Opening Remarks

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Director, Data and Evaluation Division
Office of Quality Improvement
Bureau of Primary Health Care
National Health Center Week

Community Health Centers

Lighting the Way for Healthier Communities Today and in the Future.
Presenters

Dan Duplantier
Team Lead
Data Production Team

Molly Pelzer
Management Analyst
Data Analytics Team

Josh Bolton, MSIE
Statistician
Data Analytics Team

Judy Van Alstyne, MPH
Public Health Analyst
Data Dissemination Team
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.

Source: Uniform Data System 2018 & 2019 – Table 3A, Health Center Site Information
Executive Summary: 2019 UDS Data

Increased Access to Care

+ 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

Improved Delivery of Comprehensive Services

+ 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

Advanced Quality of Care

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

Addressed Key Public Health Issues

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


HRSA
Health Center Program

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Patient Demographics
### Patient Demographics: Age and Gender

<table>
<thead>
<tr>
<th>Age</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 17</td>
<td>5.36%</td>
<td>9.65%</td>
</tr>
<tr>
<td>18 to 64</td>
<td>4.26%</td>
<td>8.22%</td>
</tr>
<tr>
<td>65 and over</td>
<td>10.11%</td>
<td>21.26%</td>
</tr>
</tbody>
</table>

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

![Gender Chart]

- **Gender Chart**: 2017, 2018, 2019
  - Male: 42.27%, 42.35%, 42.51%
  - Female: 57.73%, 57.65%, 57.49%

Source: HRSA Health Center Program
Patient Demographics: Federal Poverty Guideline

Federal Poverty Guideline (FPG)


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
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

Physicians (other than Psychiatrists) 43.04% 24.31% 8.12% 1.70% 3.42% 2.33% 9.20% 7.89%
Nurse Practitioners (Medical) 35.40% 26.93% 8.51% 0.51% 5.18% 2.22% 10.87% 10.38%
Physician Assistants 5.92% 10.54% 0.33% 0.01% 51.50% 0.54% 12.43% 18.73%
Certified Nurse Midwives 5.92% 10.54% 0.33% 0.01% 51.50% 0.54% 12.43% 18.73%
Psychiatrists 5.92% 10.54% 0.33% 0.01% 51.50% 0.54% 12.43% 18.73%
Licensed Clinical Psychologists 5.92% 10.54% 0.33% 0.01% 51.50% 0.54% 12.43% 18.73%
Licensed Clinical Social Workers 5.92% 10.54% 0.33% 0.01% 51.50% 0.54% 12.43% 18.73%
Other Licensed Mental Health Providers 5.92% 10.54% 0.33% 0.01% 51.50% 0.54% 12.43% 18.73%

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
<table>
<thead>
<tr>
<th>2018 to 2019</th>
<th>Depression</th>
<th>HIV</th>
<th>Obesity</th>
<th>Diabetes: Hemoglobin A1c Poor Control (HbA1c &gt; 9%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Increase (1.04%) in patients screened for Depression and with a Follow-up Plan Documented from 70.57% to 71.61%.</td>
<td>Patients screened for HIV Linkage to Care increased from 85.55% to 87.21% (1.66% increase).</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Child and adolescent BMI and follow-up: Screening increased from 69.16% to 71.21% (2.05% increase)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Adult Weight screening increased from 70.16% to 72.43% (2.28% increase).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All racial/ethnic groups all decreased rates of uncontrolled diabetes: national average decreased from 32.79% to 31.95%.</td>
<td></td>
</tr>
<tr>
<td>Source: Uniform Data System 2018, 2019 – Tables 5, 6A, 6B, 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Comparison to National Benchmarks

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

Child/Adolescent BMI & Follow-up

Adult BMI & Follow-up

Childhood Immunization

Tobacco Screening & Cessation

Asthma & Meds

Ischemic Vascular Disease: Therapy

Colorectal Screening

Cervical Screening

Treatment of Cardiovascular Disease

Early Entry into Prenatal Care

Low Birth Weight*

Hypertension Control

Uncontrolled Diabetes*

Depression Screening

HIV Linkage to Care

Dental Sealants

*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.

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

- **Child/Adolescent BMI & Follow-up**: +2.05%
- **Adult BMI & Follow-up**: +2.28%
- **Childhood Immunization**: +0.31%
- **Tobacco Screening & Cessation**: -0.92%
- **Asthma & Meds**: -0.63%
- **Ischemic Vascular Disease: Therapy**: -0.08%
- **Colorectal Screening**: +1.45%
- **Cervical Screening**: +0.58%
- **Treatment of Cardiovascular Disease**: -0.01%
- **Early Entry into Prenatal Care**: -0.05%
- **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%

*Indicates increase in performance since 2018
*Indicates decrease in performance since 2018
*Indicates definition has changed since 2018

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

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

Source: Uniform Data System 2017, 2018, 2019 – Tables 6A, 6B, 7
National Quality Leader: Heart Disease

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

* 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*†

- 2017: 87.50%
- 2018: 88.09%
- 2019: 87.17%

**CMS2v8** - Screening for Depression and Follow-Up Plan

- 2017: 66.15%
- 2018: 70.57%
- 2019: 71.61%

* 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.

