



Introduction to Clinical Measures Calendar Year 2018 Uniform Data System (UDS) Reporting Webinar

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HRSA
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Opening Remarks

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Agenda

- Introduction to the UDS Clinical Tables
- Changes to the Clinical Tables for 2018 UDS Reporting
- Clinical Measures Overview
- Strategies for Successful Reporting
- Questions and Answers
- Resources



Objectives of the Webinar

- Understand the structure of the clinical tables
- Understand the reporting requirements for the clinical quality measures
- Identify ways to check data accuracy and reliability
- Know how to access reporting supports





Introduction to the UDS Clinical Tables

Table 6A: Selected Diagnoses and Services Rendered

Table 6B: Quality of Care Measures

Table 7: Health Outcomes and Disparities



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 the latest electronic specifications available for the 2018 performance period
 - Specifications are included at the CMS [eCQI Resource Center](#)
- **Table 7:** Diabetes - HbA1c less than 8 percent is no longer reported



Alignment with eCQMs

| Table | Line | Description | eCQM |
|-------|--------|---|--------------------------|
| 6B | 10 | Childhood Immunization Status | CMS117v6 |
| 6B | 11 | Cervical Cancer Screening | CMS124v6 |
| 6B | 12 | Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents | CMS155v6 |
| 6B | 13 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | CMS69v6 |
| 6B | 14a | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | CMS138v6 |
| 6B | 16 | Use of Appropriate Medications for Asthma (<i>version unchanged from 2017 reporting</i>) | CMS126v5 |
| 6B | 18 | Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet | CMS164v6 |
| 6B | 19 | Colorectal Cancer Screening | CMS130v6 |
| 6B | 21 | Preventive Care and Screening: Screening for Depression and Follow-Up Plan | CMS2v7 |
| 6B | 22 | Dental Sealants for Children between 6–9 Years | CMS277v0 |
| 7 | Part B | Controlling High Blood Pressure | CMS165v6 |
| 7 | Part C | Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) | CMS122v6 |

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

- Report visits and patients for selected diagnoses and services
- Estimate prevalence and frequency for specific diagnoses and services
- Demonstrate continuity of care

| Line | 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-, O98.01 | | |
| 4 | Sexually transmitted infections | A50- through A64- (exclude A63.0) | | |
| 4a | Hepatitis B | B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, O98.4- | | |
| 4b | Hepatitis C | B17.10, B17.11, B18.2, B19.20, B19.21 | | |

*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 0–17) (Lines 15–17)
- **Mental Health and Substance Use Disorder Conditions (Lines 18–20d)**
- **Medical 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:**
 - Count each visit where the identified diagnosis is coded, regardless of whether this was the primary, secondary, tertiary, or any other diagnosis
 - If patients have more than one reportable diagnosis during a visit, count each
 - Report diagnoses made by licensed or credentialed medical, dental, mental health, substance use disorder, or vision providers only



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 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

| Line | Service Category | Applicable ICD-10-CM Code or CPT-4/II Code | Number of Visits (a) | Number of Patients (b) |
|------|--|--|----------------------|------------------------|
| | Selected Diagnostic Tests/ Screening/ Preventive Services | | | |
| 21 | HIV test | CPT-4: 86689, 86701 through 86703, 87389 through 87391, 87534 through 87539, 87806 | | |
| 21a | Hepatitis B test | CPT-4: 86704 through 86707, 87340, 87341, 87350 | | |
| 21b | Hepatitis C test | CPT-4: 86803, 86804, 87520 through 87522 | | |
| 22 | Mammogram | CPT-4: 77052, 77057, 77065, 77066, 77067 OR ICD-10: Z12.31 | | |
| 23 | Pap test | CPT-4: 88141 through 88153, 88155, 88164 through 88167, 88174, 88175 OR ICD-10: Z01.41-, Z01.42, Z12.4 (exclude Z01.411 and Z01.419) | | |
| 24 | Selected immunizations: hepatitis A; haemophilus influenzae B (HiB); pneumococcal; diphtheria; tetanus; pertussis (DTaP) (DTP) (DT); mumps; measles; rubella (MMR); poliovirus; varicella; hepatitis B | CPT-4: 90632, 90633, 90634, 90636, 90643, 90644, 90645, 90646, 90647, 90648, 90669, 90670, 90696, 90697, 90698, 90700, 90701, 90702, 90703, 90704, 90705, 90706, 90707, 90708, 90710, 90712, 90713, 90714, 90715, 90716, 90718, 90720, 90721, 90723, 90730, 90731, 90732, 90740, 90743, 90744, 90745, 90746, 90747, 90748 | | |

*Excerpted from Table 6A



Patient Count (Services or Diagnoses)

Column B

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

| Line | Diagnostic Category | Applicable ICD-10-CM Code | Number of Visits by Diagnosis Regardless of Primacy (a) | Number of Patients with Diagnosis (b) |
|------|---------------------|---|---|---------------------------------------|
| 9 | Diabetes mellitus | E08- through E13-, O24- (exclude O24.41-) | 5 | 1 |

