

# 2018 Uniform Data System (UDS) Reporting Changes for Reports Due February 15, 2019

May 10, 2018, 1:00–2:30 p.m. (EDT)



# Objectives of this Webinar

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- To provide an overview of the changes for calendar year 2018 UDS data collection and reporting activities (to be reported Feb. 2019)
  - Revisions to existing electronic-specified clinical quality measures (eCQMs)
  - Retire reporting from the UDS of HbA1c<8% for the Diabetes: Hemoglobin A1c Poor Control eCQM
  - Retire reporting of patient-centered medical home (PCMH) recognition to the UDS
  - Expansion of telehealth questions
- To provide insight to possible future changes



# Agenda

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- Calendar year 2018 UDS changes
- Revisions under consideration for 2019 UDS and beyond
  - Changes to data elements
  - UDS modernization
- Available technical assistance resources and references

# Calendar Year 2018 Changes



# Communication of UDS Reporting Changes

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- The 2018 UDS changes were:
  - Included in the [Program Assistance Letter \(PAL\) 2017-08](#) on December 26, 2017
  - Announced in the BPHC Primary Health Care Digest
  - Introduced at the 2017–2018 UDS trainings held around the country
- These changes will be highlighted in UDS in-person trainings conducted in conjunction with state primary care associations (PCAs) from November 2018 through January 2019.



# Effective Dates

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- Changes impact UDS reports of in-scope activities in 2018 and are:
  - Effective **January 1, 2018**
  - Due on **February 15, 2019**
- Be prepared to:
  - Configure systems need to be configured to capture updated criteria.
  - Work with vendors to ensure systems have been updated with required specifications.
    - ✓ Test your data to ensure vendors upgrade work properly.
  - Educate affected staff regarding the changes.

# Details of 2018 UDS Changes



# Clinical Measure Alignment

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- HRSA will continue to align UDS eCQMs with those used by the Centers for Medicare & Medicaid Services (CMS), as well as:
  - Monitor four other clinical quality measures of interest that do not currently have corresponding eCQMs
    - Coronary Artery Disease (CAD): Lipid Therapy
    - HIV Linkage to Care
    - Early Entry to Prenatal Care
    - Low Birth Weight



## Clinical Measure Alignment continued

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- Some minor changes will continue to be made to tie measures to the Health Center Program operations, goals, and objectives
  
- Most measure criteria will remain the same for 2018



# eCQMs

| MEASURE   | eCQMs                    |
|---|--------------------------|
| Childhood Immunization Status   | <a href="#">CMS117v6</a> |
| Cervical Cancer Screening   | <a href="#">CMS124v6</a> |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | <a href="#">CMS155v6</a> |
| Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan                 | <a href="#">CMS69v6</a>  |
| Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention                  | <a href="#">CMS138v6</a> |
| Use of Appropriate Medications for Asthma <b>&lt;note – no new version&gt;</b>                    | <a href="#">CMS126v5</a> |
| Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet                           | <a href="#">CMS164v6</a> |
| Colorectal Cancer Screening   | <a href="#">CMS130v6</a> |
| Preventive Care and Screening: Screening for Depression and Follow-Up Plan                        | <a href="#">CMS2v7</a>   |
| Dental Sealants for Children between 6–9 Years  | <a href="#">CMS277v0</a> |
| Controlling High Blood Pressure   | <a href="#">CMS165v6</a> |
| Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)   | <a href="#">CMS122v6</a> |



# CQMs

- The use of the May 2017 eCQMs for eligible professionals is required for calendar year 2018 reporting.
  - *Note: Each year these measures are updated for the following year. Do not use the ones that come out in 2018.*
  - *The specifications that come out in 2018 will be used for 2019 reporting*
- The following CQMs do not have corresponding eCQMs:
  - Coronary Artery Disease (CAD): Lipid Therapy
  - HIV Linkage to Care
  - Early Entry to Prenatal Care
  - Low Birth Weight



# Major Changes for 2018: Exclusion Added to Several Measures

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- Patients in hospice care are excluded from the denominator for:
  - Childhood Immunization
  - Cervical Cancer Screening
  - Weight for Children and Adolescents
  - IVD
  - Colorectal Cancer Screening
  - Hypertension
  - Diabetes



# Exclusion Notes

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## Please note:

- The hospice patient exclusion will rarely occur in health centers.
- Urgent care patients are not automatically excluded.
  - Health centers may operate in-scope clinics or sites that provide urgent care services and treat community residents for acute care.
  - Include these patients in all clinical measures unless they are excluded under the direction of the measure specifications outlined by the eCQM.

