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Health Resources & Services Administration

Uniform Data System (UDS) Clinical Quality Measures Deep Dive

September 21, 2023, 12:30–2:00 p.m. ET

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Vision: Healthy Communities, Healthy People

Opening Remarks

Lorraine Burton

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration

Objectives of the Webinar

By the end of the webinar, participants will understand:

- Key concepts related to clinical quality measurement on the Uniform Data System (UDS)
- How to access and read measure specifications and download value sets
- How to use tools to assess workflows and improve data collection, validation, and UDS reporting
- Resources available to support clinical quality measure (CQM) reporting

Agenda

- Review of Key Concepts and Terminology
- Understanding Eligible Visit Type Changes for 2023 Tables 6B and 7 Reporting
- Access Measure Specifications from the eCQI Resource Center
- Download Codes from the Value Set Authority Center (VSAC)
- Understanding and Applying Described Concepts to UDS Reporting
- Key Resources

Clinical Quality Measure (CQM) Reporting

- Review of Key Concepts and Terminology
- Understanding Eligible Visit Type Changes for 2023 Tables 6B and 7 Reporting
- Key Resources

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Getting Started with CQMs:

UDS-Specific Guidance

UDS Manual:

- Definitions and instructions specific to the UDS are in the 2023 UDS Manual.
- Includes links to eCQMs, as well as UDS-specific considerations.
- Remember that UDS measures **limit reporting to patients who had at least one UDS-countable visit** during the calendar year.
    - Note that the limit to UDS medical patients has been removed for 2023; measures are now limited only by denominator specifications. We will discuss this in more detail!

Year-over-year changes:

- 2023 Program Assistance Letter (PAL)
- UDS Changes Webinar (held June 6, 2023)

In addition to submitting these tables within the EHBs, health centers may voluntarily submit de-identified patient-level report data using HL7® FHIR® R4 standards. Visit the UDS Modernization FAQ for more on that process.

A *patient* on the UDS is someone who has a *countable visit* in any service category on Table 5.

Remember, this definition and its relationship across tables is **central** to accurate reporting.

Licensed or credentialed provider

+

Independent professional judgment

+

Services documented in the individual patient chart

+

Individualized care

+

Real-time in-person or virtual engagement

=

Countable UDS Visit

Resource: UDS Countable Visit Guidance and FAQ

Key Terms in UDS Clinical Quality Measurement

UDS Clinical Quality Measures (CQMs)	The process and outcome measures tracked and reported by health centers as required by the Health Center Program. They include the 15 quality of care measures reported on Table 6B and the 3 health outcome and disparities measures reported on Table 7.
Electronic-Specified Clinical Quality Measures (eCQMs)	An eCQM is a CQM expressed and formatted to use data from electronic health record (EHR) and/or health information technology systems to measure health care quality, ideally data captured in structured form during the process of patient care.
Measure Steward	An individual or organization that owns a measure and is responsible for maintaining the measure. Each eCQM has a measure steward.
Measurement Period	Represents Calendar Year 2023 (January 1–December 31) **unless** another timeframe is specifically noted in the UDS Manual or measure specifications.
Value Sets	Lists of codes and corresponding terms, from National Library Medicine (NLM)-hosted standard clinical vocabularies (such as SNOMED CT®, RxNorm, and LOINC®), that define clinical concepts

Key Terms in UDS Clinical Quality Measurement *(cont.)*

Measure Description	The quantifiable indicator to be evaluated.
Denominator	Patients who fit the detailed criteria described for inclusion in the specified measure to be evaluated.
Numerator	Records (from the denominator) that meet the criteria for the specified measure.
Exclusions	Patients not to be considered for the measure or included in the denominator.
Exceptions	Patients removed from the denominator because numerator criteria are not met.
Specification Guidance	Centers for Medicare & Medicaid Services (CMS) measure guidance that assists with understanding and implementing CQMs.
UDS Reporting Considerations	Additional BPHC requirements and guidance that must be applied to the specific measure and that may differ from or expand on the eCQM specifications.

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Modifications to Tables 6B and 7 Measures

Patients who have had a UDS-countable visit of any type, who have had a qualifying visit, **as defined by the measure steward for each measure**, are to be considered for the denominator.

2022 UDS Guidance	NEW 2023 UDS Guidance
Include and evaluate patients for the denominator who had **at least one medical visit** during the measurement period as specified in the measure (dental visits are used for the dental sealant measure), even though some eCQMs may specify a broader range of service codes.	Include and evaluate patients for the denominator who had **at least one eligible countable visit (as defined by the measure steward for the selected eCQM)** during the measurement period as specified in the measure.

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CQMs: Keys to Remember

To be reported *anywhere* on the UDS, a patient must have a countable visit on Table 5 during the year.

Countable visits can be in multiple service areas (medical, dental, mental health, substance use disorder, etc.) if they meet the countable visit definition.

For CQM reporting on Tables 6B and 7, patients must meet the criteria detailed in the individual measure specifications.

Eligible visit types depend on the specification defined by the particular measure steward and must be assessed for each measure individually.

It is essential to review and use the codes listed in each eCQM.

Many eCQM denominators are still limited to patients who have had at least a medical visit during the year; for other measures, patients with other visit types might also be included.

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Did the patient have a countable UDS visit during the year?

No

Patient is not eligible to be reported anywhere on the UDS, including the CQMs on Tables 6B and 7.

Yes

Access eCQM specifications for an individual measure.

Review denominator criteria to determine visit types eligible for inclusion.

