HRSA
Health Resources & Services Administration

Uniform Data System (UDS) Clinical Quality Measures Deep Dive

September 26, 2024, 2:00–3:30 p.m. ET

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Vision: Healthy Communities, Healthy People

Opening Remarks

Jonjelyn Gamble

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 measure (CQM) reporting in the Uniform Data System (UDS)
- How to access and read measure specifications and download value sets
- Ways to improve data alignment to support CQM reporting
- Available CQM resources and support

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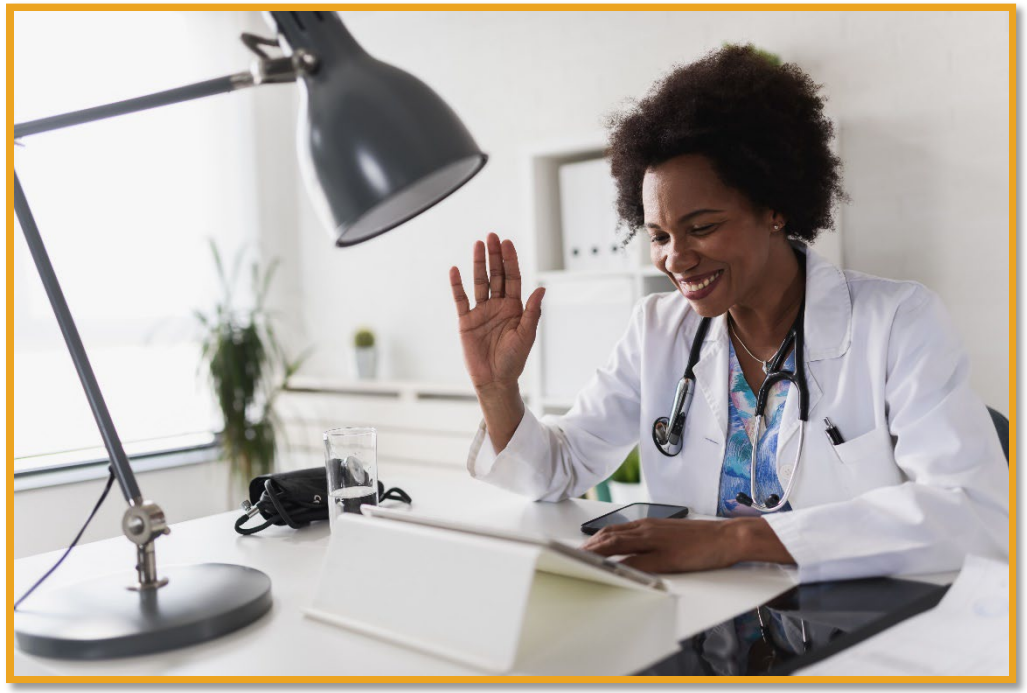
Agenda

- CQM Reporting Overview
  - How to find UDS guidance
  - Key UDS concepts and terminology for CQM reporting
  - Available CQM resources
- Assessing Electronic Clinical Quality Measures (eCQMs)
  - Step-by-step instructions
  - Real-time demonstration
- Opportunities to Improve Data Alignment with CQMs
- UDS Modernization Updates
- Questions and Answers



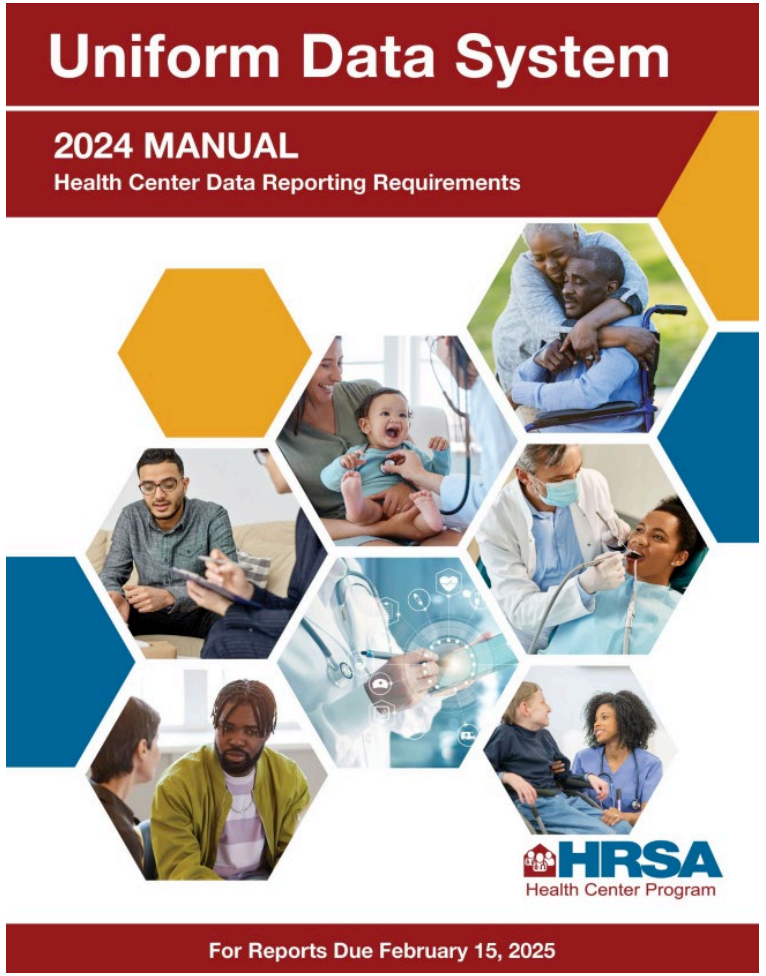
CQM Reporting Overview

Goal: Understand UDS concepts and the resources that are available to support accuracy in CQM reporting on Tables 6B and 7.

Getting Started with CQMs: Finding UDS Guidance

- Review the 2024 UDS Manual, which includes:
  - Definitions and instructions specific to the UDS
  - Links to all eCQMs, as well as UDS-specific considerations
  - Descriptions of additional resources to support reporting

- Review year-over-year changes via:
  - 2024 Program Assistance Letter
  - UDS Changes Webinar (held June 2, 2024)
  - Upcoming technical assistance webinars and annual UDS trainings co-hosted with primary care associations



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

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Getting Started with CQMs:
UDS Training and Technical Assistance

Visit
UDS Training and Technical Assistance

- Central, user-friendly hub for health centers to access UDS reporting training and technical assistance.
- Organized by UDS topic areas, such as:
  - Patient Characteristics
  - Staffing and Utilization
  - Clinical Care
  - Financials
  - Appendices
  - Additional Reporting Topics

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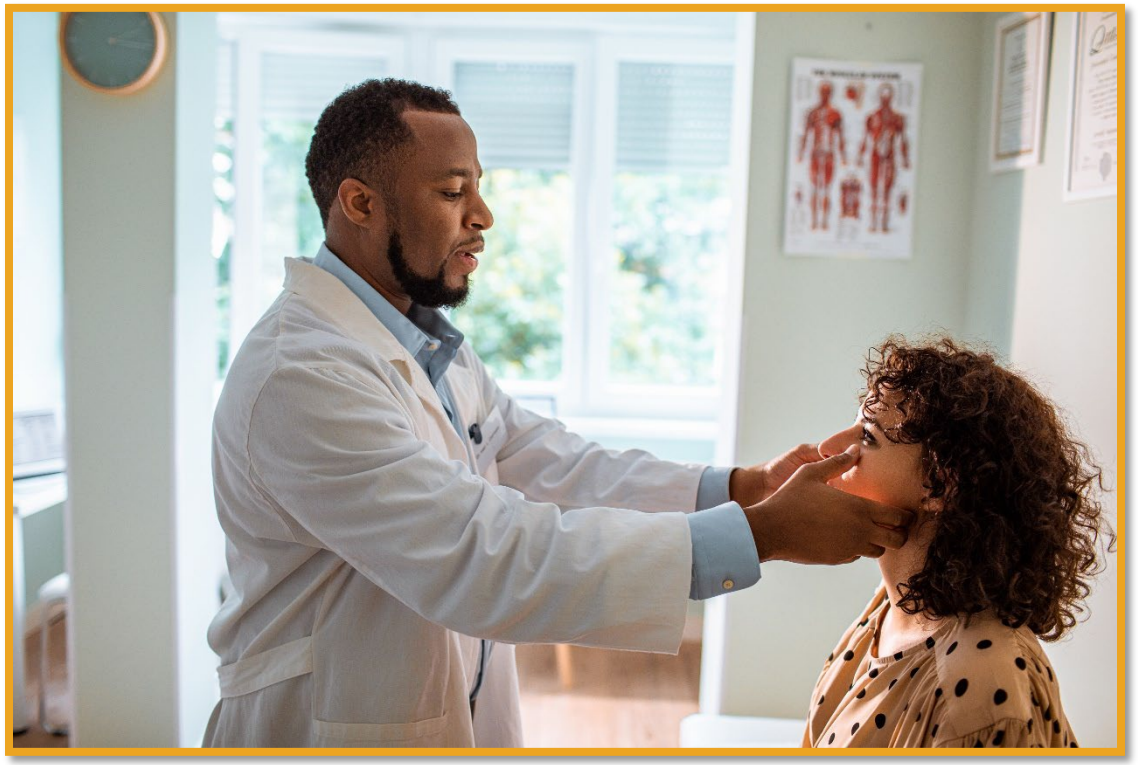
Key Terms and Definitions for CQM Reporting

What Is a CQM?

