U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

PROGRAM ASSISTANCE LETTER

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DOCUMENT TITLE: Proposed Uniform Data System Changes for Calendar Year 2019

TO: Health Centers
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. BACKGROUND

This Program Assistance Letter (PAL) provides an overview of proposed changes to the Health Resources and Services Administration's (HRSA) calendar year (CY) 2019 Uniform Data System (UDS) to be reported by Health Center Program awardees and look-alikes in February 2020. Additional details regarding these changes will be provided in the forthcoming 2019 UDS Manual.

II. PROPOSED CHANGES FOR CY 2019 UDS REPORTING

A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH E-CQMS: TABLES 6B AND 7

To support efforts across the federal government to standardize data collection and reduce reporting burden for entities participating in federal programs with data reporting mandates, the following clinical quality measure have been updated to align with the Center for Medicare and Medicaid Services (CMS) electronic-specified clinical quality measures (eCQMS) designated for the 2019 reporting period.

Rationale: Data-driven quality improvement and full optimization of electronic health record (EHR) systems are strategic priorities for the Health Center Program. Clinical measure alignment across national programs significantly decreases reporting burden and improves data consistency. Additionally, measure alignment and harmonization with other national quality programs such as the National Quality Forum (NQF) (http://www.qualityforum.org/QPS/) and the CMS Quality Payment Program (QPP) (https://qpp.cms.gov/measures/quality), remains a federal priority.

1. Childhood Immunization Status has been revised to align with CMS117v7.

2. Cervical Cancer Screening has been revised to align with CMS124v7.
3. Tobacco Use Screening and Cessation Intervention has been revised to align with CMS138v7.
4. Use of Appropriate Medications for Asthma has been revised to align with CMS126v5.
5. Screening for Depression and Follow-Up Plan has been revised to align with CMS2v8.
6. Controlling High Blood Pressure has been revised to align with CMS165v7.
7. Diabetes: Hemoglobin A1c Poor Control has been revised to align with CMS122v7.
8. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with CMS155v7.
9. Body Mass Index (BMI) Screening and Follow-Up Plan has been revised to align with CMS69v7.
10. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet has been revised to align with CMS164v7.
11. Colorectal Cancer Screening has been revised to align with CMS130v7.
12. Dental Sealants for Children Between 6 - 9 Years has been revised to align with CMS277.

B. Addition of Mental Health and Substance Use Disorder Tables By Provider

Substance use disorder and mental health providers have been separated by specialty (e.g., physicians, psychiatric nurses, mental health nurses, and other individuals providing mental health or substance use disorder services) at the bottom of Table 5 to better account for the types of providers who deliver these services.

Rationale: Historically primary care providers could not report their delivery of mental health or substance use disorder services within UDS reports due to full-time equivalent (FTE) operational definitions. This underrepresents the breadth of behavioral health services being provided in health centers. Delineating the range of health care providers addressing mental health and substance use disorders will better assess and reflect the comprehensive, integrated model of care provided in health centers.

C. Addition of Column in Table 5: Staffing and Utilization To Capture Virtual Visits

The addition of a column to capture telemedicine/virtual visits has been incorporated in Table 5 to better quantify the use of telemedicine/virtual visits among health centers.

Rationale: This supports HRSA's efforts to enhance technical and policy guidance to support health center use of telehealth. Furthermore, in response to the growing use of telehealth, awardees have expressed a desire to report this data to better represent the diverse models of care delivery. HRSA and its health centers have an interest in capturing how the changing healthcare landscape increases access and quality of care.

D. Removal of Table 5A: Tenure for Health Center Staff

Table 5A: The removal of Tenure for Health Center Staff from the UDS to reduce reporting burden.

Rationale**:** Table 5A: Tenure for Health Center Staff was created to capture information on employment among health center providers and key management staff to better understand workforce needs. Based on stakeholder feedback, this table is not utilized extensively by health centers and this data can be acquired from the National Center for Health Workforce Analysis and other institutions. Retiring this table from the UDS will also streamline and decrease UDS reporting burden for the health centers.

E. Addition of CMS50v7 Closing the Referral Loop: Receipt of Specialist Report

CMS50v7: The addition of Closing the Referral Loop: Receipt of Specialist to Table 6B as an electronic specified clinical quality measure (eCQM).

Rationale: Care coordination is a critical component of patient-centered care and contributes to patient safety and quality of care. The UDS currently lacks a care coordination measure; therefore, this measure fills an essential measurement gap. Furthermore, the CMS eCQM alignment reinforces HRSA's efforts to increase data standardization across national programs, improve data integrity, and reduce reporting burden of entities participating in federal programs.

