

Introduction to Clinical Measures

For Calendar Year 2017 Uniform Data System (UDS) Reporting

November 2, 2017 from 1-2:30 PM (ET)



Objectives of this Webinar

- ▶ Understand the structure of the clinical tables
- ▶ Understand the changes to the clinical measures
- ▶ Identify ways to check data accuracy and reliability

Agenda

- ▶ Introduction to Uniform Data System (UDS) Clinical Tables
- ▶ Changes to 2017 UDS Clinical Tables
- ▶ Clinical Measures Overview
- ▶ Reminders and Strategies
- ▶ Questions

Introduction to UDS Clinical Tables and Changes for 2017

Changes to the Clinical Tables

- ▶ **Table 6A:** Updated diagnostic and service codes
- ▶ **Tables 6B and 7:** Continue to align UDS Clinical Quality Measures (CQMs) with the electronic-specified CQMs (eCQMs) used by the Centers for Medicare & Medicaid Services (CMS)
 - Use **January 2017** for the 2017 reporting
 - Specifications are included at the CMS [eCQI Resource Center](https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms) (Link: <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms>)

Alignment with eCQMs

Table	Line	Description	eCQM
6B	10	Childhood Immunization Status	CMS117v5
6B	11	Cervical Cancer Screening	CMS124v5
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v5
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v5
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v5
6B	16	Use of Appropriate Medications for Asthma	CMS126v5
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v5
6B	19	Colorectal Cancer Screening	CMS130v5
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v6
6B	22	Dental Sealants for Children between 6–9 Years	CMS277v0
7	Part B	Controlling High Blood Pressure	CMS165v5
7	Part C	Diabetes: Hemoglobin A1c Poor Control	CMS122v5

Note: Early Entry into Prenatal Care, Coronary Artery Disease, and HIV Linkage to Care on Table 6B, and Low Birthweight on Table 7 do not currently align with an eCQM

Table 6A

Selected Diagnoses and Services
Rendered

Purpose of Table 6A

- ▶ Reports visits and patients for selected diagnoses and services
- ▶ Can be used to estimate prevalence for specific diagnoses and services
- ▶ Indicates continuity of care by calculating average visits per patient by diagnosis

	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 HIV	B20, B97.35, O98.7-, Z21		
3	Tuberculosis	A15- through A19-		
4	Sexually transmitted infections	A50- through A64- (exclude A63.0), M02.3-		
4a.	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51		
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52		
	Selected Diseases of the Respiratory System			
5	Asthma	J45-		
6	Chronic obstructive pulmonary diseases	J40- through J44-, J47-		

*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 Abuse Conditions (Lines 18-20d)**
- ▶ **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 where the diagnosis was coded either as a primary diagnosis or as an additional diagnosis
 - Count each visit where the identified diagnosis is coded is counted
 - Count if patients have more than one reportable diagnosis during a visit, each is counted

Visits Reported for Selected Services: Column A, Lines 21–34

- ▶ Report the number of visits at which one or more of the selected services were provided
 - Count each visit during which the service is provided
 - Count those services provided at 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
 - e.g., only count one visit in Column A (not two) if two vaccines are provided at a single visit

Patient Count (Services or Diagnoses): Column B

- ▶ Report the number of unduplicated patients who:
 - had a specified diagnosis or
 - who received one or more of the selected services

Services Provided by Multiple Entities

- ▶ Count services if:
 - health center provider orders and performs service
 - health center orders the test and sample collected at the health center and sent to a reference lab for processing (count regardless of who pays for service)
 - health center refers patient for service, but the health center receives results and pays for service
- ▶ Do not count if:
 - patient is referred to another provider for service or test and the health center does not pay for the service