Source: Uniform Data System 2017, 2018, 2019 – Table 6B
Chronic Diseases
2017-2019 Trend Analyses

We continue to make progress in combating chronic diseases.

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

Percentage of Patients

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

Percentage of Patients

CMS122v7 – Poor Control Diabetes Hemoglobin A1c (HbA1c > 9%)*

Percentage of Patients

CMS165v7 - Controlling High Blood Pressure*

Percentage of Patients

* 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.

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

Source: Uniform Data System 2017, 2018, 2019 – Table 6B
Maternal, Child, and Adolescent Health

2017-2019 Trend Analyses

**Early Entry into Prenatal Care**
- 2017: 73.97
- 2018: 73.82
- 2019: 73.81

**Low Birth Weight (Inverse measure)**
- 2017: 8.3
- 2018: 8.2
- 2019: 8.1

**CMS117v7 - Childhood Immunization‡**
- 2017: 40.24
- 2018: 39.44
- 2019: 39.75

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

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

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).

Source: Uniform Data System 2018, 2019 – Tables 5, 6A, 6B, 7
Health Information Technology
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.
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.

Source: Uniform Data System 2019 – Table 5
Mental health is the most common category of care provided virtually by health centers.

Percentage of Health Centers Providing Virtual Visits

- **Medical**: 28.74%
- **Dental**: 1.08%
- **Mental Health**: 15.31%
- **Substance Use Disorder**: 5.27%
- **Vision**: 0.43%
- **Enabling**: 3.47%

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

Source: Uniform Data System 2019 – Table 5
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

Source: Uniform Data System 2017, 2018 – HIT; 2019 – ODE
Percentage of Health Centers Offering Telehealth Services

Source: Uniform Data System 2019 – HIT
Utilization of EHR for Beyond Direct Patient Care

A large percentage of health centers are using EHR to benefit patients in ways other than direct patient care.

Source: Uniform Data System 2019 – HIT
### Standardized Screening for Social Risk Factors

<table>
<thead>
<tr>
<th>Non-Standardized Screener</th>
<th>37.98%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRAPARE</td>
<td>34.51%</td>
</tr>
<tr>
<td>Other</td>
<td>19.28%</td>
</tr>
<tr>
<td>Recommended Social and Behavioral Domains for EHRs</td>
<td>9.46%</td>
</tr>
<tr>
<td>Accountable Health Communities Screening Tools</td>
<td>6.57%</td>
</tr>
<tr>
<td>WE CARE</td>
<td>6.06%</td>
</tr>
<tr>
<td>Upstream Risks Screening Tool and Guide</td>
<td>0.87%</td>
</tr>
<tr>
<td>WellRx</td>
<td>0.72%</td>
</tr>
<tr>
<td>iHELP</td>
<td>0.51%</td>
</tr>
</tbody>
</table>

- 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
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

2018 Health Center Program Awardee Data

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. Click on state or use the dropdown menu to see state data.
National Health Center Data

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 6: Selected Diagnoses and Services Rendered
- Table 6B: Quality of Care Measures
- Table 7: Health Outcomes and Disparities
- Table 8A: Financial Costs
- Table 8B: Patient Related Revenue
- Table 8E: Other Revenues
- Table EHR: Health Center Health Information Technology (HIT) Capabilities
- Table 9E: Other Data Elements

UDS Data Comparisons

<table>
<thead>
<tr>
<th>Age and Race/Ethnicity</th>
<th>Patient Characteristics</th>
<th>Services</th>
<th>Clinical Data</th>
<th>Cost Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age and Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Patients</td>
<td>37,174,573</td>
<td>38,178,880</td>
<td>39,006,615</td>
<td></td>
</tr>
</tbody>
</table>

2018 National Health Center Data

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

- View Full 2018 National Report
- Table 3A: Patients by Age and by Sex Assigned at Birth
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- Table 6A: Selected Diagnoses and Services Rendered
- Table 6B: Quality of Care Measures
- Table 7: Health Outcomes and Disparities
- Table 8A: Financial Costs
- Table 8B: Patient Related Revenue
- Table 8E: Other Revenues
- Table EHR: Health Center Health Information Technology (HIT) Capabilities
- Table 9E: Other Data Elements
2019 UDS: Accessing the Data

BPHC Webpage > Data and Reporting Tab/Tile

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.
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!

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Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

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