Download the associated codes from the VSAC.

Knowledge Check #1

A patient has only a behavioral health visit during the year. Would they be included on Table 6B?

A. Yes, if the visit met all countable visit criteria.

B. No, because patients must have a medical visit to be included in CQMs.

C. Yes, but only for behavioral health–associated measures.

D. There is not enough information given. We would need to refer to the specifications for each CQM to identify what type of visit is eligible.

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Knowledge Check #1 Answer

A patient has only a behavioral health visit during the year. Would they be included on Table 6B?

A. Yes, if the visit met all countable visit criteria.

B. No, because patients must have a medical visit to be included in CQMs.

C. Yes, but only for behavioral health–associated measures.

D. There is not enough information given. We would need to refer to the specifications for each CQM to identify what type of visit is eligible.

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Upcoming Webinars on CQMs

- **UDS Clinical Tables Part 1: Screening and Preventive Care Measures**
  October 3, 1:00–2:30 p.m. ET

- **UDS Clinical Tables Part 2: Maternal Care and Children's Health**
  October 11, 1:00–2:30 p.m. ET

- **UDS Clinical Tables Part 3: Chronic Disease Management**
  October 26, 1:00–2:30 p.m. ET

Register for webinars here: https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/reporting-training-schedule

Key Resources to Help with Understanding Measures

UDS Clinical Measures Criteria (Quick Reference)

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UDS Clinical Quality M

Table	Line/ Section	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe)
6B	7-9	Early Entry into Prenatal Care	no eCQM	Percentage of prenatal care patients who entered prenatal care during their first trimester	Patients seen for prenatal care during the year
6B	10	Childhood Immunization Status	CMS117 v10	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period

Telehealth Impact on UDS Clinical Measures

Telehealth Impact on 2021 Uniform Data System (UDS) Clinical Measure Reporting

Note: Items highlighted in pink are intended to draw attention to measure components that do not permit services via telehealth or by external providers.

Clinical Measure Name, eCQM Code, UDS Table, and UDS Section	Illustrative Examples of Types of Visits	Include patients with telehealth only visits on UDS Tables 6B and 7, Column A (Denominator)?	Can service, test, or procedure be done by telehealth to meet UDS Tables 6B and 7, Columns C or F (Numerator), requirements?	Do documented services performed by external providers (not paid for or performed by the health center) count in UDS Tables 6B and 7, Columns C or F (Numerator)?
Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9	• OB/GYN routine check up • Physical with primary care provider (PCP)	No. Prenatal care patients are defined based on a comprehensive in-person prenatal physical exam. Prenatal care patients established in the prior year (through a comprehensive in-person exam) and only seen through telehealth in the current year **should** be included.	Yes. Trimester of entry may be identified in this way.	Yes
Childhood Immunization Status, CMS117v9, Table 6B, Line 10	• Well-child visits for newborns • Acute pain or illness	Yes	No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Cervical Cancer Screening, CMS124v9, Table 6B, Line 11	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms of conditions	Yes	No. Cervical cytology/HPV testing are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Breast Cancer Screening, CMS125v9, Table 6B, Line 11a	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms	Yes	No. Mammograms are not acceptable in this way. These services cannot be conducted via telehealth.	Yes

UDS Clinical Measures Exclusions and Exceptions

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UNIFORM

The Uniform Data System (UDS) Clinical Measures Exclusions and Exceptions resource was UDS Tables 6B and 7 for the 2022 UDS Report. It is provided to assist health centers with re denominator exclusions (patient records removed from the denominator before determining i records removed from the denominator because they meet specified exception criteria) are e

Please visit the HRSA's Health Center Data & Reporting page to view complete clinical quali

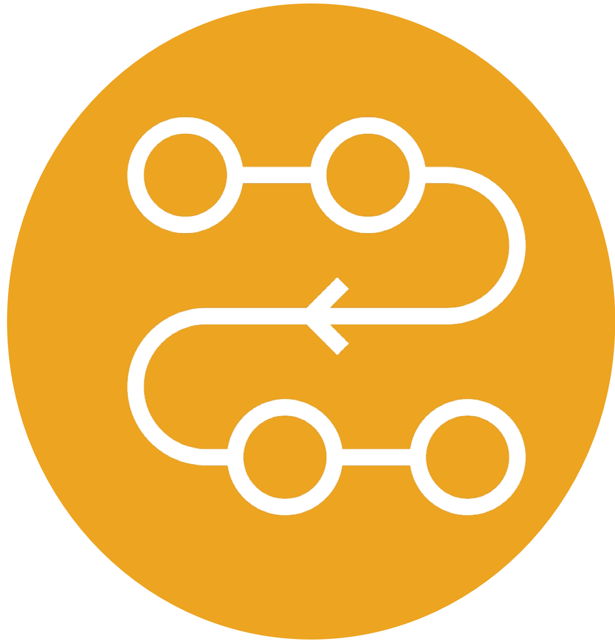
2022 UDS Clinical Measures Exclus

Measure	Exclusions
Childhood Immunization Status CMS117v10	• Patients who were in hospice care for any part of the measurement period
Cervical Cancer Screening CMS124v10	• Women who had a hysterectomy with no residual cervix or a congenital absence of cervix • Patients who were in hospice care for any part of the measure period • Patients who received palliative care during the measurement
Breast Cancer Screening CMS125v10	• Women who had a bilateral mastectomy or who have a history bilateral mastectomy or for whom there is evidence of a right a left unilateral mastectomy • Patients who were in hospice care for any part of the measure period • Patients aged 66 or older who were living long-term in an insti for more than 90 consecutive days during the measurement p • Patients aged 66 and older with frailty for any part of the measurement period: advanced illness (with one inpatient visit outpatient visits) or taking dementia medications during the

