTIC | | NUMBER OF PATIENTS (a) | | | | |
|---|--|-----------------------------|---------------------------|---|----------------------------------|----------------|
| INCOME AS PERCENT OF POVERTY LEVEL | | | | | | |
| 1. | 100% and below | | | | | |
| 2. | 101 – 150% | | | | | |
| 3. | 151 – 200% | | | | | |
| 4. | Over 200% | | | | | |
| 5. | Unknown | | | | | |
| 6. | TOTAL (SUM LINES 1 – 5) | | | | | |
| PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE | | 0-17 YEARS OLD (a) | 18 AND OLDER (b) | | | |
| 7. | None/Uninsured | | | | | |
| 8a. | Regular Medicaid (Title XIX) | | | | | |
| 8b. | CHIP Medicaid | | | | | |
| 8. | TOTAL MEDICAID (LINE 8A + 8B) | | | | | |
| 9. | MEDICARE (TITLE XVIII) | | | | | |
| 10a. | Other Public Insurance Non-CHIP (specify:) | | | | | |
| 10b. | Other Public Insurance CHIP | | | | | |
| 10. | TOTAL PUBLIC INSURANCE (LINE 10a + 10b) | | | | | |
| 11. | PRIVATE INSURANCE | | | | | |
| 12. | TOTAL (SUM LINES 7 + 8 + 9 +10 +11) | | | | | |
| MANAGED CARE UTILIZATION | | | | | | |
| Payor Category | | MEDICAID (a) | MEDICARE (b) | OTHER PUBLIC INCLUDING NON-MEDICAID CHIP (c) | PRIVATE (d) | TOTAL (e) |
| 13a. | Capitated Member months | | | | | |
| 13b. | Fee-for-service Member months | | | | | |
| 13c. | TOTAL MEMBER MONTHS (13a + 13b) | | | | | |
| CHARACTERISTICS – SPECIAL POPULATIONS | | | | | NUMBER OF PATIENTS -- (a) | |
| 14. | Migratory (330g grantees only) | | | | | |
| 15. | Seasonal (330g grantees only) | | | | | |

| CHARACTERISTIC | | NUMBER OF PATIENTS (a) |
|------------------------------------|--|-----------------------------|
| INCOME AS PERCENT OF POVERTY LEVEL | | |
| 16. | TOTAL AGRICULTURAL WORKERS OR DEPENDENTS (ALL GRANTEES REPORT THIS LINE) | |
| 17. | Homeless Shelter (330h grantees only) | |
| 18. | Transitional (330h grantees only) | |
| 19. | Doubling Up (330h grantees only) | |
| 20. | Street (330h grantees only) | |
| 21. | Other (330h grantees only) | |
| 22. | Unknown (330h grantees only) | |
| 23. | TOTAL HOMELESS (ALL GRANTEES REPORT THIS LINE) | |
| 26. | PUBLIC HOUSING PATIENTS (ALL GRANTEES REPORT THIS LINE) | |
| 24. | TOTAL SCHOOL BASED HEALTH CENTER PATIENTS (ALL GRANTEES REPORT THIS LINE) | |
| 25. | TOTAL VETERANS (ALL GRANTEES REPORT THIS LINE) | |

Reporting Period: January 1, 2014 through December 31, 2014

TABLE 6A – SELECTED DIAGNOSES AND SERVICES RENDERED

| Diagnostic Category | Applicable ICD-9-CM Code | Number of Visits by Diagnosis regardless of primacy (A) | Number of Patients with Diagnosis regardless of primacy (B) |
|---|--|---|---|
| Selected Infectious and Parasitic Diseases | | | |
| 1-2. | Symptomatic HIV , Asymptomatic HIV | 042 , 079.53, V08 | |
| 1-2(a) | Initial HIV Diagnosis: Persons diagnosed for the first time ever in their lifetime (see manual) | 042 , 079.53, V08 | |
| 3. | Tuberculosis | 010.xx – 018.xx | |
| 4. | Syphilis and other sexually transmitted diseases | 090.xx – 099.xx | |
| 4a. | Hepatitis B | 070.20, 070.22, 070.30, 070.32 | |

