



2019 Uniform Data System Trends Presentation

August 11, 2020

Data and Evaluation Division (DED)
Office of Quality Improvement (OQI)
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

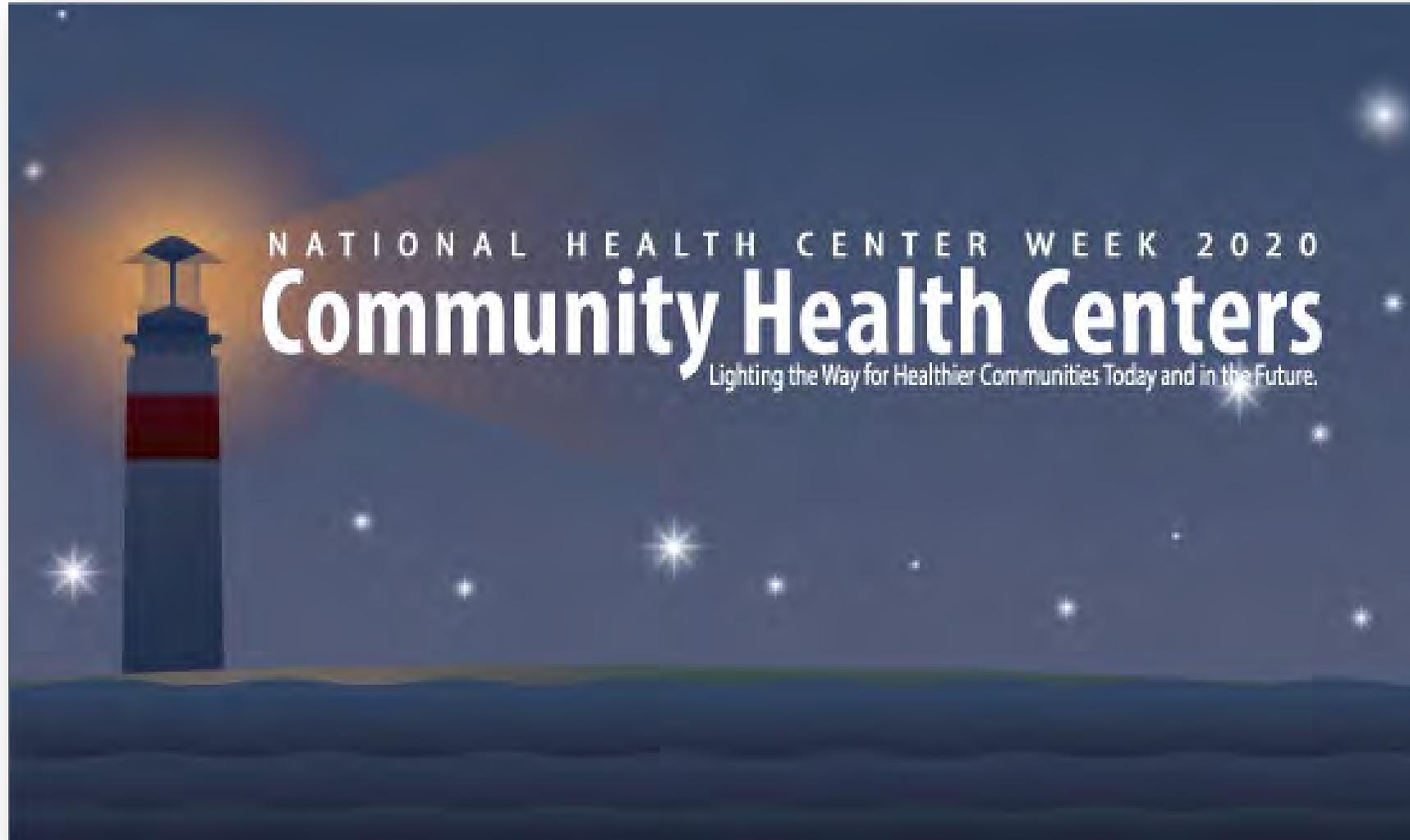


Opening Remarks



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Office of Quality Improvement
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National Health Center Week



Presenters



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Presentation Overview

AGENDA

- UDS Overview and Changes to the 2019 UDS Report
- 2019 UDS Data Trends:
 - Health Center Growth
 - Patient Demographics
 - Access to Care
 - Clinical Quality
 - Health Information Technology
- Resources
- Questions and Discussion



The Uniform Data System (UDS)

- Standardized health center reporting system
- Required by Section 330 of Public Health Service Act
- Annual reports submitted by health centers by 2/15
- Annual changes announced via PAL
- [UDS Manual](#) provides reporting instructions

UDS is updated every year to:

- ✓ Reduce reporting burden
- ✓ Keep pace with the current healthcare environment
- ✓ Reflect stakeholder feedback
- ✓ Ensure evaluation of bureau and Departmental priorities



2019 UDS Reporting: Summary of Key Changes

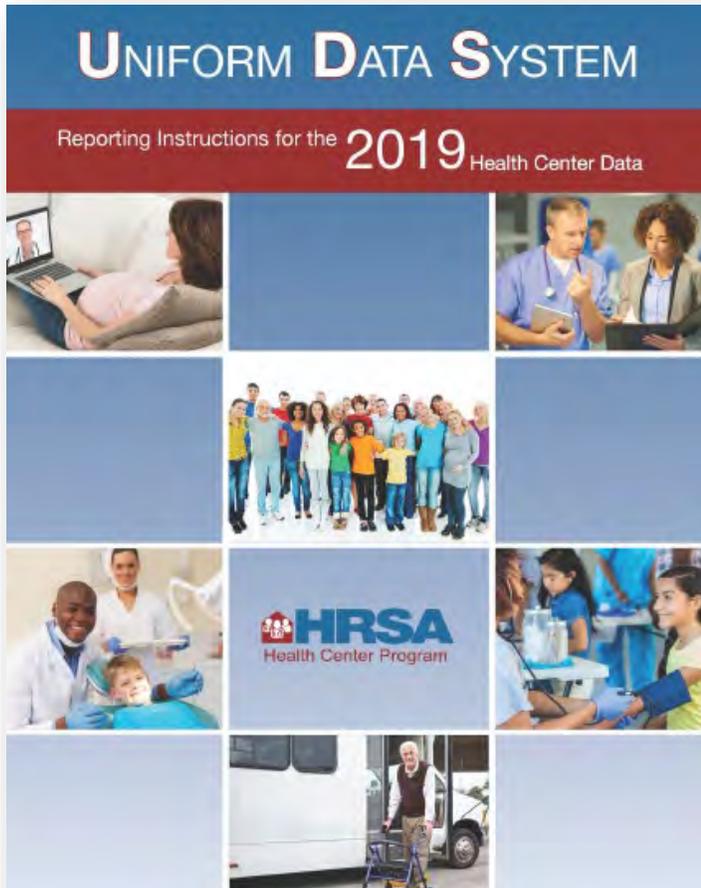


Table 5 – Staffing and Utilization:

- New column for “virtual visits” (e.g., telemedicine).
- Expanded detail for Personnel by Service Categories: Mental Health and Substance Use Disorder

Table 5A – Tenure for Staff:

- Removed this table.

Table 6B – Quality of Care Measures:

- Replaced Coronary Artery Disease (CAD) measure (not an eCQM) with Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347V2).

Appendix – Health Information Technology (HIT) Form:

- Revised questions to better understand HIT capabilities and use including Social Determinants of Health

Appendix – Workforce:

- Added Appendix F to understand health center involvement in health professional training and internal evaluation of staff satisfaction.

For full list of changes and table shells, see the [Program Assistance Letter](#).

Health Center Program Growth

Number of health centers

2017: 1,373

2018: 1,362

2019: 1,385



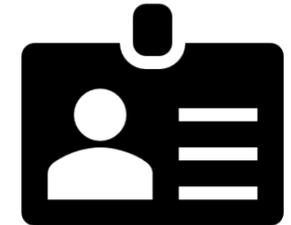
- Access to care
- Comprehensive service delivery
- Quality of Care



The patient population has increased by 5%, from 28.4 million to 29.8 million.

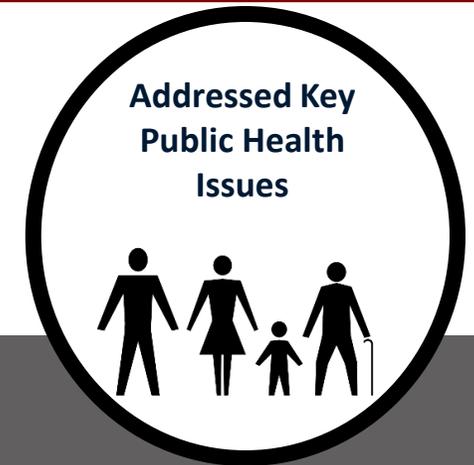


The number of delivery sites increased by 9%, from 11,744 to 12,785.



The total full time equivalents (FTEs) increased by nearly 13%, adding over 29,000 FTE positions and supporting 252,868 clinical and support staff.

Executive Summary: 2019 UDS Data



+ 23 health centers for a total of 1,385
+ 1.46 million patients for a total of 29.8 million
+ 6.49 million visits for a total of 122.3 million
+ 16,717 full-time equivalents for a total of 252,868

+ 23 health centers providing care across **3** or more comprehensive services
+ 35 health centers providing care across **4** or more comprehensive services
+ 7 health centers providing care across **5** comprehensive services

96% of health centers met or exceeded one or more national benchmarks*
89% of HCs improved in **5** or more Clinical Quality Measures
53% of HCs improved in **8** or more Clinical Quality Measures

58% of health centers provided Medication-Assisted Treatment
+ 2,196 MAT eligible providers for a total of 7,095
+ 48,379 MAT patients for a total of 142,919
+ 126,430 patients with diabetes for a total of 2,521,656



Source: Uniform Data System, 2017-2019. * Healthy People (HP) 2020 available at <https://www.healthypeople.gov/>.

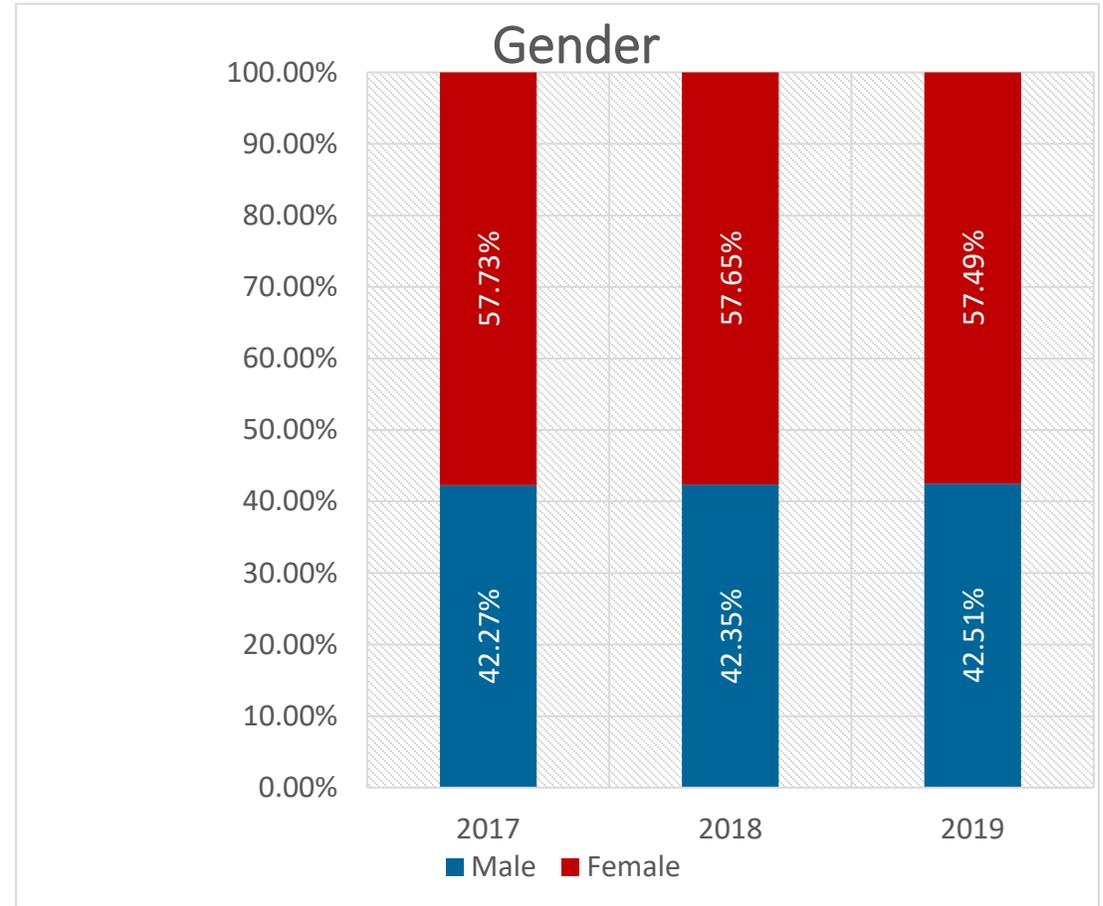


Patient Demographics



Patient Demographics: Age and Gender

Age	2018	2017
0 to 17	5.36%	9.65%
18 to 64	4.26%	8.22%
65 and over	10.11%	21.26%

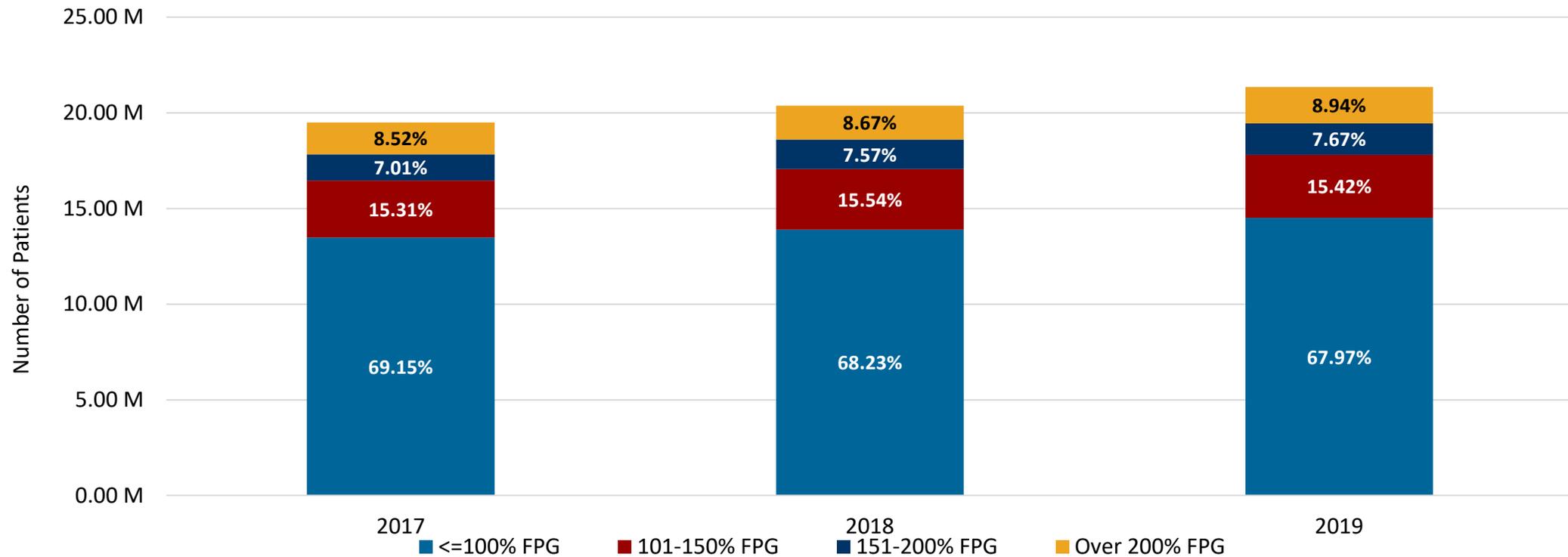


Source: Uniform Data System 2017, 2018, 2019 – Table 3A



Patient Demographics: Federal Poverty Guideline

Federal Poverty Guideline (FPG)