These handouts synthesize key information from the eCQMs.
All available on https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/clinical-care

Key References for Measure FAQs

Office of the National Coordinator (ONC) Project Tracking Jira



eCQM Known Issues Tracker (part of ONC tracking)

UDS Helplines

Access each with these links: https://oncprojecttracking.healthit.gov/support/projects/CQM/summary; https://oncprojecttracking.healthit.gov/support/projects/EKI/summary; and https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/technical-assistance-contacts

Using Measure Specifications and Value Sets for UDS Reporting

- Access Measure Specifications from the eCQI Resource Center
- Download Codes from the VSAC
- Understanding and Applying Described Concepts to UDS Reporting
- Key Resources

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Accessing Full eCQM Specifications

Available to all at https://vimeo.com/635520357

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Example: Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Line 21) CMS2v12

Denominator: Patients aged 12 years and older at the beginning of the measurement period with at least one eligible countable visit during the measurement period, as specified in the measure criteria

Question: Are patients with eligible mental health visits to be included in the depression screening measure?

Step 1: Access the Measure Specifications (Two Ways)

1. Click the link next to the measure name in the UDS Manual.

Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Line 21), CMS2v12

Measure Description

Percentage of patients aged 12 years and older screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized depression screening tool **and**, if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying visit

eCQI RESOURCE CENTER

eCQMs – Electronic Clinical Quality Measures | dQMs – Digital Quality Measures | Resources – Standards, Tools, & Resources | About – eCQI, CDS, FAQs Engage | Log in – Manage Your Account

Search keyword(s) or "phrases"

Find an eCQM

Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Receive updates on this topic

Measure Information | Specifications and Data Elements | Release Notes

Specifications

Attachment	Size
CMS2v12.html	102.07 KB
CMS2v12.zip (ZIP)	94.55 KB
CMS2v12-TRN.xlsx (Excel)	22.31 KB

Data Element Repository

Data Elements contained within CMS2v12

Value Sets

Value Sets to be used with CMS2v12

Last Updated: May 02, 2023

2. **Visit** the eCQI Resource Center and select "Eligible Clinician eCQMs" from the orange menu. Click on the title of the measure, then the "specifications and data elements" tab, then the first .html file.

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Step 2: Read Specifications to Determine Denominator Criteria

To be included in the **initial population,** someone must have a **qualifying encounter during the measurement period** and be 12 years of age or older at the start of the measurement period.

Population Criteria

Initial Population

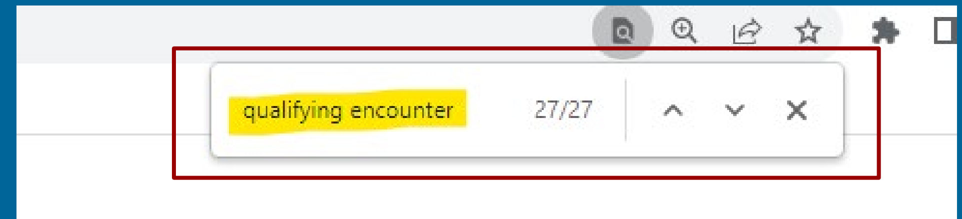
"Patient Age 12 Years or Older at Start of Measurement Period"
and exists ("Qualifying Encounter During Measurement Period")

The measure specifications show that the **denominator criteria** for this measure is equal to the "initial population."

Denominator

"Initial Population"

To determine what defines a **qualifying encounter,** search for the phrase using Ctrl + F.



The definition of a Qualifying Encounter for this measure is:

"Encounter Performed": "Encounter to Screen for Depression"
"Encounter Performed": "Physical Therapy Evaluation"
"Encounter Performed": "Telephone Visits."

Qualifying Encounter During Measurement Period

(["Encounter, Performed": "Encounter to Screen for Depression"]
union ["Encounter, Performed": "Physical Therapy Evaluation"]
union ["Encounter, Performed": "Telephone Visits"]) QualifyingEncounter
where QualifyingEncounter.relevantPeriod during "Measurement Period"

Step 3: Find the Relevant Value Set in Measure Specifications

Terminology

- code "Adolescent depression screening assessment" ("LOINC Code (73831-0)")
- code "Adult depression screening assessment" ("LOINC Code (73832-8)")
- code "Depression screening negative (finding)" ("SNOMEDCT Code (428171000124102)")
- code "Depression screening positive (finding)" ("SNOMEDCT Code (428181000124104)")
- valueset "Adolescent Depression Medications" (2.16.840.1.113883.3.526.3.1567)
- valueset "Adult Depression Medications" (2.16.840.1.113883.3.526.3.1566)
- valueset "Bipolar Diagnosis" (2.16.840.1.113883.3.600.450)
- valueset "Depression Diagnosis" (2.16.840.1.113883.3.600.145)
- valueset "Encounter to Screen for Depression" (2.16.840.1.113883.3.600.1916)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Follow Up for Adolescent Depression" (2.16.840.1.113883.3.526.3.1569)
- valueset "Follow Up for Adult Depression" (2.16.840.1.113883.3.526.3.1568)
- valueset "Medical Reason" (2.16.840.1.113883.3.526.3.1007)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Patient Declined" (2.16.840.1.113883.3.526.3.1582)
- valueset "Payer" (2.16.840.1.114222.4.11.3591)
- valueset "Physical Therapy Evaluation" (2.16.840.1.113883.3.526.3.1022)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Referral for Adolescent Depression" (2.16.840.1.113883.3.526.3.1570)
- valueset "Referral for Adult Depression" (2.16.840.1.113883.3.526.3.1571)
- valueset "Telephone Visits" (2.16.840.1.113883.3.464.1003.101.12.1080)

Data Criteria (QDM Data Elements)

encounter to screen for dep 2/4

1. Search for the value set associated with “Encounter to Screen for Depression” using Ctrl + F.
2. The string of numbers beginning with “2” next to the value set name is the value set ID. This can be used to search the VSAC for codes included in the “Encounter to Screen for Depression” value set.