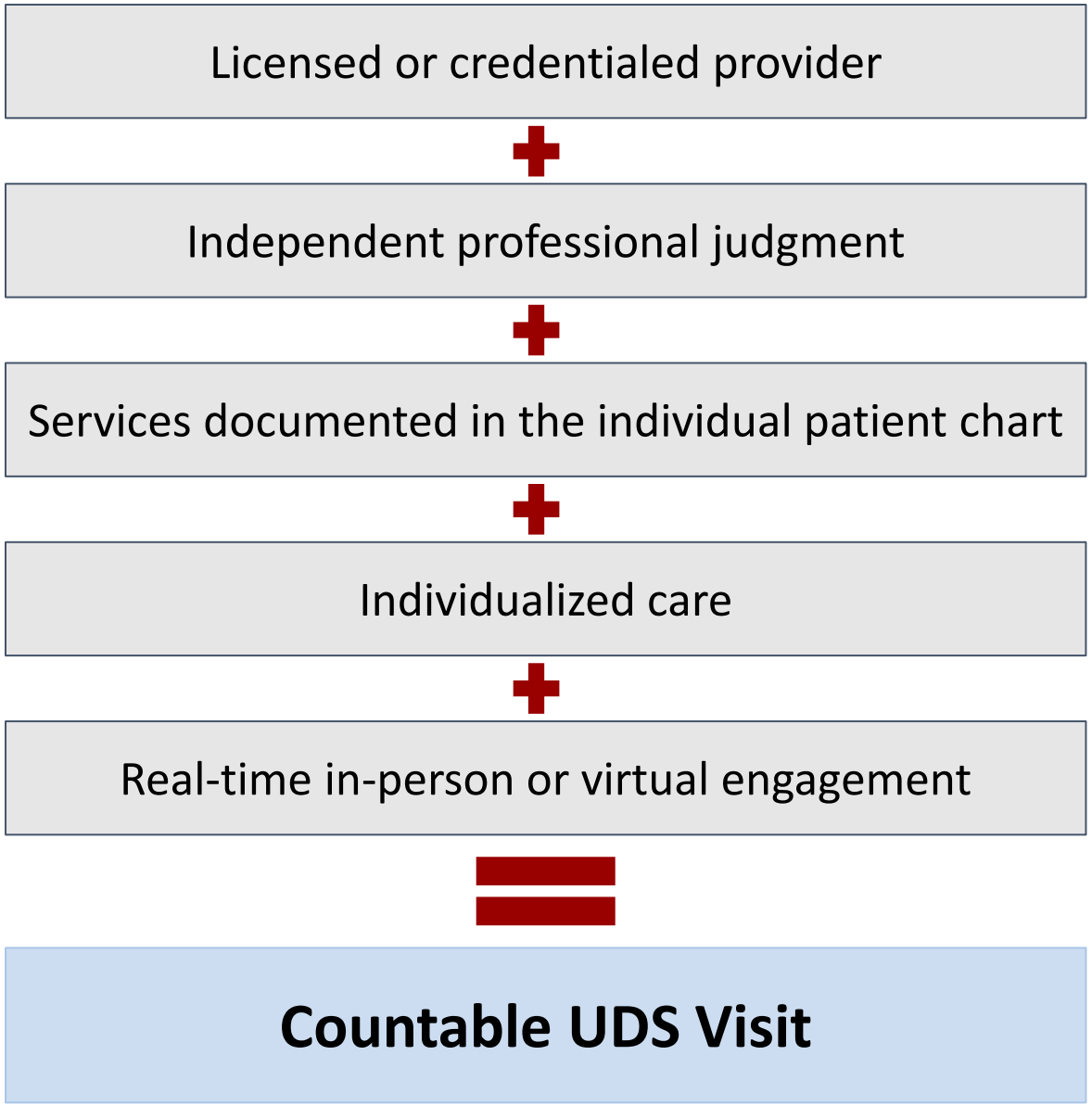
- CQMs are process and outcome measures that health centers are required to report on the UDS.
- There are 15 quality of care measures reported on Table 6B and three health outcome and disparities measures reported on Table 7.
- Each CQM is governed and vetted by its respective measure steward (UDS Manual Appendix H).
- Most UDS CQMs are aligned with CMS 2023 Performance Period Eligible Professional/Eligible Clinician eCQMs.
- All CQMs in the UDS relate to patients who had a UDS countable visit on Table 5.



Defining a Patient and Countable Visit

A *patient* in 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.



Resource: UDS Countable Visit Guidance and FAQ

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Components of Each CQM

Denominator	Numerator	Exclusions and Exceptions
• Identifies the group of patients that the measure looks at for whether they have received the service, test, or outcome. • Equal to the initial population identified in the CQM, after considering exclusions and exceptions. • Reported in Column A.	• Measures whether the service, event, or outcome requirements were met. • Each patient in the denominator is assessed to determine whether they meet the numerator. • Reported in Column C.	• **EXCLUSIONS:** Patients who meet exclusion criteria are not to be considered for the measure. They are removed from the denominator before determining if numerator criteria are met. • **EXCEPTIONS:** Patients who do meet denominator criteria but do not meet numerator criteria and meet any of the exceptions criteria are removed from the denominator.

CQM Components Applied

Section F—Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number of Records Reviewed (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients 18 years of age and older with (1) BMI documented and (2) follow-up plan documented if BMI is outside normal parameters	2,392,027	2,392,027	1,490,482

Denominator

Must be ≥ 80% of denominator*

Numerator

= 62.31% of adult patients had BMI charted and a follow-up plan documented as appropriate in 2024.

This ***excludes*** patients who were pregnant or receiving palliative or hospice care at any time during the measurement period. Denominator ***exceptions*** also remove patients who refused measurement of height and/or weight or who had a documented medical reason for not documenting BMI or a follow-up plan.

***Number of records reviewed (Column B) should include *all* patients who fit the measure criteria (100% of Column A), but occasionally can be ≥ 80% of Column A.**

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Other Key Terms in UDS CQM Measurement

Specification Guidance	The Centers for Medicare & Medicaid Services (CMS) measures 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.
CQMs	Quantified indicators used to evaluate how well the health center is achieving standards.
eCQMs	CQMs expressed and formatted to use data from electronic health record (EHR) and/or health information technology (Health IT) systems to measure health care quality, ideally data captured in structured form during the process of patient care. Most CQMs are aligned with eCQMs.
Value Sets	Lists of codes and corresponding terms from the National Library of Medicine–hosted standard clinical vocabularies (such as SNOMED CT, RxNorm, and LOINC®) that define clinical concepts.
Measurement Period	Represents Calendar Year 2024 (January 1–December 31) **unless** another time frame is specifically noted in the UDS Manual or measure specifications.
Measure Steward	An individual or organization that owns a measure and is responsible for maintaining the measure. Each eCQM has a measure steward.

Denominators: Qualifying Encounters

Clinical measure guidance for the UDS specifies that in order to be included in any given CQM denominator, patients must have:

- A **countable UDS visit** during the calendar year reported on Table 5, **and**

- A **visit that meets the qualifying encounter definitions** for that particular eCQM's measure criteria and specifications.
- Each measure defines its own qualifying encounters in its specifications.

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

NO

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

YES

Review UDS Manual CQM guidance and eCQM specifications for an individual measure (if applicable).

Review denominator criteria to determine visit types eligible for inclusion.

Download the associated codes from the Value Set Authority Center (VSAC).

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CQMs: Keys to Remember

1. **To be reported *anywhere* in 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.

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

   Qualifying encounters depend on the specification defined by the particular measure steward and must be assessed for each measure individually.

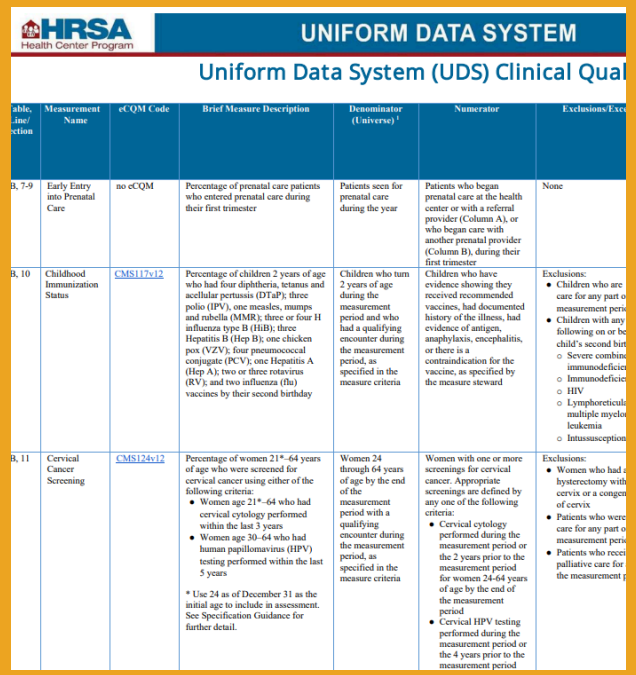
3. **It is essential to review and use the codes listed in each eCQM.**

   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.

CQM Resources

Help with Understanding Measures

UDS Clinical Measures Criteria (Quick Reference)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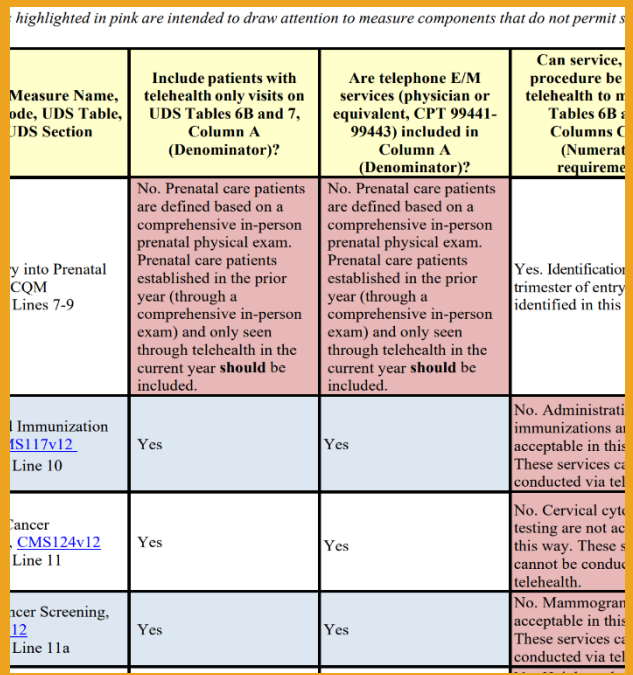
UNIFORM DATA SYSTEM