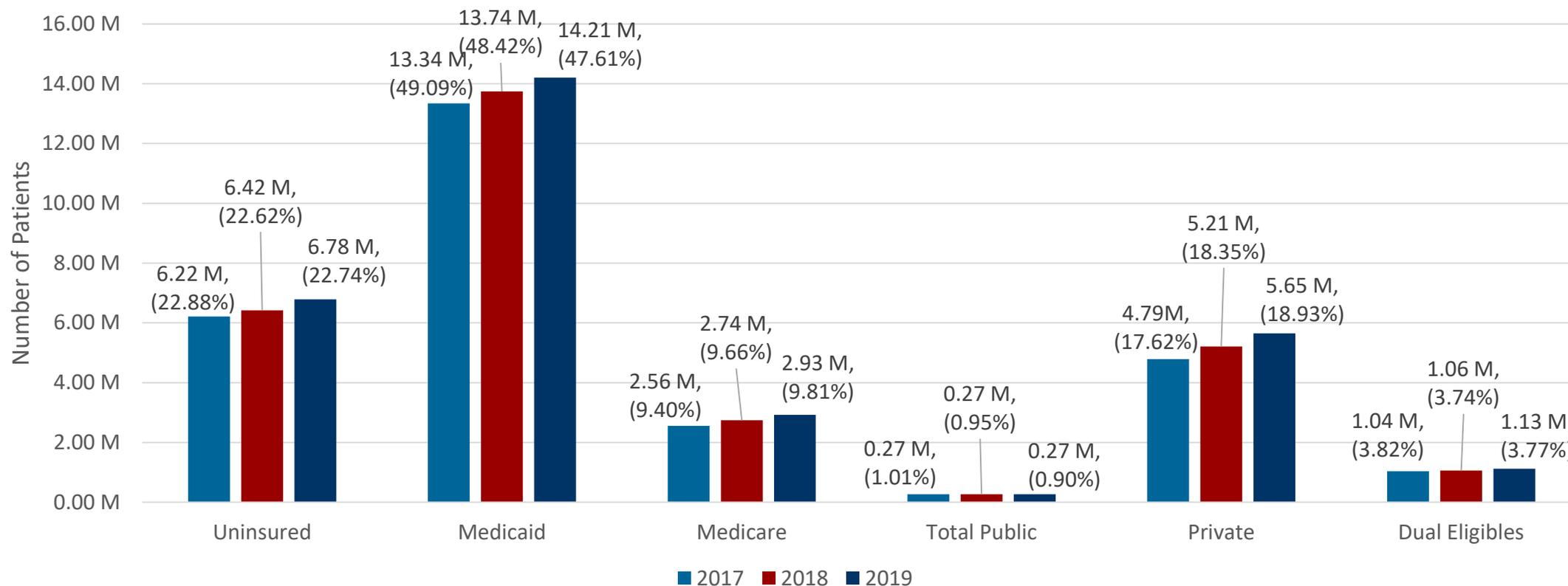
*Patients with Unknown FPG Status: 7.68 M (2017), 8.01 M (2018), 8.48 M (2019)

Source: Uniform Data System 2017, 2018, 2019 – Table 4



Patient Demographics: Insurance Status

Insurance Status: Percent and Number of Patients

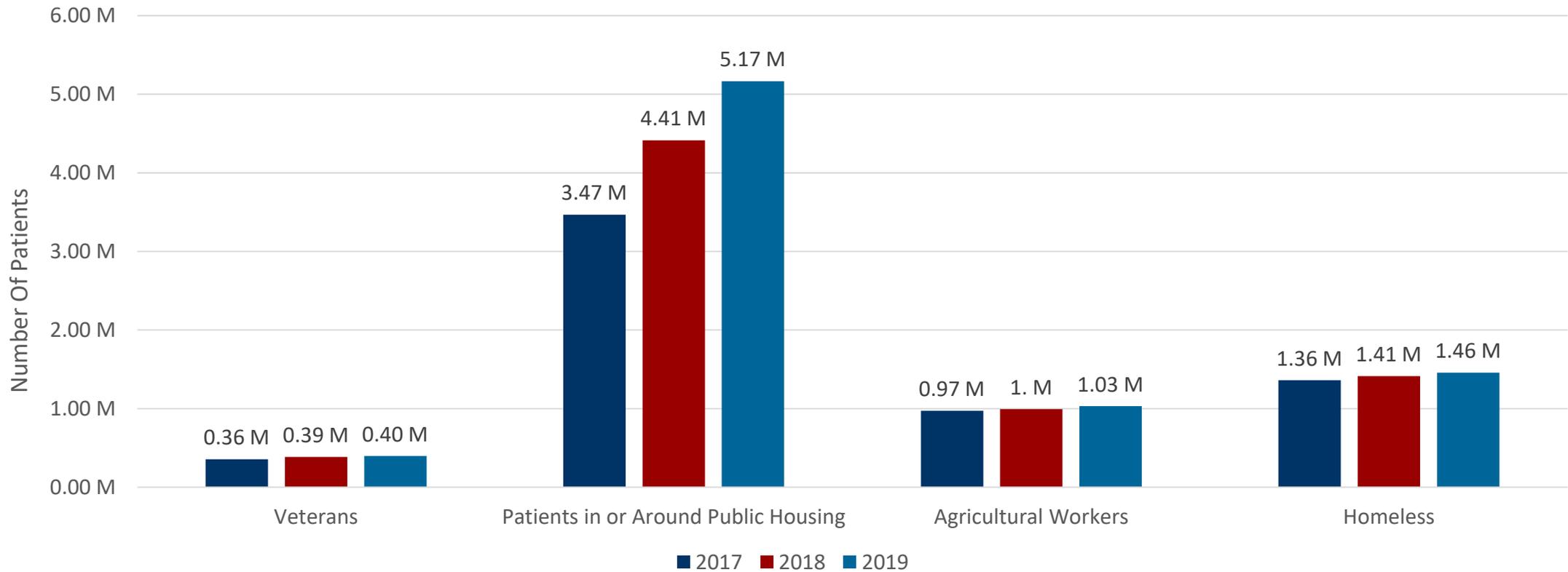


Source: Uniform Data System 2017, 2018, 2019 – Table 4



Patient Demographics: Special Populations

We are seeing more and more patients in or around public housing.



Source: Uniform Data System 2017, 2018, 2019 – Table 4



Access to Care



Summary on Priorities: Access

2018 to 2019

Substance Use Disorder

- Increase (45.81%) in patients receiving substance use disorder care and treatment: 223,390 to 325,732 (+102,342).
- Increase (22.27%) in providers offering treatment and care from 1,747.71 to 2,136.94 (+389).
- Increase (25.70%) in patients undergoing screening, brief intervention, and referral to treatment (SBIRT) from 1,099,001 to 1,381,408 in the same time.

Mental Health

- Increase (14.75%) in mental health patients from 2,249,876 to 2,581,706 (+331,830).
- Likewise, increase (15.06%) in mental health providers from 11,769.89 to 13,542.32 (+1,172).

HIV

- Number of patients with Symptomatic/Asymptomatic HIV increased from 191,717 to 196,218 (2.35% increase).

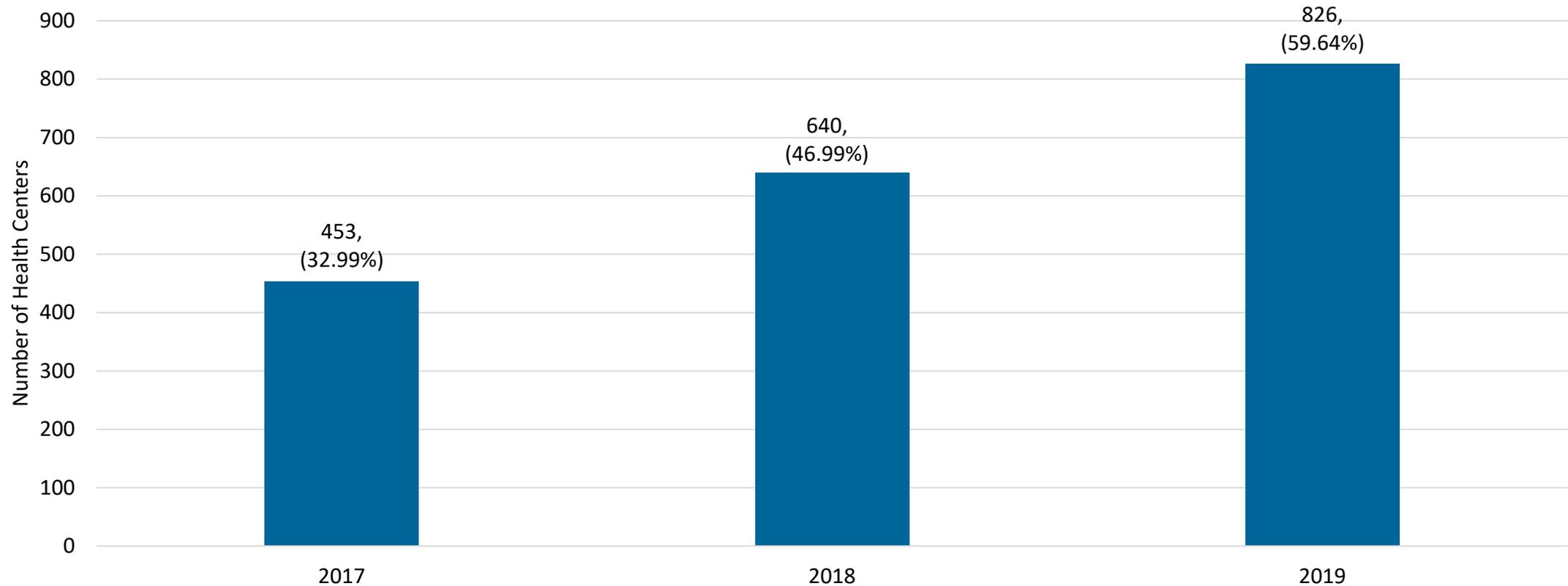


Source: Uniform Data System 2018, 2019 – Tables 5, 6A, 6B



Substance Use Disorder Services

The proportion of health centers providing SUD services* increased by 13 percentage points from 2018 to 2019 to nearly 60%.



*Proportion determined by health centers reporting serving more than one SUD patient

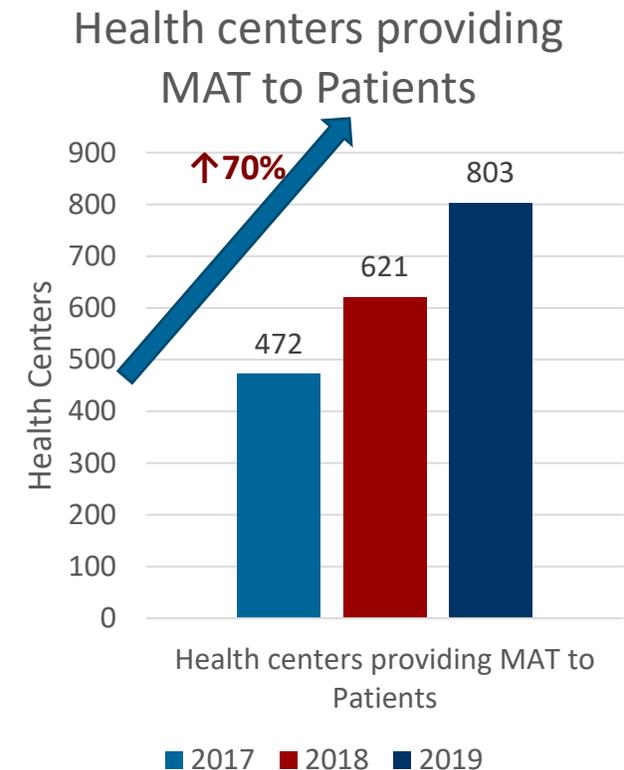
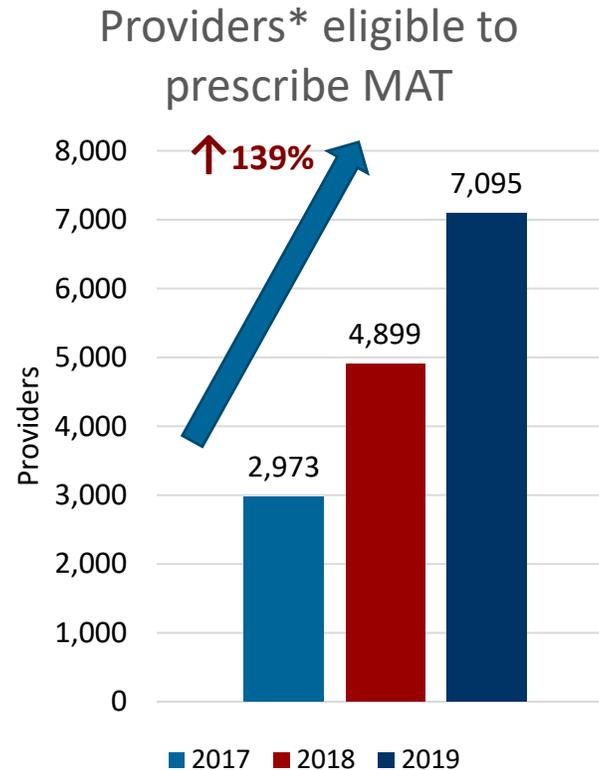
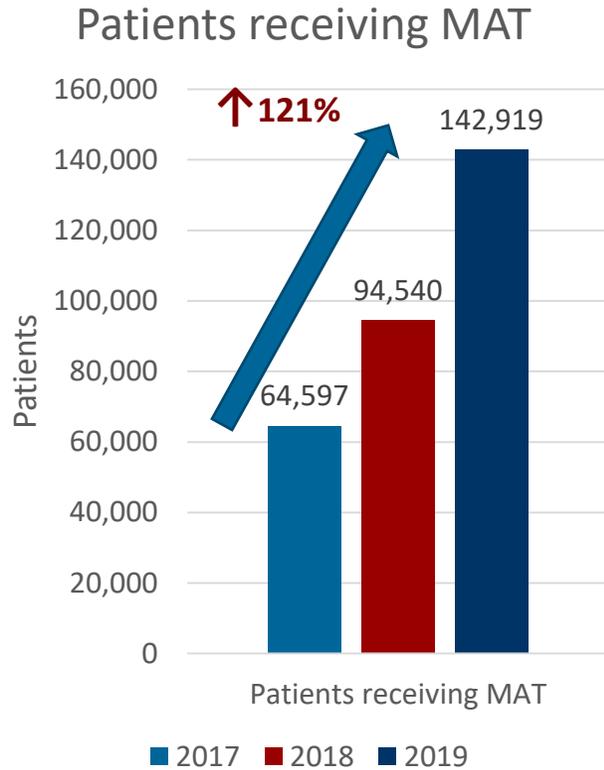
Source: Uniform Data System 2017, 2018, 2019 – Table 5