# Major Changes for 2018: Weight for Children and Adolescents

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Universe changed

**Added:** Must take place at an outpatient visit

Exclusions changed

**Added:** Now excludes patients in hospice care

Numerator is unchanged



# Major Changes for 2018: Adult BMI Screening and Follow-Up

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Universe is unchanged

Exclusions are unchanged

Numerator changed

**Changed:** BMI and counseling are appropriate, must occur during the most recent visit or during the previous twelve months (changed from six months to twelve months)



# Major Changes for 2018: Colorectal Cancer Screening

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Universe is unchanged

Exclusions changed

**Added:** Now excludes patients in hospice care

Numerator changed

**Added:**

- Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) test during the measurement period or the prior two years (e.g. Cologuard)
- Computerized tomography (CT) colonography during the measurement period or the four years prior to the measurement period



# Major Changes for 2018: Diabetes

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Universe is unchanged

Exclusions changed

**Added:** Now excludes patients in hospice care

Numerator changed

**Changed:**

- HbA1c < 8% is no longer reported in the UDS
- Only report patients with uncontrolled diabetes defined as having HbA1c > 9% or no test during year



# Measures with No Changes

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- Early Entry to Prenatal Care
- Tobacco Use: Screening and Cessation Intervention
- Use of Appropriate Medications for Asthma
- Coronary Artery Disease (CAD): Lipid Therapy
- HIV Linkage to Care
- Screening for Depression and Follow-Up Plan
- Dental Sealants for Children between 6–9 Years
- Low Birth Weight



# Appendix D: Health Center Health Information Technology (HIT) Capabilities

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- PCMH questions retired from UDS
  - Received/retained PCMH recognition or certification
  - Received accreditation



# Appendix E: Other Data Elements

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## Expanded telehealth questions

- Questions have been added to better capture data on telehealth use, modalities, and potential obstacles to implementation
  - Use of telehealth
    - Who does the health center communicate with using telehealth?
    - What are the primary services provided?
    - What are the reasons for not having telehealth services?



# Proposed 2019 UDS Changes



# Proposed 2019 Changes

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- Report on mental health and substance use disorder services by a broader set of providers
- Report count of interns and residents
- Add eCQM for care coordination
  - Closing the Referral Loop: Receipt of Specialist Report ([CMS50v6](#))
- Replace CAD lipid therapy measure eCQM
  - Statin Therapy for the Prevention and Treatment of Cardiovascular Disease ([CMS347v1](#))



## Proposed 2019 Changes – 2

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- Determine range of health professional workforce training capacity
- Introduce health information exchange questions to HIT form, Appendix D
- Inquire if health centers conduct staff-satisfaction surveys
- Capture telemedicine virtual visits in Table 5
- Retire Table 5A: Tenure for Health Center Staff



# UDS Modernization



# Overview: UDS Modernization Initiative

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- UDS Submission Process

- Automate data submission to relieve reporting burden.
- Promote transparency and integrate stakeholder feedback.

- UDS Content

- Ensure UDS reflects improvements in patient-centered care and an evolving primary health care setting.

# Overview: UDS Modernization Impact

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## Impact

- Reduces reporting burden through a standardized UDS submission process – 88% reduction in report submission time in our piloted programs.
- Improves UDS data quality to increase its utility as an administrative data source.
- Promotes improvements in patient-centered care.
- Increases efficiency, timeliness, and transparency of the UDS reporting business processes.



# UDS Governance Process

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- Enables stakeholders to share feedback and innovative ideas, in addition to the traditional Federal Register Notice process
- Consists of decisions and actions to modify the UDS, such as measure selection, information technology enhancements, and reporting process improvements
- Participate in UDS governance by submitting questions and feedback via the web form on the [UDS Modernization](#) landing page



# UDS Modernization Initiative Next Steps

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- Spring 2018
  - Pilot five eCQMs.
  - Pilot three transformational concepts.
  - Streamlining the extraction of countable visits
  - Expanding reporting beyond face-to-face visits
  - Enhancing data granularity with patient-level data
- Summer 2018
  - Pilot enhanced offline data collection and validation capability.
  - Release 2018 UDS Manual in June.
- Fall 2018
  - Introduce a standardized file for easy upload of the final UDS report, including offline data collection and validation.