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Accessing Codes for All Measures

Download all codes from the VSAC site: Once you are logged in, go to Download tab → 2023 Reporting → eCQM Value Sets for Eligible Clinicians

Two download options:

- ➔ Download Excel **Sorted by CMS ID** to get the full set for each measure—you'll match the CMS # from the UDS Manual to the CMS # on the tabs of the downloaded spreadsheet. There are more measures in the spreadsheet then there are in the UDS.
- ➔ Download Excel **Sorted by Value Set Name** to find codes for only certain value sets. (Remember, value sets are the defined components of each measure.)

NIH National Library of Medicine
Value Set Authority Center

Welcome

Sign In | Author Registration | Contact Us

Welcome | Search Value Sets | Download | Comparison Tool | Browse Code Systems | Help

VSAC Downloadable Resources

This page contains groups of value sets designated for a particular program usage. You can search the entire repository of published VSAC value sets in the Search Value Sets tab.

CMS eCQM & Hybrid Measure Value Sets
CMS Pre-rulemaking eCQM Value Sets
C-CDA Value Sets
CDCREC Roll-up codes

eCQMs will not be eligible for reporting to CMS unless and until they are proposed and finalized through notice, public comment, and rulemaking for each applicable program. For more information about eCQMs please visit the eCQI Resource Center.

2024 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets

2023 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets

May 2022 Release eCQM & Hybrid Measure Value Sets Publication Date: May 05, 2022

Note: Sign In to access all files
Expansion Version: eCQM Update 2022-05-05

The Eligible Hospital Pre-rulemaking measures, CMS986 and CMS1028, are located here in the CMS eCQM & Hybrid Measure Value Sets.

Available Downloads	Sorted by CMS ID*	Sorted by Value Set Name*	Sorted by Quality Data Model Category*
eCQM Value Sets for Eligible Hospitals Published May 05, 2022	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Eligible Clinicians Published May 05, 2022	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)

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Step 4: Access Value Sets from VSAC

1. **Click on the tab at the bottom of the spreadsheet with the CMS ID of the relevant measure.**

2. **Filter the "Value Set Name" column by the name of the value set.**

   In this example, it is "Encounter to Screen for Depression."

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Value Set Authority Center

CMS ID	NQF Number	Value Set Name	Value Set OID	QDM Category	Definition Version
CMS2v12		Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	Encounter	20210220
CMS2v12		Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	Encounter	20210220
CMS2v12		Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	Encounter	20210220
CMS2v12		Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	Encounter	20210220
CMS2v12		Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	Encounter	20210220

CMS2v12 | CMS22v11 | CMS50v11 | CMS56v11 | CMS66v11 | CMS68v12 | CMS69v11

Step 5: Review Codes

ec_only_cms_20220505 - Excel

NQF Numb	Value Set Name	Value Set OID	Code	Description	Code System
	Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	59618	Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery	CPT
	Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	90791	Psychiatric diagnostic evaluation	CPT
	Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	90792	Psychiatric diagnostic evaluation with medical services	CPT
	Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	90832	Psychotherapy, 30 minutes with patient	CPT
	Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	90834	Psychotherapy, 45 minutes with patient	CPT
	Encounter to Screen for Depression	2.16.840.1.113883.3.600.1916	90837	Psychotherapy, 60 minutes with patient	CPT

Sheet tabs: CMS2v12, CMS22v11, CMS50v11, CMS56v11, CMS66v11, CMS68v12

Ready 104 of 966 records found Count: 105

By reviewing the **"Description"** column, we can see that there are codes associated with mental health visits included in the value set for "Encounter to Screen for Depression"

Question: Are patients with mental health visits eligible to be included in the depression screening measure? **Yes, a patient who had one of the eligible codes needs to be included in the denominator.**

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Workflow Opportunities to Improve Alignment with CQMs

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CQMs in the UDS

THE IDEAL

Measures set guidelines for patient care, in the form of quality measures based on U.S. Preventive Services Task Force (USPSTF) or other evidence-based recommendations, across clinics, areas, patient populations, etc., driving high quality and equity in care for all.

THE REALITY

Measures might be more accurately described as evaluating the *documentation* of patient care and whether *that documentation* aligns with measures that indicate high-value care.

Work is required across many levels: addressing patient hesitation/barriers, addressing staff hesitation/barriers, and addressing capacity, awareness, and structural barriers for all involved.

Key Considerations to Meet Measure Requirements

- Maintain/update the problem list regularly.
- Document onset date(s) when required, such as for diagnoses.
- Document surgical history (e.g., hysterectomy or mastectomy) or other history accurately in your system.
- Appropriately identify eligible visits.
  - Remember, almost all measures define the specific types of visits (e.g., certain visit codes) that count toward the denominator.