Medication Assisted Treatment (MAT)

National Trends in MAT: Patients, Providers, & Visits

There are strong upward trends in patients receiving MAT, providers eligible to prescribe MAT, and health centers providing MAT.



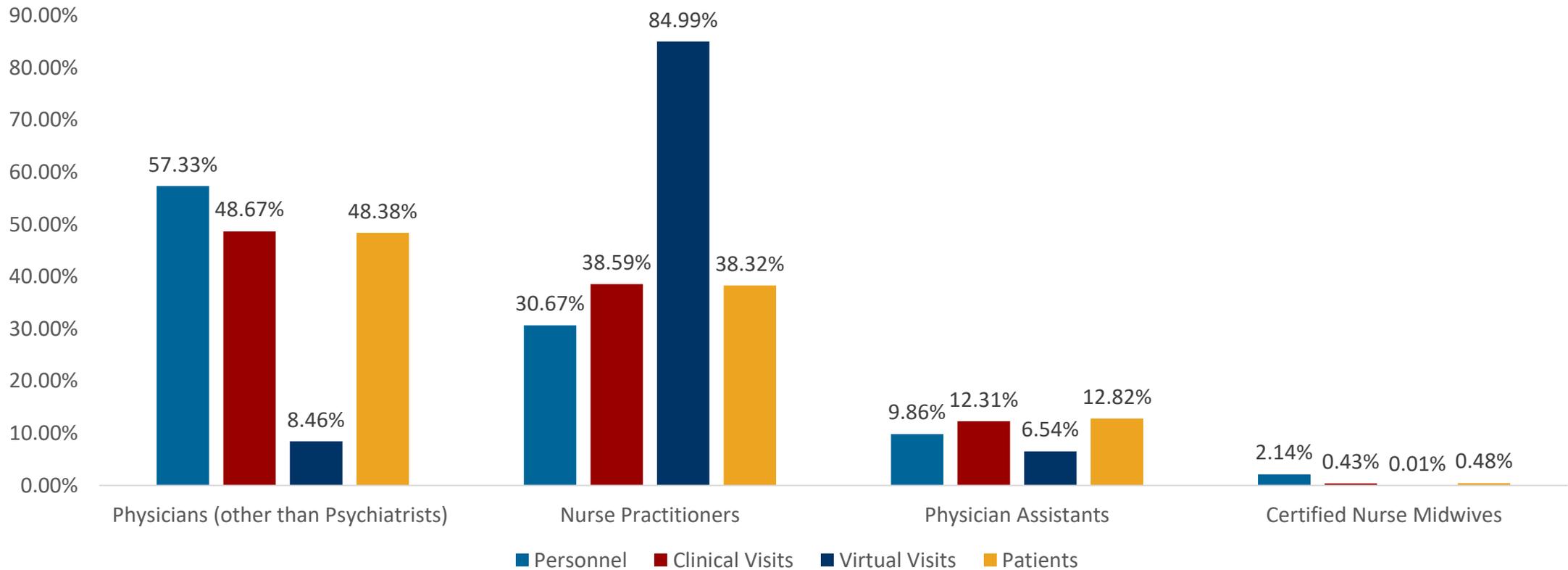
*Definition of MAT providers expanded to include physician assistants & certified nurse practitioners in 2017.

Source: Uniform Data System 2017, 2018, 2019 – Table ODE



Personnel by Major Service Category: Mental Health Service

Nurse practitioners are most likely to conduct virtual visits for mental health.

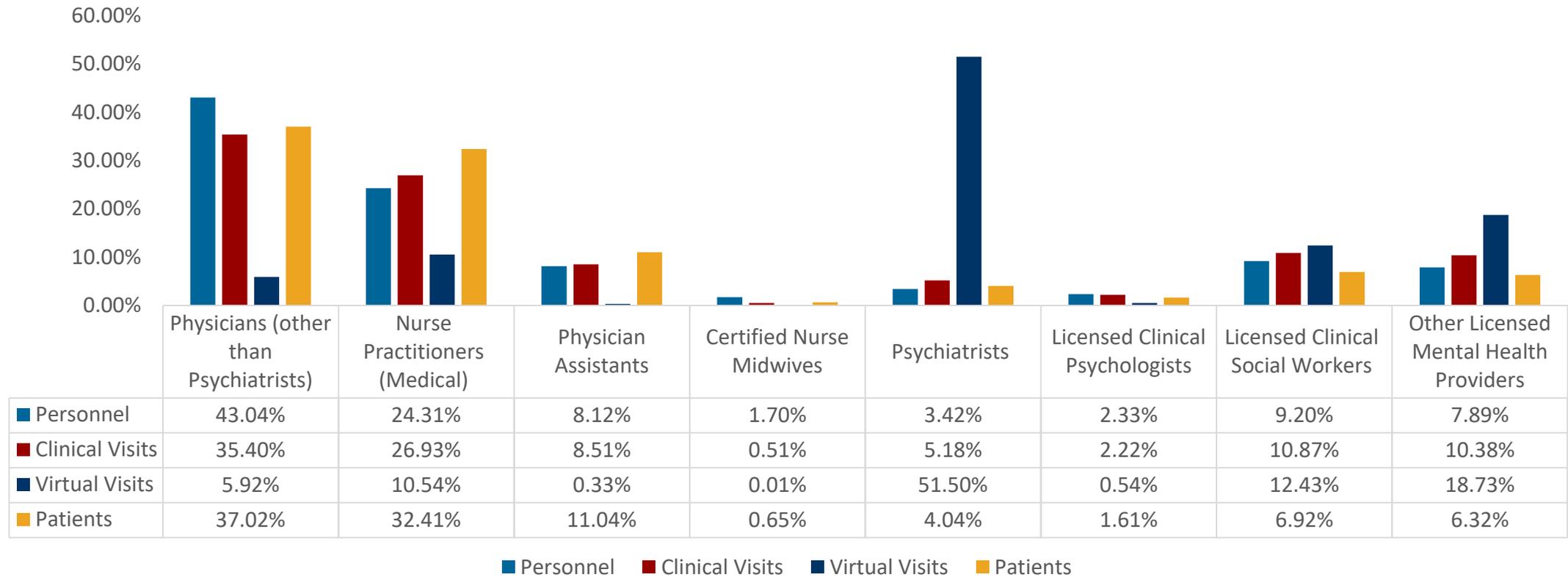


Source: Uniform Data System 2019 - Table 5



Personnel by Major Service Category: Substance Use Disorder

Psychiatrists are most likely to conduct virtual visits for substance use disorder.

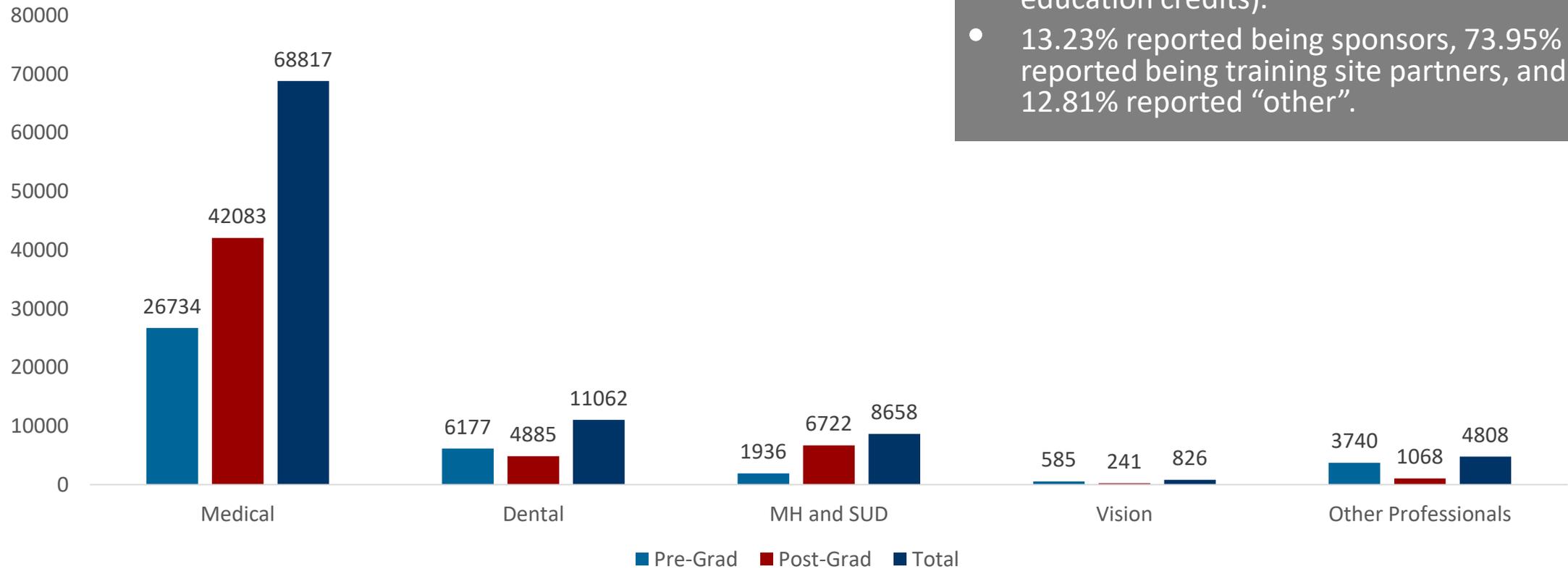


Source: Uniform Data System 2019 – Table 5



Training and Workforce Development

- 960 (69.31%) of health centers reported health professional education/training in 2019 (does not include continuing education credits).
- 13.23% reported being sponsors, 73.95% reported being training site partners, and 12.81% reported “other”.



Note: Data first available in 2019 UDS, stable baseline has not yet been established
 Source: Uniform Data System 2019 – Table Workforce



Clinical Quality



Summary of Priorities: Quality

2018 to 2019

Depression

- Increase (**1.04%**) in patients screened for Depression and with a Follow-up Plan Documented from **70.57%** to **71.61%**.

HIV

- Patients screened for HIV Linkage to Care increased from **85.55 %** to **87.21%** (**1.66%** increase).

Obesity

- Child and adolescent BMI and follow-up: Screening increased from **69.16%** to **71.21%** (**2.05%** increase)
- Adult Weight screening increased from **70.16 %** to **72.43%** (**2.28%** increase).

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

- All racial/ethnic groups all decreased rates of uncontrolled diabetes: national average decreased from **32.79%** to **31.95%**.