Services Provided by Multiple Entities

- **Count services if health center:**
 - orders and performs service
 - orders the test, collects the sample at the health center, and sends it to a reference lab for processing (count regardless of who pays for service)
 - refers patient for service, but the health center receives results and pays for service
- **Do not count if health center:**
 - refers patient 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):** Estimate prevalence of chronic conditions and compare with what you know to be true of your community (e.g., from community needs assessments):
 - Divide the number in Column B by medical patients on Table 5
- **Check Columns A and B:** Calculate 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 for significant changes—understand what caused them





Tables 6B and 7

Table 6B: Quality of Care Measures

Table 7: Health Outcomes and Disparities

Tables 6B and 7 Reporting Format

| Measure Description | Universe (a) | Number Charts Sampled or EHR Total [Denominator] (b) | Number Who Meet Measurement Standard [Numerator] (c & f) |
|--|---|--|--|
| Describes the quantifiable indicator to be evaluated | <p>Patients who fit the detailed criteria described for inclusion in the measure</p> <p>Exclusions: Patients not to be considered for the measure or included in the denominator</p> | <p>The number of records from Column A that you reviewed</p> <p>Column B will be:</p> <ul style="list-style-type: none"> • equal to universe • ≥80% of the universe • random sample of 70 records | Number of records from Column B that meet the performance standard for the measure |

Table 7: Race and Ethnicity Reporting Structure

| Line | Race and Ethnicity | Universe (a) | Charts Sampled or EHR Total (b) | Numerator (c) |
|--|---|-------------------------------------|------------------------------------|------------------|
| Hispanic/Latino | | | | |
| 1a | Asian | | | |
| 1b1 | Native Hawaiian | | | |
| 1b2 | Other Pacific Islander | | | |
| 1c | Black/African American | | | |
| 1d | American Indian/Alaska Native | | | |
| 1e | White | | | |
| 1f | More than One Race | | | |
| 1g | Unreported/Refused to Report Race | | | |
| | | <i>Subtotal Hispanic/Latino</i> | | |
| Non-Hispanic/Latino | | | | |
| 2a | Asian | | | |
| 2b1 | Native Hawaiian | | | |
| 2b2 | Other Pacific Islander | | | |
| 2c | Black/African American | | | |
| 2d | American Indian/Alaska Native | | | |
| 2e | White | | | |
| 2f | More than One Race | | | |
| 2g | Unreported/Refused to Report Race | | | |
| | | <i>Subtotal Non-Hispanic/Latino</i> | | |
| Unreported/Refused to Report Race and Ethnicity | | | | |
| h | Unreported/Refused to Report Race and Ethnicity | | | |
| i | | Total | | |

Tables 6B and 7 Reporting Instructions

- **Specification Guidance:** Measure guidance that assists with understanding, implementation, and reporting of the CQM:
 - Most measures are listed as eQMs
- **UDS Reporting Consideration:** HRSA's BPHC best practices and guidance to be applied to the specific measure:
 - They pertain to medical patients (except the dental sealant CQM, which is specific to dental patients) seen during the measurement period
 - Age for most measures is as of the start of the measurement year



Types of Clinical Measures

| Category | Measures |
|----------------------------|---|
| Prenatal Care/ Delivery | <ul style="list-style-type: none"> • Early Entry into Prenatal Care • Low Birth Weight |
| Preventive Care | <ul style="list-style-type: none"> • Cervical Cancer Screening, CMS124v6 • Colorectal Cancer Screening, CMS130v6 • Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan, CMS69v6 • Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, CMS138v6 • Preventive Care and Screening: Screening for Depression and Follow-Up Plan, CMS2v7 • Childhood Immunization Status, CMS117v6 • Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents, CMS155v6 • Dental Sealants for Children between 6–9 Years, CMS277v0 |
| Chronic Conditions | <ul style="list-style-type: none"> • Use of Appropriate Medications for Asthma, CMS126v5 • Coronary Artery Disease (CAD): Lipid Therapy • Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet, CMS164v6 • HIV Linkage to Care • Controlling High Blood Pressure, CMS165v6 • Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%), CMS122v6 |

Understanding eCQM Reporting Specifications

eCQI Resource Center

eCQI Resource Center

The one-stop shop for the most current resources to support Electronic Clinical Quality Improvement.