Uniform Data System (UDS) Clinical Qual

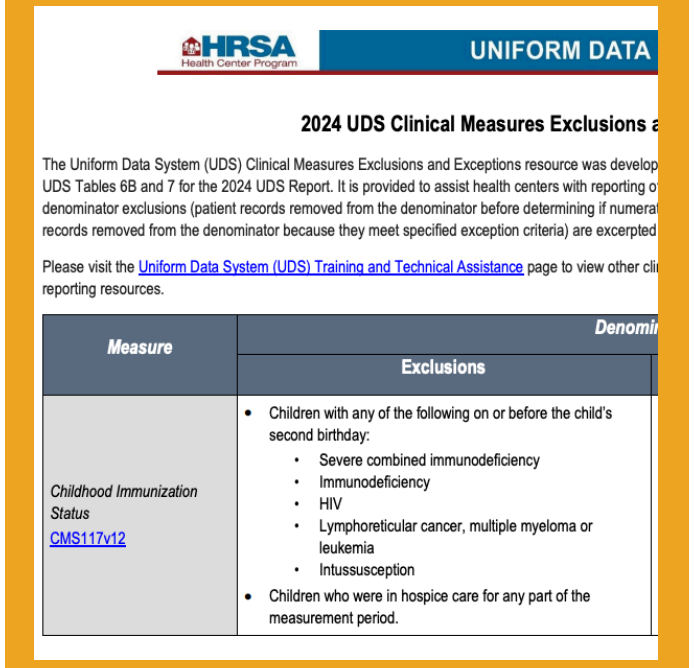
able, ine/ ction	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe) [1]	Numerator	Exclusions/Exc
B, 7-9	Early Entry into Prenatal Care	no eCQM	Percentage of prenatal care patients who entered prenatal care during their first trimester	Patients seen for prenatal care during the year	Patients who began prenatal care at the health center or with a referral provider (Column A), or who began care with another prenatal provider (Column B), during their first trimester	None
B, 10	Childhood Immunization Status	CMS117v12	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 qualifying encounter during the measurement period, as specified in the measure criteria	Children who have evidence showing they received recommended vaccines, had documented history of the illness, had evidence of antigen, anaphylaxis, encephalitis, or there is a contraindication for the vaccine, as specified by the measure steward	Exclusions: • Children who are care for any part o measurement peri • Children with any following on or be child's second birt ○ Severe combin immunodeficie ○ Immunodeficie ○ HIV ○ Lymphoreticul multiple myelo leukemia ○ Intussusception
B, 11	Cervical Cancer Screening	CMS124v12	Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria: • Women age 21*–64 who had cervical cytology performed within the last 3 years • Women age 30–64 who had human papillomavirus (HPV) testing performed within the last 5 years * Use 24 as of December 31 as the initial age to include in assessment. See Specification Guidance for further detail.	Women 24 through 64 years of age by the end of the measurement period with a qualifying encounter during the measurement period, as specified in the measure criteria	Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria: • Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women 24-64 years of age by the end of the measurement period • Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period	Exclusions: • Women who had hysterectomy with cervix or a congen of cervix • Patients who were care for any part o measurement peri • Patients who rece palliative care for the measurement

Telehealth Impact on UDS Clinical Measures


highlighted in pink are intended to draw attention to measure components that do not permit s

Measure Name, ode, UDS Table, UDS Section	Include patients with telehealth only visits on UDS Tables 6B and 7, Column A (Denominator)?	Are telephone E/M services (physician or equivalent, CPT 99441-99443) included in Column A (Denominator)?	Can service, procedure be telehealth to n Tables 6B a Columns C (Numerat requireme
y into Prenatal CQM Lines 7-9	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.	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. Identificatio trimester of entry identified in this
l Immunization MS117v12 Line 10	Yes	Yes	No. Administrati immunizations a acceptable in this These services ca conducted via tel
Cancer CMS124v12 Line 11	Yes	Yes	No. Cervical cyt testing are not ac this way. These s cannot be conduc telehealth.
ncer Screening, 12 Line 11a	Yes	Yes	No. Mammogra acceptable in this These services ca conducted via tel

UDS Clinical Measures Exclusions and Exceptions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UNIFORM DATA

2024 UDS Clinical Measures Exclusions a

The Uniform Data System (UDS) Clinical Measures Exclusions and Exceptions resource was develop UDS Tables 6B and 7 for the 2024 UDS Report. It is provided to assist health centers with reporting o denominator exclusions (patient records removed from the denominator before determining if numera records removed from the denominator because they meet specified exception criteria) are excerpted

Please visit the Uniform Data System (UDS) Training and Technical Assistance page to view other cli reporting resources.

Measure	Denomi Exclusions
Childhood Immunization Status CMS117v12	• Children with any of the following on or before the child's second birthday: ◦ Severe combined immunodeficiency ◦ Immunodeficiency ◦ HIV ◦ Lymphoreticular cancer, multiple myeloma or leukemia ◦ Intussusception • Children who were in hospice care for any part of the measurement period.

These handouts synthesize key information from the eCQMs.

All available on https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/clinical-care

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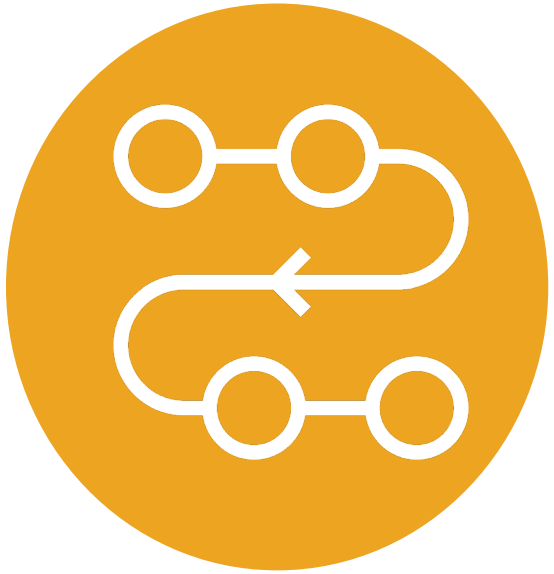
References for Measure FAQs

ASTP/ONC Issue Tracking System (OTIS) Jira project



eCQM Known Issues Tracker (part of ASTP/ONC tracking)

UDS Helplines

ASTP/ONC is the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC)

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

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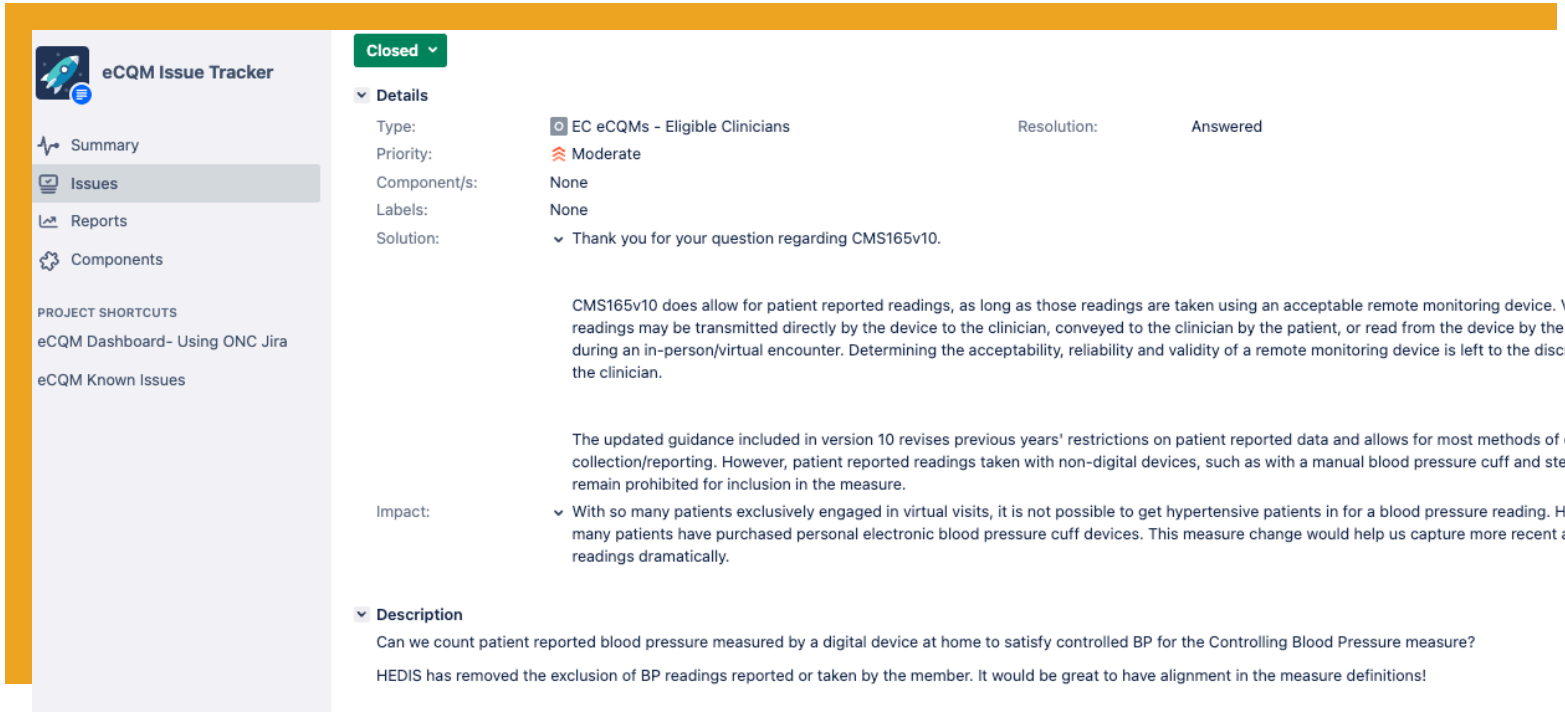
eCQM issues that have been identified can be reviewed in the ASTP/ONC Issue Tracking System (OITS) Jira project eCQM Issue Tracker.