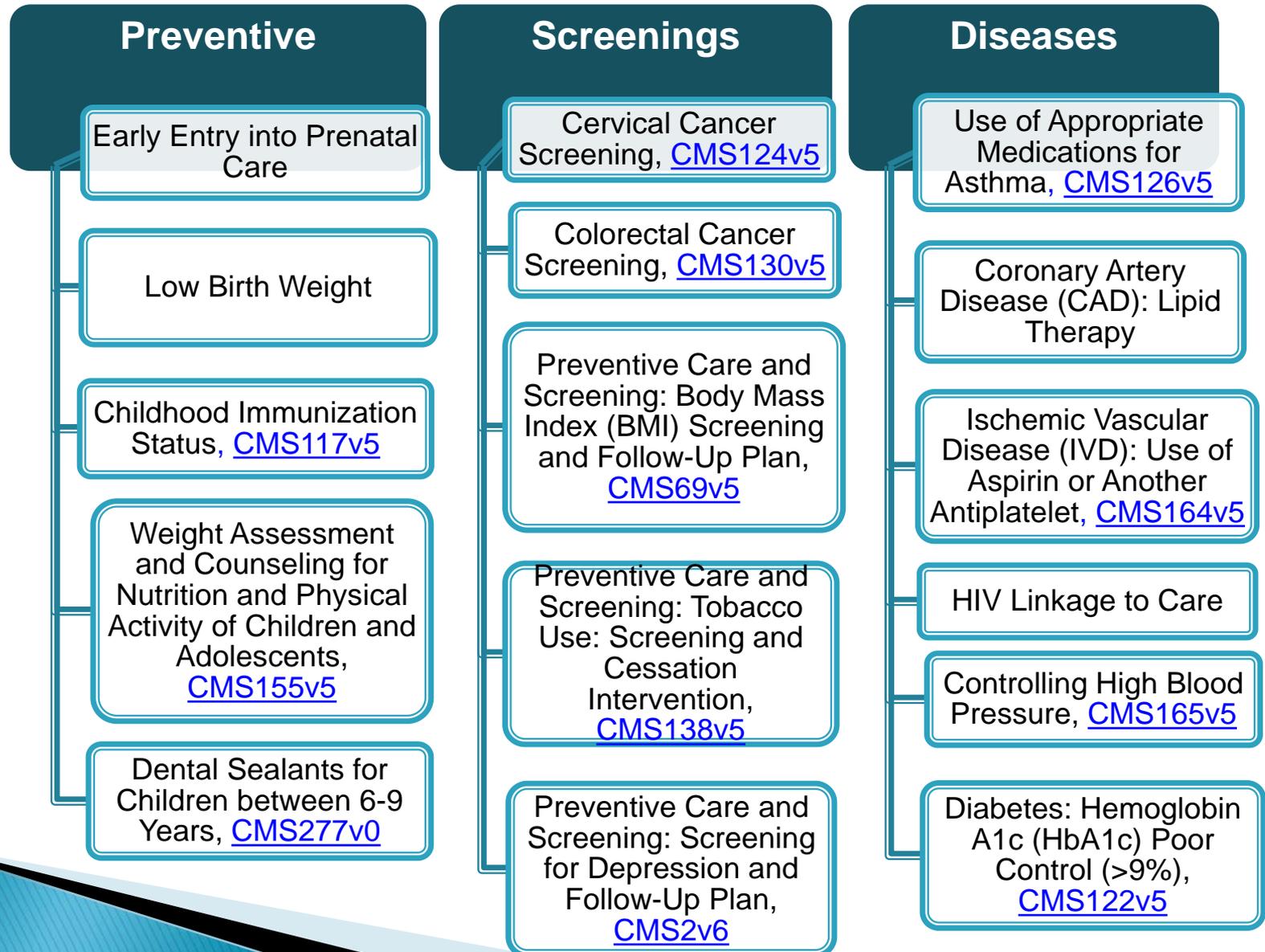
Tips to Assess Accuracy of Table 6A Data

- ▶ Check patient counts in Column B for lines 1–20d (diagnoses) by estimating prevalence of chronic conditions and compare that to what you report for your community in your needs assessment
 - Divide the number in Column B by medical patients on Table 5
- ▶ Check Columns A and B by calculating 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 any significant changes – understand what caused them

Tables 6B and 7

Clinical Performance Measures

Types of Clinical Measures



Clinical Measure Reporting Format

Measure Description	Describes the quantifiable indicator to be evaluated
Denominator (Universe)	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 implementation of eCQMs
UDS Reporting Considerations	BPHC best practices and guidance to be applied to the measure

Codes

Codes for measures that align with an eCQM should be identified through the [eCQI Resource Center](#) and [United States Health Information Knowledgebase \(USHIK\)](#)

eCQI Resource Center
The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement (eCQI)

About FAQ Glossary of eCQI Terms eCQI Events

eCQMs Eligible Professional / Eligible Clinician eCQMs

Topic Areas eCQM EH/CAH eCQMs EP/EC eCQMs eCQM Tools

Implementers Engage CDS

Source: None

- Value set Tobacco Use Cessation Pharmacotherapy (2.16.840.1.113883.3.526.3.1190): Added 3 codes (1232585, 1551468, 966531) and deleted 5 RXNORM codes (1046847, 1046858, 311972, 419168).

Section: None

Source: None

External Resources

[United States Health Information Knowledgebase \(USHIK\)](#)

[NLM Value Set Authority Center \(VSAC\)](#)

[Click Here](#)

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Codes can be found under the 'Data Criteria' tab within the eCQM detail available at the USHIK website

Colorectal Cancer Screening

CMS130v5

Versions: [CMS130v1, December 2012 EP](#) • [CMS130v2, June 2013 EP](#) • [CMS130v3, July 2014 EP](#) • [CMS130v4, June 2015 EP](#) • CMS130v5, April 2016 EP • [CMS130v6, May 2017 EP EC](#)