| Diagnostic Category | | Applicable ICD-9-CM Code | Number of Visits by Diagnosis <i>regardless of primacy</i> (A) | Number of Patients with Diagnosis <i>regardless of primacy</i> (B) |
|--|--|--|--|--|
| 4b. | Hepatitis C | 070.41, 070.44, 070.51, 070.54, 070.70, 070.71 | | |
| Selected Diseases of the Respiratory System | | | | |
| 5. | Asthma | 493.xx | | |
| 6. | Chronic bronchitis and emphysema | 490.xx – 492.xx | | |
| Selected Other Medical Conditions | | | | |
| 7. | Abnormal breast findings, female | 174.xx; 198.81; 233.0x; 238.3 793.8x | | |
| 8. | Abnormal cervical findings | 180.xx; 198.82; 233.1x; 795.0x | | |
| 9. | Diabetes mellitus | 250.xx; 648.0x; 775.1x | | |
| 10. | Heart disease (selected) | 391.xx – 392.0x 410.xx – 429.xx | | |
| 11. | Hypertension | 401.xx – 405.xx | | |
| 12. | Contact dermatitis and other eczema | 692.xx | | |
| 13. | Dehydration | 276.5x | | |
| 14. | Exposure to heat or cold | 991.xx – 992.xx | | |
| 14a. | Overweight and obesity | ICD-9 : 278.0 – 278.02 or V85.xx excluding V85.0, V85.1, V85.51 V85.52 | | |
| Selected Childhood Conditions | | | | |
| 15. | Otitis media and eustachian tube disorders | 381.xx – 382.xx | | |
| 16. | Selected perinatal medical conditions | 770.xx; 771.xx; 773.xx; 774.xx – 779.xx (excluding 779.3x) | | |

TABLE 6B – QUALITY OF CARE INDICATORS

| SECTION A – AGE CATEGORIES FOR PRENATAL PATIENTS | | | | |
|--|--|--|--|------------------------------------|
| DEMOGRAPHIC CHARACTERISTICS OF PRENATAL CARE PATIENTS | | | | |
| AGE | | NUMBER OF PATIENTS (a) | | |
| 1 | LESS THAN 15 YEARS | | | |
| 2 | AGES 15-19 | | | |
| 3 | AGES 20-24 | | | |
| 4 | AGES 25-44 | | | |
| 5 | AGES 45 AND OVER | | | |
| 6 | TOTAL PATIENTS (SUM LINES 1 – 5) | | | |
| SECTION B – TRIMESTER OF ENTRY INTO PRENATAL CARE | | | | |
| TRIMESTER OF FIRST KNOWN VISIT FOR WOMEN RECEIVING PRENATAL CARE DURING REPORTING YEAR | | Women Having First Visit with Grantee (a) | Women Having First Visit with Another Provider (b) | |
| 7 | First Trimester | | | |
| 8 | Second Trimester | | | |
| 9 | Third Trimester | | | |
| SECTION C – CHILDHOOD IMMUNIZATION | | | | |
| CHILDHOOD IMMUNIZATION | | TOTAL NUMBER OF PATIENTS WITH 3 RD BIRTHDAY DURING MEASUREMENT YEAR (a) | NUMBER CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS IMMUNIZED (c) |
| 10 | MEASURE: Children who have received age appropriate vaccines who had their 3 rd birthday during measurement year (on or prior to 31 December) | | | |
| SECTION D – CERVICAL CANCER SCREENING | | | | |
| PAP TESTS | | TOTAL NUMBER OF FEMALE PATIENTS 24-64 YEARS OF AGE (a) | NUMBER CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS TESTED (c) |
| 11 | MEASURE: Female patients aged 24-64 who received one or more Pap tests to screen for cervical cancer | | | |
| SECTION E – WEIGHT ASSESSMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS | | | | |

| CHILD AND ADOLESCENT WEIGHT ASSESSMENT AND COUNSELING | | TOTAL PATIENTS AGED 3 – 17 ON DECEMBER 31 (a) | NUMBER CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH COUNSELING AND BMI DOCUMENTED (c) |
|---|---|--|---|---|
| 12 | MEASURE: Children and adolescents aged 3 – through 17 during measurement year (on or prior to 31 December) with a BMI percentile, <i>and</i> counseling on nutrition and physical activity documented for the current year | | | |
| SECTION F – ADULT WEIGHT SCREENING AND FOLLOW-UP | | | | |
| ADULT WEIGHT SCREENING AND FOLLOW-UP | | TOTAL PATIENTS AGED 18 AND OVER (a) | NUMBER CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH BMI CHARTED AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE (c) |
| 13 | MEASURE: Patients aged 18 and over with (1) BMI charted <i>and</i> (2) follow-up plan documented <i>if</i> patients are overweight or underweight | | | |
| SECTION G – TOBACCO USE SCREENING AND CESSATION | | | | |
| TOBACCO Use SCREENING AND CESSATION | | TOTAL PATIENTS AGED 18 AND OVER (a) | NUMBER CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS ASSESSED AND INTERVENED WITH AS APPROPRIATE (c) |
| 14a | <i>MEASURE: Patients screened for tobacco use AND who received cessation counseling intervention or medication if identified as a tobacco user one or more times in the measurement year or prior year</i> | | | |
| SECTION H – ASTHMA PHARMACOLOGICAL THERAPY | | | | |