Three Layers of Data Use and Quality

External Reporting and Performance

Regulatory or statutory requirements (UDS, PI, P4P) | PCMH | Grants, etc.

Quality Improvement and Population Management

Registry and exception reporting | QI PDSAs
Trending and monitoring

Point of Care

Pre-visit planning | Huddle
Care management

Three Parts to Data Alignment

Measure Requirements

Each quality measure has eCQM specifications and national standards across many reporting programs.

EHR Requirements

Each EHR vendor provides detailed guidance about how data must be captured in their specific EHR to meet the specifications.

Internal Workflow + Mapping

Each health center has internal processes and mapping, which must align with both measure and EHR requirements.

CQM Alignment Concerns

NUMERATOR ISSUES

- Report not finding evidence of compliance in chart
- *Examples: scanned lab results or results documented in text not "counting," documentation of medication or screening not aligned with specs*

INITIAL POPULATION/DENOMINATOR ISSUES

- Report not looking at the correct population of patients
- *Examples: wrong timeframe, missing exclusions, only including established patients, not documenting exclusions in the patient's chart*

CLINICAL SERVICE ISSUES

- Indicated service not being provided or outcome not being achieved
- *Examples: HbA1c is in fact 9.5%, patient has not received the required screening, etc.*

EHR Requirements

Annual Changes

Each EHR generally puts out a user guide or quality measure guidance annually (e.g., with updated eCQM specifications and UDS Manual). Each vendor makes this available on their intranet or community site.

Structured Data

All measure components require structured data. Most eCQMs look at orders (labs, diagnostic imaging, procedures, etc.) and/or CPT codes. Data must be complete (such as complete results and closed encounters with appropriate CPT codes).

Type and Location of Data

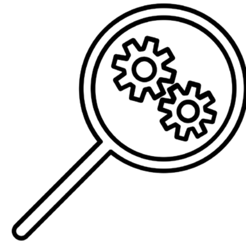
Each EHR has report mapping that pulls data from specific codes, types of data, and the location of that data (such as in history of illness, social history, etc.). Knowing the details of this is essential to ensuring accurate reports.

Internal Workflow and Mapping

Assess **what, where**, and **how** information is being captured in the EHR.
Assess **consistency** across providers, care team, and sites.

Consider approaches to workflow redesign:

Utilize existing workflow templates to get started and map out how your work is currently being done.



Prioritize aspects of your workflow that need improvement. Work in stages, creating wins along the way.

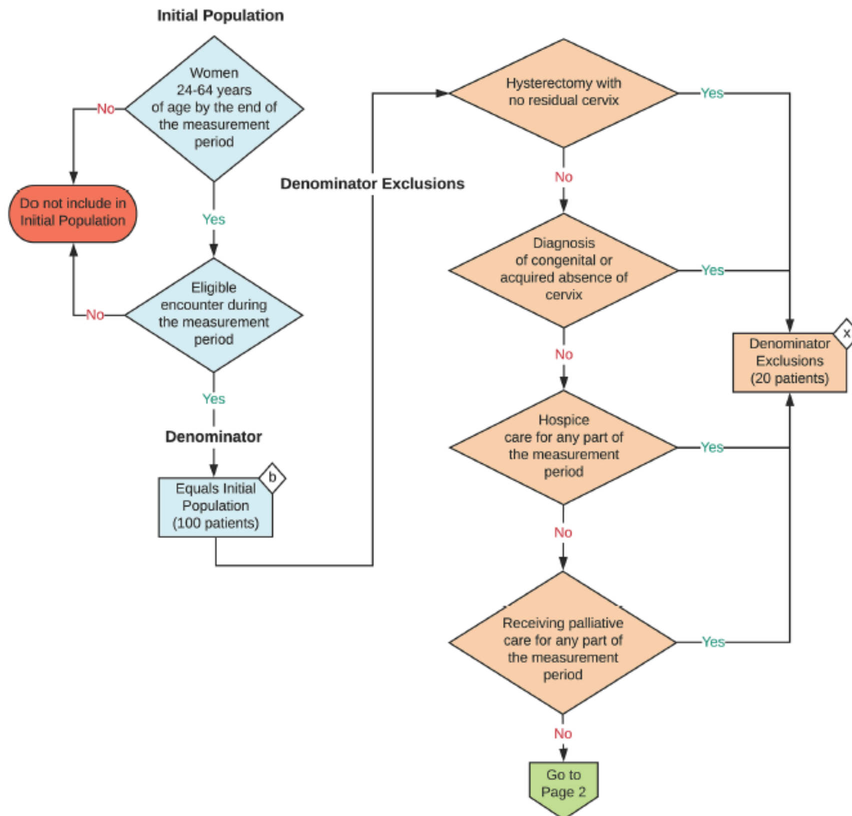
Engage staff. What sounds like resistance is often valuable information about a process issue.

