



Reporting the Uniform Data System (UDS) Clinical Tables to Support Quality Improvement

Webinar

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Opening Remarks

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Agenda

- Review the UDS clinical tables
- Highlight changes to 2019 UDS clinical tables
- Identify strategies for using clinical tables to advance quality
- Present tips for checking accuracy of data
- Questions and answers
- Resources



Objectives of the Webinar

- **Understand the reporting requirements for the clinical quality measures**
- **Understand how to check the data for accuracy**
- **Identify strategies for assessing quality of care**
- **Know how to access reporting supports**





Review of the UDS Clinical Tables

Table 6A: Selected Diagnoses and Services Rendered

Table 6B: Quality of Care Measures

Table 7: Health Outcomes and Disparities



Changes to the Clinical Tables

- **Table 6A:** Updated diagnostic and service codes
 - Updated Diagnostic and Services codes for 2019 reporting can be found [here](#)
- **Tables 6B and 7:** Updated UDS Clinical Quality Measures (CQMs) to align with the electronic-specified CQMs (eCQMs) used by the Centers for Medicare & Medicaid Services (CMS)
 - Use the latest electronic specifications available for the 2019 performance period
 - Specifications are included at the CMS [eCQI Resource Center](#)
- **Table 6B:** Retired Lipid Lowering Therapy Prescribing for Coronary Artery Disease (CAD) measure (not an eCQM). Added Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347V2)





Table 6A

Selected Diagnoses and Services Rendered

- ✓ Reporting for Table 6A
- ✓ Avoiding common data errors
- ✓ Assessing the quality of care

Purpose of Table 6A

- Report *visits* and *patients* for selected diagnoses and services
- Estimate prevalence and frequency for specific diagnoses and services
- Demonstrate continuity of care

Line	Diagnostic Category	Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
	Selected Infectious and Parasitic Diseases			
1-2	Symptomatic / Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21		
3	Tuberculosis	A15- through A19-, O98.0-		
4	Sexually transmitted infections	A50- through A64- (exclude A63.0)		
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4-		
4b	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21		

*Excerpted from Table 6A



Categories of Selected Diagnoses and Services

- **Medical Conditions**
 - Infections and Parasitic Diseases (Lines 1–4b)
 - Diseases of the Respiratory System (Lines 5–6)
 - Other Medical Conditions (Lines 7–14a)
 - Childhood Conditions (limited to ages 0 through 17) (Lines 15–17)
- **Mental Health and Substance Use Disorder Conditions (Lines 18–20d)**
- **Medical Diagnostic Tests/Screening/Preventive Services (Lines 21–26d)**
- **Dental Services (Lines 27–34)**



Visits Reported for Selected Diagnoses

Column A, Lines 1–20d

- **Report the number of visits (face to face or virtual) where the diagnosis was coded:**
 - Count each visit where the identified diagnosis is coded, regardless of whether this was the primary, secondary, tertiary, or any other diagnosis
 - If patients have more than one reportable diagnosis during a visit, count each
 - Report diagnoses made by licensed or credentialed medical, dental, mental health, substance use disorder, or vision providers only



Visits Reported for Selected Services

Column A, Lines 21–34

- **Column A: Report the number of visits at which one or more of the selected services were provided**
 - Count those services provided by the health center or by an in-scope contractor paid by the health center
 - If patients have more than one reportable service during a visit, count each
 - ✓ Do not count multiple services in the same category at one visit
 - ✓ For example, if two vaccines are provided at a single visit, only count one visit in Column A (not two)
 - Use either the CPT or ICD code, but not both
- **Column B: Report the number of unduplicated patients who**
 - had a specified diagnosis or
 - received one or more of the selected services

Line	Service Category	Applicable ICD Code or CPT-4/II Code	Number of Visits (a)	Number of Patients (b)
	Selected Diagnostic Tests/Screening/Preventive Services			
21	HIV test	CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806		
21a	Hepatitis B test	CPT-4: 86704 through 86707, 87340, 87341, 87350		
21b	Hepatitis C test	CPT-4: 86803, 86804, 87520 through 87522		
22	Mammogram	CPT-4: 77065, 77066, 77067 OR ICD-10: Z12.31		
23	Pap test	CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419)		
24	Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal, diphtheria, tetanus, pertussis (DTaP) (DTP) (DT); mumps, measles, rubella (MMR); poliovirus; varicella; hepatitis B	CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748		
*Excerpted from Table 6A				



Services Provided by Multiple Entities

- **Count services if health center:**
 - Orders and performs service
 - Orders the test, collects the sample at the health center, and sends it to a reference lab for processing (count regardless of who pays for service)
 - Refers patient for service, but the health center receives results and is billed for service
- **Do not count if health center:**
 - Refers patient to another provider for service or test and the health center is not billed for the service (even though results may be reported back to the health center)



Tips to Assess Accuracy of Table 6A Data

- **Check patient counts in Column B for lines 1–20d (diagnoses):** Estimate prevalence of chronic conditions and compare with what you know to be true of your community (e.g., from community needs assessments)
 - Divide the number in Column B by medical patients on Table 5 by the appropriate age category
- **Check Columns A and B:** Calculate the average number of service visits per patient for all lines
 - Compare with what your providers say is the frequency with which they see patients
 - Compare with the frequency from the prior year and check for significant changes— understand what caused them
 - ✓ Did you implement a new quality improvement initiative for specific chronic conditions, such as diabetes?
 - ✓ Did it result in more patients screened positive for the condition?
 - ✓ How did this impact the number of visits for patients with diabetes?