| | | | | |
|---|--|--|---|---|
| ASTHMA TREATMENT PLAN | | TOTAL PATIENTS AGED 5 - 40 WITH PERSISTENT ASTHMA (a) | NUMBER CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH ACCEPTABLE PLAN (c) |
| 16 | MEASURE: Patients aged 5 through 40 diagnosed with persistent asthma who have an acceptable pharmacological treatment plan | | | |
| SECTION J – ISCHEMIC VASCULAR DISEASE (IVD): ASPIRIN OR ANTITHROMBOTIC THERAPY | | | | |
| ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY | | TOTAL PATIENTS 18 AND OVER WITH IVD DIAGNOSIS OR AMI, CABG, OR PTCA PROCEDURE (a) | CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH ASPIRIN OR OTHER ANTITHROMBOTIC THERAPY (c) |
| 18 | MEASURE: Patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or PTCA procedure with aspirin or another antithrombotic therapy | | | |
| SECTION K – COLORECTAL CANCER SCREENING | | | | |
| COLORECTAL CANCER SCREENING | | TOTAL PATIENTS 51 THROUGH 74 YEARS OF AGE (a) | CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS WITH APPROPRIATE SCREENING FOR COLORECTAL CANCER (c) |
| 19 | MEASURE: Patients age 51 through 74 years of age during measurement year (on or prior to 31 December) with appropriate screening for colorectal cancer | | | |
| SECTION L – NEWLY IDENTIFIED HIV CASES WITH TIMELY FOLLOWUP | | | | |

| NEW HIV CASES WITH TIMELY FOLLOWUP | | PATIENTS FIRST DIAGNOSED WITH HIV (a) | CHARTS SAMPLED OR EHR TOTAL (b) | PATIENTS FIRST DIAGNOSED SEEN WITHIN 90 DAYS OF DIAGNOSIS (c) |
|--|--|--|---|---|
| 20 | MEASURE: Patients whose first ever HIV diagnosis was made by health center staff between October 1 and September 30 and who were seen for followup within 90 days of that first ever diagnosis (see manual) | | | |
| SECTION M – PATIENTS SCREENED FOR DEPRESSION AND FOLLOWED UP IF APPROPRIATE | | | | |
| PATIENTS SCREENED FOR DEPRESSION AND FOLLOWED UP AS APPROPRIATE | | TOTAL PATIENTS AGED 12 AND OVER (a) | NUMBER CHARTS SAMPLED OR EHR TOTAL (b) | NUMBER OF PATIENTS SCREENED AND FOLLOW-UP PLAN DOCUMENTED AS APPROPRIATE (c) |
| 21 | MEASURE: Patients aged 12 and over who were (1) screened for depression with a standardized tool <u>and</u> (2) had a follow-up plan documented <u>if</u> patients were considered depressed | | | |

Reporting Period: January 1, 2014 through December 31, 2014

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Section A: Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

| 0 | HIV Positive Pregnant Women | | | | | |
|----------------------------|---|---|-------------------------------|-----------------------------------|--------------------------------|--|
| 2 | Deliveries Performed by Grantee’s Providers | | | | | |
| Line # | Race and Ethnicity | Prenatal Care Patients Who Delivered During the Year (1a) | Live Births: <1500 grams (1b) | Live Births: 1500-2499 grams (1c) | Live Births: =>2500 grams (1d) | |
| Hispanic/Latino | | | | | | |
| 1a | Asian | | | | | |
| 1b1 | Native Hawaiian | | | | | |
| 1b2 | Pacific Islander | | | | | |
| 1c | Black/African American | | | | | |
| 1d | American Indian/Alaska Native | | | | | |
| 1e | White | | | | | |
| 1f | More than One Race | | | | | |
| 1g | Unreported/Refused to Report Race | | | | | |
| | <i>Subtotal Hispanic/Latino</i> | | | | | |
| Non-Hispanic/Latino | | | | | | |
| 2a | Asian | | | | | |
| 2b1 | Native Hawaiian | | | | | |
| 2b2 | Pacific Islander | | | | | |
| 2c | Black/African American | | | | | |
| 2d | American Indian/Alaska Native | | | | | |
| 2e | White | | | | | |

| | | | | | |
|--|---|--|--|--|--|
| 0 | HIV Positive Pregnant Women | | | | |
| 2 | Deliveries Performed by Grantee's Providers | | | | |
| 2f | More than One Race | | | | |
| 2g | Unreported/Refused to Report Race | | | | |
| | <i>Subtotal Non-Hispanic/Latino</i> | | | | |
| Unreported/Refused to Report Ethnicity | | | | | |
| h | Unreported/Refused to Report Race and Ethnicity | | | | |
| i | Total | | | | |