Compare Versions

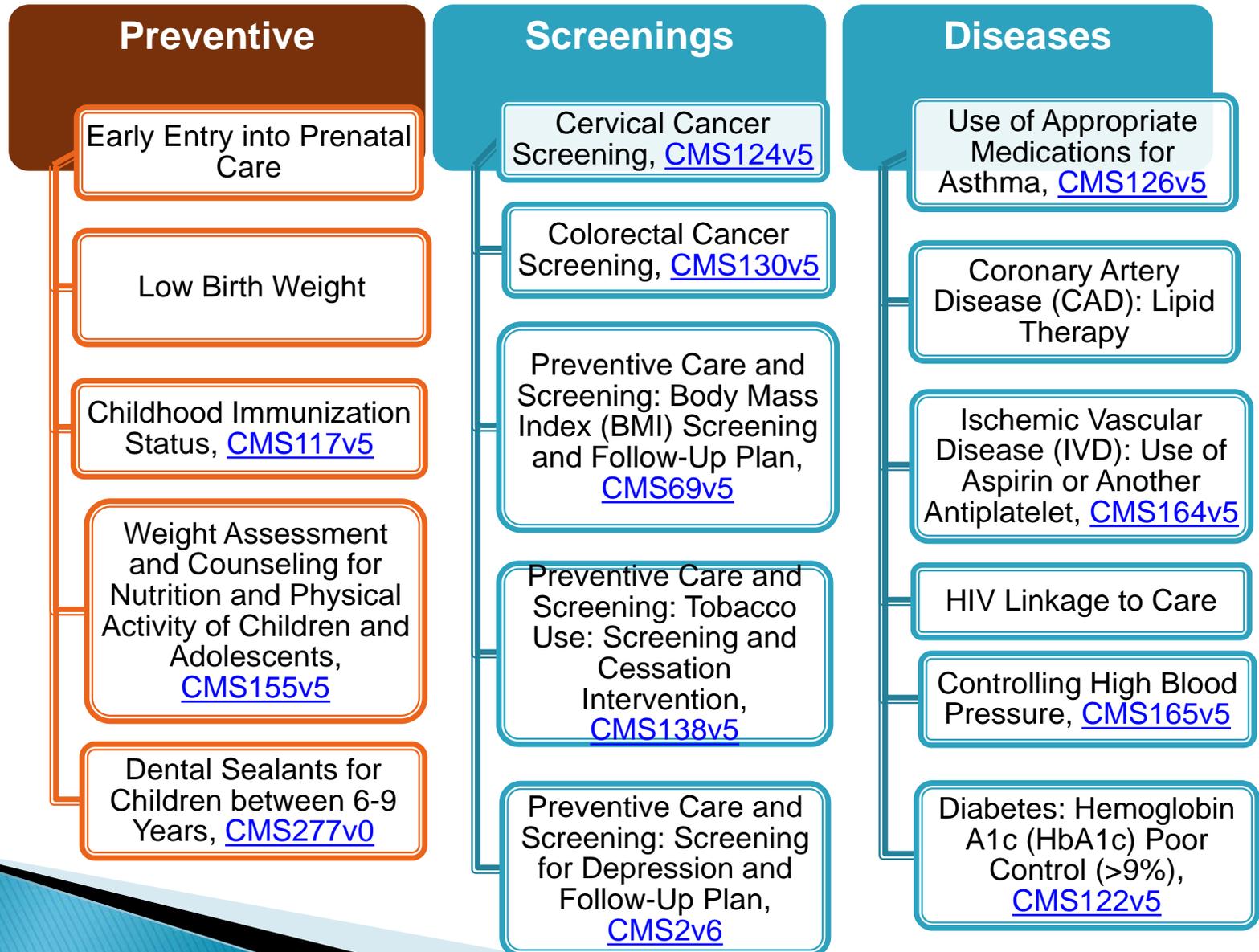
At A Glance	Downloads	Population Criteria	Data Criteria	Supplemental Data Elements	Metadata	References
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Category	Data Element	Value Set
	Diagnosis: Malignant Neoplasm of Colon	Malignant Neoplasm of Colon 2.16.840.1.113883.3.464.1003.108.12.1001 (Version: MU2 Update 2017-01-06) SNOMEDCT (2012-07) 187758006 SNOMEDCT (2015-09) 109838007 , 123721000119108 , 1701000119104 , 187757001 , 269533000 , 269544008 , 285312008 , 285611007 , 301756000 , 312111009 , 312112002 , 312113007 , 312114001 , 312115000 , 314965007 , 315058005 , 363406005 , 363407001 , 363408006 , 363409003 , 363410008 , 363412000 , 363413005 , 363414004 , 363510005 , 425178004 , 449218003 , 93683002 , 93761005 , 93771007 , 93826009 , 93980002 , 94006002 , 94072004 , 94105000 , 94179005 , 94260004 , 94271003 , 94328005 , 94509004 , 94538001 , 94604000 , 94643001 ICD9CM (2013) 153.0 , 153.1 , 153.2 , 153.3 , 153.4 , 153.5 , 153.6 , 153.7 , 153.8 , 153.9 , 154.0 , 154.1 , 154.2 , 154.3 , 154.8 , 197.5 ICD10CM (2017) C18.0 , C18.1 , C18.2 , C18.3 , C18.4 , C18.5 , C18.6 , C18.7 , C18.8 , C18.9 , C19 , C20 , C21.0 , C21.1 , C21.2 , C21.8 , C78.5
Encounter	Encounter, Performed: Annual Wellness Visit	Annual Wellness Visit 2.16.840.1.113883.3.526.3.1240 (Version: MU2 Update 2017-01-06) HCPCS (2016) G0438 , G0439
Encounter	Encounter, Performed: Face-to-Face Interaction	Face-to-Face Interaction 2.16.840.1.113883.3.464.1003.101.12.1048 (Version: MU2 Update 2017-01-06) SNOMEDCT (2015-09) 12843005 , 18170008 , 185349003 , 185463005 , 185465003 , 19681004 , 207195004 , 270427003 , 270430005 , 308335008 , 390906007 , 406547006 , 439708006 , 87790002 , 90526000
Encounter	Encounter, Performed: Home Healthcare Services	Home Healthcare Services 2.16.840.1.113883.3.464.1003.101.12.1016 (Version: MU2 Update 2017-01-06) CPT (2016) 99341 , 99342 , 99343 , 99344 , 99345 , 99347 , 99348 , 99349 , 99350
Encounter	Encounter, Performed: Office Visit	Office Visit 2.16.840.1.113883.3.464.1003.101.12.1001 (Version: MU2 Update 2017-01-06) CPT (2016) 99201 , 99202 , 99203 , 99204 , 99205 , 99212 , 99213 , 99214 , 99215