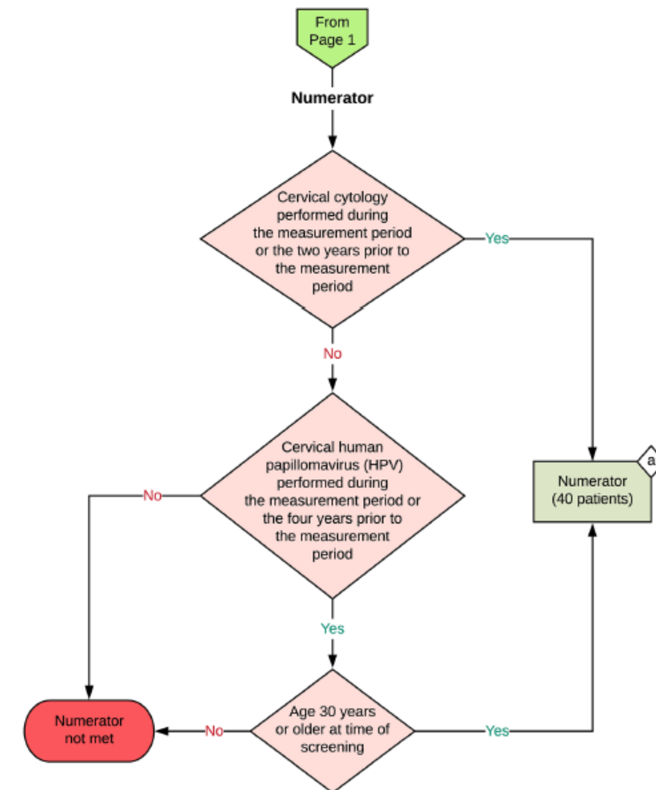
Test new workflows in small ways, or test different ways of doing a task to identify what works best in your health center.

Each eCQM has a process flow map, which can be found in the eCQM resources tab of the Eligible Clinician (EC) eCQMs home page.

- The eCQM Flows are flowcharts designed to assist in the interpretation of the eCQM logic and can be accessed from the eCQI Resource Center.
- These flows provide an overview of each of the population criteria components and associated data elements that lead to inclusion, exclusion, or exception in the eCQM's denominator and numerator.

Example eCQM flow: Cervical Cancer Screening





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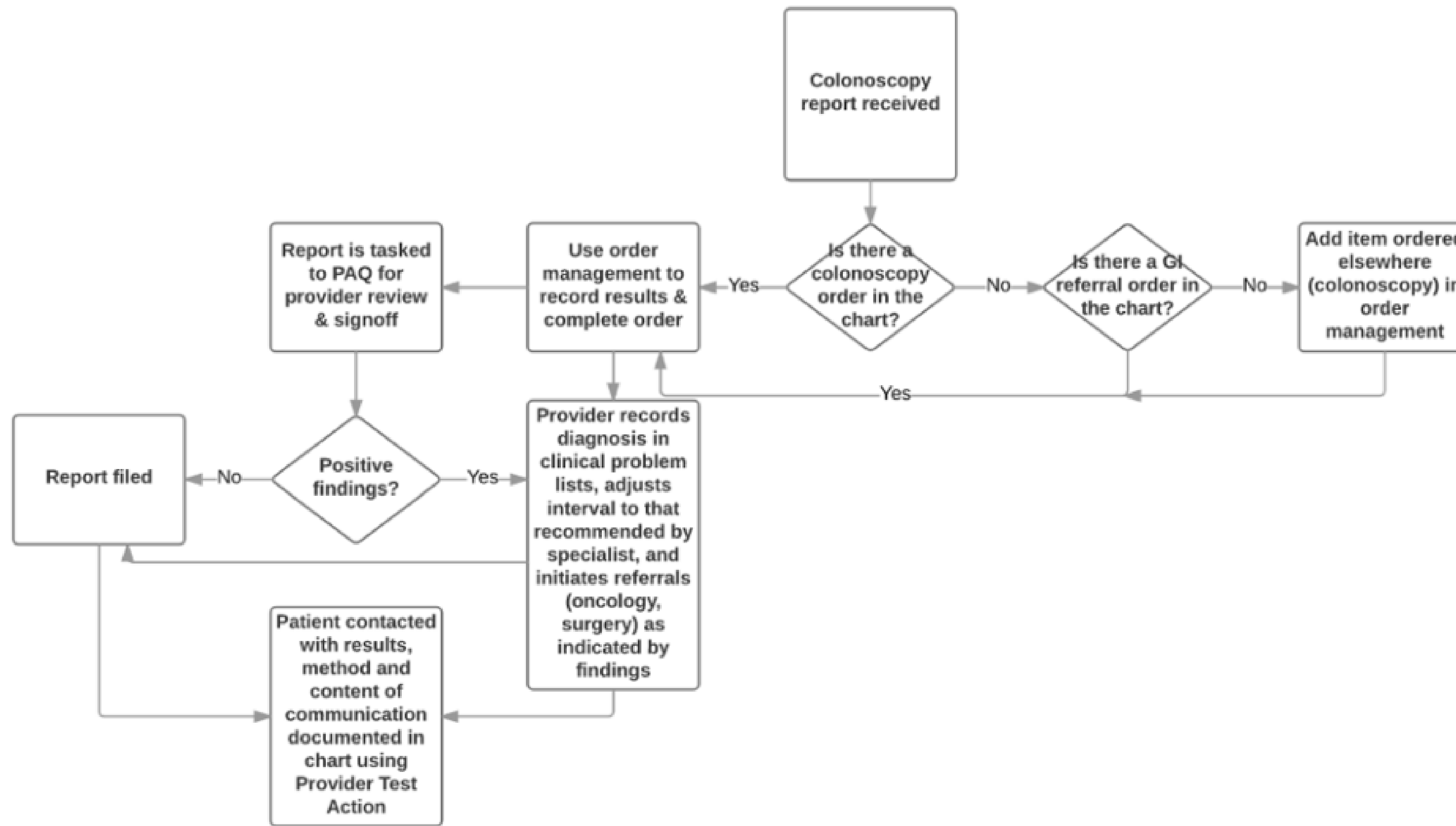
Tool: Process Mapping



Process mapping is a technique used to visually map out the steps of workflows and processes.