Assessing the Care Provided

Clinical Indicator	CY 2014	CY 2015	CY 2016	CY 2017	CY 2018
MEDICAL CONDITIONS (% of Patients with Medical Condition)					
Diabetes patients	10%	10%	14%	15%	15%
Hypertension patients	25%	25%	26%	27%	28%
MEDICAL VISITS BY DIAGNOSIS					
Diabetes visits	11%	11%	11%	11%	11%
Hypertension visits	16%	16%	16%	16%	16%





Polling Question



Tables 6B and 7

Table 6B: Quality of Care Measures

Table 7: Health Outcomes and Disparities

Tables 6B and 7 Reporting Format

Measure Description	Universe (a)	Number Charts Sampled or EHR Total [Denominator] (b)	Number Who Meet Measurement Standard [Numerator] (c & f)
Describes the quantifiable indicator to be evaluated	<p>Patients who fit the detailed criteria described for inclusion in the measure</p> <p>Exclusions: Patients not to be considered for the measure or included in the denominator</p>	<p>The number of records from Column A that you reviewed</p> <p>OR</p> <p>Column B will be:</p> <ul style="list-style-type: none"> • equal to universe • ≥80% of the universe • random sample of 70 records 	Number of records from Column B that meet the performance standard for the measure



Table 7: Race and Ethnicity Reporting Structure

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

Tables 6B and 7 Reporting Instructions

- **Specification Guidance:** Measure guidance that assists with understanding, implementing, and reporting the CQM
 - Most measures are listed as eCQMs
- **UDS Reporting Consideration:** BPHC requirements and guidance to be applied to the specific measure
 - Identifies where the reporting requirement differs from the eCQM
 - They pertain to medical patients (except the dental sealant CQM, which is specific to dental patients) seen during the measurement year
 - Age for most measures is as of the start of the measurement year
 - Measurement year represents calendar year 2019



UDS Clinical Quality Measures by Type

Women's Health

Preventative Care

Disease Management

- ✓ Reporting for Tables 6B and 7
- ✓ Avoiding common data errors
- ✓ Assessing the quality of care



[Link: 2019 Clinical Quality Measures Criteria](#)

Types of Clinical Measures

Category	Measures
Women's Care	<ul style="list-style-type: none"> • Cervical Cancer Screening, CMS124v7 • Early Entry into Prenatal Care • Low Birth Weight
Preventive Care	<ul style="list-style-type: none"> • Childhood Immunization Status, CMS117v7 • Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents, CMS155v7 • Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, CMS69v7 • Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, CMS138v7 • Colorectal Cancer Screening, CMS130v7 • Preventive Care and Screening: Screening for Depression and Follow-Up Plan, CMS2v8 • Dental Sealants for Children between 6–9 Years, CMS277v0
Disease Management	<ul style="list-style-type: none"> • Use of Appropriate Medications for Asthma, CMS126v5 (no longer e-specified) • Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, CMS347v2 • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet, CMS164v7(no longer e-specified) • HIV Linkage to Care • Controlling High Blood Pressure, CMS165v7 • Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%), CMS122v7

Understanding eCQM Reporting Specifications

eCQI Resource Center

Population Criteria

- Initial Population =
 - AND: Age \geq 23 year(s) at: “Measurement Period”
 - AND: Age $<$ 64 year(s) at: “Measurement Period”
 - AND: “Patient Characteristic Sex: Female”
 - AND: Union of:
 - “Encounter, Performed: Office Visit”
 - “Encounter, Performed: Face-to-Face Interaction”
 - “Encounter, Performed: Preventive Care Services – Established Office Visit, 18 and Up”
 - “Encounter, Performed: Preventative Care Services – Initial Office Visit, 18 and Up”
 - Encounter, Performed: Home Healthcare Services
 - During “Measurement Period”
- Denominator =
 - AND: Initial Population
- Denominator Exclusions =
 - OR: “Encounter Performed: Encounter Inpatient (discharge status: Discharged to Home for Hospice Care)” ends during “Measurement Period”
 - OR: “Encounter, Performed: Encounter Inpatient (discharge status: Discharged to Health Care Facility for Hospice Care)” ends during “Measurement Period”
 - OR: Union of:
 - “Intervention, Order: Hospice care ambulatory”
 - “Intervention, Performed: Hospice care ambulatory”
 - overlaps “Measurement Period”
 - OR: “Procedure, Performed: Hysterectomy with No Residual Cervix” ends before end of “Measurement Period”
- Numerator =
 - AND:
 - OR: “Laboratory Test, Performed: Pap Test (result)” $<$ 3 year(s) ends before end of “Measurement Period”
 - OR:
 - AND: Age $<$ + 30 year(s) at: “Occurrence A of Laboratory Test, Performed: Pap Test”
 - AND: “Occurrence A of Laboratory Test, Performed: Pap Test” satisfies all:
 - (result) $<$ 5 year(s) ends before end of “Measurement Period”
 - Satisfies any:
 - \leq 1 day(s) starts after or concurrent with start of “Laboratory Test, Performed: HPV Test (result)”
 - \leq 1 day(s) starts before start of “Laboratory Test, Performed: HPV Test (result)”
- Numerator exclusions =
 - None
- Denominator Exceptions =
 - None

Coding: United States Health Information Knowledgebase (USHIK)

The screenshot displays the USHIK website interface. At the top, the AHRQ logo and "Agency for Healthcare Research and Quality" are visible. The main heading is "United States Health Information Knowledgebase". Below this is a navigation bar with tabs for "USHIK Home", "Standards", "HITSP", "Common Formats", "Quality Reporting" (highlighted), "All-Payer Claims", "Draft Measures", and "Child EHR Format".