F. Replacement of Coronary Artery Disease Measure with CMS347v2 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

The non e-specified Coronary Artery Disease measure will be replaced with the e-specified "Statin Therapy for the Prevention and Treatment of Cardiovascular Disease" measure to align with CMS and the Centers for Disease Control and Prevention's (CDC) Million Hearts® ABCS measures and better address the needs of at-risk patients.

Rationale: The current CQM is not aligned with the CMS eCQMs and does not comprehensively consider at-risk populations. CMS eCQM alignment reinforces HRSA's efforts to increase data standardization across national programs, improve data integrity, and reduce reporting burden of entities participating in federal programs.

G. Revision of Appendix D: Health Center Electronic Health Record (EHR) Capabilities and Quality Recognition

Health information technology (health IT) questions will be streamlined, clarified, and revised to focus on interoperability and patient access to health information. Additional questions have been incorporated into Appendix D that relate to the use of health IT for evaluation and research purposes beyond direct patient care and the collection of patient-level social risk factor information

Rationale: The UDS requires health centers to report on how they are utilizing health IT including EHR use and interoperability. Questions 4 and 5 were rephrased into more distinct categories and Questions 1b-e, 6, 8, and 9 were retired to streamline information and reduce reporting burden. Questions were introduced about how health IT and EHR data are used beyond direct patient care and what social risk factor information is being collected.

H. Addition of Appendix F: Workforce

A new Appendix F entitled Workforce has been added to the UDS to collect information on health center involvement in health professional training, and provider and staff satisfaction surveys.

Rationale: The information related to workforce training at health centers would contribute to our ongoing assessment of and efforts to address workforce challenges faced by health centers. Questions around provider and staff satisfaction will be included to describe health center efforts in the area given the implications on retention and quality of care.

III. Contacts

For questions or comments regarding the approved changes to the CY 2019 UDS contact the Office of Quality Improvement at OQIComments@hrsa.gov or 301-594-0818.

Sincerely,

/S/

Jim Macrae
Associate Administrator

Attachments:

1. Proposed Changes to UDS Tables 5, 5A, 6B, 7, Appendices D and F

Table 5: Staffing and Utilization

Reporting Period: January 1, 2019 through December 31, 2019

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1	Family Physicians				
2	General Practitioners				
3	Internists				
4	Obstetrician/Gynecologists				
5	Pediatricians				
7	Other Specialty Physicians				
8	**Total Physicians** (Lines 1–7)				
9a	Nurse Practitioners				
9b	Physician Assistants				
10	Certified Nurse Midwives				
10a	**Total NPs, PAs, and CNMs** (Lines 9a–10)				
11	Nurses				
12	Other Medical Personnel				
13	Laboratory Personnel				
14	X-ray Personnel				
15	**Total Medical** (Lines 8 + 10a through 14)				
16	Dentists				
17	Dental Hygienists				
17a	Dental Therapists				
18	Other Dental Personnel				
19	**Total Dental Services** (Lines 16–18)				
20a	Psychiatrists				
20a1	Licensed Clinical Psychologists				
20a2	Licensed Clinical Social Workers				
20b	Other Licensed Mental Health Providers				
20c	Other Mental Health Staff				
20	**Total Mental Health (Lines 20a-c)**				
21	**Total Substance Use Disorder Services**				
22	**Other Professional Services (specify)**				
22a	Ophthalmologists				
22b	Optometrists				
22c	Other Vision Care Staff				
22d	**Total Vision Services** (Lines 22a–c)				
23	**Pharmacy Personnel**				
24	Case Managers				
25	Patient/Community Education Specialists				
26	Outreach Workers				
27	Transportation Staff				
27a	Eligibility Assistance Workers				
27b	Interpretation Staff				
27c	Community Health Workers				
28	Other Enabling Services (specify)				
29	**Total Enabling Services** (Lines 24–28)				
29a	**Other Programs/Services (specify)**				
29b	**Quality Improvement Staff**				
30a	Management and Support Staff				
30b	Fiscal and Billing Staff				
30c	IT Staff				
31	Facility Staff				
32	Patient Support Staff				
33	**Total Facility and Non-Clinical Support Staff** (Lines 30a–32)				
34	**Grand Total** (Lines 15+19+20+21+22+22d+23+29+29a+29b+33)				

Selected Service Detail					
	Mental Health Service Detail	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
20a01	Physicians (other than psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Clinical Nurse Midwives				
20a05	Clinical Nurse Specialists				
	Substance Use Disorder Detail	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
21a	Psychiatrists				
21b	Physicians (other than psychiatrists)				
21c	Nurse Practitioners				
21d	Physician Assistants				
21e	Clinical Nurse Midwives				
21f	Clinical Nurse Specialists				
21g	Licensed Clinical Psychologists				
21h	Licensed Clinical Social Worker				