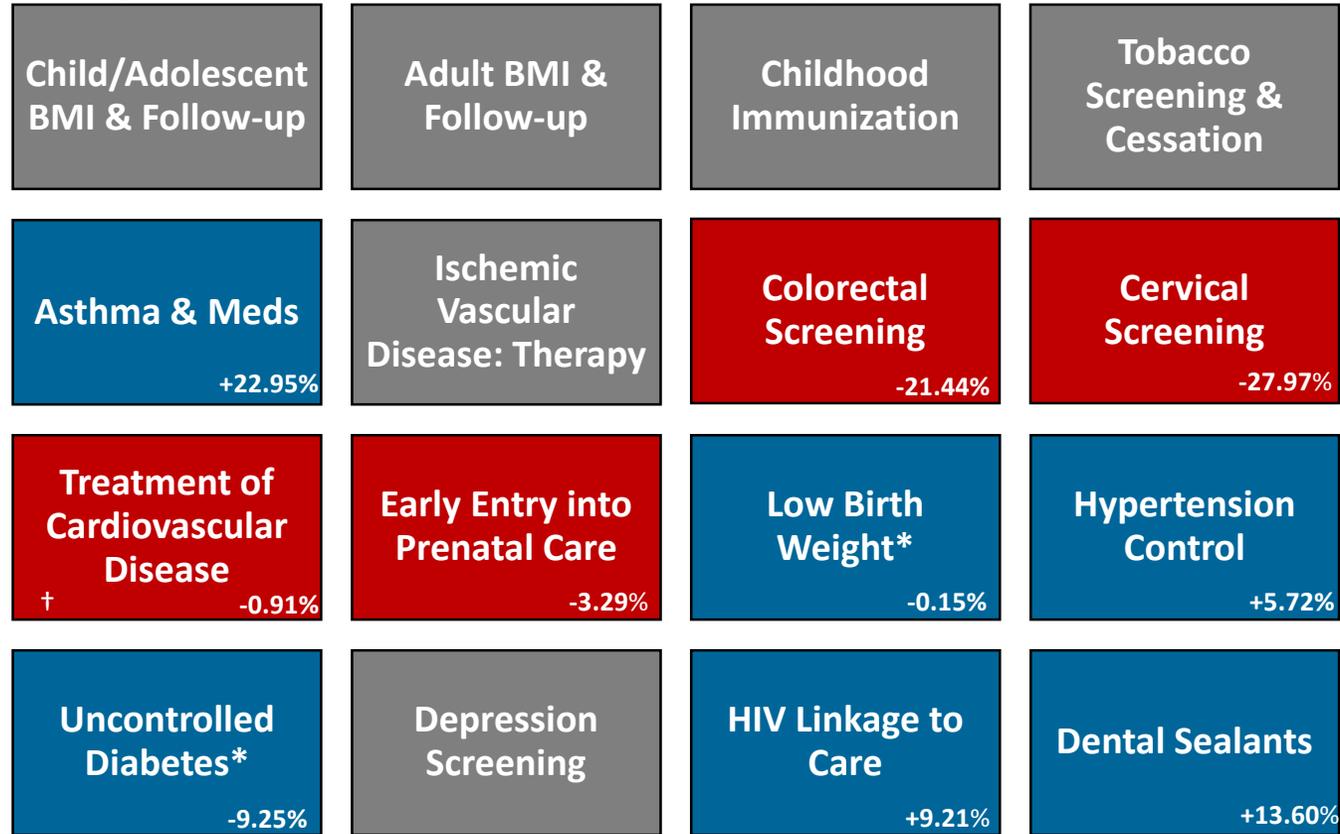
Source: Uniform Data System 2018, 2019 – Tables 5, 6A, 6B, 7



Comparison to National Benchmarks

note – see slide 26 for 508 compliant version

Percentages indicate amount above (+) or below (-) national benchmark comparisons



* Indicates no available National Benchmarks to Compare

* Indicates outperforming National Benchmarks

* Indicates underperforming National Benchmarks

* Uncontrolled Diabetes and Low Birth Weight are inverse measures – performance improves as percentages decrease.

† indicates a change in operational definition due to CMS e-CQM alignment 2019.



Comparison to National Benchmarks

(508 compliant version of slide 25)

Percentages indicate amount above (+) or below (-) national benchmark comparisons

Outperforming National Benchmarks

- Asthma & Meds (+22.95%)
- Low Birth Weight* (-0.15%)
- Hypertension Control (+5.72%)
- Uncontrolled Diabetes* (-9.25%)
- HIV Linkage to Care (+9.21%)
- Dental Sealants (+13.60%)

Underperforming National Benchmarks

- Colorectal Screening (-21.44%)
- Cervical Screening (-27.97%)
- Treatment of Cardiovascular Disease (-0.91%)[†]
- Early Entry into Prenatal Care (-3.29%)

No Benchmarks to Compare

- Child/Adolescent BMI & Follow-up
- Adult BMI & Follow-up
- Childhood Immunization
- Tobacco Screening & Cessation
- Ischemic Vascular Disease: Therapy
- Depression Screening

* Uncontrolled Diabetes and Low Birth Weight are inverse measures – performance improves as percentages decrease.

† indicates a change in operational definition due to CMS e-CQM alignment 2019.

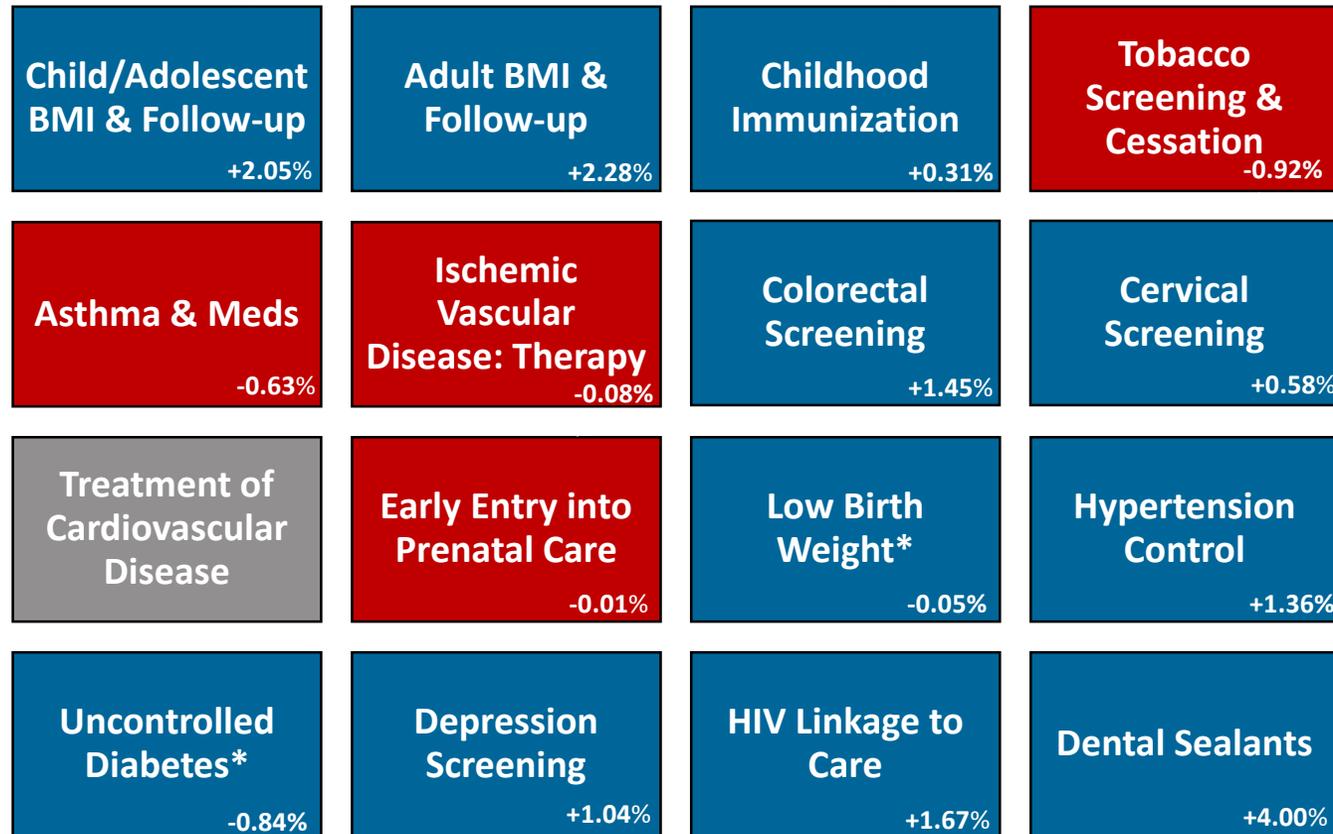
Source: Uniform Data System 2018, 2019 - Tables 6B, 7



Year-Over-Year Performance (2018-2019)

note – see slide 28 for 508 compliant version

Changes in Clinical Quality Measures: Alignment and Performance



*Indicates increase in performance since 2018

*Indicates decrease in performance since 2018



*Indicates definition has changed since 2018

* Uncontrolled Diabetes and Low Birth Weight are inverse measures – performance improves as percentages decrease.



Year-Over-Year Performance (2018-2019)

(508 compliant version of slide 27)

Changes in Clinical Quality Measures: Alignment and Performance

• Increase in Performance

- Child/Adolescent BMI & Follow-up (+2.05%)
- Adult BMI & Follow-up (+2.28%)
- Childhood Immunization (+0.31%)
- Colorectal Screening (+1.45%)
- Cervical Screening (+0.58%)
- Low Birth Weight * (-0.05%)
- Hypertension Control (+1.36%)
- Uncontrolled Diabetes * (-0.84%)
- Depression Screening (+1.04)
- HIV Linkage to Care (+1.67%)
- Dental Sealants (+4.00%)

• Decrease in Performance

- Tobacco Screening & Cessation (-0.92%)
- Asthma & Meds (-0.63%)
- Ischemic Vascular Disease: Therapy)-0.08%)
- Early Entry to Prenatal Care (-0.01%)

• Definition has Changed

- Treatment of Cardiovascular Disease

* Uncontrolled Diabetes and Low Birth Weight are inverse measures – performance improves as percentages decrease.

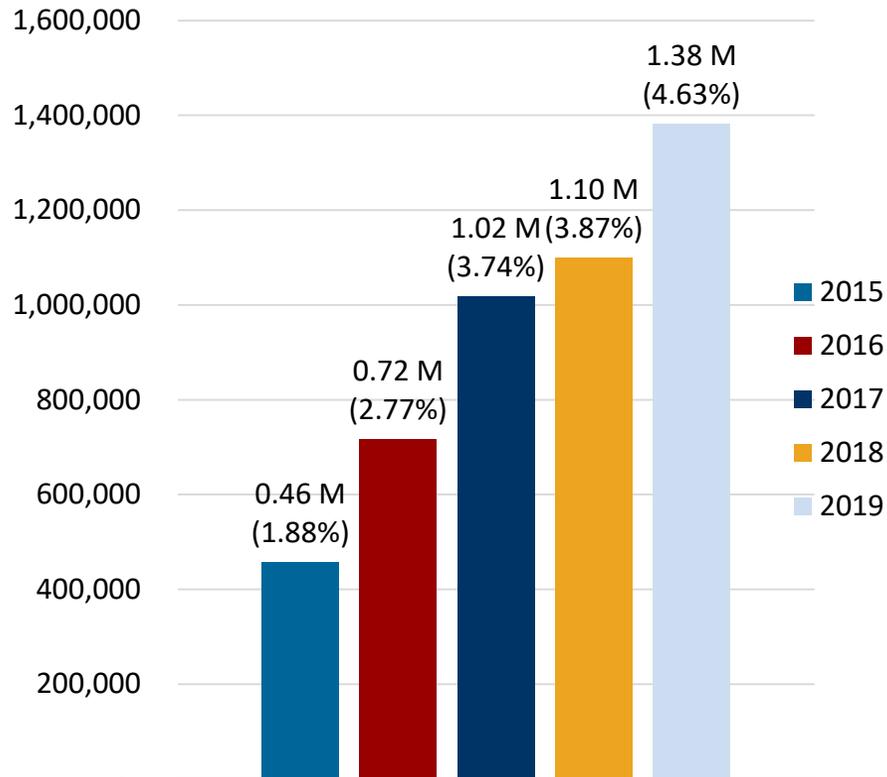
Source: Uniform Data System 2018, 2019 - Tables 6B, 7



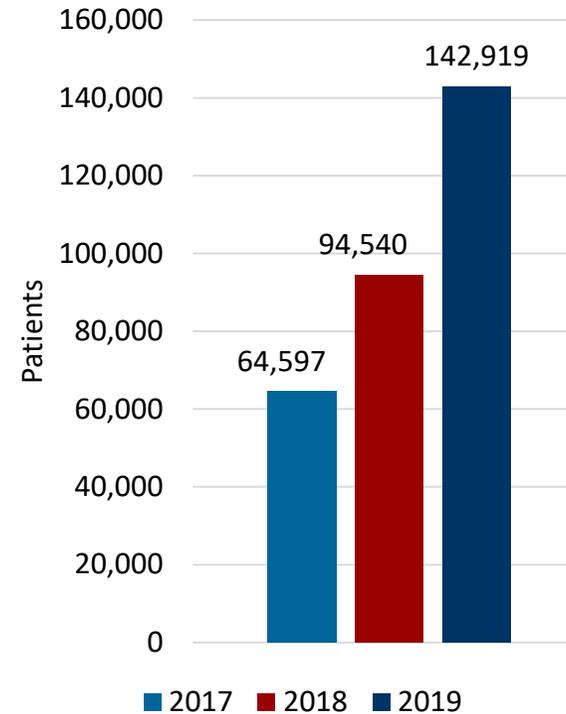
National Quality Leader: Behavioral Health

There are consistent upward trends in the amount of patients receiving SBIRT, MAT, and depression screenings with follow-up plans.

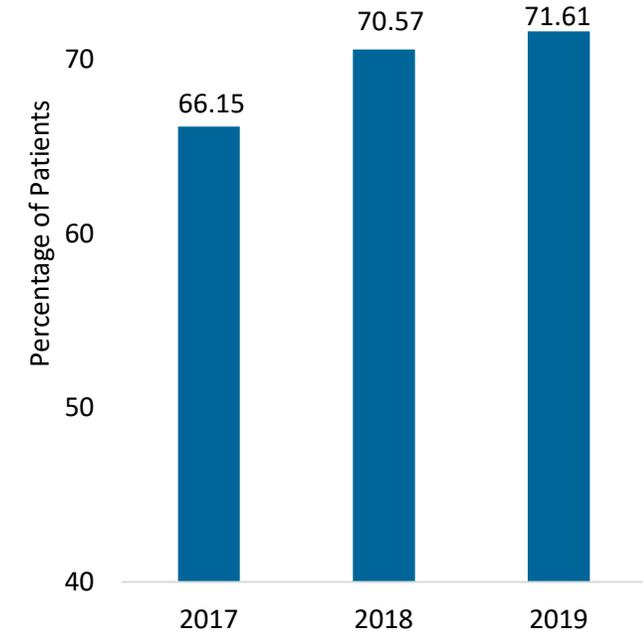
HRSA Health Center Program Patients who received SBIRT