The main content area is titled "Electronic Clinical Quality Measures". It shows a single result, "Results 1 - 1 of 1". Below this, there are buttons for "Compare/Download Selected", including "Compare", "Download HQMF XML", "Download Excel", "Download Value Set SVS", "Download PDF", "Download Flat File CSV", and "Download Single File XML".

At the bottom, there are filters for "2011 - 2013" and "Beginning in 2014". A table of measures is shown with columns for "Select", "CQM ID", "NQF", "Short Name", "Name", "Eligibility", "Version", and "Release Package". One measure is selected, "CMS069v6", which is highlighted in green. The table content is as follows:

Select	CQM ID	NQF	Short Name	Name	Eligibility	Version	Release Package
<input checked="" type="checkbox"/>	CMS069v6	0421		Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Eligible Professionals /	6	May 2017 EP EC

- Codes are used to determine who to consider for the measure and who meets the measurement standard.
- Your electronic health record (EHR) pulls the information based on codes.
- Codes are listed in “Data Criteria” at the USHIK website.

At A Glance	Downloads	Population Criteria	Data Criteria	Supplemental Data Elements	Metadata
Category	Data Element	Value Set			
Encounter	Encounter, Performed: Outpatient Consultation	Outpatient Consultation 2.16.840.1.113883.3.464.1003.101.11.1040 (Version: eCQM Update 2018-09-17)			
	→	CPT (2018)	99241 , 99242 , 99243 , 99244 , 99245		
	Adverse Event	Value Set Details Not Available			
	Allergy/Intolerance	Value Set Details Not Available			
Intervention	Intervention, Order: Palliative Care	Palliative Care 2.16.840.1.113883.3.600.1.1579 (Version: eCQM Update 2018-09-17)			
		SNOMEDCT (2018-03)	103735009 , 133918004 , 182964004 , 305284002 , 305381007 , 305981001 , 306237005 , 306288008 , 385736008 , 385763009		
Encounter	Encounter, Performed: Outpatient Encounters for Preventive Care	Outpatient Encounters for Preventive Care 2.16.840.1.113762.1.4.1047.9 (Version: eCQM Update 2018-09-17)			
		SNOMEDCT (2018-03)	108219001 , 108220007 , 108221006 , 108224003 , 14736009 , 185349003 , 185389009 , 270427003 , 270430005 , 281036007 , 30346009 , 308335008 , 37894004 , 390906007 , 410187005 , 78318003 , 86013001 , 90526000		
	Diagnosis: Rhabdomyolysis	Rhabdomyolysis 2.16.840.1.113762.1.4.1047.102 (Version: eCQM Update 2018-09-17)			
	→	SNOMEDCT (2018-03)	23697004 , 240125008 , 240131006 , 240132004 , 72960004		
		ICD10CM (2019)	M62.82 , T79.6XXA , T79.6XXD , T79.6XXS		



Women's Health

Cervical Cancer Screening
Early Entry into Prenatal Care
Low Birth Weight



Cervical Cancer Screening

CMS124v7

Denominator

- Women 23 through 64 years of age with a medical visit
- Exclude:
 - Patients who had a hysterectomy with no residual cervix *or a congenital absence of a cervix*
 - Patients who were in hospice care

Numerator

- 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 who are at least 21 years old at the time of the test
 - Cervical cytology/human papilloma virus (HPV) co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test



Prenatal Care and Birth Outcomes

Tables 6B and 7

Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15–19	
3	Ages 20–24	
4	Ages 25–44	
5	Ages 45 and over	
6	Total Patients (Sum lines 1–5)	

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Line	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥2500 grams (1d)
Hispanic/Latino					
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	<i>Subtotal Hispanic/Latino</i>				
Non-Hispanic/Latino					
2a	Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
	Unreported/Refused to Report Race and Ethnicity				



Prenatal Patients by Age

Table 6B, Lines 1–6

- Report all prenatal care patients served directly or who were referred for prenatal care services
- Use the woman's age on June 30 of the reporting period

0	Prenatal Care Provided by Referral Only (Check if Yes)	
Line	Age	Number of Patients (a)
1	Less than 15 Years	
2	Ages 15-19	
3	Ages 20-24	
4	Ages 25-44	
5	Ages 45 and over	
6	Total Patients (Sum lines 1-5)	



Early Entry into Prenatal Care

Table 6B, Lines 7–9

Denominator:

Women seen for prenatal care during the **year**

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Numerator:

- Women beginning prenatal care at the health center or with a referral provider (Column A), or with another provider (Column B), during their
 - First Trimester: Through 13th week
 - Second Trimester: 14th-27th week
 - Third Trimester: 28th week or later