Responses to questions and guidance from the measure stewards can be found here.

Sign up for an OITS account.

Post questions in the eCQM Issue Tracker.



Upcoming Webinars on CQMs

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

UDS Clinical Tables Part 2: Maternal Care and Children's Health Measures
October 9, 2:00–3:30 p.m. ET

UDS Clinical Tables Part 3: Chronic Disease Management Measures
October 23, 2:00–3:30 p.m. ET

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

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CQM Overview Recap and Action Items

- CQMs are process and outcome measures that relate to patients with a countable visit in the UDS (on Table 5).
- CQMs are reported on Tables 6B and 7.
- Accurately reporting CQMs requires reviewing all measure criteria:
  - CQM guidance in the UDS Manual
  - eCQM specifications for each electronically specified measure
  - Denominator criteria
  - Value sets that determine qualifying encounters

ACTION ITEMS

- ❑ Review the 2024 UDS Manual
- ❑ Familiarize yourself with the UDS Training and Technical Assistance website and available support lines
- ❑ Download key CQM resources, like:
  - ❑ UDS Countable Visit Guidance and Frequently Asked Questions
  - ❑ UDS Clinical Measures Criteria
  - ❑ Telehealth Impact on UDS Clinical Measures
  - ❑ UDS Clinical Measures Exclusions and Exceptions
- ❑ Sign up for upcoming webinars on CQMs

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Knowledge Check

A patient has only a dental 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 the dental sealant measure.

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.

Knowledge Check - Answer

A patient has only a dental 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 the dental sealant measure.

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.

Assessing eCQMs Demonstration

Goal: Learn how to access and assess the measure specifications and value sets for UDS eCQMs.

Step-by-Step Instructions for Accessing Measure Specifications and Value Sets

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

NO

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

YES

Review UDS Manual CQM guidance and eCQM specifications for an individual measure (if applicable).

Review denominator criteria to determine visit types eligible for inclusion.

Download the associated codes from the Value Set Authority Center (VSAC).

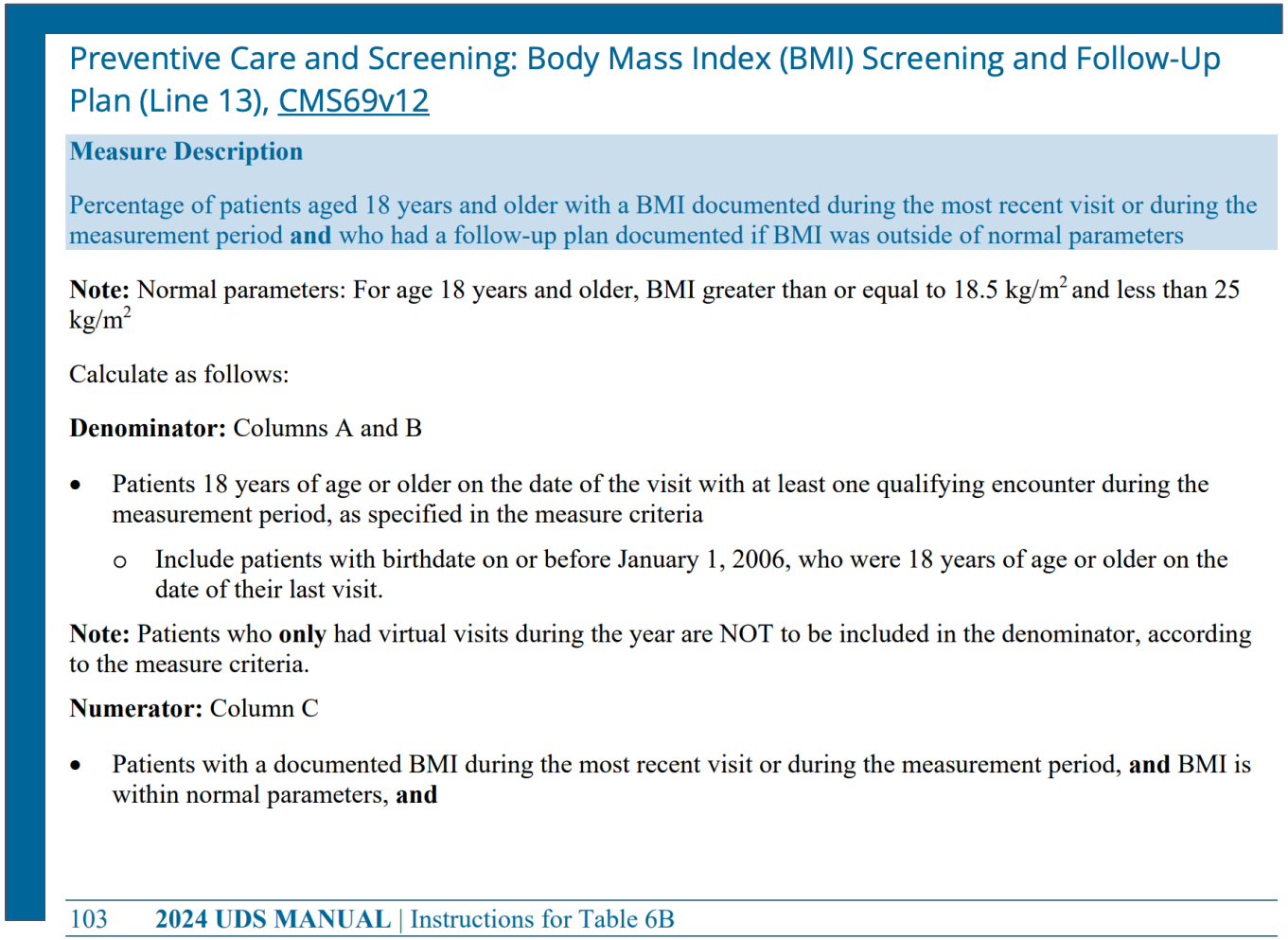
Example: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Line 13) CMS69v12

Denominator: Patients 18 years of age or older on the date of the visit with at least one qualifying encounter during the measurement period, as specified in the measure criteria

Question: Are health center patients with dental visits to be included in the BMI screening and follow-up plan measure?

Step 1: Review CQM guidance in the UDS Manual

- Familiarize yourself with the measure by reviewing UDS Manual guidance.
- **Specification Guidance** summarizes CMS guidance to help with understanding and implementing eCQMs.
- **UDS Reporting Considerations** offer additional requirements and guidance that must be applied to a specific measure and may differ from or expand on eCQM specifications, when applicable.



Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Line 13), CMS69v12

Measure Description

Percentage of patients aged 18 years and older with a BMI documented during the most recent visit or during the measurement period **and** who had a follow-up plan documented if BMI was outside of normal parameters

Note: Normal parameters: For age 18 years and older, BMI greater than or equal to 18.5 kg/m^2 and less than 25 kg/m^2

Calculate as follows:

Denominator: Columns A and B

- Patients 18 years of age or older on the date of the visit with at least one qualifying encounter during the measurement period, as specified in the measure criteria
  - Include patients with birthdate on or before January 1, 2006, who were 18 years of age or older on the date of their last visit.

Note: Patients who **only** had virtual visits during the year are NOT to be included in the denominator, according to the measure criteria.

Numerator: Column C

- Patients with a documented BMI during the most recent visit or during the measurement period, **and** BMI is within normal parameters, **and**

103 **2024 UDS MANUAL** | Instructions for Table 6B

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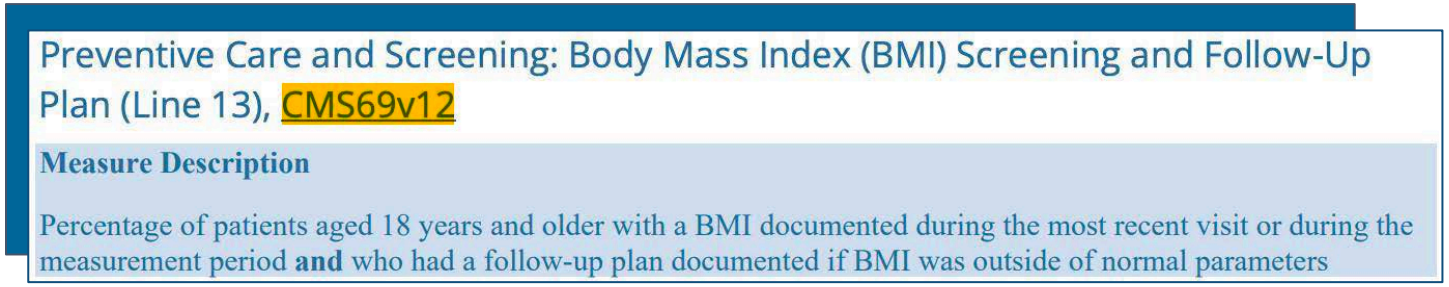
Step 2: Access the Measure Specifications (Two Ways)

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



2. **Visit the Electronic Clinical Quality Improvement (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 3: Read Specifications to Determine Denominator Criteria

1. To be included in the **initial population,** someone must have a **qualifying encounter during the measurement period** and be 18 years of age or older at the start of the measurement period.