Patients receiving MAT



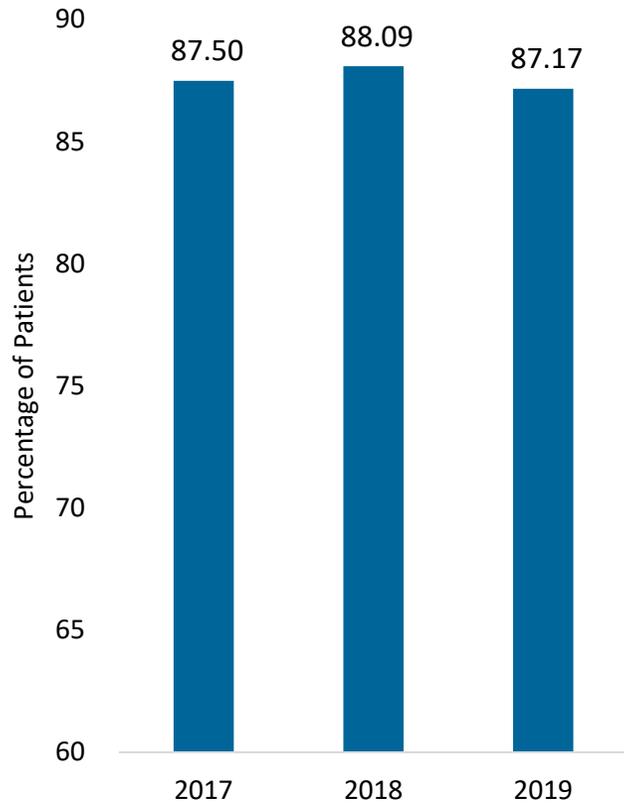
[CMS2v8](#) - Screening for Depression and Follow-Up Plan



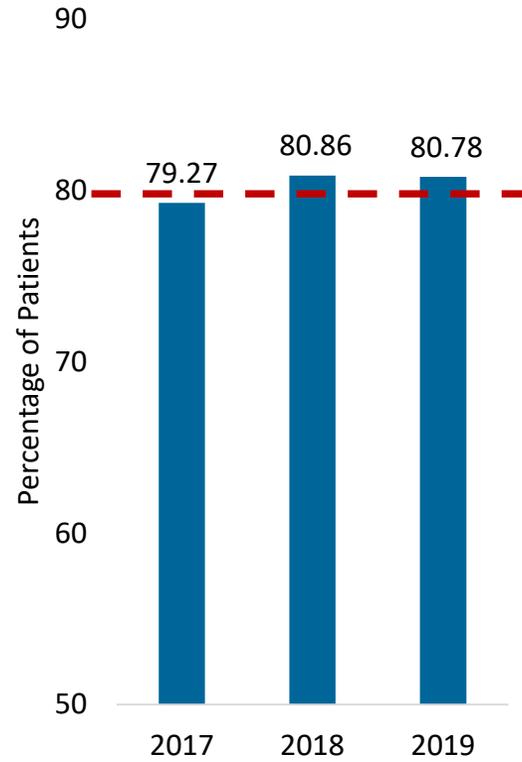
National Quality Leader: Heart Disease



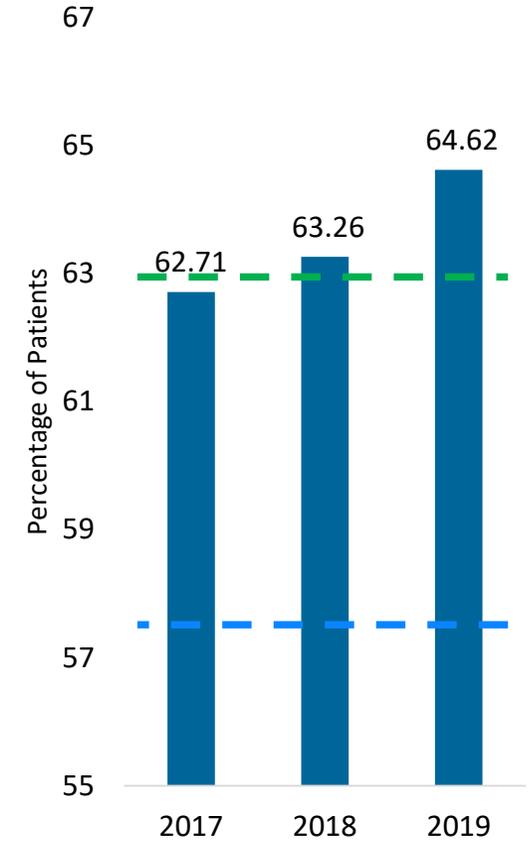
CMS138v7 - Tobacco Use: Screening & Cessation Intervention*



CMS164v7 - Ischemic Vascular Disease: Use of Aspirin or another Antiplatelet ‡



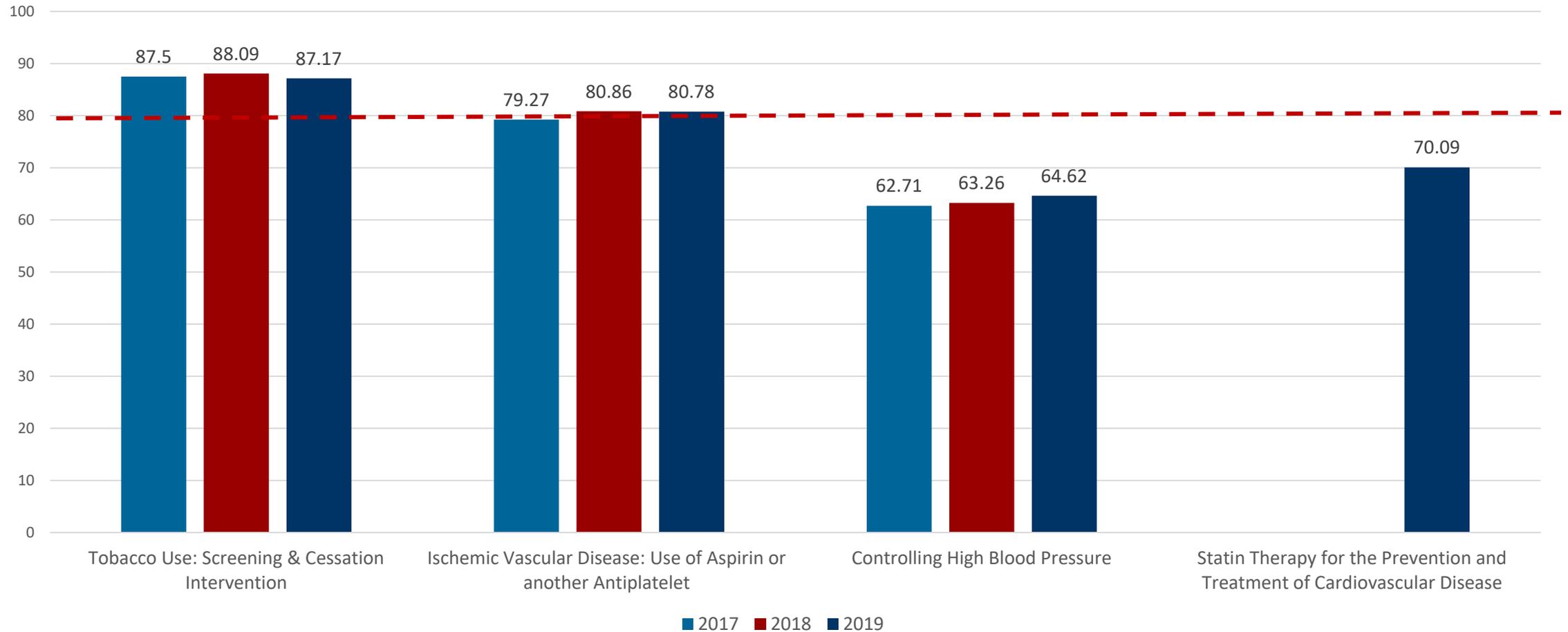
CMS165v7 - Controlling High Blood Pressure*



* indicates a change in operational definition due to CMS e-CQM alignment 2017.
 ‡ indicates a change in operational definition due to CMS e-CQM alignment 2018.



National Quality Leader: Heart Disease, cont.



Source: Uniform Data System 2017, 2018, 2019 – Tables 6A, 6B, 7

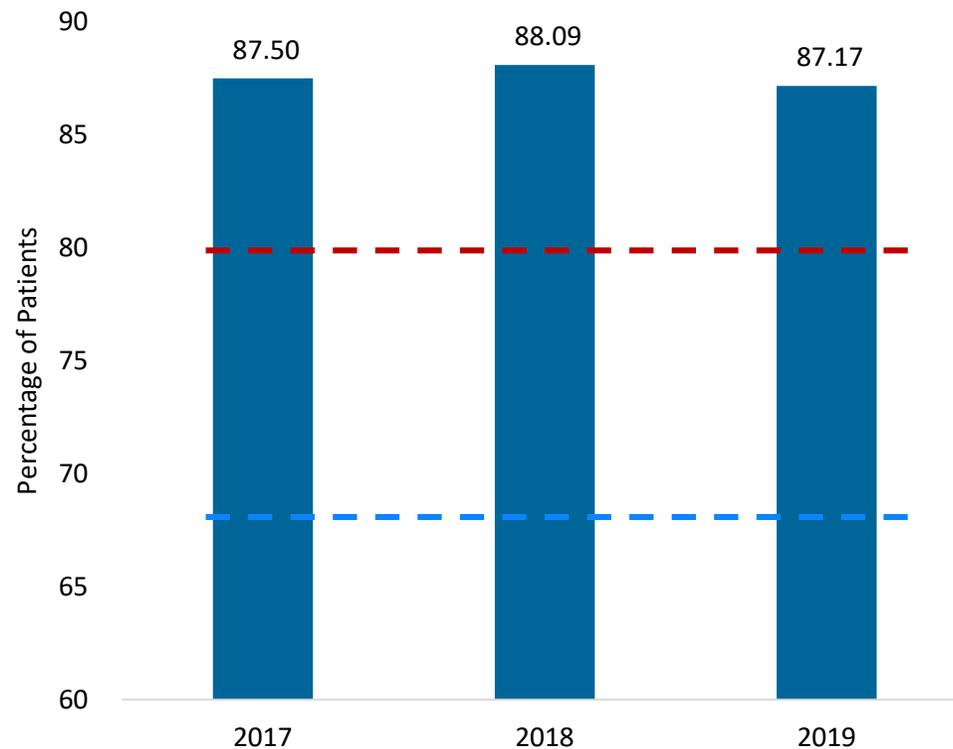


Behavioral Health (BH)

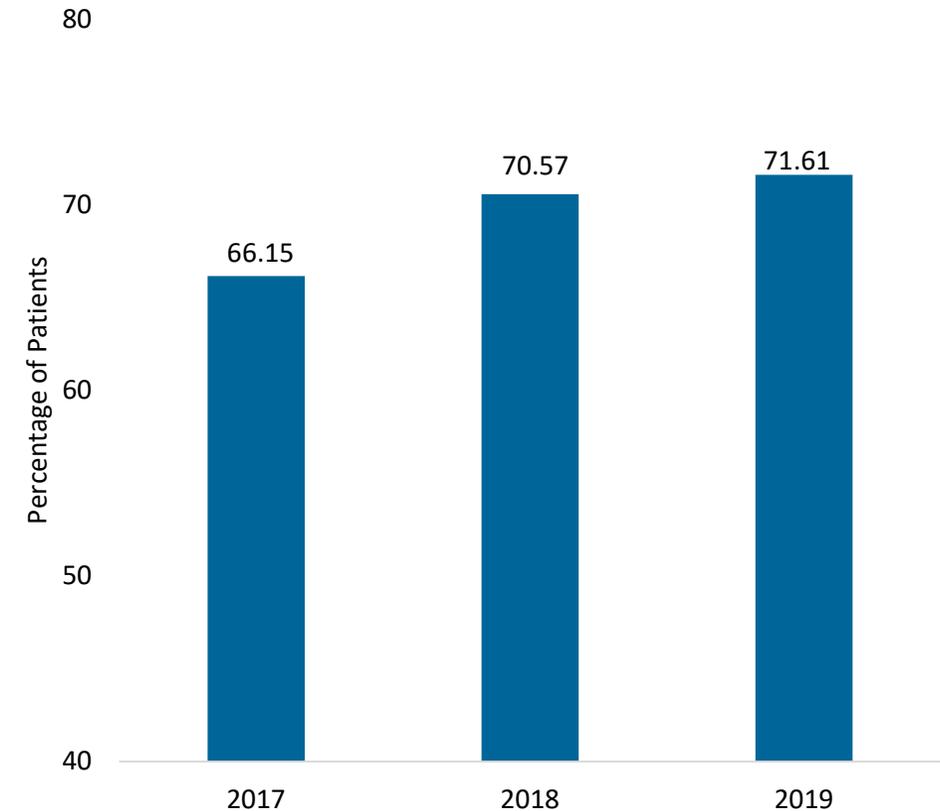


2017-2019 Trend Analyses

CMS138v7 - Tobacco Use: Screening & Cessation Intervention*†



CMS2v8 - Screening for Depression and Follow-Up Plan



* indicates a change in operational definition due to CMS e-CQM alignment 2017.
 † indicates a change in operational definition due to CMS e-CQM alignment 2018.



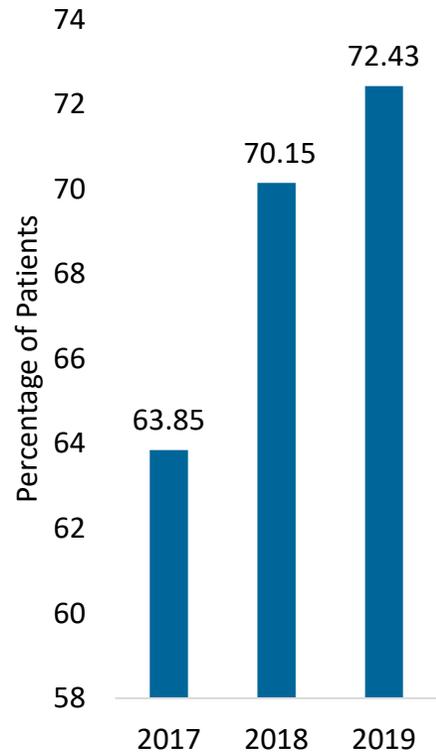
Chronic Diseases

2017-2019 Trend Analyses

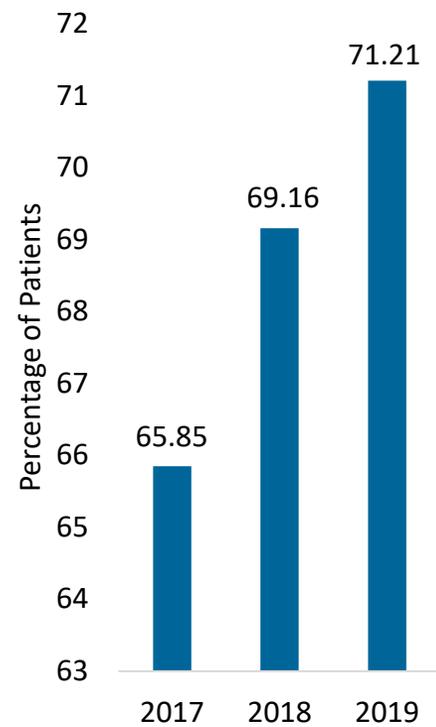


We continue to make progress in combatting chronic diseases.