Table 6B: Quality of Care Measures

Reporting Period: January 1, 2019 through December 31, 2019

0	**Prenatal Care Provided by Referral Only (Check if Yes)**	

Section A - Age Categories for Prenatal Care Patients:
Demographic Characteristics of Prenatal Care Patients

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)	

Section B - Early Entry into Prenatal Care

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		

Section C - Childhood Immunization Status

Line	Childhood Immunization Status	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who have received age appropriate vaccines by their 2nd birthday			

Section D - Cervical Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 Years (a)	Number Charts Sampled or EHR total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23-64 years of age, who received were screened for cervical cancer			

Section E - Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, *and* counseling on nutrition and physical activity documented			

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 Charts Sampled or EHR Total (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			

Section G – Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR total (b)	Number of Patients Assessed for Tobacco Use *and* Provided Intervention if a Tobacco User (c)
14	MEASURE: Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 24 months *and* if identified to be a tobacco user (2) received cessation counseling intervention			

Section H - Use of Appropriate Medications for Asthma

Line	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Percentage of patients 5 through 64 years of age identified as having persistent asthma and were appropriately ordered medication			

Section I - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Line	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Total Patients Aged 21 and Older at Risk of Cardiovascular Events (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed, or on Statin Therapy (c)
17	MEASURE: Percentage of patients 21 years of age and older at high risk of cardiovascular events-who were prescribed or were actively using statin therapy			

Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or PCI Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients With Documentation of Use of Aspirin or Other Antiplatelet Therapy (c)
18	MEASURE: Percentage of patients 18 years of age and older with a diagnosis of IVD or AMI, CABG, or PCI procedure with aspirin or another antiplatelet			

Section K - Colorectal Cancer Screening

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients With Appropriate Screening For Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50 through 75 years of age who had appropriate screening for colorectal cancer			

Section L - HIV Linkage to Care

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis			

Section M – Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Line	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients 12 years and older who were (1) screened for depression with an age appropriate standardized depression screening tool, *and* if screening was positive (2) had a follow-up plan documented			

Section N – Dental Sealants for Children aged 6 - 9 years

Line	Dental Sealants for Children Between 6 - 9 years	Total Patients Aged 6 through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of patients with Sealants to First Molars (c)
22	MEASURE: Percentage of children 6 through 9 years of age, at moderate to high risk of caries who received a sealant on a first permanent molar			

Section O – Closing the Referral Loop: Receipt of Specialist Report

Line	Closing the Referral Loop: Receipt of Specialist Report	Total Patients Referred by One Provider to Another Provider (a)	Charts Sampled or EHR Total (b)	Number of Patients with a Referral, for which the Referring Provider Received a Specialist Report (c)
23	MEASURE: Percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred			

Appendix D: Health Center Electronic Health Record (EHR) Capabilities and Quality Recognition

Instructions

The health IT capabilities form includes a series of questions on health IT capabilities, including EHR interoperability. The health IT form must be completed and submitted as part of the UDS submission. The first part includes questions about the health center's implementation of an EHR, certification of systems, and how widely adopted the system is throughout the health center and its providers.

Questions
The following questions appear in the EHB. Complete them before you file the UDS Report. Instructions for the health IT questions are on screen in EHB as you complete the form. Respond to each question based on your health center *status as of December 31*.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
    a. Yes, at all sites and for all providers
    b. Yes, but only at some sites or for some providers

If it has been installed, indicate if it was being used by December 31, by:

a) **Installed at all sites and used by all providers**: For the purposes of this response, "providers" mean all medical providers, including physicians, nurse practitioners, physician assistants, and certified nurse midwives. Although some or all of the dental, mental health, or other providers may also be using the system, as may medical support staff, this is not required to choose response a. For the purposes of this response, "all sites" means all permanent sites where medical providers serve health center medical patients and does not include administrative-only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis. You may check this option even if a few, newly hired, untrained employees are the only ones not using the system.

b) **Installed at some sites or used by some providers:** Select option b if one or more permanent sites did not have the EHR installed, or in use (even if this is planned), or if one or more medical providers (as defined above) do not yet use the system. When determining if all providers have access to the system, the health center should also consider part-time and locum providers who serve clinic patients. Do not select this option if the only medical providers who did not have access were those who were newly hired and still being trained on the system.

c. No
Select "no" if no EHR was in use on December 31, even if you had the system installed and training had started.

This question seeks to determine whether the health center installed an EHR by December 31 and, if so, which product is in use, how broad is access to the system, and what features are available and in use. Do not include practice management systems (PMS) or other billing systems even though they can often produce much of the UDS data. If the health center purchased an EHR, but has not yet placed it into use, answer "no."