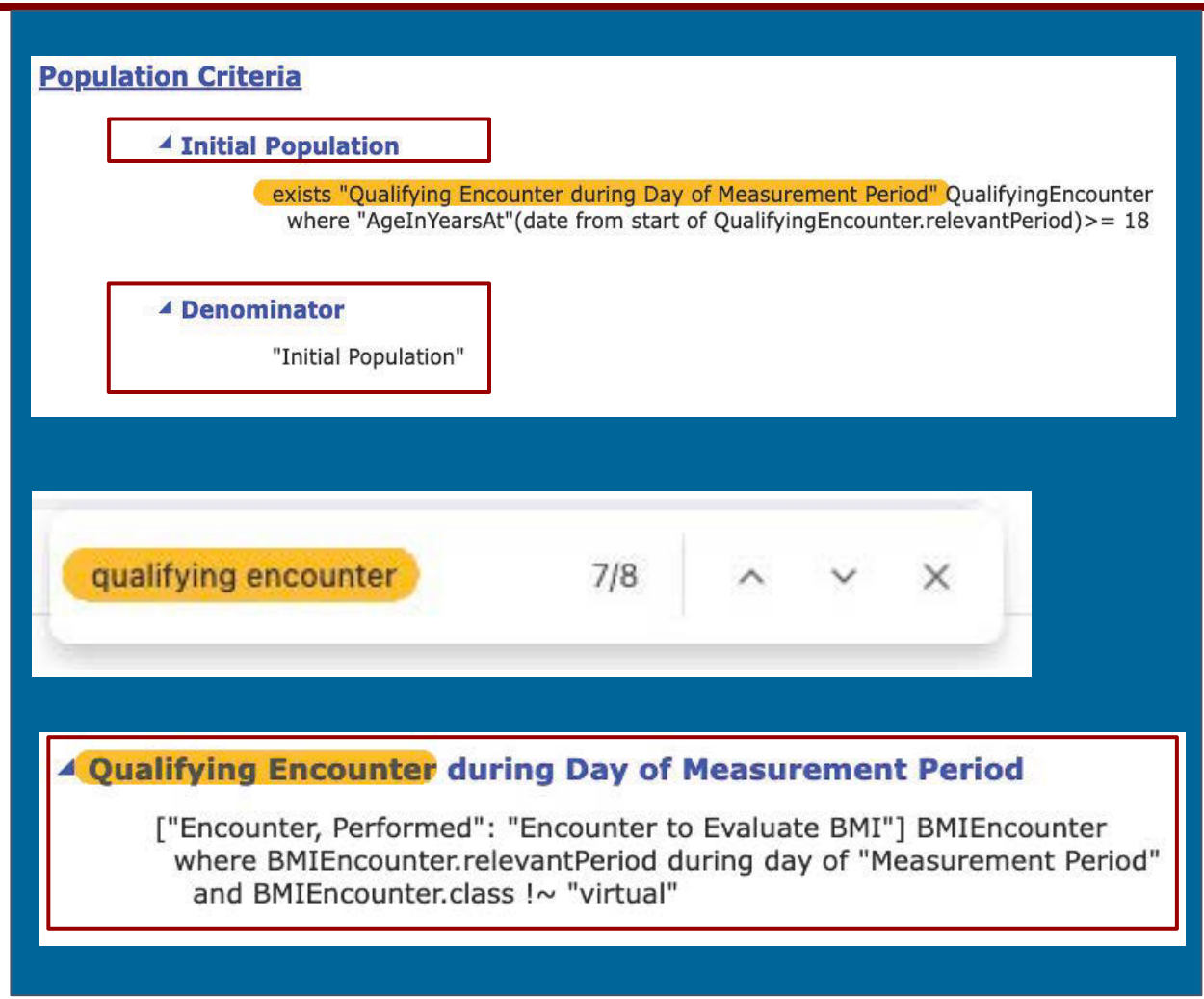
2. The measure specifications show that the **denominator criteria** for this measure is equal to the "initial population."

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

4. A qualifying encounter for this measure is defined: **"Encounter, Performed": "Encounter to Evaluate BMI"**

   The specifications also indicate that virtual visits do not count as a qualifying encounter:

   BMIEncounter.class !~ "virtual"



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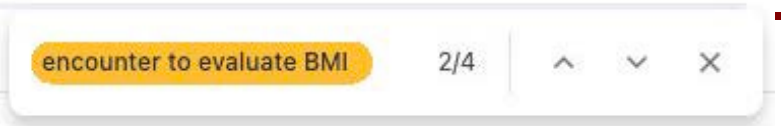
Step 4: Find the Relevant Value Set in Measure Specifications



Terminology

- code "Body mass index (BMI) [Ratio]" ("LOINC Code (39156-5)")
- code "Discharge to healthcare facility for hospice care (procedure)" ("SNOMEDCT Code (428371000124100)")
- code "Discharge to home for hospice care (procedure)" ("SNOMEDCT Code (428361000124107)")
- code "Functional Assessment of Chronic Illness Therapy - Palliative Care Questionnaire (FACIT-Pal)" ("LOINC Code (71007-9)")
- code "Hospice care [Minimum Data Set]" ("LOINC Code (45755-6)")
- code "virtual" ("ActCode Code (VR)")
- code "Yes (qualifier value)" ("SNOMEDCT Code (373066001)")
- valueset "Encounter Inpatient" (2.16.840.1.113883.3.666.5.307)
- valueset "Encounter to Evaluate BMI" (2.16.840.1.113883.3.600.1.1751)
- valueset "Ethnicity" (2.16.840.1.114222.4.11.837)
- valueset "Follow Up for Above Normal BMI" (2.16.840.1.113883.3.600.1.1525)
- valueset "Follow Up for Below Normal BMI" (2.16.840.1.113883.3.600.1.1528)
- valueset "Hospice Care Ambulatory" (2.16.840.1.113883.3.526.3.1584)
- valueset "Hospice Diagnosis" (2.16.840.1.113883.3.464.1003.1165)
- valueset "Hospice Encounter" (2.16.840.1.113883.3.464.1003.1003)
- valueset "Medical Reason" (2.16.840.1.113883.3.526.3.1007)
- valueset "Medications for Above Normal BMI" (2.16.840.1.113883.3.526.3.1561)
- valueset "Medications for Below Normal BMI" (2.16.840.1.113883.3.526.3.1562)
- valueset "ONC Administrative Sex" (2.16.840.1.113762.1.4.1)
- valueset "Overweight or Obese" (2.16.840.1.113762.1.4.1047.502)
- valueset "Palliative Care Diagnosis" (2.16.840.1.113883.3.464.1003.1167)
- valueset "Palliative Care Encounter" (2.16.840.1.113883.3.464.1003.101.12.1090)
- valueset "Palliative Care Intervention" (2.16.840.1.113883.3.464.1003.198.12.1135)
- valueset "Patient Declined" (2.16.840.1.113883.3.526.3.1582)
- valueset "Payer" (2.16.840.1.114222.4.11.3591)
- valueset "Pregnancy Obstetric or Maternal Diagnoses" (2.16.840.1.113883.3.600.1.1623)
- valueset "Race" (2.16.840.1.114222.4.11.836)
- valueset "Referrals Where Weight Assessment May Occur" (2.16.840.1.113883.3.600.1.1527)
- valueset "Underweight" (2.16.840.1.113883.3.526.3.1563)

Data Criteria (QDM Data Elements)

1. Search for the value set associated with “Encounter to Evaluate BMI” 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 Evaluate BMI” value set.

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Pro Tip: How to Access Codes for All Measures

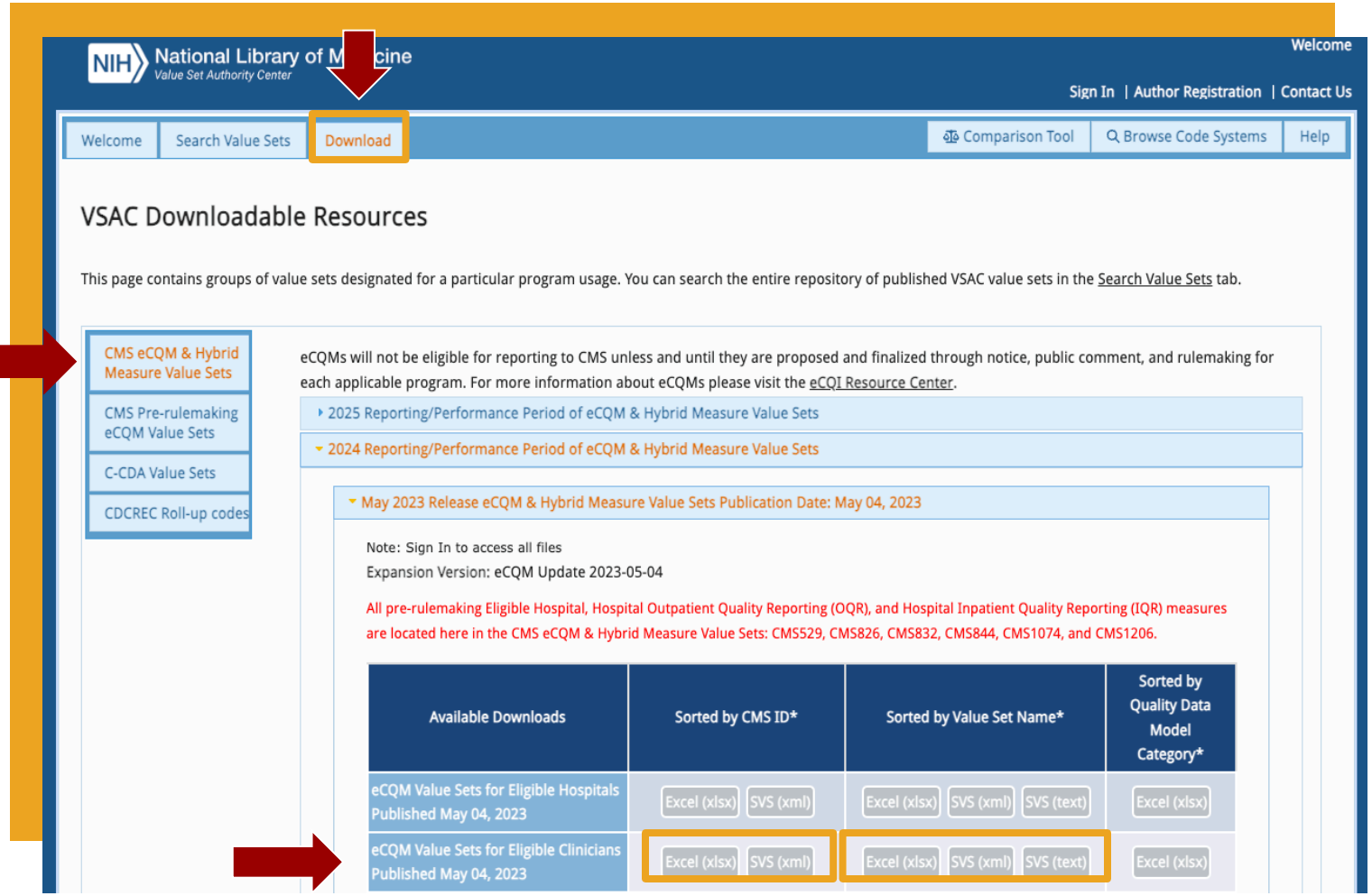
To download all codes from the VSAC site:

- **Create a Unified Medical Language System (UMLS) account.**
- Once you are logged in, go to Download tab → 2024 Reporting → eCQM Value Sets for Eligible Clinicians.