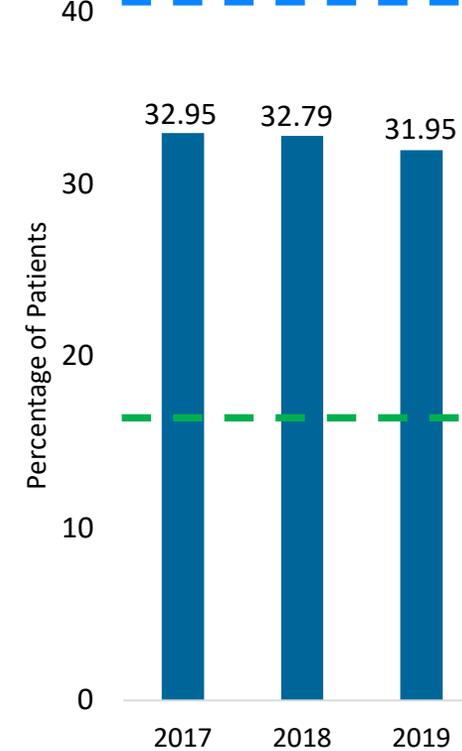
CMS69v7 - Body Mass Index (BMI) Screening and Follow-Up Plan ‡



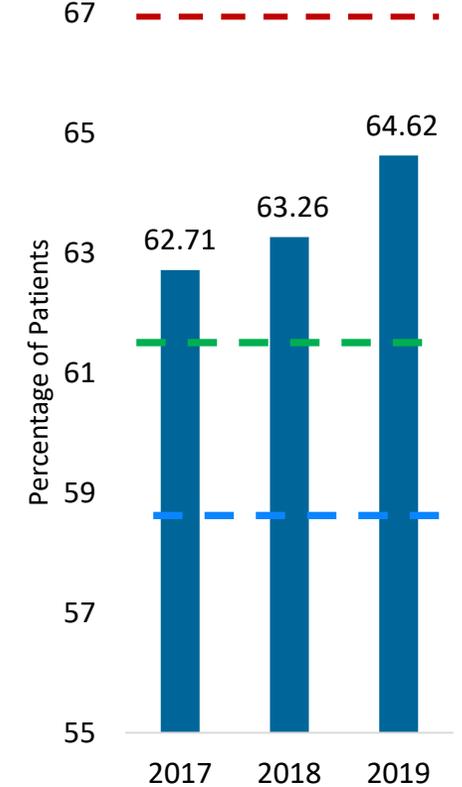
CMS155v7 - Weight Assessment and Counseling for Nutrition and Physical Activity for: Children and Adolescents ‡



CMS122v7 - Poor Control Diabetes Hemoglobin A1c (HbA1c > 9%)* (Inverse measure)



CMS165v7 - Controlling High Blood Pressure*



* indicates a change in operational definition due to CMS e-CQM alignment 2017.
 ‡ indicates a change in operational definition due to CMS e-CQM alignment 2018.

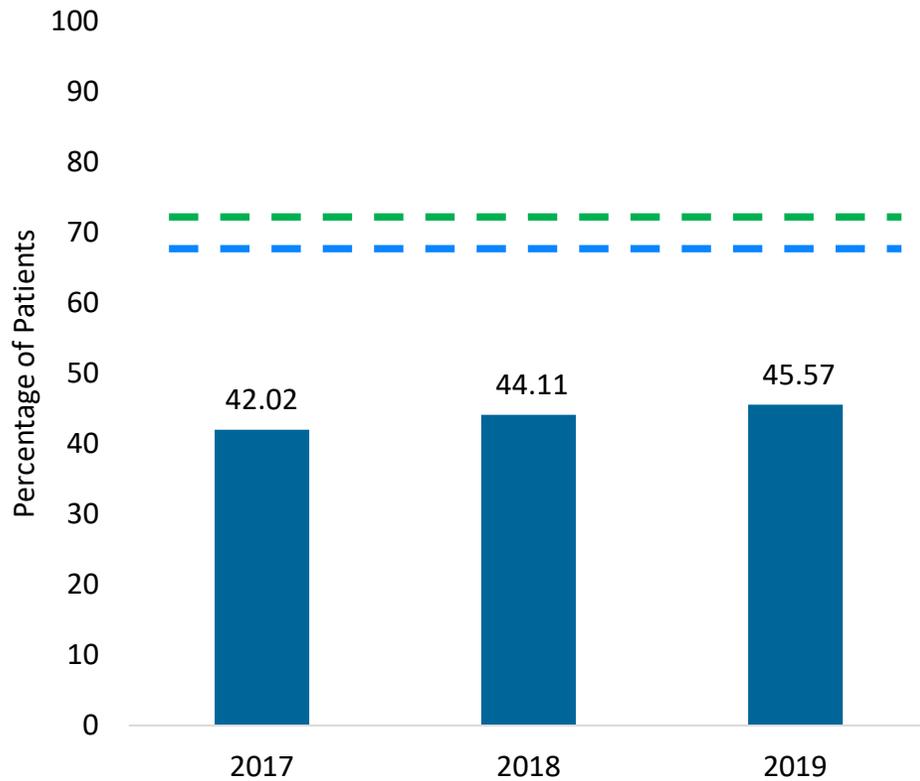


Cancer Screening

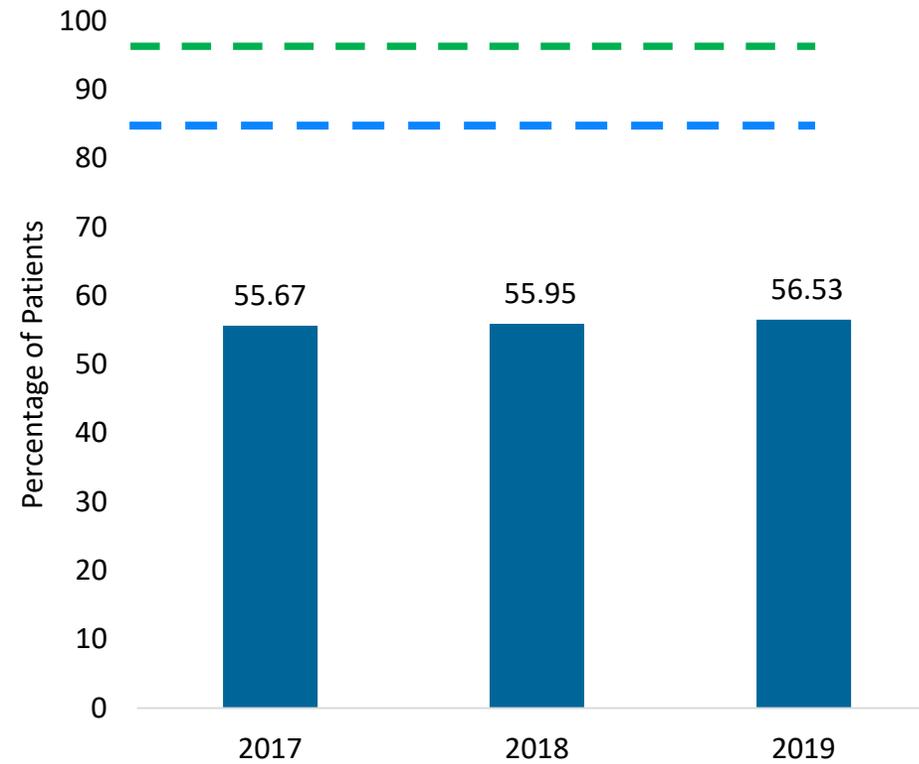


2017-2019 Trend Analyses

CMS130v7 - Colorectal Cancer Screening * ‡



CMS124v7 - Cervical Cancer Screening ‡



There is a slight upward trend in cancer screenings, but we still have work to do in order to meet national benchmarks.



* indicates a change in operational definition due to CMS e-CQM alignment 2017.

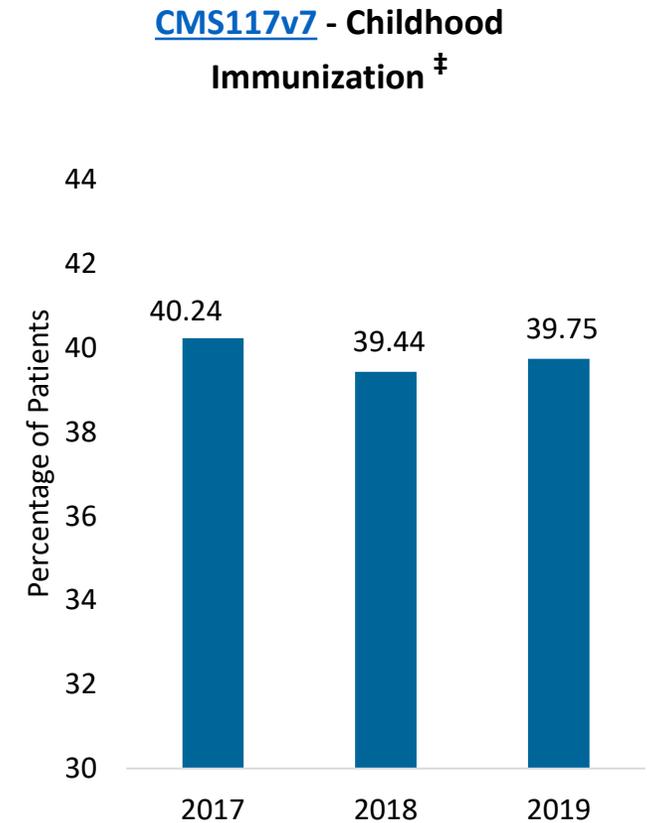
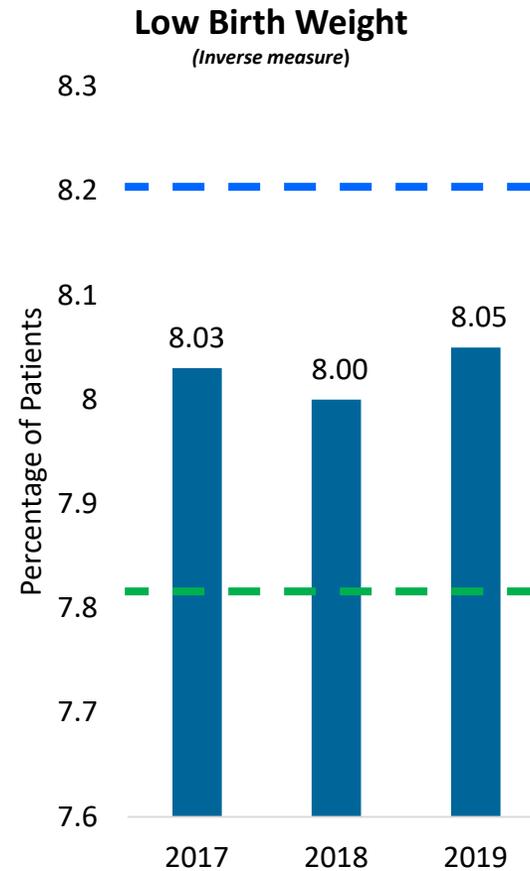
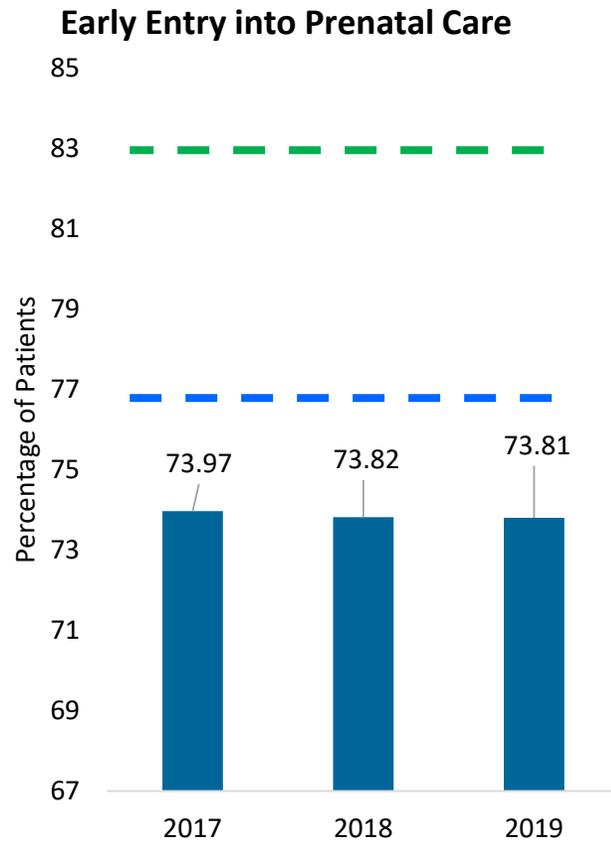
‡ indicates a change in operational definition due to CMS e-CQM alignment 2018.



