Guidance for Health Centers that Switched EHRs

Health centers may transition between Electronic Health Record (EHR) systems for various reasons, including mergers, acquisitions, or the need for a more robust system. While a new EHR can offer significant advantages, the transition period presents unique challenges for accurate and complete Uniform Data System (UDS) reporting.

The core requirement is that health centers must submit one UDS Report that includes unduplicated data for in-scope services for the full calendar year. This guidance aims to help health centers plan, manage, and report effectively during and after the transition. It outlines common transition situations and answers key questions to ensure UDS reporting remains accurate.

Common Transition Scenarios and Approaches

1. Transitioning to a New EHR Mid-Year

When a health center switches to a new EHR during the reporting year, it is still required to submit a single UDS Report that consolidates unduplicated data from both the old and new systems for the full calendar year. This also applies in cases of a partial go-live, where some departments or sites move to the new EHR before others.

Approach: Health centers must ensure they can access and extract data from the previous EHR system. The most effective strategy is to merge data from both systems. This may require pulling reports into a separate database or using analytic tools to de-duplicate patient counts and activities. This can be a time-consuming process, so it is recommended to begin as soon as the transition is complete.

2. Acquiring a Health Center with a Different EHR

If a health center acquires another facility that used a different EHR, the acquiring health center is responsible for reporting on the full calendar year for the newly expanded entity, including all data from the acquired site. This requirement applies to all health centers involved in mergers or acquisitions that were funded or designated, in whole or in part, before October 1st of the reporting year.

Approach: The acquiring health center must establish a process to access, pull, and transfer data from the acquired center's EHR. It is crucial to merge the data from both systems and eliminate duplicate patient records to ensure accurate reporting.

Key Questions for a Successful EHR Transition

How can data be prepared prior to the transition?

Because a new system will not fix underlying data problems, maintaining data integrity throughout the process is of critical importance. Before the transition occurs, it is recommended that health centers take the following steps:

- **Perform a comprehensive data clean-up**. This is an opportunity to clean duplicate patient records, inactivate old user accounts, and remove outdated tests or procedures to ensure the converted data is accurate.
- **Determine the scope of the data conversion**. Understand exactly what data the vendor can migrate and what will remain in the legacy system. Be aware that not all data elements may map correctly between the old and new systems. For any data that is not converted, access to the historical system must be maintained for reporting purposes.
- **Address problematic workflows**. Identify and fix any workarounds, such as the use of dummy codes, so these issues are not carried into the new EHR.

What are the keys to a smooth transition?

A successful transition is as much about people and processes as it is about technology. Creating a detailed transition plan that outlines key phases and keeping a log to document changes, transitions, and potential reporting issues are critical first steps.

- **Identify staff members who can serve as champions or expert users**. These individuals are not always in leadership positions but have a deep understanding of daily workflows and the skill set to transition them.
- **Schedule training strategically**. To ensure the information is fresh and impactful for staff, training sessions should be conducted in close proximity to the go-live date.
- **Provide robust staff support**. Ensure dedicated support is available for the first few weeks post go-live to help staff navigate challenges.
- **Anticipate a period of adjustment**. It is normal for health centers to experience a period of instability as staff members learn the new system. Signs of stabilization and improved efficiency should be expected approximately six months after go-live.

What if it's not possible to merge the data completely?

If, after all efforts, it is not possible to fully pull and transfer data from a legacy system, the UDS Report should be completed to the best of the health center's ability with the available data. In some cases, it may be necessary to use UDS manual logs, such as temporary spreadsheets, to track data for specific measures that are not captured correctly during the transition. In this situation, it is essential to use the Table Comment feature in the Electronic Handbooks (EHBs) to document and explain any missing or incomplete data. Health centers should also be aware that missing or incomplete data may result in a questionable rating.

Resources and Support

For health centers facing these challenges, several resources are available:

- UDS Support Center: Contact for specific reporting questions.
  - Email: udshelp330@bphcdata.net
  - Phone: 866-UDS-HELP (866-837-4357)
- Primary Care Associations (PCAs) and Health Center Controlled Networks (HCCNs): These organizations can provide resources, recommendations, and support from other health centers that have faced similar challenges.