Early Entry into Prenatal Care, Continued

Table 6B, Lines 7–9

- **Reporting Considerations**

- Be sure that women by trimester of entry equal prenatal women by age as of June 30
- Determine trimester of entry using last menstrual period
- Only report women who transferred into your care after seeing another provider in Column B
- Report women who began at your health center (including any women you may have referred out for care) should be reported in Column A
- Include women who a) began prenatal care in 2018 and delivered in 2019, b) began and delivered in 2019, and c) will not deliver until 2020

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		



Women Who Delivered

Table 7, Column 1a

- **Prenatal care patients who delivered during the measurement year**
 - Include delivery regardless of outcome
 - Even if the delivery is of twins or triplets, or is a stillbirth, report one woman as having delivered
 - Do not include women with no documentation that delivery occurred
 - Do not include women who had a miscarriage

Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥ 2500 grams (1d)
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Low Birthweight

Table 7, Columns 1b–1d

Denominator

Babies born to prenatal care patients

Count twins as two, triplets as three, etc.

Exclude:

- Stillbirths and miscarriages

Numerator

- Babies born with a birth weight below normal (less than 2,500 grams)

Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥ 2500 grams (1d)
--	---	--	---------------------------------------



Prenatal Care and Delivery Reporting Considerations

- **Reporting considerations**

- Prenatal Women ≠ Deliveries ≠ Birth Outcomes
- Report all live births separately by birth weight
- Report babies according to their birth weight in grams: Very Low, Low, and Normal
- The higher the percentage of babies born below normal birth weight, the poorer the outcome
- Report mothers in prenatal program and their babies, even if prenatal care or delivery was done by a non-health center provider
- Report race and ethnicity of mother and baby separately
- Review outcomes against overall patient population mix
- Line 0 - Report the total number of HIV-positive pregnant women served by the health center during the reporting year
- Line 2 - Report the total number of deliveries performed by health center clinicians

Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500–2499 grams (1c)	Live Births: ≥ 2500 grams (1d)
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Tips for Assessing Accuracy

- Include prenatal patients who began care with another provider in Column B on the Early Entry in to Prenatal Care measure
- Compare the total on Table 7 Line i Column 1a to the total women who delivered by birth weight
- Review the total number of women who delivered on Table 7 to the number of women in the prenatal program on Table 6B



Assessing Quality of Care

	2016	2017	2018	2017-2018		2016-2018	
				Change %		Change %	
QUALITY OF CARE INDICATORS/HEALTH OUTCOMES							
Perinatal Health							
Early Entry into Prenatal Care (First Visit in First Trimester)	66.27%	69.66%	73.98%	4.32%	6.20%	7.72%	11.65%
Low Birth Weight (Live birth < 2500 grams)	8.82%	10.64%	11.54%	0.90%	8.46%	2.71%	30.77%





Preventive Care

Childhood Immunization Status

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

BMI Screening and Follow-Up Plan

Tobacco Use: Screening and Cessation Intervention

Colorectal Cancer Screening

Screening for Depression and Follow-Up Plan

Dental Sealants for Children between 6–9 Years

Child Immunization Status

CMS117v7

Denominator

- Children who turn 2 years of age during the measurement period and who had a medical visit during 2019
- Exclude:
 - Patients who were in hospice care

Numerator

- Children who have evidence showing that by their second birthday they were fully immunized:
 - Received vaccine or
 - Had documented history of the illness or
 - Had a seropositive test result or
 - Had an allergic reaction to the vaccine



Child Immunization Status, Continued

Required Vaccinations

- Four (4) diphtheria, tetanus, and acellular pertussis (DTP/DTaP)
- Three (3) polio (IPV)
- One (1) measles, mumps, rubella (MMR)
- Three (3) H influenza type B (Hib)
- Three (3) hepatitis B (Hep B)
- One (1) chicken pox VZV (Varicella)
- Four (4) pneumococcal conjugate (PCV)
- One (1) hepatitis A (Hep A)
- Two or three (2 or 3) rotavirus (RV)
- Two (2) influenza (flu) vaccines

Reporting Considerations

- Unsuccessful efforts to immunize a child do not meet the measurement standard
- Religious or personal objections by child or parent do not meet the measurement standard



Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents [CMS155v7](#)

Denominator

- Patients 3 through 17 years of age with at least one outpatient medical visit
- Exclude:
 - Patients who have a diagnosis of pregnancy
 - Patients who were in hospice care

Numerator

- Children and adolescents who during the measurement period have had
 - Their BMI percentile (not just BMI or height and weight) recorded, and
 - Counseling for nutrition during a visit, and
 - Counseling for physical activity during a visit



Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan [CMS69v7](#)

Denominator

- Patients 18 years of age or older on the date of the visit with at least one medical visit
- Exclude:
 - Patients who are pregnant during the measurement period
 - Patients who are receiving palliative care
 - Patients who refuse measurement of height and/or weight or refuse follow-up during the visit
 - Patients with a documented medical reason during the visit or within 12 months of the visit

Numerator

- Patients with
 - A documented BMI during their most recent visit in the measurement period or during the previous 12 months of that visit, and
 - When the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit



Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention [CMS138v7](#)

Denominator

- Patients aged 18 years and older seen for at least two medical visits or at least one preventive medical visit during the measurement year
- Exclude:
 - Patients with documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention

Numerator

- Patients who
 - Were screened for tobacco use at least once within 24 months before the end of the measurement period and
 - Received tobacco cessation intervention starting *concurrent with or after the most recent* tobacco use screening if identified as a tobacco user