Maternal, Child, and Adolescent Health



2017-2019 Trend Analyses

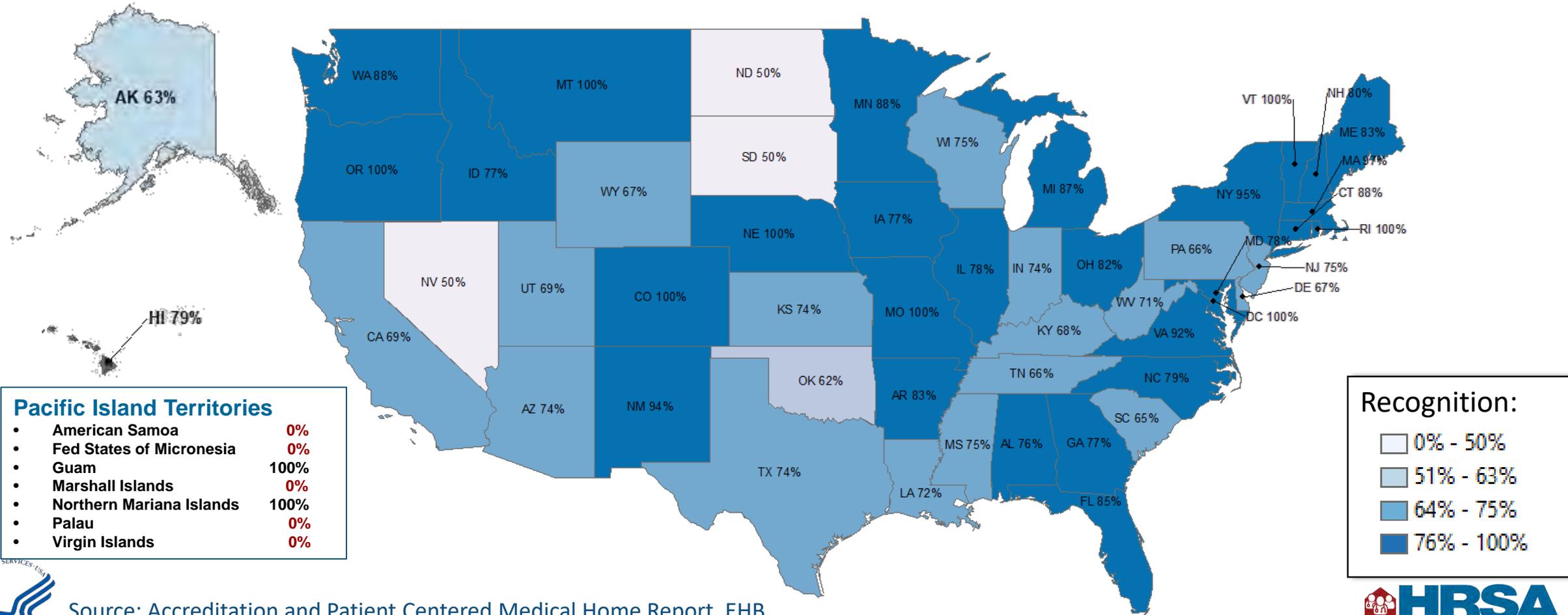


‡ indicates a change in operational definition due to CMS e-CQM alignment 2018.



Patient-Centered Medical Home (PCMH)

National Patient-Centered Medical Home (PCMH) Recognition in Health Centers
(78% as of July 01, 2020 with 1079/1376 Health Centers)



Pacific Island Territories

- American Samoa 0%
- Fed States of Micronesia 0%
- Guam 100%
- Marshall Islands 0%
- Northern Mariana Islands 100%
- Palau 0%
- Virgin Islands 0%

Recognition:

- 0% - 50%
- 51% - 63%
- 64% - 75%
- 76% - 100%

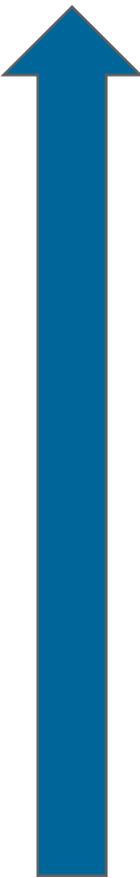


Source: Accreditation and Patient Centered Medical Home Report, EHB



Summary of Priorities: Cost

2018 to 2019



Cost Per Patient

- Total cost per patient increased **(5.48%)** from **\$990.17** to **\$1,044.40 (\$54.23)**.
- Medical cost per medical patient increased **(3.83%)** from **\$623.22** to **\$647.11 (\$23.89)**.
- BPHC Grant Dollars per Patient decreased **(-1.47%)** from **\$170.17** to **\$167.67 (-\$2.50)**.



Total Funding & Costs

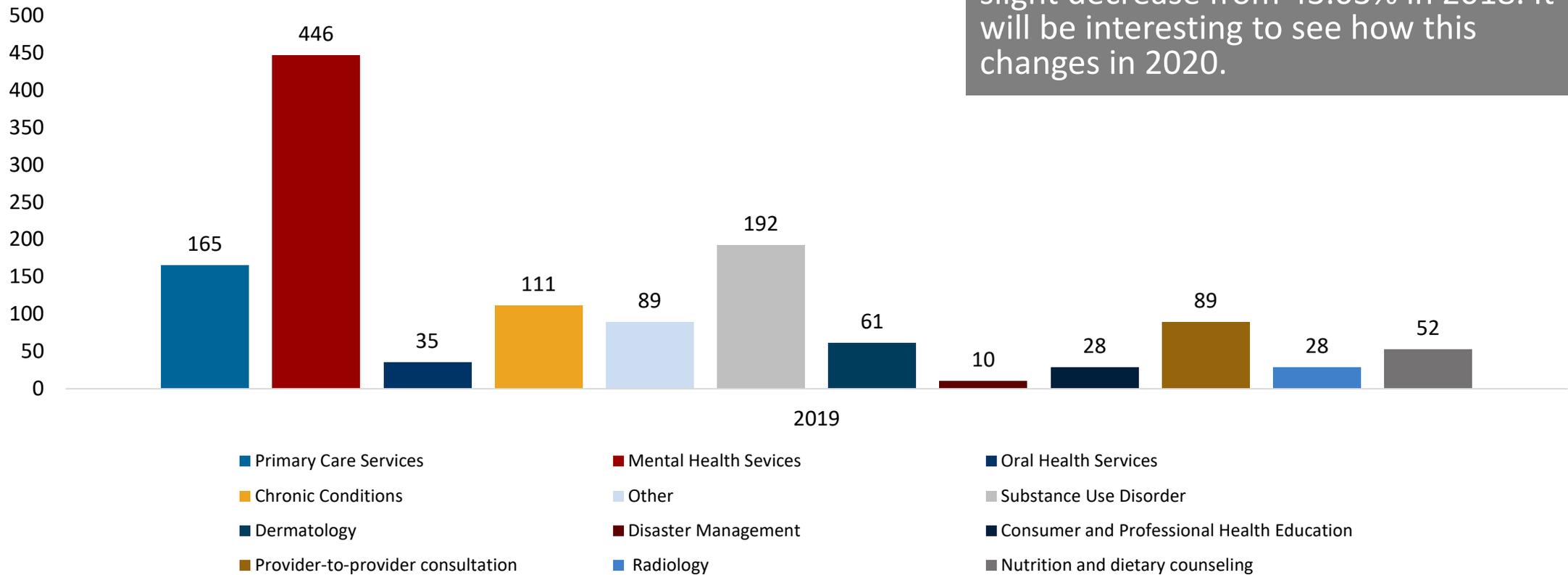
- Total BPHC grants increased **(3.59%)** from **\$4.83B** to **\$5.00B (\$173.50M)**
- Total accrued costs increased **(10.89%)** from **\$28.10B** to **\$31.16B (\$3.06B)**

Health Information Technology



Health Centers Offering Telehealth Services

In 2019, 42.74% (592) of all health centers provided telehealth services, a slight decrease from 43.03% in 2018. It will be interesting to see how this changes in 2020.



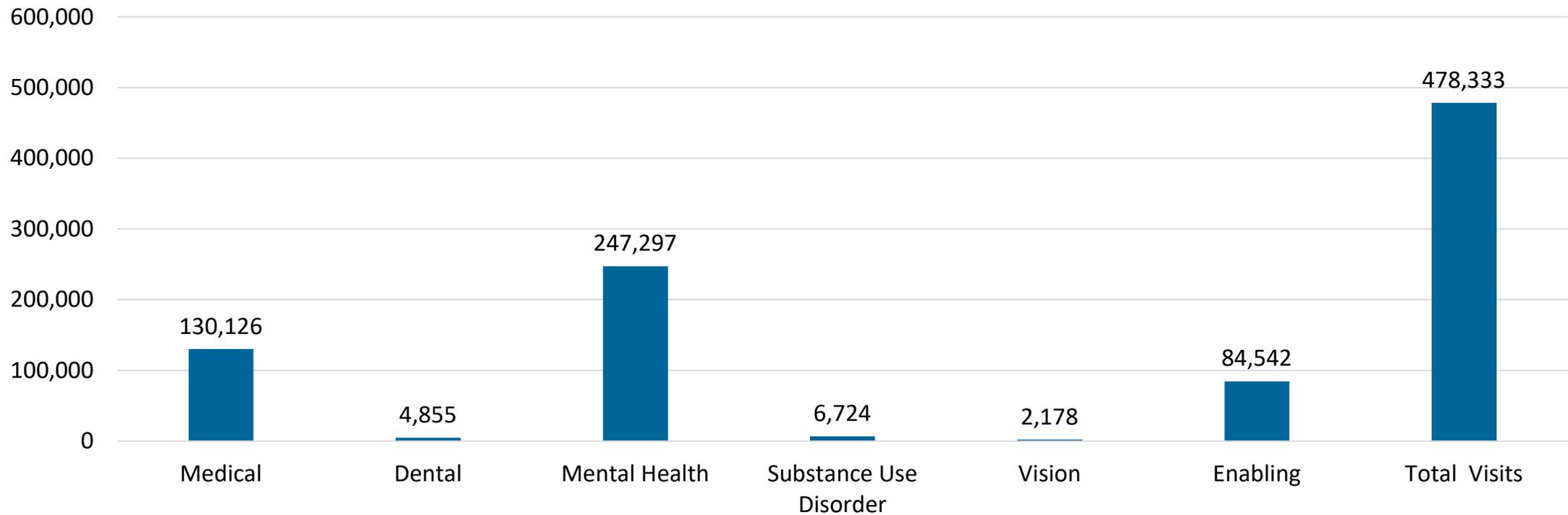
Source: Uniform Data System 2019 – Table ODE



Visit Type

Virtual visits made up less than 0.4% of all visits. There were approximately 255 in-person visits (122,303,749) for every virtual visit (478,333) in 2019.

2019 Virtual Visits

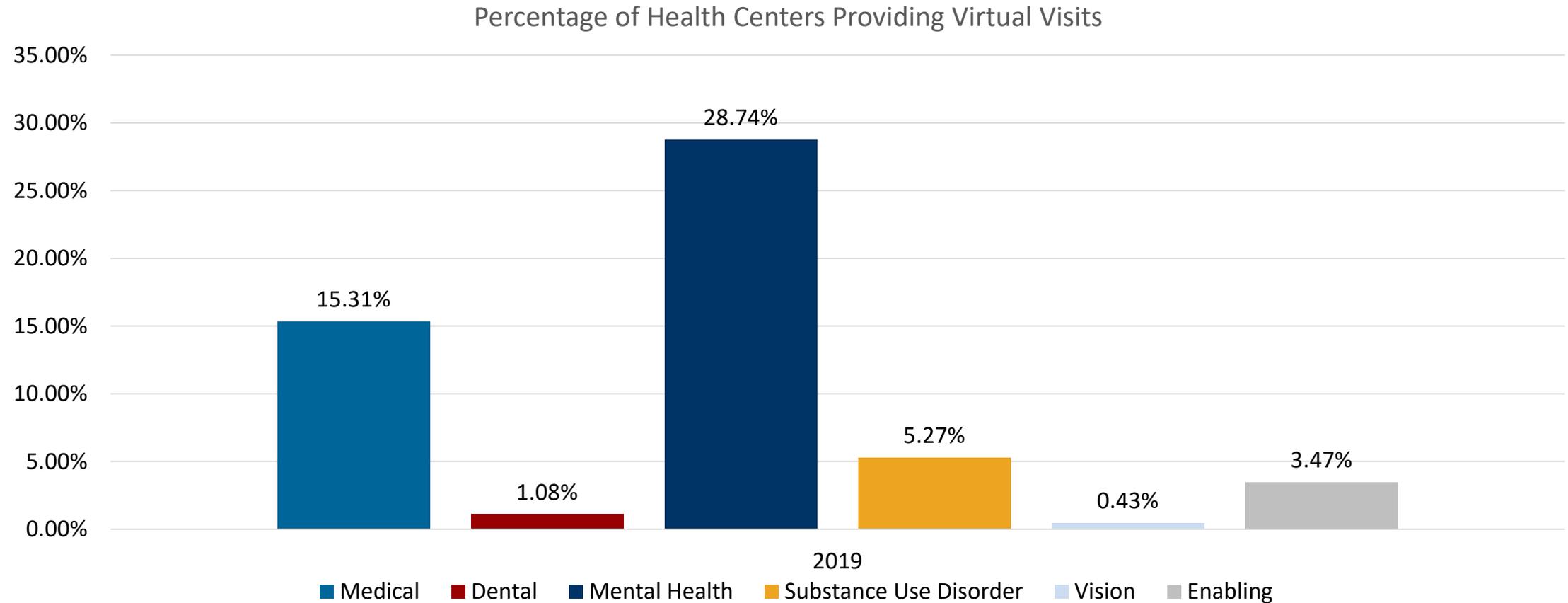


Source: Uniform Data System 2019 – Table 5



Capacity for Virtual Visits

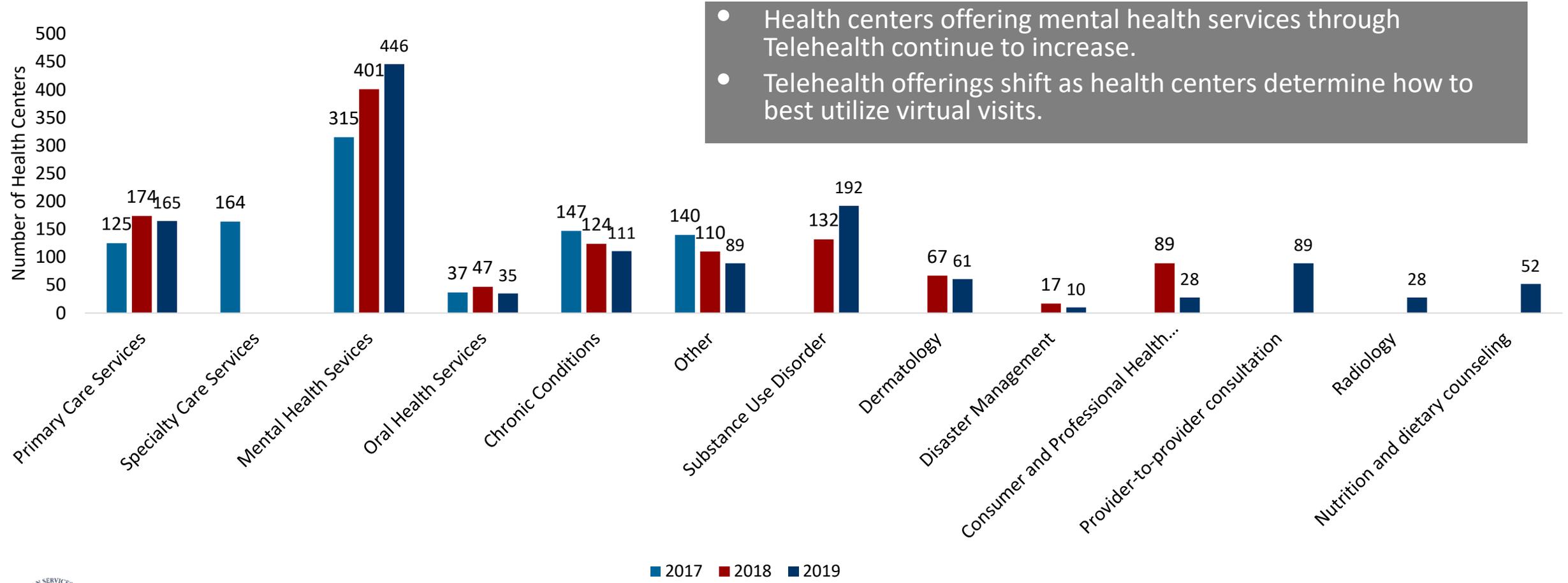
Mental health is the most common category of care provided virtually by health centers.