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Section B: Hypertension by Race and Hispanic/Latino Ethnicity

| Line # | Race and Ethnicity | Total Hypertensive Patients (2a) | Charts Sampled or EHR Total (2b) | Patients with HTN Controlled (2c) |
|---|---|----------------------------------|----------------------------------|-----------------------------------|
| Hispanic/Latino | | | | |
| 1a | Asian | | | |
| 1b1 | Native Hawaiian | | | |
| 1b2 | Pacific Islander | | | |
| 1c | Black/African American | | | |
| 1d | American Indian/Alaska Native | | | |
| 1e | White | | | |
| 1f | More than One Race | | | |
| 1g | Unreported/Refused to Report Race | | | |
| | <i>Subtotal Hispanic/Latino</i> | | | |
| Non-Hispanic/Latino | | | | |
| 2a | Asian | | | |
| 2b1 | Native Hawaiian | | | |
| 2b2 | Pacific Islander | | | |
| 2c | Black/African American | | | |
| 2d | American Indian/Alaska Native | | | |
| 2e | White | | | |
| 2f | More than One Race | | | |
| 2g | Unreported/Refused to Report Race | | | |
| | <i>Subtotal Non-Hispanic/Latino</i> | | | |
| Unreported/Refused to Report Ethnicity | | | | |
| h | Unreported/Refused to Report Race and Ethnicity | | | |
| i | Total | | | |

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Section C: Diabetes by Race and Hispanic/Latino Ethnicity

Column (3c), patients with Hba1c<7 has been deleted in the table below.

| Line # | Race and Ethnicity | Total Patients with Diabetes (3a) | Charts Sampled or EHR Total (3b) | Patients with Hba1c <8% (3d) | Patients with 8%<= Hba1c <=9% (3e) | Patients with Hba1c >9% Or No Test During Year (3f) |
|--------|---|--------------------------------------|-------------------------------------|---------------------------------|---------------------------------------|--|
| 1a | Asian | | | | | |
| 1b1 | Native Hawaiian | | | | | |
| 1b2 | Pacific Islander | | | | | |
| 1c | Black/African American | | | | | |
| 1d | American Indian/Alaska Native | | | | | |
| 1e | White | | | | | |
| 1f | More than One Race | | | | | |
| 1g | Unreported/Refused to Report Race | | | | | |
| | <i>Subtotal Hispanic/Latino</i> | | | | | |
| 2a | Asian | | | | | |
| 2b1 | Native Hawaiian | | | | | |
| 2b2 | Pacific Islander | | | | | |
| 2c | Black/African American | | | | | |
| 2d | American Indian/Alaska Native | | | | | |
| 2e | White | | | | | |
| 2f | More than One Race | | | | | |
| 2g | Unreported/Refused to Report Race | | | | | |
| | <i>Subtotal Non-Hispanic/Latino</i> | | | | | |
| h | Unreported/Refused to Report Race and Ethnicity | | | | | |

| Line # | Race and Ethnicity | Total Patients with Diabetes (3a) | Charts Sampled or EHR Total (3b) | Patients with Hba1c <8% (3d) | Patients with 8%<= Hba1c <=9% (3e) | Patients with Hba1c >9% Or No Test During Year (3f) |
|----------|--------------------|--------------------------------------|-------------------------------------|---------------------------------|---------------------------------------|--|
| i | Total | | | | | |

TABLE 7 – HEALTH OUTCOMES AND DISPARITIES

Section D: Coronary Artery Disease by Race and Hispanic/Latino Ethnicity

This lipid control measure replaces the lipid therapy measure formerly reported on Table 6B.