Tables 6B and 7 Column Logic

Information	Reported In	Notes
Universe	Column A	Report total patients identified as part of the initial patient population
Number in Review	Column B	Report: <ul style="list-style-type: none">• Universe• Number greater than or equal to 80 percent of universe• Random sample of 70 charts
Performance	Column C or Column F	Report number of records (from Column B) that meet the performance standard

Preventive Measures



Prenatal and Birth Outcome Measures

- ▶ Report universe of prenatal patients, women who delivered, and their birth outcomes
- ▶ No sampling permitted

Table	Section	Description	eCQM
6B	Lines 1-6	Prenatal care patients by Age	No eCQM
6B	Lines 7-9	Early Entry into Prenatal Care	No eCQM
7	Part A	Low Birth Weight	No eCQM

Prenatal Patients by Age

Report all prenatal care patients served directly or who were referred for prenatal care services

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

- ▶ **Denominator:** Women seen for prenatal care during the year
 - **Exclude:** None
- ▶ **Numerator:** Women who began prenatal care during their first trimester

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		

Early Entry into Prenatal Care

▶ Reporting Considerations:

- Women by trimester of entry must 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
- Women referred out for any or all their prenatal care should be reported by trimester of entry in Column A
- Include women who began prenatal care in 2016 and delivered in 2017

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

- ▶ **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

- ▶ **Denominator:** Babies born to prenatal care patients
 - **Exclude:** Stillbirths and miscarriages
- ▶ **Numerator:** Babies born with a birth weight below normal (less than 2,500g)

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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Child Immunization Status, [CMS117v5](#)

- ▶ **Denominator:** Children who turn 2 during the measurement period and had a medical visit during 2017
 - **Exclude:** None

- ▶ **Numerator:** Children who by their second birthday:
 - were fully immunized
 - had documented history of having had one of the vaccine-preventable illnesses
 - had a seropositive test result for one of the illnesses
 - or had an allergic reaction to the a specific vaccine

Required Vaccinations

- ▶ ALL of the following vaccines are required:
 - 4 diphtheria, tetanus, and acellular pertussis (DTP/DTaP)
 - 3 polio (IPV)
 - 1 measles, mumps, rubella (MMR)
 - 3 H influenza type B (Hib)
 - 3 hepatitis B (Hep B)
 - 1 chicken pox VZV (Varicella)
 - 4 pneumococcal conjugate (PCV)
 - 1 hepatitis A (Hep A)
 - 2 or 3 rotavirus (RV)
 - 2 influenza (flu) vaccines
- ▶ **Reporting Considerations:** Unsuccessful efforts to immunize a child do not meet the measurement standard
 - Religious or personal objections do not meet the measurement standard



