

UDS Forms: HIT Capabilities, Other Data Elements, and Workforce

This fact sheet provides guidance on completing the Appendix D: Health Center Health Information Technology (HIT) Capabilities, Appendix E: Other Data Elements, and Appendix F: Workforce forms that are required elements of the annual Uniform Data System submission. Each form will be discussed separately below.

APPENDIX D: HEALTH CENTER HEALTH INFORMATION TECHNOLOGY (HIT) CAPABILITIES FORM

PURPOSE:

Appendix D gathers information on health centers' Health IT capabilities, including questions about electronic health records (EHRs) interoperability, as well as eligibility for [CMS Promoting Interoperability programs](#).

CHANGES:

There are no major changes to Appendix D: Health Center Health Information Technology (HIT) Capabilities Form

KEY TERMS:

Electronic Health Record (EHR)/Electronic Medical Record (EMR)/Patient Health Record.

A digital version of a patient's paper chart. EHRs are real-time, electronic records that make information available instantly and securely to authorized users. They contain a patient's medical history, immunization records, allergy information, radiology images, laboratory results, and more. EHRs facilitate the sharing of data across different healthcare settings, allowing for comprehensive and coordinated care.

Prescription Drug Monitoring Program (PDMP).

A state run electronic database use to track the prescribing and dispensing of controlled prescription drugs to patients. PDMPs are a valuable tool in combating the opioid epidemic by enhancing the ability to monitor and control prescription drug use.

HOW DATA ARE USED:

The data are used to better understand Health IT interoperability and patient access to health information. It also assesses how many health centers are collecting and using social determinants of health data.

FORM TIPS:

- Respond to the questions in this form based on your health center status as of December 31 of the calendar year.
- The form provides definitions and explanations for each question. Please review carefully before responding.
- Health centers will need to know their EHR vendor, product name, and version number. You will also need to obtain the Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List Number for your EHR. For more information, you can access the [Certified Health IT Product List](#).
- It is helpful to work with your EHR and Health IT team early to make sure you have accurate information to complete this form.

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APPENDIX E: OTHER DATA ELEMENTS FORM

PURPOSE:

This form is used to capture the increasingly diverse and comprehensive care provided by health centers. These services include medications for opioid use disorder, telehealth, and outreach and enrollment assists.

CHANGES:

There are no major changes to the Appendix E: Other Data Elements Form.

KEY TERMS:

Medication Assisted Treatment (MAT) for Opioid Use Disorder. According to [SAMHSA](#), MOUD, including buprenorphine, methadone, and naltrexone are the most common medications used to treat opioid use disorder (OUD). These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

Telemedicine and telehealth. The term “telehealth” includes “telemedicine” services but encompasses a broader scope of remote health care services. Telemedicine is specific to remote clinical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

HOW DATA ARE USED:

- The data are used to better understand how many patients are accessing MOUD and how many providers treat opioid use disorder with medications.
- Telemedicine and telehealth data are used to understand how many health centers are increasing access to services remotely through these delivery models.
- This form also captures the number of assists (customizable education sessions provided by a trained health center assister) to health center patients about affordable health insurance coverage options and any other assistance provided to facilitate health insurance enrollment.
- Family planning data will be used to better understand patients family planning needs.

FORM TIPS:

- Respond to the questions in this form based on your health center status as of December 31 of the calendar year.
- The form provides definitions and explanations for each question. Please review carefully before responding.
- It is helpful to work with your team early to make sure you have accurate information to complete this form.
- Assists do not count as visits on the UDS tables. Refer to this [Outreach and Enrollment Assists Reporting resource for additional information](#).

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APPENDIX F: WORKFORCE FORM

PURPOSE:

To understand the current state of health center workforce training and different staffing models to better support recruitment and retention of health center professionals.

CHANGES:

There are no changes to the Workforce Form reporting requirements for 2024.

KEY TERMS:

Training Sponsor. Hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program).

Training Site Partner. An entity that delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).

Pre-graduate/Certificate Training. Examples include student clinical rotations or externships.

Post-Graduate Training. Examples include a residency, fellowship, or practicum.

HOW DATA ARE USED:

- These data are used to better understand the range of health professional education and training offered by health centers and the number of individuals trained during the reporting year.

FORM TIPS:

- Respond to the questions in this form based on your health center status as of December 31 of the calendar year.
- The form provides definitions and explanations for each question. Please review carefully before responding.
- Include non-health-center individuals who are trained by your health center during the reporting year.
- It is helpful to work with your human resources and/or training team early to make sure you have accurate information to complete this form.