Process mapping:

- ✓ Invites discussion and ongoing engagement.
- ✓ Communicates how a process works in a concise and straightforward way.
- ✓ Identifies inefficiencies, surprises, and strengths.
- ✓ Provides a basis for discussing and assessing solutions - how does this impact the current process? Where does it fit?

Source: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Diabetes-Metrics-Toolkit.pdf

HRSA Health Center Program

Discussion

What steps have you taken to address data alignment?

Remember: Three Parts to Data Alignment

Measure Requirements

EHR Requirements

Internal Workflow + Mapping

Each quality measure has eCQM specifications and national standards across many reporting programs.

Each EHR vendor provides detailed guidance about how data must be captured in their specific EHR to meet the specifications.

Each health center has internal processes and mapping, which must align with both measure and EHR requirements.

Approaches to Assessing Data Alignment

Compare location, type, and codes associated with each measure component to identify inconsistencies.

What codes drive this measure? Where do they need to be documented in the EHR?

Compare results from the EHR to another source (random sample of charts or population health management system) to determine whether all the component parts of the measure were found in the review.

Are there cases in which the EHR says the patient doesn't meet the measure, but the information was found in the review? Where do your processes/workflows NOT align with guidance?

Tool: Performance Measure Data Definition Worksheet

Measure:				
eCQI Reference:				
Description	A. Definition from specifications in eCQI Resource Center	B. Where and how is data documented in EHR?	C. Where is vendor pulling data for reporting?	D. Reconciliation/ Follow-up Action Required?
Numerator				
Denominator (Initial Patient Pop)				
Exclusions (Denominator)				
Value Set (VSAC)				

- Provides step by step instructions to assess alignment between measure specifications, EHR requirements, and health center workflows.
- Can be used to document findings and inform workflow redesign and QI efforts

Download here: HITEQ Performance Measure Data Definition Worksheet

Addressing Where Alignment Is Needed

- ✓ All data must be structured in the correct form (code, type, and location).
- ✓ Lab orders often require LOINC codes.
- ✓ Measures with medications (e.g., statin) often require updating prescription information.
- ✓ Correct CPT codes are often required in addition to orders and results.
- ✓ Update mapping between your providers, your system, and your vendor.

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Resources

Getting Started with CQMs:

eCQI Resource Center

- **eCQM Implementation Checklist**
  - Five preparation steps
  - Seven implementation steps
- **eCQM supports include:**
  - eCQI Resource Center: On the page for each measure, in the “Measure Information” tab, there is the option to “compare”—e.g., 2022 to 2023. **This highlights changes year over year.**
  - eCQM Flows: Workflows for each eCQM, updated annually; downloads as a ZIP file.
  - Technical Release Notes: 2023 Performance Period Electronic Clinical Quality Measures (eCQMs)
  - eCQM value sets: The VSAC site, where you can search value sets.
  - Additional resources on the eCQM Resources page.

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Support Is Available

Resources Are Available to Support Your UDS Reporting!

Support Available

Description	Contact	E-mail or Web Form	Phone
UDS reporting questions	UDS Support Center	udshelp330@bphcdata.net or BPHC Contact Form Select: UDS Reporting and most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	BPHC Contact Form Select: Technical Support, EHBs Tasks/Technical Issues, EHBs Privileges	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	BPHC Contact Form Select: Technical Support, EHBs Tasks/Technical Issues, Other EHBs Submission Types	877-464-4772
UDS+ FHIR R4 IG and API (UDS Modernization) technical support	Health Center Program Support	BPHC Contact Form Select: UDS Modernization	877-464-4772

UDS Modernization Updates

UDS Modernization Initiative

Reduce Reporting Burden

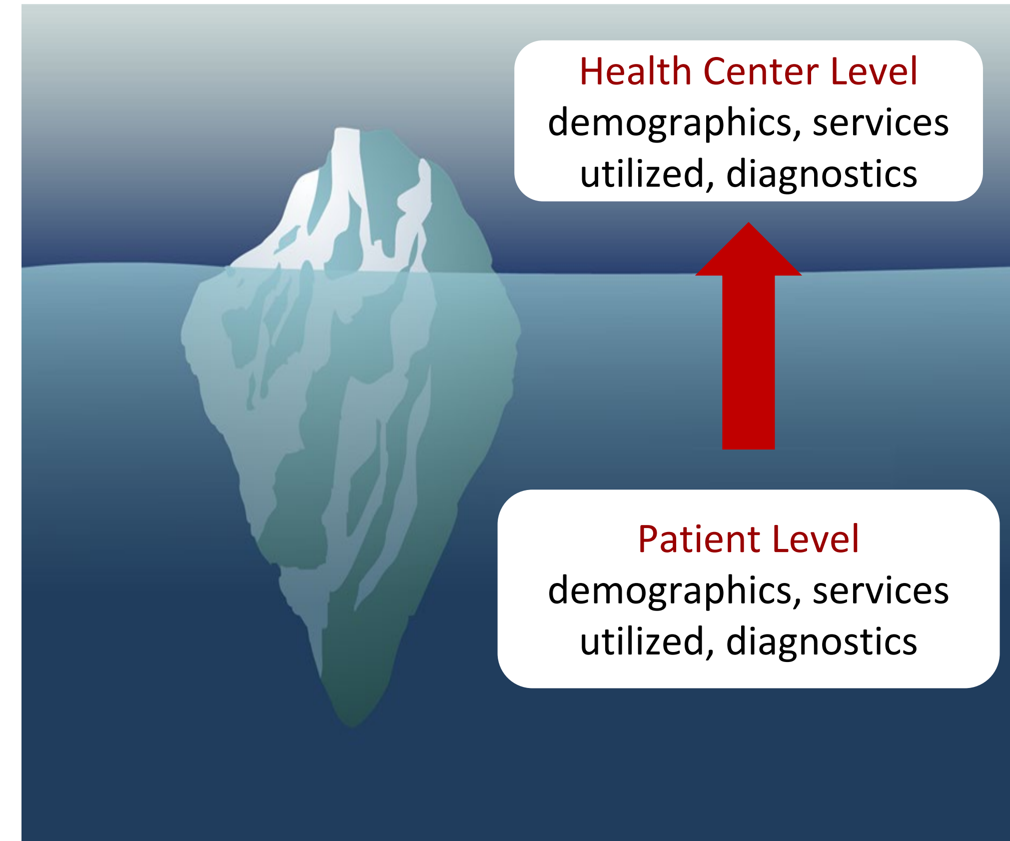
Automate data submission, provide enhanced UDS reporting capabilities, promote transparency, and integrate stakeholder feedback.