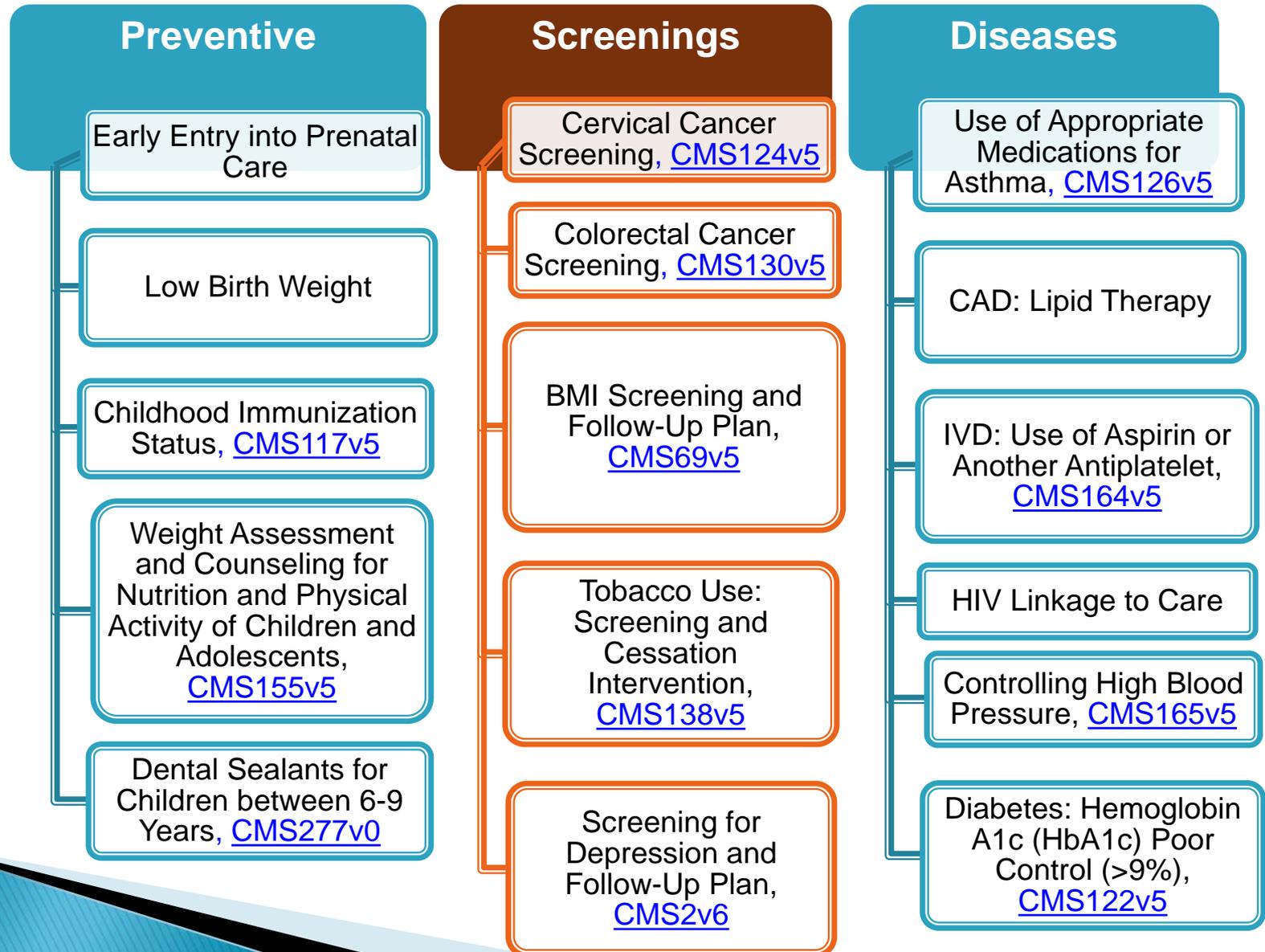
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents, [CMS155v5](#)

- ▶ **Denominator:** Patients age 3 through 17 who had at least one medical visit during the measurement period
 - **Exclude:** Patients who were pregnant during 2017
- ▶ **Numerator:** Children and adolescents who, during the measurement period had all of the following:
 - BMI percentile recorded
 - Counseling for nutrition
 - Counseling for physical activity
- ▶ **Reporting Considerations:**
 - Report all medical visits (not just primary care provider or obstetrician/gynecologist; include nurse practitioner and physician's assistant visits as medical visits)
 - Report as a single numerator

Dental Sealants for Children Age 6-9, [CMS277v0](#)

- ▶ **Denominator:** Children 6 through 9 years with an oral assessment or comprehensive or periodic oral evaluation dental visit in the measurement period and are at moderate to high risk of caries
 - **Exclude:** Children for whom all first permanent molars are non-sealable
- ▶ **Numerator:** Children who received a sealant on a permanent first molar during the measurement period
- ▶ **Reporting Considerations:**
 - Include dental visits with your health center or provided through a paid referral
 - Although draft eCQM reflects age 5-9 years of age, use age 6-9

Screenings



Cervical Cancer Screening, [CMS124v5](#)

- ▶ **Denominator:** Women 23 through 64 years of age with a medical visit during 2017
 - **Exclude:** Women who had a hysterectomy and have no residual cervix
- ▶ **Numerator:** Women with one or more screenings for cervical cancer. Appropriate screenings are:
 - Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test
 - Cervical cytology + human papillomavirus (HPV) co-testing performed during the measurement period or the four years prior to the measurement period for women who are at least 30 years old at the time of the test
- ▶ **Reporting Considerations:**
 - Count tests performed outside of the health center if the record contains the date of test, who performed it, and results
 - Patients who refuse the test are not considered compliant