Colorectal Cancer Screening

CMS130v7

Denominator

- Patients 50 through 75 years of age with a medical visit
- Exclude:
 - Patients with a diagnosis of colorectal cancer or a history of total colectomy
 - Patients who were in hospice care

Numerator

- Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
 - Fecal occult blood test (FOBT) during the measurement period
 - Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
 - Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
 - Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
 - Colonoscopy during the measurement period or the 9 years prior to the measurement period



Preventive Care and Screening: Screening for Depression and Follow-Up Plan [CMS2v8](#)

Denominator

- Patients aged 12 years and older with at least one medical visit
- Exclude:
 - Patients with an active diagnosis for depression or bipolar disorder
 - Patients:
 - ✓ Who refuse to participate
 - ✓ Who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status
 - ✓ Whose functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools

Numerator

- Patients who
 - Were screened for depression on the date of the visit using an age-appropriate standardized tool and,
 - If screened positive for depression, a follow-up plan is documented on the date of the positive screen



Dental Sealants for Children Between 6-9 Years

CMS277v0

Denominator

- Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation dental visit and are at moderate to high risk for caries
- Exclude:
 - Children for whom all first permanent molars are non-sealable

Numerator

- Children who received a sealant on a permanent first molar tooth



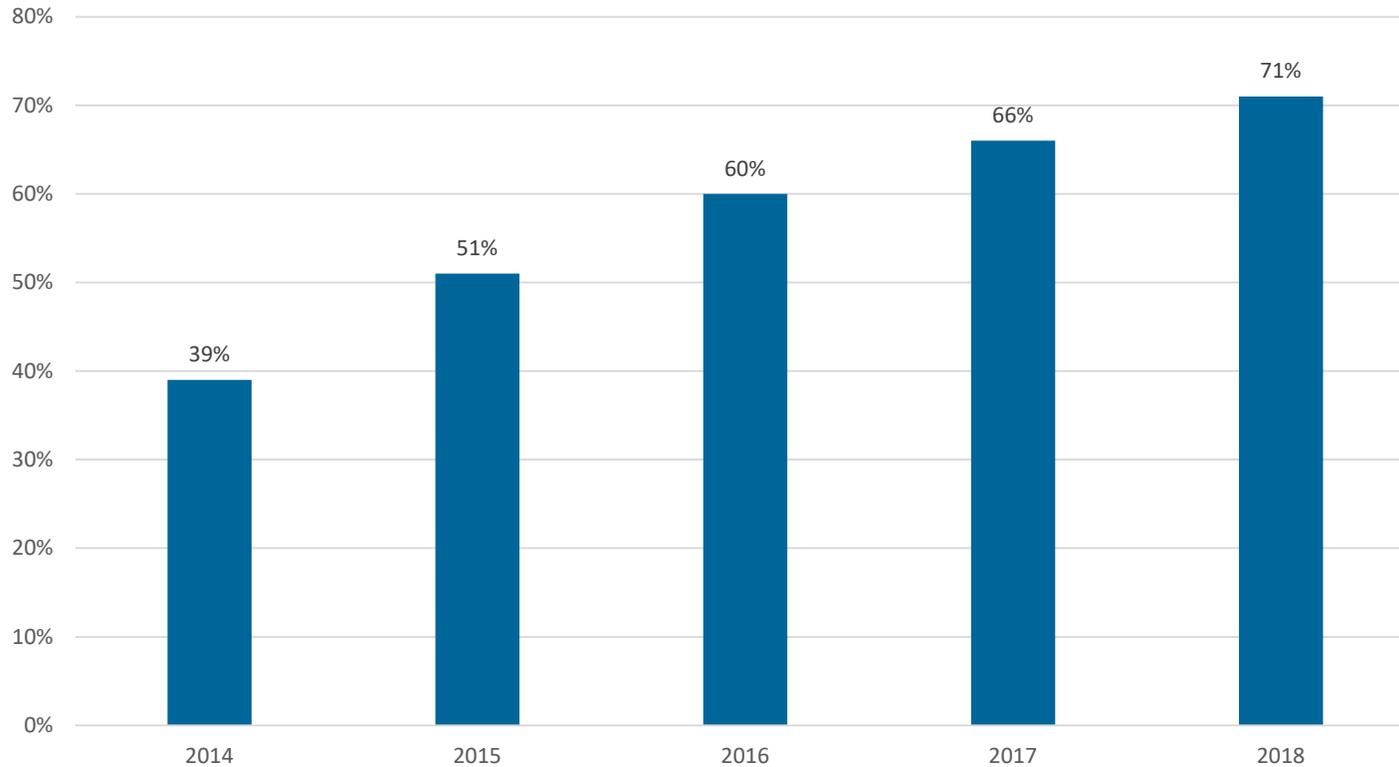
Tips for Assessing Accuracy

- Compare compliance rates with state and national averages and your compliance rate the previous year
 - Comparison tool in the EHBs
- Review the Tobacco Screening and Follow-up measure universe for this measure will be different than the universe for the Adult BMI screening measure, as the Tobacco measure has more restrictive visit criteria
- Understand that for most measures, the universe will be different than the number of patients in the age range reported on Table 3A since age criteria varies across tables, and some tables include all patients versus only medical patients
- Verify both the numerator and denominator for screening measures
 - Your denominator (or universe) will be less than the total number of patients reported on Table 3A in a certain age group
 - For your numerator, make sure you include patients with a negative screen and those with a positive screen and documented follow-up plan
 - For many of the screening measures, the numerator will include patients with negative screen including colorectal cancer screening measure, depression measure, cervical cancer screening measure, and tobacco screening measure
- Understand when universes are higher or lower than estimated (e.g., half of our adults are dental-only patients with no medical visits)