There are 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.)



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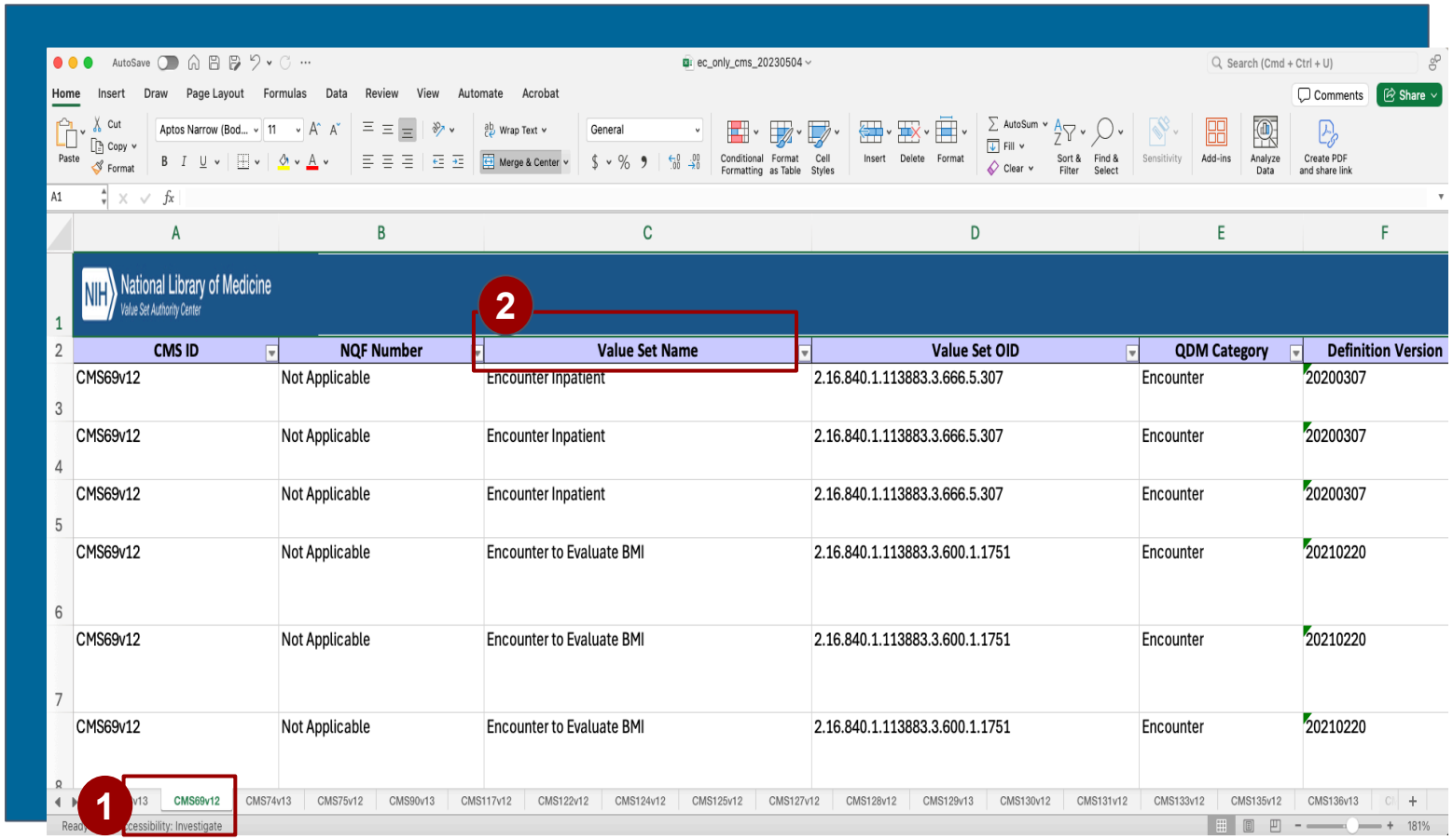
Step 5: Access Value Sets from VSAC

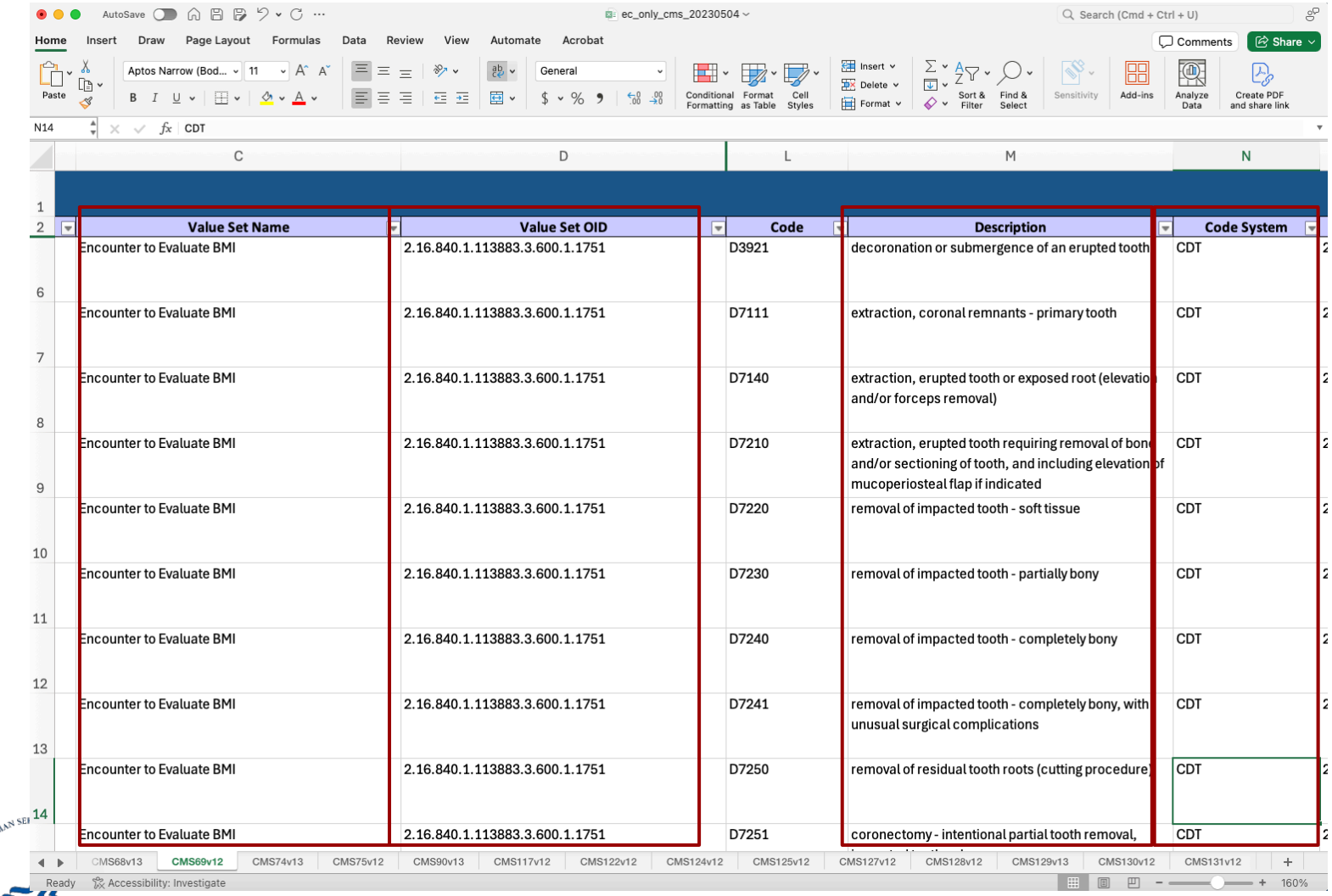
1. **Click on the tab at the bottom of the spreadsheet with the CMS ID of the relevant measure.**

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

   In this example, it is "Encounter to Evaluate BMI."



Step 6: Review Codes



Value Set Name	Value Set OID	Code	Description	Code System
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D3921	decoronation or submergence of an erupted tooth	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7111	extraction, coronal remnants - primary tooth	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7140	extraction, erupted tooth or exposed root (elevatio and/or forceps removal)	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7210	extraction, erupted tooth requiring removal of bon and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7220	removal of impacted tooth - soft tissue	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7230	removal of impacted tooth - partially bony	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7240	removal of impacted tooth - completely bony	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7241	removal of impacted tooth - completely bony, with unusual surgical complications	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7250	removal of residual tooth roots (cutting procedure)	CDT
Encounter to Evaluate BMI	2.16.840.1.113883.3.600.1.1751	D7251	coronectomy - intentional partial tooth removal,	CDT

By reviewing columns like **“Description”** and **“Code System,”** we can see that there are codes associated with dental health visits included in the value set for “Encounter Evaluate BMI.”

Our question: Are patients with dental visits eligible to be included in the adult BMI screening and follow-up measure? **Yes, a patient who had one of the eligible codes needs to be included in the denominator.**

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Real-Time Demonstration

How to Access Measure Specifications

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

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eCQM Specification Recap and Action Items

- Review eCQMs specifications to determine which patients had qualifying encounters for a measure and should be reported for that given measure.
- Access eCQM specifications using the link next to the measure name in the UDS Manual or by visiting the eCQI Resource Center.
- Download and review value sets for each eCQM through the VSAC.