| Line # | Race and Ethnicity | Total Patients over 18 with Coronary Artery Disease (2a) | Charts Sampled or EHR Total (2b) | Patients with Lipid Control (2c) |
|-------------------------------|-------------------------------------|--|----------------------------------|----------------------------------|
| IV. HISPANIC/LATINO | | | | |
| 1a | Asian | | | |
| 1b1 | Native Hawaiian | | | |
| 1b2 | Pacific Islander | | | |
| 1c | Black/African American | | | |
| 1d | American Indian/Alaska Native | | | |
| 1e | White | | | |
| 1f | More than One Race | | | |
| 1g | Unreported/Refused to Report Race | | | |
| | <i>Subtotal Hispanic/Latino</i> | | | |
| V. NON-HISPANIC/LATINO | | | | |
| 2a | Asian | | | |
| 2b1 | Native Hawaiian | | | |
| 2b2 | Pacific Islander | | | |
| 2c | Black/African American | | | |
| 2d | American Indian/Alaska Native | | | |
| 2e | White | | | |
| 2f | More than One Race | | | |
| 2g | Unreported/Refused to Report Race | | | |
| | <i>Subtotal Non-Hispanic/Latino</i> | | | |

| Line # | Race and Ethnicity | Total Patients over 18 with Coronary Artery Disease (2a) | Charts Sampled or EHR Total (2b) | Patients with Lipid Control (2c) |
|---|---|---|-------------------------------------|-------------------------------------|
| VI. UNREPORTED/REFUSED TO REPORT ETHNICITY | | | | |
| h | Unreported/Refused to Report Race and Ethnicity | | | |
| i | Total | | | |

ATTACHMENT 2: Electronic Health Record (EHR) Capabilities and Quality Recognition

QUESTIONS

The following questions will be presented on a screen in the Electronic Handbook to be completed before the UDS Report is submitted. The instructions for the EHR questions can be found in EHB as you are completing the questions.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
 - a) Yes, at all sites and for all providers
 - b) Yes, but only at some sites or for some providers
 - c) No
 - i. If (c), pop up and ask when:
 - a) 3 months
 - b) 6 months
 - c) 1 year or more
 - d) not planned
 - ii. Pop-up if (a) OR (b)

Is your system certified under the Office of the National Coordinator for Health IT (ONC) Health IT Certification program?

 - a) If yes, provide the name of the vendor, the product name, the version number, and the Certified Health IT Product List (CHPL) number. Please copy this information exactly as it appears at the CPHL website: <http://oncchpl.force.com/ehrcert/CHPLHome>.
 - b) If no, provide the name of the vendor, the product name, and the version number.

Did you switch to your current EHR from a previous system this year?

 - a) Yes
 - b) No
 - iii. Pop-up if (b)
 - a) How many sites have the EHR in use?
 - b) How many providers use the EHR system?
2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
 - a) Yes
 - b) No
 - c) Not sure

3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?
 - a) Yes
 - b) No
 - c) Not sure

4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?
 - a) Yes
 - b) No
 - c) Not sure

5. Does your center engage patients through health IT such as patient portals, kiosks, secure messaging (i.e., secure email) either through the EHR or through other technologies?
 - a) Yes
 - b) No
 - c) Not sure

6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?
 - a) Yes
 - b) No
 - c) Not sure

7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
 - a) We use the EHR to extract automated reports
 - b) We use the EHR but only to access individual patient charts
 - c) We use the EHR in combination with another data analytic system
 - d) We do not use the EHR

8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as "Meaningful Use"?
 - a) Yes, all eligible providers at all sites are participating
 - b) Yes, some eligible providers at some sites are participating
 - c) No, our eligible providers are not yet participating
 - d) No, because our providers are not eligible
 - e) Not sure

If yes (a or b), at what stage of Meaningful Use are the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?

- a) Adoption, Implementation, or Upgrade (AIU)
- b) Stage 1
- c) Stage 2
- d) Stage 3
- e) Not sure

If no (c only), are your eligible providers planning to participate?

- a) Yes, over the next 3 months
- b) Yes, over the next 6 months
- c) Yes, over the next 12 months or longer
- d) No, they are not planning to participate

9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?

- a) Yes

If yes, then specify the type(s) of service: _____

- b) No

10. Has your health center received or retained patient centered medical home recognition or certification for one or more sites during the measurement year?

- a) Yes
- b) No

If yes, which third party organization(s) granted recognition or certification status? (Can identify more than one.)

- a) National Committee for Quality Assurance (NCQA)
- b) The Joint Commission (TJC)
- c) Accreditation Association for Ambulatory Health Care (AAHC)
- d) State Based Initiative
- e) Private Payer Initiative
- f) Other Recognition Body (write in name)

11. Has your health center received accreditation?

- a) Yes
- b) No

If yes, which third party organization granted accreditation?

- a) The Joint Commission (TJC)
- b) Accreditation Association for Ambulatory Health Care (AAHC)