Assessing Quality of Care

Estimated Percentage of Patients with Appropriate Screening for Depression



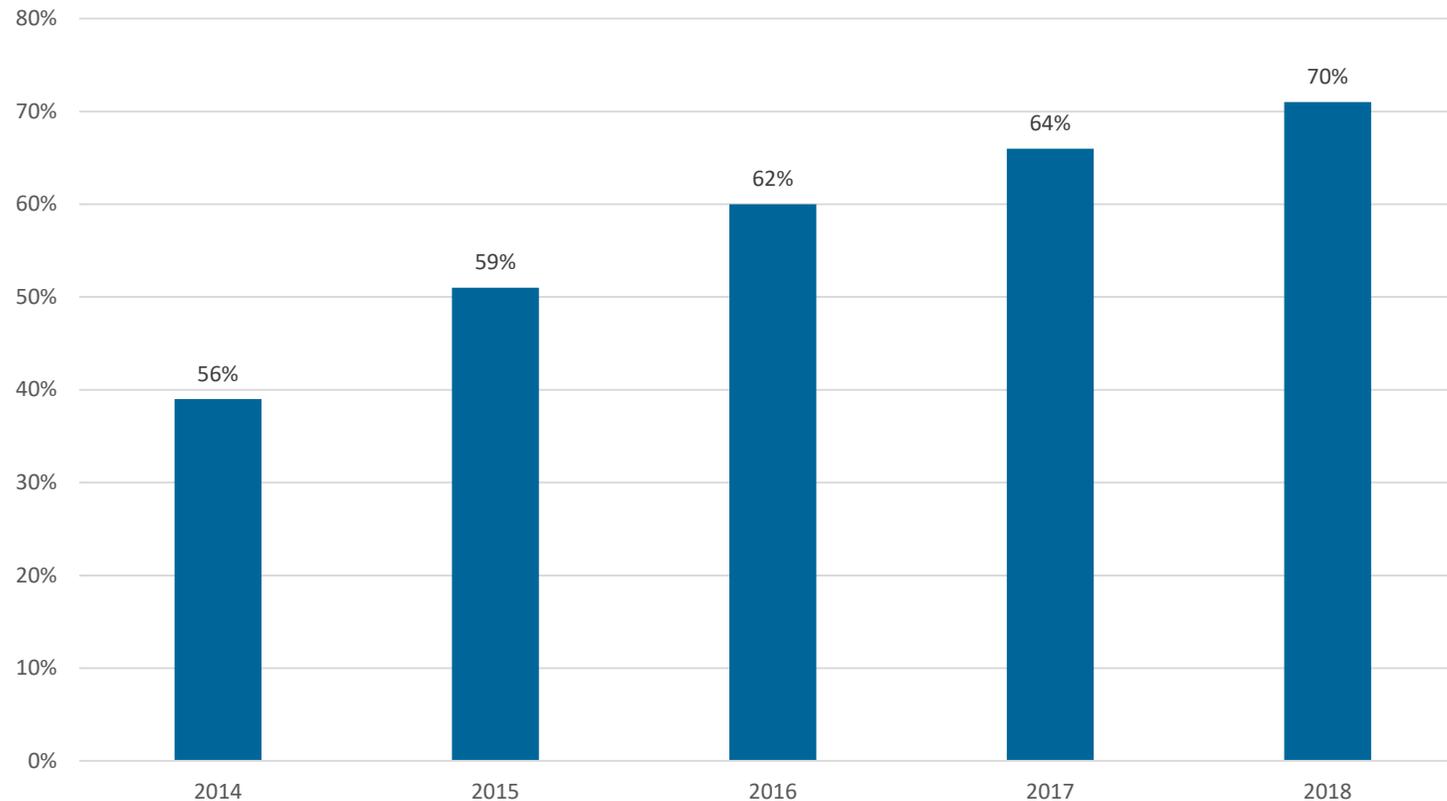
2014-2018 Percent Change

82%



Assessing Quality of Care

Estimated Percentage of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate



2014-2018 Percent Change

25%



To learn more about the Healthy Weight, Healthy People, Healthy Communities Initiative, click [here](#)





Polling Question



Disease Management

Use of Appropriate Medications for Asthma

***New: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease**

IVD: Use of Aspirin or Another Antiplatelet

HIV Linkage to Care

Controlling High Blood Pressure

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)

* New clinical measure in 2019 UDS



Use of Appropriate Medications for Asthma

CMS126v5 (no longer e-specified)

Denominator

- Patients 5 through 64 years of age with persistent asthma with a medical visit
 - Patients with intermittent asthma should not be included in universe
- Exclude:
 - Patients with a diagnosis of emphysema, chronic obstructive pulmonary disease, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure that overlaps the measurement period

Numerator

- Patients who were ordered at least one prescription for a preferred therapy during the measurement period
- Include patients who were dispensed (using) the following preferred therapies:
 - Received a prescription for or were using an inhaled corticosteroid, or
 - Received a prescription for or were using an acceptable alternative pharmacological agent (i.e., inhaled steroid combinations, anti-asthmatic combinations, antibody inhibitor, leukotriene modifiers, mast cell stabilizers, or methylxanthines)



Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

CMS347v2

Denominator

- Patients 21 years of age and older with a medical visit who
 - Have an active diagnosis of atherosclerotic cardiovascular disease (ASCVD), or
 - Ever had a fasting or direct laboratory result of LDL-C \geq 190 mg/dL, or
 - Were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia
- Patients 40 through 75 years of age with a medical visit with Type 1 or Type 2 diabetes and with an LDL-C result 70 – 189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or the 2 years prior
- Exclude:
 - Patients who have a diagnosis of pregnancy
 - Patients who are breastfeeding

Exclude (cont'd):

- Patients who have a diagnosis of rhabdomyolysis
- Patients with adverse effect, allergy, or intolerance to statin medication
- Patients receiving palliative care
- Patients with active liver disease or hepatic disease or insufficiency
- Patients with end-stage renal disease (ESRD)
- For patients 40 through 75 years of age with diabetes who have the most recent fasting or direct LDL-C lab test result less than 70 mg/dL and are not taking statin therapy

Numerator

- Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period



IVD: Use of Aspirin or Another Antiplatelet

CMS164v7 (no longer e-specified*)

Denominator

- Patients 18 years of age and older with a medical visit during the measurement period who had an acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement year or who had an active diagnosis of IVD
- Exclude:
 - Patients who had documentation of use of anticoagulant medications
 - Patients who were in hospice care

Numerator

- Patients who had an active medication of aspirin or another antiplatelet



HIV Linkage to Care

Denominator

- Patients first diagnosed with HIV by the health center between October 1 of the prior year through September 30 of the current measurement year, and who had at least one medical visit during the measurement period or prior year

Numerator

- Newly diagnosed HIV patients who received treatment within 90 days of diagnosis
- Include patients who were newly diagnosed by your health center providers, and
 - Had a medical visit with your health center provider who initiates treatment for HIV, or
 - Had a visit with a referral resource who initiates treatment for HIV

[Link: Helpful Codes for Reporting HIV Measure](#)



Controlling High Blood Pressure

CMS165v7

Denominator

- Patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first 6 months of the measurement period or any time prior to the measurement period with a medical visit
- Exclude:
 - Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period
 - Patients with a diagnosis of pregnancy during the measurement period
 - Patients who were in hospice care

Numerator

- Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg)



Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 Percent) [CMS122v7](#)

Denominator

- Patients 18 through 75 years of age with diabetes with a medical visit
 - Do not include patients with a diagnosis of secondary diabetes due to another condition
- Exclude:
 - Patients who were in hospice care

Numerator

- Patients whose most recent HbA1c level performed during the measurement year is greater than 9.0 percent or who had no test conducted

Tips for Assessing Accuracy

- Compare compliance rates with state and national averages and your compliance rate the previous year.
 - Comparison tool in EHBs
- Review relationship by race and ethnicity of patients with diabetes and those with hypertension to the reporting of total patients by race/ethnicity (if 45 percent of total Asian's have HTN or DM – does this make sense? Maybe for very small numbers).
- Remember that diabetes numerator is the number of patients **not** in compliance.
- Compare to patients reported on Table 6A by diagnosis (should not match the number of patients since criteria is different).
- Verify that patients with HIV is a count of those newly diagnosed by your providers.



Assessing Quality of Care

	Health Center	Healthy People 2020 Goals	Averages						
			State	National	Rural	Size 5,000-9,999	Sites 2-5	Special population Agricultural Workers Below 25%	Special population Homeless Below 25%
QUALITY OF CARE INDICATORS/HEALTH OUTCOMES									
Chronic Disease Management									
Diabetes Hemoglobin A1c Poor Control	28.78%	16.20%	37.03%	32.83%	31.73%	34.62%	32.89%	32.79%	32.81%
Controlling High Blood Pressure	55.07%	61.20%	60.50%	63.26%	64.01%	61.28%	61.12%	63.21%	63.35%

To learn more about the Health Center Program Diabetes Quality Improvement Initiative click [here](#).



Assessing Quality of Care

- There has been a 12% decrease in patients newly diagnosed with HIV from 2014 to 2018.
- Health centers have increased compliance 14% from 2014 to 2018.
- New measures for HIV screening and reporting of PrEP are proposed for 2020.

To learn more about ending the AIDS Epidemic Initiative click [here](#).

Diagnose	Diagnose all people with HIV as early as possible after infection.
Treat	Treat the infection rapidly and effectively to achieve sustained viral suppression.
Prevent	Prevent people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.
Respond	Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.
HIV Workforce	HIV Workforce will establish local teams committed to the success of the initiative in each jurisdiction.