ACTION ITEMS

- ❑ Review the Accessing Full eCQM Specifications video
- ❑ Practice navigating between the UDS Manual, eCQI Resource Center, and VSAC
- ❑ Create a UMLS account
- ❑ Download all 2024 value sets from the VSAC

Brief Q&A Intermission

Opportunities to Improve Data Alignment with CQMs

Goal: Identify opportunities to improve data alignment to support CQM reporting in the UDS.

The Importance of Data Alignment

Data alignment supports more accurate performance measurement.

- Quality measurement might be more accurately described as evaluating the *documentation* of patient care and whether *that documentation* aligns with measures that indicate high-value care.
- You might not get "credit" for a measure, even if the service or care was provided, if the documentation doesn't match the requirements.

Data exchange is changing.

- CQM data will be increasingly pulled from your system's back end as we move toward reporting programs that align with interoperability standards (think: UDS+).
- Your ability to interact with the data and catch errors before it is reported will be limited. Ensuring that workflows and care processes are aligned with measure specifications and EHR guidance is important.

Three Parts to Data Alignment

Measure Requirements

Nearly all quality measures have 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.

Measure 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 time frame, 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.*

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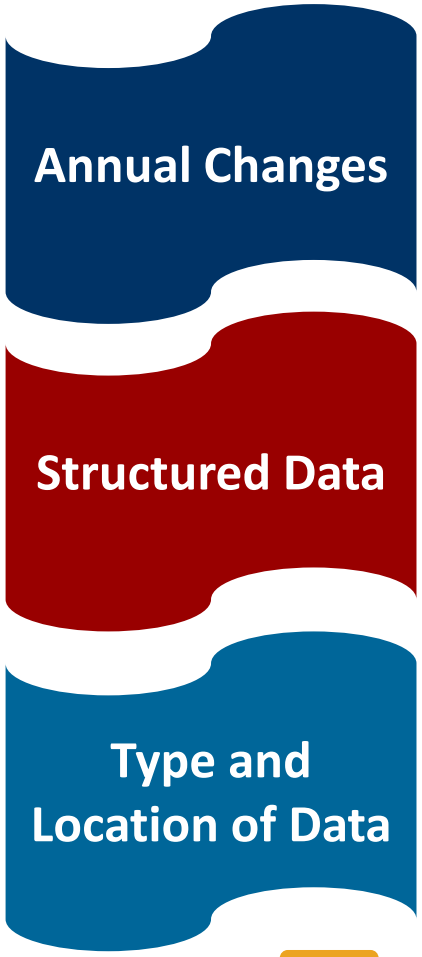
EHR Requirements



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.

All measure components require structured data. Most eCQMs look at orders (labs, diagnostic imaging, procedures, etc.) and/or coding (CPT, ICD-10, CDT, HCPCS, etc.). Data must be complete (such as complete results and closed encounters with appropriate codes).

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.

Connect with your health IT/EHR vendor and IT personnel early to confirm EHR includes needed updates and accurately captures required data.

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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:

Use 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.

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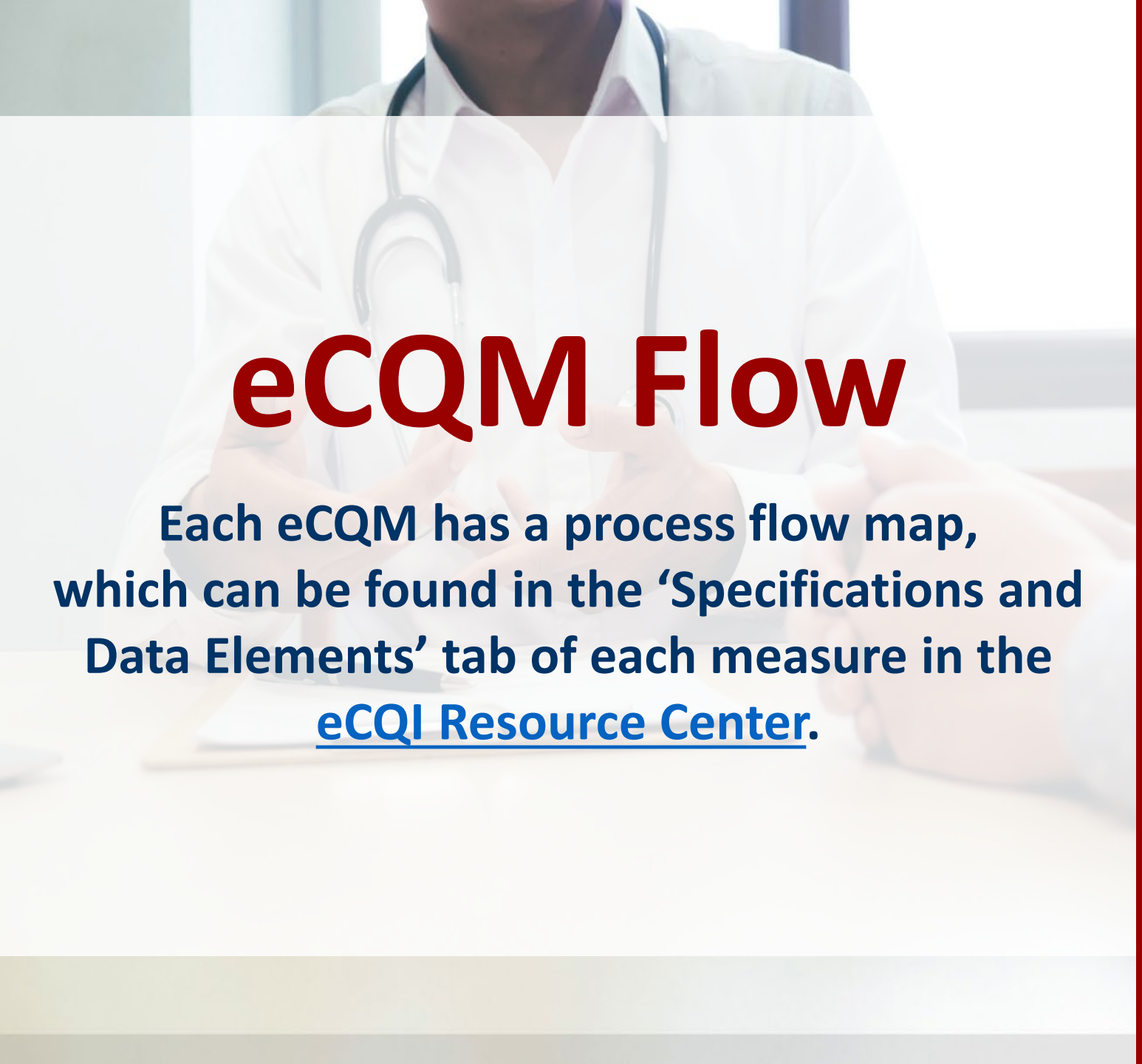
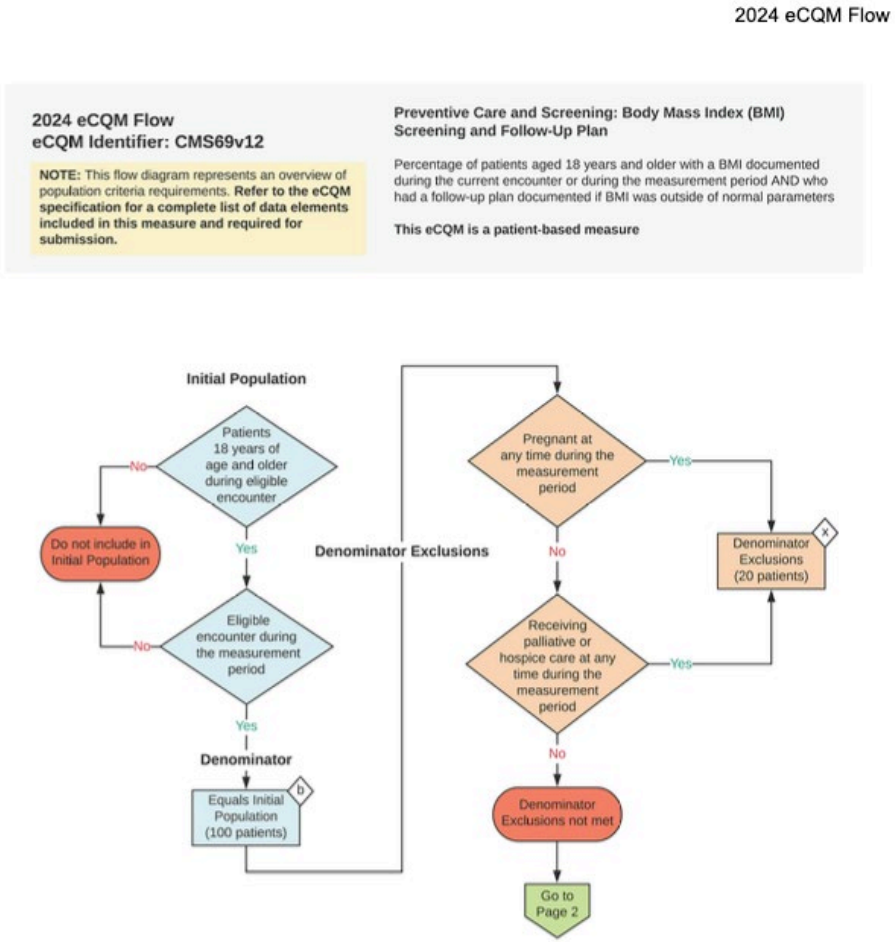