# UDS-Related Resources



# Assistance Available

- BPHC health center data and reporting resources
  - <https://bphc.hrsa.gov/datareporting/index.html>
- UDS Modernization Initiative
  - <https://bphc.hrsa.gov/datareporting/reporting/udsmodernization.html>
- UDS Support Center
  - Assistance with UDS reporting questions
  - 866-UDS-HELP (866-837-4357)
  - [udshelp330@bphcdata.net](mailto:udshelp330@bphcdata.net)
- HRSA Call Center
  - Assistance with Electronic Handbooks (EHB) account and user access questions
  - 877-Go4-HRSA (877-464-4772)
  - <http://www.hrsa.gov/about/contact/ehbhelp.aspx>
- Health Center Program Support
  - Assistance with EHB electronic reporting issues
  - 877-464-4772
  - <http://www.hrsa.gov/about/contact/bphc.aspx>
- UDS Mapper
  - Assistance with the online service area mapping tool
  - <http://www.udsmapper.org/contact-us.cfm>



# Crosswalk of UDS CQMs

| Reference          | Measure Title   | Measure Steward                                       | CMS eCQM                                      |
|--------------------|---|---|---|
| Table 6B, Line 7   | Early Entry to Prenatal Care  | n/a   | n/a   |
| Table 6B, Line 10  | Childhood Immunization Status   | National Committee for Quality Assurance              | <a href="#">CMS117v6</a>                      |
| Table 6B, Line 11  | Cervical Cancer Screening   | National Committee for Quality Assurance              | <a href="#">CMS124v6</a>                      |
| Table 6B, Line 12  | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | National Committee for Quality Assurance              | <a href="#">CMS155v6</a>                      |
| Table 6B, Line 13  | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan                 | Centers for Medicare and Medicaid Services            | <a href="#">CMS69v6</a>                       |
| Table 6B, Line 14a | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention                  | Physician Consortium for Performance Improvement      | <a href="#">CMS138v6</a>                      |
| Table 6B, Line 16  | Use of Appropriate Medications for Asthma   | National Committee for Quality Assurance              | <a href="#">CMS126v5</a><br>(no updated eCQM) |
| Table 6B, Line 17  | Coronary Artery Disease (CAD): Lipid Therapy  | n/a   | n/a   |
| Table 6B, Line 18  | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet                           | National Committee for Quality Assurance              | <a href="#">CMS164v6</a>                      |
| Table 6B, Line 19  | Colorectal Cancer Screening   | National Committee for Quality Assurance              | <a href="#">CMS130v6</a>                      |
| Table 6B, Line 20  | HIV Linkage to Care   | n/a   | n/a   |
| Table 6B, Line 21  | Preventive Care and Screening: Screening for Depression and Follow-Up Plan                        | Centers for Medicare and Medicaid Services            | <a href="#">CMS2v7</a>                        |
| Table 6B, Line 22  | Dental Sealants for Children between 6-9 Years  | Dental Quality Alliance - American Dental Association | CMS277 (draft)                                |
| Table 7, Section A | Low Birth Weight  | Centers for Disease Control and Prevention            | n/a   |
| Table 7, Section B | Controlling High Blood Pressure   | National Committee for Quality Assurance              | <a href="#">CMS165v6</a>                      |
| Table 7, Section C | Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)   | National Committee for Quality Assurance              | <a href="#">CMS122v6</a>                      |



# Performance Measures References

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- [eCQI Resource Center](#)
- [Clinical Quality Measures](#)
- [United States Health Information Knowledgebase \(USHIK\)](#)
- [U.S. Preventive Services Task Force](#)
- [National Quality Forum](#)
- [Healthy People 2020](#)
- [Adjusted Quartile Ranking](#)
- [Million Hearts Hypertension Control Change Package](#)
- [CDC National Center for Health Statistics State Facts](#)



# Questions?



# Thank you!

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

Ongoing questions can be addressed to  
[UDSHelp330@BPHCDATA.NET](mailto:UDSHelp330@BPHCDATA.NET)  
866-UDS-HELP





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