Numerator-Number of Health Centers with Virtual Visits > 0
Denominator- Total Number of Health Centers in 2019



Health Centers Offering Telehealth Services: 2017 – 2019



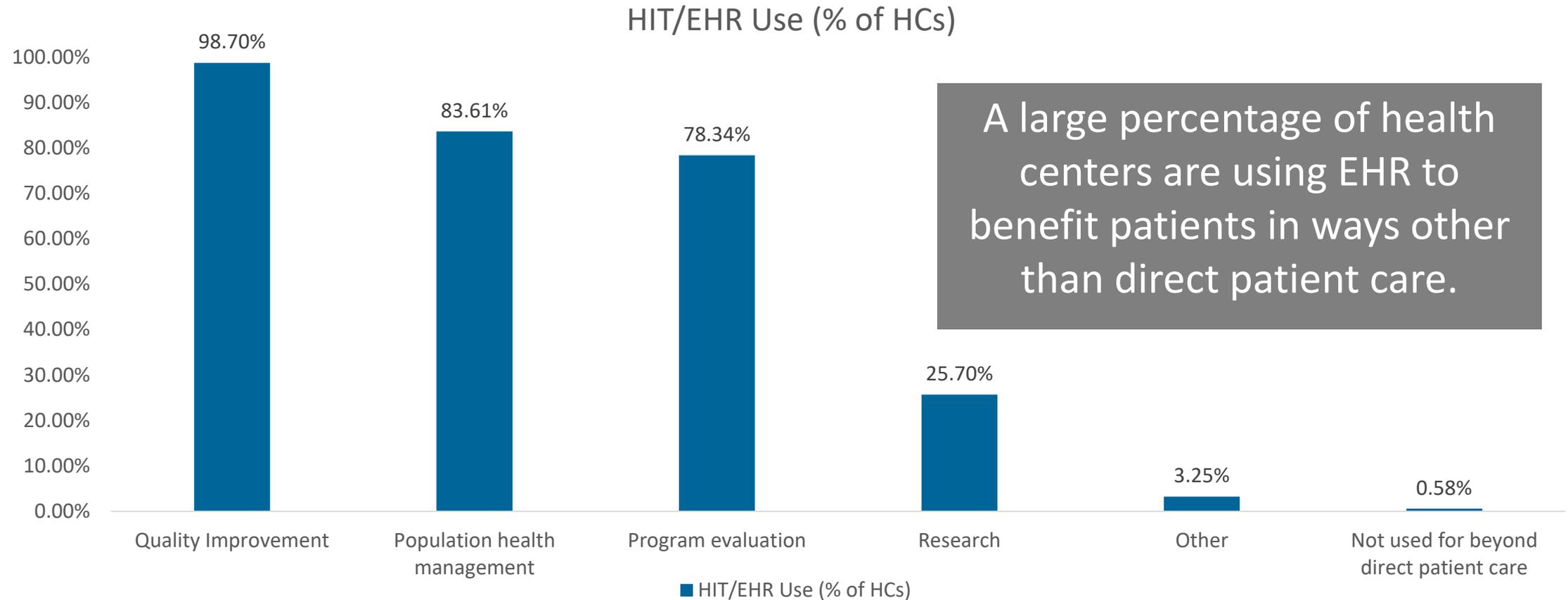
- Health centers offering mental health services through Telehealth continue to increase.
- Telehealth offerings shift as health centers determine how to best utilize virtual visits.



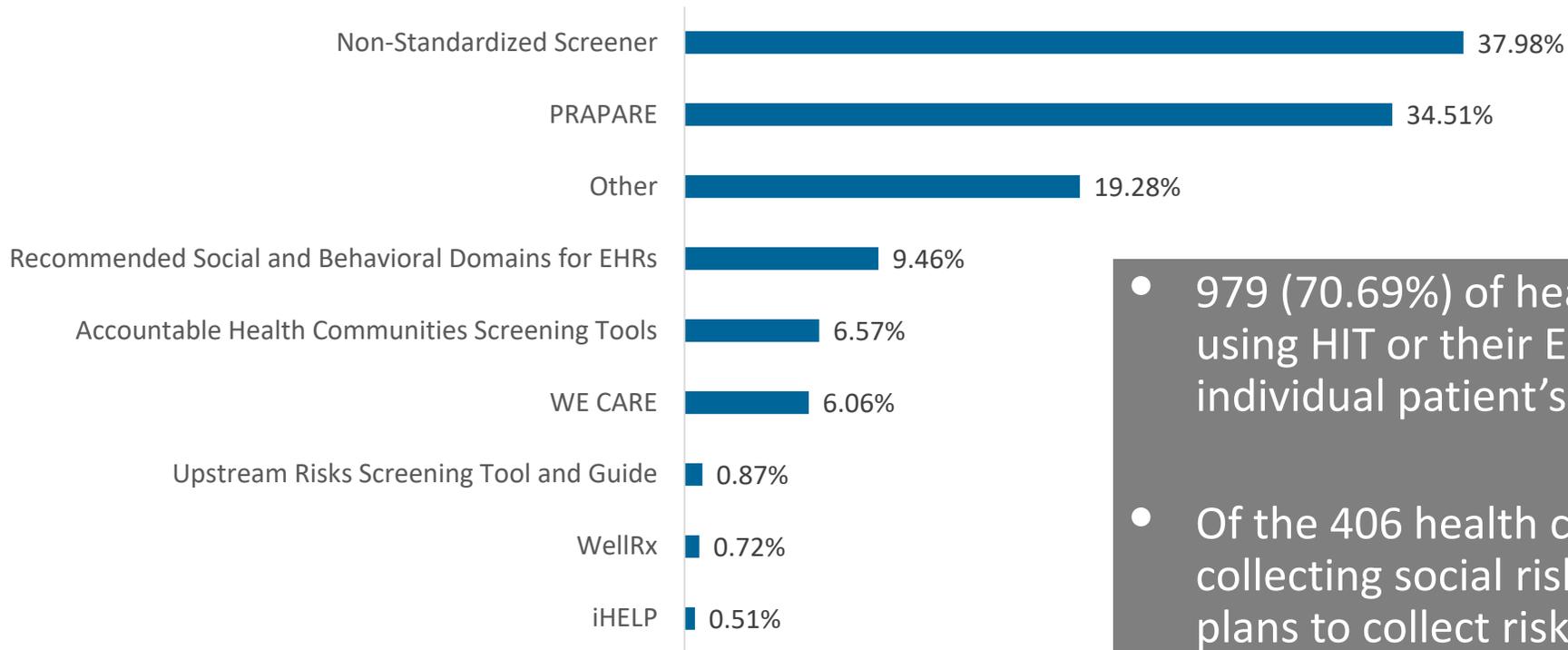
Note: Provider consultation, radiology, and nutrition/dietary counseling categories first available in 2019



Utilization of EHR for Beyond Direct Patient Care



Standardized Screening for Social Risk Factors



- 979 (70.69%) of health centers report using HIT or their EHR to collect data on individual patient's social risk factors.
- Of the 406 health centers currently not collecting social risk factors, 316 report plans to collect risk factors in the future.



Source: Uniform Data System 2019 – HIT

Resources



2019 UDS: Web Display

[BPHC Webpage > Data and Reporting Tab/Tile](#)

The screenshot shows the data.HRSA.gov website. At the top left is the logo "data.HRSA.gov". To its right is a search bar with a magnifying glass icon and the text "A-Z Index". Below the logo is a dark blue navigation bar with white text: "Find Health Care", "Data", "Maps", "Tools", "Topics", and "Help". Below this is a breadcrumb trail: "Home > Topics > Health Centers > Health Center Data & Reporting > Health Center Program Data". The main content area features a red database icon on the left and the title "Health Center Program Data" in large blue font. Below the title is a paragraph: "Each year HRSA Health Center Program Awardees and Look-Alikes are required to report core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues. [View the most recent national program awardee data](#) and [national program look-alike data](#)." Below the text is a map of the United States. To the right of the map are two dropdown menus: "Select Health Center Program Type" and "Select State/Territory", both with "Select" in the dropdown box. Below these are social media icons for Facebook, Twitter, and LinkedIn.

The screenshot shows the HRSA Health Center Program website. At the top left is the HRSA logo and "Health Resources & Services". To its right is a search bar with a magnifying glass icon and the text "Advanced Search". Below the logo is a dark blue navigation bar with white text: "Program Requirements", "Quality Improvement", "Program Opportunities", "Health Center Data", "Federal Tort Claims Act", and "About Health Centers". Below this is a breadcrumb trail: "Home > Health Center Data > Program Grantee Data". The main content area features the title "2018 Health Center Program Awardee Data" in large red font. Below the title is a paragraph: "Each year HRSA-funded Health Center Awardees are required to report core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues. [View the most recent national data](#), and [browse previous years' data](#)." Below the text is a dropdown menu labeled "Select a state" and a "Go" button. Below these is a map of the United States with state abbreviations. Below the map are social media icons for Facebook, Twitter, and LinkedIn.



2019 UDS: National Report Example



National Health Center Data

Total Number of Reporting Program Awardees: 1,385 Total Patients Served: 29,836,613

National Aggregated Health Center Data XBRX



Expanded Summary for 2019 UDS Tables 3A – 9E and EHR Information

- View Full 2019 National Report
- Table 3A: Patients by Age and by Sex Assigned at Birth
- Table 3B: Demographic Characteristics
- Table 4: Selected Patient Characteristics
- Table 5: Staffing and Utilization
- Table 6A: Selected Diagnoses and Services Rendered
- Table 6B: Quality of Care Measures
- Table 7: Health Outcomes and Disparities
- Table 8A: Financial Costs
- Table 9D: Patient Related Revenue
- Table 9E: Other Revenues
- Table EHR: Health Center Health Information Technology (HIT) Capabilities
- Table ODE: Other Data Elements

UDS Data Comparisons

Age and Race/Ethnicity Patient Characteristics Services Clinical Data Cost Data

Age and Race / Ethnicity	2017	2018	2019
Total Patients	27,174,372	28,379,660	29,836,613

2018 National Health Center Data

Expanded Summary for 2018 UDS Tables 3A – 9E and EHR Information

View data by Criteria Reported Tables 3A through 9E including EHR Table

- [View Full 2018 National Report](#)
- [Table 3A : Patients by Age and by Sex Assigned at Birth](#)
- [Table 3B : Demographic Characteristics](#)
- [Table 4 : Selected Patient Characteristics](#)
- [Table 5 : Staffing and Utilization](#)
- [Table 5A : Tenure for Health Center Staff](#)
- [Table 6A : Selected Diagnoses and Services Rendered](#)
- [Table 6B : Quality of Care Measures](#)
- [Table 7 : Health Outcomes and Disparities](#)
- [Table 8A : Financial Costs](#)
- [Table 9D :Patient Related Revenue](#)
- [Table 9E :Other Revenues](#)
- [Table EHR : Health Center Health Information Technology \(HIT\) Capabilities](#)
- [Table ODE : Other Data Elements](#)

UDS Data Comparisons

Expand the tables below to view UDS data comparisons from 2016 to 2018

- [Age and Race/Ethnicity](#)
- [Patient Characteristics](#)
- [Services](#)
- [Clinical Data](#)
- [Cost Data](#)

Footnotes

[View National Health Center Program Grantee Data](#)

Special Populations

- [Health Care for the Homeless](#)
- [Migrant Health Centers](#)
- [Public Housing Primary Care](#)

Data Tools

- [Data Warehouse](#)
- [Data Snapshot](#)
- [Data Comparisons](#)
- [UDS Resources](#)



2019 UDS: Accessing the Data

[BPHC Webpage > Data and Reporting Tab/Tile](#)

HRSA Health Center Program

Program Requirements | Quality Improvement | Program Opportunities | Health Center Data | Federal Tort Claims Act | About the Health Center Program

Bureau of Primary Health Care

Coronavirus Important Information for Health Centers and Partners

COVID-19 News and Announcements

Program Opportunities

Health Center Program Requirements

Health Center Quality Improvement

Health Center Data & Reporting

data.HRSA.gov

Find Health Care | Data | Maps | Tools | Topics | Help

Home > Topics > Health Centers > Health Center Data & Reporting > Health Center Program Data

Health Center Program Data

Each year HRSA Health Center Program Awardees and Look-Alikes are required to report core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues. [View the most recent national program awardee data and national program look-alike data.](#)

Select Health Center Program Type

Select State/Territory

Resources

[UDS Resources Webpage](#)

- Includes the 2020 UDS Manual and archived technical assistance

[UDS Modernization Initiative Page](#)

- Information Reporting Enhancements and UDS Test Collaborative

[UDS Training Website](#)

- Comprehensive site for UDS training and technical assistance

[UDS Mapper](#)

- Depicts Health Center Program geography and supports service area analyses

Health Center Program Support

- Phone: 877-464-4772 or [Email contact form](#)



Upcoming DED Events

2020 UDS TA Webinars

- FY2020 Quality Improvement Awards TA webinar (September 3, 2020)
- 2020 UDS Preliminary Reporting Environment (PRE) webinar (Fall 2020)
- 2020 UDS Reporting Special Topic Training webinars (Fall 2020)

DED Speaker Series Webinars

- Social Determinants of Health and Service Utilization (August 25, 2020)
- Health Center Program Financial Analysis Research (September 17, 2020)



Questions?



Thank You!

Data and Evaluation Division (DED)

Office of Quality Improvement (OQI)

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



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