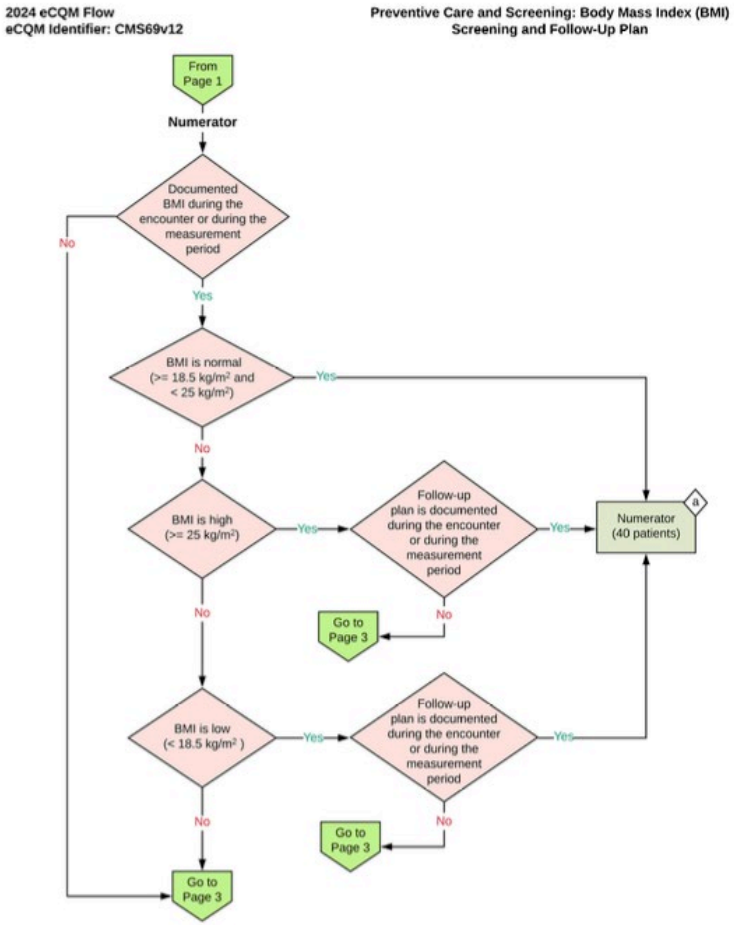
eCQM Flow

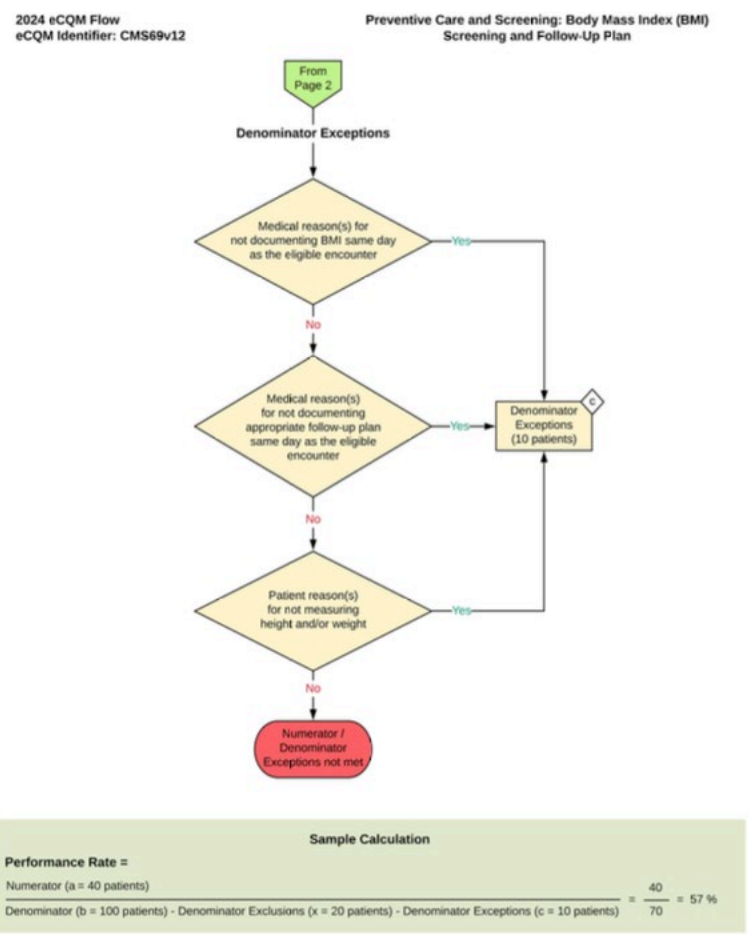
Each eCQM has a process flow map, which can be found in the 'Specifications and Data Elements' tab of each measure in the eCQI Resource Center.

- 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: BMI Screening and Follow-Up Plan







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 quality improvement efforts.

Download here: The HITEQ Center Performance Measure Data Definition Worksheet

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Data Alignment Recap and Action Items

- Accurately and efficiently reporting on CQMs requires reviewing and improving data alignment.
- Consider the alignment of the three data alignment components:
  - Measure Requirements
  - EHR Requirements
  - Internal Workflow and Mapping
- Work with your clinical and health IT teams to assess data alignment gaps and readiness for UDS reporting.

ACTION ITEMS

- ❑ Review the eCQM Implementation Checklist.
- ❑ Work with your clinical team to review workflows and improve data alignment. *You may download the following tools to guide discussions:*
  - ❑ 2024 eCQM Flows (Choose CQM > Click "Specifications and Data Elements" > Under the "Specifications" section)
  - ❑ The HITEQ Center Performance Measure Data Definition Worksheet
- ❑ Work with your health IT/EHR vendor(s) and IT personnel early and often to confirm EHR is updated and operating as expected.

Support Available

Description	Contact	E-mail or Web Form	Phone
UDS reporting questions	UDS Support Center	udshelp330@bphcdata.net or BPHC Contact Form Select: Uniform Data System (UDS) > 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 application programming interface (API) (UDS Modernization) technical support	Health Center Program Support	BPHC Contact Form Select: Uniform Data System (UDS) > UDS Modernization > Patient-level Submission (UDS+)	877-464-4772

UDS Data Modernization and UDS Patient Level Data (UDS+)

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Why are we modernizing UDS?

- Leverage developments in health IT over the last decade that allow us to advance health equity efforts while reducing reporting burden
- Standardize data collection using Fast Healthcare Interoperability Resources (FHIR) resources to automate and reduce the technical burden for health centers
- Improve the fidelity and integrity of data and enable more robust analyses to improve equitable access to high quality, cost-effective care for our patients
- Drive quality improvement for vulnerable and historically underserved population groups
- Allow HRSA to better administer the Health Center Program and better serve its patients

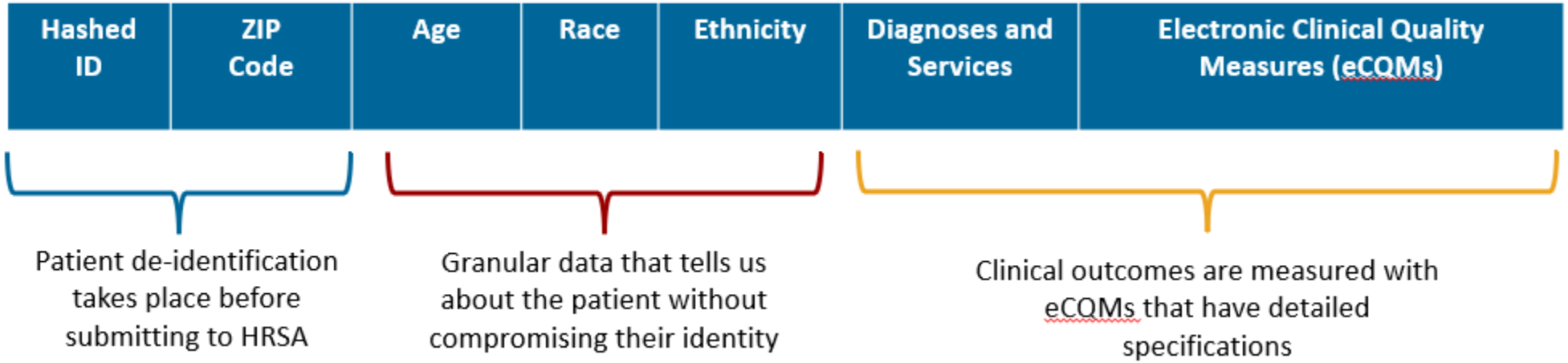
UDS Patient Level Submission (UDS+)

UDS+ is...

- De-identified patient level data
- Applicable to UDS Tables Patients By ZIP Code, 3A, 3B, 4, 6A, 6B, and 7
- Submitted via Fast Healthcare Interoperability Resources (FHIR®)

UDS+ is not...

- Full copies of data directly from patients' electronic medical records



For more information, visit: Uniform Data System (UDS) Modernization Initiative

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UDS+ 2024 Reporting Year: Submission Requirements

2024 UDS+ Submissions Due by April 30, 2025

1. Submit data for your ***medical*** patients

2. Submit ***all*** 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 ***1 eCQM*** from the measures listed below:
   - **Table 6B**: Quality of Care Measures
     - Breast Cancer Screening
     - Cervical Cancer Screening
     - Colorectal Cancer Screening
   - **Table 7**: Health Outcomes and Disparities
     - **Controlling High Blood Pressure***
     - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

   ** Recommended measure*

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2024 Calendar Year: UDS and UDS+ Reporting

All health centers are **required** to submit **aggregated** UDS data by **February 15, 2025**.

All health centers will be required to submit a minimum amount of **patient-level data (UDS+) by April 30, 2025**.

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

- Submit UDS+ data via FHIR.
- Include, at a minimum, only demographic data and 1 eCQM for medical patients.
- UDS+ submission supports system capacity building and progress toward full implementation.

EHBs will remain the submission of record.

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How can health centers prepare for UDS+?

UDS TEST COOPERATIVE

Join the UTC for continued UDS+ updates and resources.

HL7® FHIR®

Review:

- HL7.org
- HL7® FHIR® resources page
- UDS+ FHIR IG

ENGAGEMENT

Visit the UDS Modernization Initiative webpage for up-to-date UDS+ information.

Encourage your health IT vendors to join the UTC and participate in UDS+ testing before 2025.

Submit questions through the BPHC Contact Form by selecting **Uniform Data System (UDS) > UDS Modernization > Patient-Level Submission (UDS+).**

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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

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