Colorectal Cancer Screening, [CMS130v5](#)

- ▶ **Denominator:** Patients 50 through 75 years of age with a medical visit in 2017
 - **Exclude:** Patients with a diagnosis of colorectal cancer or a history of total colectomy
- ▶ **Numerator:** Patients with one or more screenings for colorectal cancer. Appropriate screenings include:
 - Fecal occult blood test (FOBT), including fecal immunochemical test (FIT), during 2017
 - Flexible sigmoidoscopy during 2017 or the prior 4 years
 - Colonoscopy during 2017 or the prior 9 years
- ▶ **Reporting Considerations:**
 - If test is performed outside the health center, the chart must contain a copy of test results or correspondence that shows results
 - FOBT (including FIT) test kits can be mailed to patients during the year, but receipt, processing, and documentation of the test sample is required

Adult BMI Screening and Follow-Up Plan, [CMS69v5](#)

- ▶ **Denominator:** Patients 18 years or older on date of the visit with at least one medical visit during 2017
 - **Exclude:** Patients who:
 - Are pregnant
 - Are receiving palliative care
 - Refuse measurement of height and/or weight or follow-up
 - Have a documented medical reason
- ▶ **Numerator:** A documented BMI during their visit or during the 6 months prior to the current visit and
 - When BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the six months prior to the current visit
 - *Normal parameters:* greater than or equal to 18.5 and less than 25 kg/m²
- ▶ **Reporting Considerations:** Record or template must show the actual BMI. Display of height/weight only is insufficient.

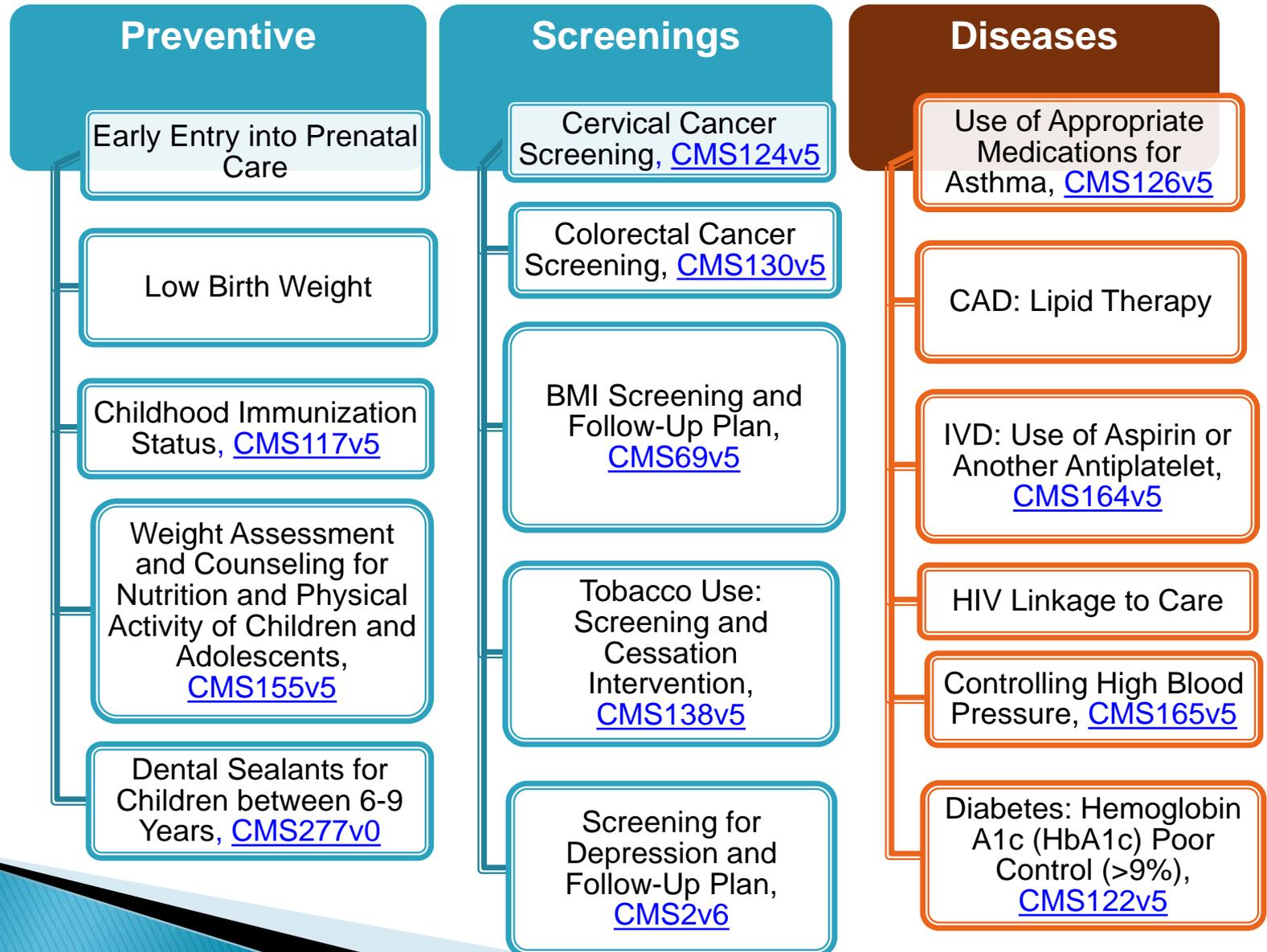
Tobacco Use: Screening and Cessation Intervention, CMS138v5