Better Measure Impact

Improve the quality of UDS data to reflect improvements in patient-centered care and an evolving primary health care setting.

Promote Transparency

Provide an open, transparent decision-making process on UDS changes such as measure selection, information technology, and reporting improvements.



UDS Modernization Initiative

Benefits of UDS+

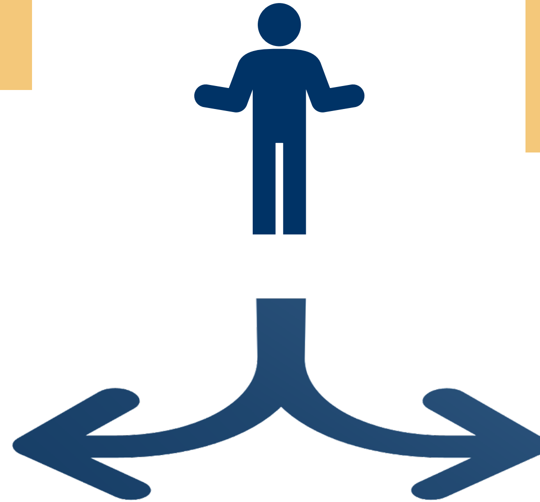
Patient-level data collection will enable HRSA to better:

- Articulate the **unique characteristics** and **needs** of health center patients
- Illustrate the **breadth and depth** of health center **services** and their impact on **health outcomes**
- Inform **TTA, research and evaluation**, and **health equity** work
- Improve **preparedness** for public health emergencies
- Improve ability to communicate the **complexity of the patient populations** health centers serve and provide **evidence for aligned reimbursements** for care provided
- Inform **investments and interventions** based on trends identified in patient-level data (e.g., targeted needs of specific communities/patients, social determinants of health)

2023 Calendar Year UDS Reporting

All health centers are required to submit aggregated UDS data

- Submit aggregated UDS data via EHBs, using the traditional submission method
- This will be the official submission of record
- Includes all UDS tables and appendices



In addition to the required aggregated UDS data submission, health centers have the option to submit patient-level data (UDS+)

- UDS+ FHIR Implementation Guide provides architectural details and technical reporting specifications for submission

2023 Calendar Year: Optional UDS+ Submission

Instructions for CY 2023 Optional UDS+ Submission

1. Submit data for your entire universe of patients (not a subset)

2. Submit all of the demographic tables data:
   - Table: Patients by ZIP Code
   - Table 3A: Patients by Age and by Sex Assigned at Birth
   - Table 3B: Demographic Characteristics
   - Table 4: Selected Patient Characteristics

3. Submit all or part of the clinical tables data, as described below:
   - Table 6A: Selected Diagnoses and Services Rendered: may be omitted
   - Table 6B: Quality of Care Measures: submit 2 or more eCQMs from this table
   - Table 7: Health Outcomes and Disparities: submit 2 or more eCQMs from this table

2023 Calendar Year: Optional UDS+ Submission (cont'd)

- Based on feedback from the UDS Test Cooperative (UTC), health centers may be most readily able to submit the following eCQMs:
  - Table 6B, Quality of Care Measures
    - ✔ Cervical Cancer Screening
    - ✔ Colorectal Cancer Screening
  - Table 7, Health Outcomes and Disparities
    - ✔ Controlling High Blood Pressure
    - ✔ Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- However, health centers may choose any eCQMs from these tables so long as they submit at least two measures from each table
- Remember: Submit both demographic and clinical data for the entire patient population, not a subset of patients

UDS Resources

For the latest UDS Test Cooperative (UTC) and UDS+ information, please subscribe to the Primary Health Care Digest and visit the UDS+ technical assistance webpages:

- UTC
- UDS Modernization Initiative
- UDS Modernization FAQ

Submit a ticket via the BPHC Contact Form to:

- Join the UTC
- Access the UDS+ Health Center Program Community
- Participate in a readiness assessment to discuss UDS+ submissions use cases
- Learn more about the UDS+ FHIR Implementation Guide

Questions and Answers

Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

udshelp330@bphcdata.net ***or*** BPHC Contact Form

1-866-837-4357

bphc.hrsa.gov

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