If a system is in use (i.e., if a or b has been selected above), indicate it has been tested by an Office of the National Coordinator for Health Information Technology-Accredited Testing Laboratory (ONC-ATL) and certified by an ONC-Authorized Certification Body (ONC-ACB) to meet criteria adopted by HHS.

1a. Is your system certified under the ONC for Health IT Certification Program?

a. Yes
b. No

Health centers are to indicate in the blanks the vendor, product name, version number, and ONC-certified health IT product list number. If you have more than one EHR (if, for example, you acquired another practice with its own EHR), report the EHR that will be the successor system.

Vendor
Product Name
Version Number
ONC-Certified Health IT Product List Number

2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)

a. Yes
b. No
c. Not sure

3. Does your center use computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?

a. Yes
b. No
c. Not sure

4. Which of the following key providers/ health care settings does your center electronically exchange clinical information with? (Select all that apply)

- Hospitals/ Emergency Rooms
- Specialty Clinicians
- Other Primary Care Providers
- None of the Above
- Other (please describe)

5. Does your center engage patients through health IT in any of the following ways? (Select all that apply)

- Patient Portals
- Kiosks
- Secure Messaging
- Other (please describe)
- No, we do not engage patients using health IT

6. THIS QUESTION WILL BE REMOVED

7. THIS QUESTION WILL REMAIN THE SAME (SEE BELOW)

How do you collect data for UDS clinical reporting (Tables 6B and 7)?

a. We use the EHR to extract automated reports
b. We use the EHR but only to access individual patient charts
c. We use the EHR in combination with another data analytic system
d. We do not use the EHR

8. THIS QUESTION WILL BE REMOVED

9. THIS QUESTION WILL BE REMOVED

10. How does your health center utilize health IT and EHR data beyond direct patient care? (Select all that apply)

- Quality Improvement
- Population Health Management
- Program Evaluation
- Research
- Other (please describe)
- No, we do not utilize health IT or EHR data beyond direct patient care

11. Does your health center collect data on individual patients' social risk factors, outside of the data reportable in the UDS?

a. Yes
b. No, but in planning stages to collect this information
c. No, not planning to collect this information

12. Which standardized screener(s) for social risk factors, if any, do you use? (Select all that apply)

- Accountable Health Communities Screening Tools
- Upstream Risks Screening Tool and Guide
- iHELP
- Recommended Social and Behavioral Domains for EHRs
- Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)
- Well Child Care, Evaluation, Community Resources, Advocacy Referral, Education (WE CARE)
- WellRx
- Other: _____
- Do not use a standardized screener

APPENDIX F: Workforce

Instructions
It is important to understand the current state of health center workforce training and different staffing models to better support recruitment and retention of health center professionals. Appendix F includes a series of questions on health center workforce.

Questions
Respond to each question based on your health center's status as of December 31.

1. Does your health center provide health professional education[1]/training?
    a. Yes
    b. No

2. If yes, which category best describes your health center's role in the health professional education/training process?
    a. Sponsor[2]
    b. Training Site Partner[3]
    c. Other

3. Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category within the last year.

	Pre-Graduate/Certificate	**Post Graduate Training**
Medical		
Physicians		
Family Physicians		
General Practitioners		
Internists		
Obstetrician/Gynecologists		
Pediatricians		
Other Specialty Physicians		
Medical Assistants		
Physician Assistants		
Nurse Practitioners		
Certified Nurse Midwives		
Registered Nurses		
Licensed Practical Nurses/Vocational Nurses		
Dental		
Dentists		
Dental Therapists		
Dental Hygienist		
Vision		
Ophthalmologists		
Optometrists		
Mental Health		

Psychiatrists		
Clinical Psychologists		
Clinical Social Workers		
Professional Counselors		
Marriage and Family Therapists		
Psychiatric Nurse Specialists		
Mental Health Nurse Practitioners		
Mental Health Physician Assistants		
Substance Use Disorder Personnel		
Other Professionals		
Chiropractors		
Dietitians/ Nutritionists		
Pharmacists		
Other (Specify)		

4. Provide the number of health center staff serving as preceptors at your health center ___

5. Provide the number of health center staff (non-preceptors) supporting health center training programs ___

6. How often does your health center implement satisfaction surveys for providers?
    a. Monthly
    b. Quarterly
    c. Annually
    d. We do not currently conduct provider satisfaction surveys
    e. Other, please specify

7. How often does your health center implement satisfaction surveys for general staff?
    a. Monthly
    b. Quarterly
    c. Annually
    d. We do not currently conduct staff satisfaction surveys
    e. Other, please specify

[1] Health Professional Education/Training does not include continuing education units.
[2] A 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).
[3] A Training Site Partner 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).