- ▶ **Denominator:** Patients 18 years and older seen for at least 2 medical visits or at least 1 preventive medical visit during 2017
 - **Exclude:** Patients with documentation of medical reason(s) for not screening for tobacco use
- ▶ **Numerator:** Patients screened for tobacco use at least once within 24 months before the end of 2017
 - **And** who received tobacco cessation intervention if identified as a tobacco user
- ▶ **Reporting Considerations:**
 - Patients should be asked about all forms of tobacco use
 - Cessation interventions include:
 - Received cessation counseling services, or
 - Received an order for a tobacco use cessation medication, or
 - Are on (using) a tobacco use cessation agent

Screening for Depression and Follow-Up Plan, [CMS2v6](#)

- ▶ **Denominator:** Patients aged 12 years and older with at least one medical visit during 2017
 - **Exclude:** Patients:
 - With an active diagnosis for depression or bipolar disorder
 - Who refuse to participate
 - Who are in urgent or emergent situations
 - Whose functional capacity or motivation to improve may impact the accuracy of results
- ▶ **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, have a follow-up plan documented on the date of the positive screen
- ▶ **Reporting Considerations:** None

Diseases



Use of Appropriate Medications for Asthma, [CMS126v5](#)

- ▶ **Denominator:** Patients age 5 through 64 years with persistent asthma who had a medical visit during 2017
 - **Exclude:** Patients with an active diagnosis of emphysema, chronic obstructive pulmonary disease (COPD), obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure
- ▶ **Numerator:** Patients who were ordered at least one prescription for a preferred therapy during 2017
- ▶ **Reporting Considerations:**
 - Do not include patients with mild or intermittent asthma
 - Preferred therapy includes: inhaled corticosteroids or other acceptable pharmacological agents

Coronary Artery Disease (CAD): Lipid Therapy

- ▶ **Universe:** Patients 18 years and older with an active diagnosis of CAD *or* having either been diagnosed as having had a myocardial infarction (MI) *or* having had cardiac surgery in the past, with a medical visit during 2017 and at least two medical visits ever
 - **Exclude:**
 - Patients whose last low-density lipoprotein (LDL) test during the measurement year was less than 130 mg/dL
 - Patients with an allergy to, a history of adverse outcomes from, or intolerance to LDL lowering medications
- ▶ **Numerator:** Patients who received a prescription for or were provided or were taking lipid-lowering medications in 2017
- ▶ **Reporting Considerations:** Do not include in the numerator:
 - Patients for whom no LDL was recorded
 - Patients who received a form of treatment other than pharmacologic treatment

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet, [CMS164v5](#)

- ▶ **Denominator:** Patients 18 years and older with a medical visit during 2017 who had an acute MI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) during the 12 months prior to 2017 or who had an active diagnosis of IVD during 2017
 - **Exclude:** Patients who had documentation of use of anticoagulant medications at some point in 2017
- ▶ **Numerator:** Patients who use aspirin or another antiplatelet during 2017
- ▶ **Reporting Considerations:** Include in the numerator patients who received a prescription for, were given, or were using aspirin or another antiplatelet drug

HIV Linkage to Care

- ▶ **Denominator:** Patients first diagnosed with HIV by the health center between October 1, 2016 and September 30, 2017 who had at least one medical visit during 2016 or 2017
 - **Exclude:** None
- ▶ **Numerator:** People newly diagnosed with HIV by your health center that received treatment within 90 days of diagnosis
- ▶ **Reporting Considerations:**
 - Treatment must be initiated within 90 days of diagnosis
 - Treatment may be by reporting entity or a referral source, but must be actual treatment, not completion of referral
 - Identification of patients crosses years and may include 2016 patients

Controlling High Blood Pressure, [CMS165v5](#)

- ▶ **Denominator:** Patients 18 through 85 years who had a diagnosis of essential hypertension within first 6 months of 2017 or any time prior with a medical visit during 2017
 - **Exclude:**
 - Patients with evidence of end-stage renal disease, dialysis, or renal transplant before or during 2017
 - Patients with a diagnosis of pregnancy during 2017
- ▶ **Numerator:** Patients whose blood pressure (BP) at the most recent visit is adequately controlled (less than 140/90 mmHg)
- ▶ **Reporting Considerations:** Include only people diagnosed with hypertension on or before June 30, 2017