Strategies for Successful Reporting

Read and Follow the UDS Manual

- Adhere to definitions and instructions in the [2019 UDS Manual](#).
- Other supports include:
 - eCQI Resource Center
 - USHIK
 - UDS Training Website (fact sheets, clinical measures handout, and more)
 - In-person trainings
 - UDS Support Line (year-round)
 - UDS Reviewer (following submission)

Measure Description	Describes the quantifiable indicator to be evaluated
Denominator (Univers)	Patients who fit the detailed criteria described for inclusion in the measure
Numerator	Patients included in the denominator whose records meet the measurement standard for the measure
Exclusions/ Exceptions	Patients not to be considered for the measure or included in the denominator
Specification Guidance	CMS measure guidance that assists with understanding and implementing eQMs
UDS Reporting Considerations	BPHC requirements and guidance to be applied to the specific measure and may differ from or expand on the eCQM specifications



Work as a Team

- **Tables are interrelated**
 - Communicate with your UDS data preparation team
 - Review data across tables to ensure data are consistent and reasonable
- **Communicate with your EHR vendor to verify the system is capturing and reporting data elements correctly and that you understand data output from the EHR**
 - Report data in tables early to ensure ample time to review reported data with your team and address system edits before submission
- **Contact UDS Support by [email](#) or by calling 866-837-4357 if you have reporting instruction questions (year-round)**
- **Work with your UDS Reviewer to resolve reporting issues (February 15-March 31)**



Strategies for Successful Reporting and Understanding UDS Reported Data

- **Check data trends and relationships across tables**
 - Are your data reasonable?
- **Review issues raised during last year’s review; ensure you reported correctly this year**
- **Compare data to benchmarks to assess reasonableness**
 - Compare data to previous year submissions to assess reasonableness
 - Use the Comparison Tool to compare data reported in each field
- **Address edits in the Electronic Handbooks (EHBs) by correcting or providing meaningful explanations that both demonstrate your understanding and explain why data are unusual:**
 - It is insufficient to explain with “The number is correct” or “The vendor confirms accuracy”



Using Available Data and Report Outputs

- **Standard reports and publicly available UDS data discussed:**
 - Health Center Trend Report
 - Summary Report
 - Health Center Performance Comparison Report
 - Rollups
 - [HRSA Website Data Center](#) (Rollups, comparison data, health center profiles)
- **Uses:**
 - Used by HRSA to monitor program performance, report to Congress, and identify recipients of quality improvement awards
 - Used by health centers in reporting of grant applications, to monitor performance, and to identify opportunities for quality improvement activities and interventions
 - Evaluated by many* against state and national benchmarks and performance of health center peers
 - ✓ Compare health center changes to changes seen at the state and national levels or to other comparison groups (e.g., rural/urban, smaller/larger, special populations)
 - ✓ Establish goals and targets for program improvements

***HRSA, health centers, researchers, PCAs, HCCNs, etc.**



Report by February 15, 2020

November 2019	Preliminary Reporting Environment (PRE) open, offline reporting tools available
January 1	UDS Report available in EHBs
February 15	Due Date
February 15 – March 31	Review period <ul style="list-style-type: none">• Work with your assigned UDS reviewer
March 31	All corrected submissions must be finalized <ul style="list-style-type: none">• No further changes made after this date

- **Completely**
- **Accurately**
- **On time**
 - Do not submit incomplete reports
 - Addressing every edit with “will revise in review” or similar is unacceptable



Resources, Questions, and Answers



Available Assistance

- **Local trainings:** [HRSA UDS Training Website](#)
- **Technical assistance materials are available online:**
 - [HRSA Website](#)
 - [UDS Training Website](#)
 - [UDS Modernization Initiative Webpage](#)
- **Year-round telephone and email support line for UDS reporting questions and use of UDS data: 866-837-4357**
- **[HRSA Call Center](#) for EHBs account access and roles: 877-464-4772, Option 3**
- **[Health Center Program Support](#) for EHBs system issues: 877-464-4772, Option 1**
- **UDS Report and preliminary reporting environment access (in [EHBs](#))**
- **ONC Issue Tracking System (OITS) JIRA project eCQM Issue Tracker**
 - [OITS Account sign up](#)
 - Post questions in the [eCQM Issue Tracker](#)
- **Technical support from your UDS reviewer during the review period (only)**
- **[Primary Care Associations](#) or [National Cooperative Agreements](#)**



Resources for Clinical Measures

- [eCQI Resource Center](#)
- [Clinical Quality Measures](#)
- [United States Health Information Knowledgebase \(USHIK\)](#)
- [National Quality Forum](#)
- [Healthy People 2020](#)
- [Adjusted Quartile Ranking](#)
- [Health Information Technology, Evaluation, and Quality Center \(HITEQ\)](#)
- [Million Hearts Hypertension Control Change Package](#)
- [U.S. Preventive Services Task Force](#)
- [CDC National Center for Health Statistics State Facts](#)
- [Quality Improvement Awards](#)
- [Quality Payment Program](#)
- [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#)
- [2019 Clinical Performance Requirements Crosswalk](#)



Webinars

- **Upcoming Webinars**

- Reporting UDS Financial and Operational Tables and Using Comparison Performance Metrics, October 3rd from 1:00-2:30 (ET)
- Strategies for Successful UDS Reporting, October 17th from 1:00-2:30 (ET)
- UDS for BHWs: Review of Reporting Requirements, November 14th from 1:00-3:00 (ET)

- **Past Webinars**

- 2019 Uniform Data System (UDS) Changes Webinar (May 9, 2019)
- Reporting Virtual Visits and the Mental Health and Substance Use Disorder Services Reporting Addendum (September 17, 2019)
- Webinars will be archived on [HRSA's UDS Resources Webpage](#)



Questions?



Ongoing questions can be addressed to
UDSHelp330@BPHCDATA.NET
866-UDS-HELP

Thank You!

www.bphc.hrsa.gov



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