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

• 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

• 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

• 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

• 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

• 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

• 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
<table>
<thead>
<tr>
<th>Measure</th>
<th>eCQMs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Immunization Status</td>
<td>CMS117v6</td>
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<td>CMS2v7</td>
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<td>CMS277v0</td>
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<td>Controlling High Blood Pressure</td>
<td>CMS165v6</td>
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<tr>
<td>Diabetes: Hemoglobin A1c (HbA1c) Poor Control (&gt;9%)</td>
<td>CMS122v6</td>
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</tbody>
</table>
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

• 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

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

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

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

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

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

• 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

• PCMH questions retired from UDS
  •Received/retained PCMH recognition or certification
  •Received accreditation
Appendix E: Other Data Elements

**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

• 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

• 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

• 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

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

• 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

• 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.

• 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/datarporting/index.html](https://bphc.hrsa.gov/datarporting/index.html)

• UDS Modernization Initiative
  • [https://bphc.hrsa.gov/datarporting/reporting/udsmodernization.html](https://bphc.hrsa.gov/datarporting/reporting/udsmodernization.html)

• UDS Support Center
  • Assistance with UDS reporting questions
  • 866-UDS-HELP (866-837-4357)
  • 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](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](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](http://www.udsmapper.org/contact-us.cfm)
## Crosswalk of UDS CQMs

<table>
<thead>
<tr>
<th>Reference</th>
<th>Measure Title</th>
<th>Measure Steward</th>
<th>CMS eCQM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 6B, Line 7</td>
<td>Early Entry to Prenatal Care</td>
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<td>Childhood Immunization Status</td>
<td>National Committee for Quality Assurance</td>
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<td>Cervical Cancer Screening</td>
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<td>Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents</td>
<td>National Committee for Quality Assurance</td>
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<td>Table 6B, Line 13</td>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan</td>
<td>Centers for Medicare and Medicaid Services</td>
<td>CMS69v6</td>
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<td>Table 6B, Line 14a</td>
<td>Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>Physician Consortium for Performance Improvement</td>
<td>CMS138v6</td>
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<tr>
<td>Table 6B, Line 16</td>
<td>Use of Appropriate Medications for Asthma</td>
<td>National Committee for Quality Assurance</td>
<td>CMS126v6 (no updated eCQM)</td>
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<tr>
<td>Table 6B, Line 17</td>
<td>Coronary Artery Disease (CAD): Lipid Therapy</td>
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<td>Table 6B, Line 18</td>
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<td>Table 6B, Line 20</td>
<td>HIV Linkage to Care</td>
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<td>Table 6B, Line 21</td>
<td>Preventive Care and Screening: Screening for Depression and Follow-Up Plan</td>
<td>Centers for Medicare and Medicaid Services</td>
<td>CMS2v7</td>
</tr>
<tr>
<td>Table 6B, Line 22</td>
<td>Dental Sealants for Children between 6-9 Years</td>
<td>Dental Quality Alliance - American Dental Association</td>
<td>CMS277 (draft)</td>
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<td>Table 7, Section A</td>
<td>Low Birth Weight</td>
<td>Centers for Disease Control and Prevention</td>
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<td>Table 7, Section B</td>
<td>Controlling High Blood Pressure</td>
<td>National Committee for Quality Assurance</td>
<td>CMS165v6</td>
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<td>Table 7, Section C</td>
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Performance Measures References

• 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!

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

866-UDS-HELP
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