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%), [CMS122v5](#)

- ▶ **Denominator:** Patients 18 through 75 years with diabetes who had a medical visit in 2017
 - **Exclude:** Patients with a diagnosis of secondary diabetes due to another condition
- ▶ **Numerator:** Patients whose most recent HbA1c level performed during 2017 is greater than 9.0 percent or who had no test conducted in 2017
- ▶ **Reporting Considerations:** Report most recent HbA1c levels of patients, as follows:
 - HbA1c <8% (Column 3d1)
 - HbA1c >9% or No Test During the Year (Column 3f)
 - The sum of these two columns will not equal the total in Column 3b

Reminders and Strategies

When to Report: Important Dates



September 11: Performance Data Collection Environment (PDCE) available

January 1: UDS Report available in the Electronic Handbooks (EHB)

February 15: UDS Report due date

February 15 - March 31: Review period

- Work with your assigned UDS reviewer

March 31: All corrected submissions must be finalized

- No further changes made after this date

Strategies for Successful Reporting

- ▶ Read the UDS Manual
- ▶ Work as a team: Tables are interrelated
- ▶ Adhere to definitions and instructions: Read the 2017 UDS Manual, eCQMs, fact sheets, PDCE, and other resources and apply definitions
- ▶ Check your data before submitting
 - Check data trends and relationships across tables, refer to issues raised by last year's reviewer, and compare data to benchmarks
 - Address edits in EHB by correcting or providing meaningful explanations that demonstrate your understanding
 - “The number is correct” or “The vendor confirms accuracy” are not sufficient
 - Report on time, but do not submit incomplete reports
- ▶ Work with your reviewer to resolve reporting issues

Available Assistance

- ▶ Local trainings: <http://www.bphcdata.net/html/bphctraining.html>
- ▶ Technical assistance materials are available online:
 - [BPHC HRSA Website](#)
 - [UDS Training Website](#)
 - [Modernization Project Website](#)
- ▶ Year-round telephone and [email](#) support line for UDS reporting questions and use of UDS data: 866-837-4357 or EHB Support
 - [HRSA Call Center](#) for EHB account access and roles: 877-464-4772
 - [BPHC Helpline](#) for EHB system issues: 877-974-2742
- ▶ Performance data collection environment to analyze data (in EHB)
 - [EHB Access](#)
- ▶ ONC Issue Tracking System (OITS) JIRA project eCQM Issue Tracker
 - [OITS Account sign up](#)
 - Post questions in the [eCQM Issue Tracker](#) at <https://oncprojecttracking.healthit.gov/support/projects/CQM>
- ▶ 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
 - <https://ecqi.healthit.gov/ep>
- ▶ Clinical Quality Measures
 - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- ▶ United States Health Information Knowledgebase (USHIK)
 - <https://ushik.ahrq.gov/QualityMeasuresListing?system=mu&stage=Stage%202&sortField=570&sortDirection=ascending&resultsPerPage=100&filter590=May+2017+EH&filter590=May+2017+EP+EC&enableAsynchronousLoading=true>
- ▶ National Quality Forum
 - <http://www.qualityforum.org/QPS/QPSTool.aspx>
- ▶ Healthy People 2020
 - <http://healthypeople.gov/2020/topicsobjectives/2020/objectiveslist.aspx?topicId=8>
- ▶ Adjusted Quartile Ranking
 - <https://bphc.hrsa.gov/datareporting/reporting/ranking.html>
- ▶ Million Hearts Hypertension Control Change Package
 - http://millionhearts.hhs.gov/Docs/HTN_Change_Package.pdf
- ▶ U.S. Preventive Services Task Force
 - <https://www.uspreventiveservicestaskforce.org/>
- ▶ CDC National Center for Health Statistics State Facts
 - http://www.cdc.gov/nchs/fastats/map_page.htm
- ▶ Health Center Quality Improvement Awards
 - <https://bphc.hrsa.gov/programopportunities/fundingopportunities/quality/index.html>
- ▶ Quality Payment Program
 - <https://qpp.cms.gov/mips/quality-measures>
- ▶ Healthcare Effectiveness Data and Information Set
 - <http://www.ncqa.org/hedis-quality-measurement/hedis-measures>

Webinars

▶ Upcoming Webinars

- Using UDS Data and Reports for Program Evaluation and Quality (11/16/2017)
- UDS for Bureau of Health Workforce Grantees (11/17/2017)

▶ Past Webinars

- Preparing for and Understanding Your UDS Submission (10/24/2017)
- Webinars will be archived on [HRSA's BPHC Health Center Program website](#)

Questions?



Thank you!

Thank you for attending this webinar and for all of your hard work to provide comprehensive and accurate data to BPHC!

Ongoing questions can be addressed to

UDSHelp330@BPHCDATA.NET

866-UDS-HELP