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Eligible Professional / Eligible Clinician eCQMs

Population Criteria

Initial Population =

- AND: Age >= 23 year(s) at: "Measurement Period"
- AND: Age < 64 year(s) at: "Measurement Period"
- AND: "Patient Characteristic Sex: Female"
- AND: Union of:
 - "Encounter, Performed: Office Visit"
 - "Encounter, Performed: Face-to-Face Interaction"
 - "Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up"
 - "Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up"
 - "Encounter, Performed: Home Healthcare Services"
 - during "Measurement Period"

Denominator =

- AND: Initial Population

Denominator Exclusions =

- OR: "Encounter, Performed: Encounter Inpatient (discharge status: Discharged to Home for Hospice Care)" ends during "Measurement Period"
- OR: "Encounter, Performed: Encounter Inpatient (discharge status: Discharged to Health Care Facility for Hospice Care)" ends during "Measurement Period"
- OR: Union of:
 - "Intervention, Order: Hospice care ambulatory"
 - "Intervention, Performed: Hospice care ambulatory"
 - overlaps "Measurement Period"
- OR: "Procedure, Performed: Hysterectomy with No Residual Cervix" ends before end of "Measurement Period"

Numerator =

- AND:
 - OR: "Laboratory Test, Performed: Pap Test (result)" < 3 year(s) ends before end of "Measurement Period"
 - OR:
 - AND: Age >= 30 year(s) at: "Occurrence A of Laboratory Test, Performed: Pap Test"
 - AND: "Occurrence A of Laboratory Test, Performed: Pap Test" satisfies all:
 - (result) < 5 year(s) ends before end of "Measurement Period"
 - satisfies any:
 - <= 1 day(s) starts after or concurrent with start of "Laboratory Test, Performed: HPV Test (result)"
 - <= 1 day(s) starts before start of "Laboratory Test, Performed: HPV Test (result)"

Numerator Exclusions =

- None

Denominator Exceptions =

- None



Coding: United States Health Information Knowledgebase (USHIK)

The screenshot displays the USHIK website interface. At the top, the AHRQ logo and "Agency for Healthcare Research and Quality" are visible. Below the navigation tabs, the "Electronic Clinical Quality Measures" section is active. A table lists various ECQMs, with the following columns: Select, CQM ID, NQF, Short Name, Name, Eligibility, Version, and Release Package. The measure CMS069v6 is highlighted in green, indicating it is selected. The table content is as follows:

| Select | CQM ID | NQF | Short Name | Name | Eligibility | Version | Release Package |
|-------------------------------------|----------|------|------------|---|--------------------------|---------|-----------------|
| <input type="checkbox"/> | CMS009v4 | | | | | | |
| <input type="checkbox"/> | CMS069v5 | 0421 | | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan | Eligible Professionals / | 6 | May 2017 EP EC |
| <input checked="" type="checkbox"/> | CMS069v6 | | | | | | |

- Codes are used to determine who to consider for the measure and who meets the measurement standard
- Your electronic health record (EHR) pulls the information based on codes
- Codes are listed in “Data Criteria” at the USHIK website

| At A Glance | Downloads | Population Criteria | Data Criteria | Supplemental Data Elements | Metadata | References |
|-------------|---|--|----------------------|----------------------------|----------|------------|
| Category | Data Element | Value Set | | | | |
| | Discharge status: Discharged to Health Care Facility for Hospice Care | Discharged to Health Care Facility for Hospice Care 2.16.840.1.113883.3.117.1.7.1.207 (Version: eCQM Update 2017-05-05) SNOMEDCT 428371000124100 (2016-09) | | | | |
| | Discharge status: Discharged to Home for Hospice Care | Discharged to Home for Hospice Care 2.16.840.1.113883.3.117.1.7.1.209 (Version: eCQM Update 2017-05-05) SNOMEDCT 428361000124107 (2016-09) | | | | |
| Encounter | Encounter, Performed: Encounter Inpatient | Encounter Inpatient 2.16.840.1.113883.3.666.5.307 (Version: eCQM Update 2017-05-05) SNOMEDCT 183452005 , 32485007 , 8715000 (2016-09) | | | | |
| Encounter | Encounter, Performed: Face-to-Face Interaction | Face-to-Face Interaction 2.16.840.1.113883.3.464.1003.101.12.1048 (Version: eCQM Update 2017-05-05) SNOMEDCT 12843005 , 18170008 , 185349003 , 185463005 , 185465003 , 19681004 , 207195004 , 270427003 , 270430005 , (2016-09) 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: eCQM Update 2017-05-05) CPT 99341 , 99342 , 99343 , 99344 , 99345 , 99347 , 99348 , 99349 , 99350 (2016) | | | | |
| Encounter | Encounter, Performed: Office Visit | Office Visit 2.16.840.1.113883.3.464.1003.101.12.1001 (Version: eCQM Update 2017-05-05) CPT 99201 , 99202 , 99203 , 99204 , 99205 , 99212 , 99213 , 99214 , 99215 (2016) | | | | |
| Encounter | Encounter, Performed: Preventive Care Services - Established Office Visit, 18 and Up | Preventive Care Services - Established Office Visit, 18 and Up 2.16.840.1.113883.3.464.1003.101.12.1025 (Version: eCQM Update 2017-05-05) CPT 99395 , 99396 , 99397 (2016) | | | | |
| Encounter | Encounter, Performed: Preventive Care Services-Initial Office Visit, 18 and Up | Preventive Care Services-Initial Office Visit, 18 and Up 2.16.840.1.113883.3.464.1003.101.12.1023 (Version: eCQM Update 2017-05-05) CPT 99385 , 99386 , 99387 (2016) | | | | |





Prenatal Care and Birth Outcomes

Early Entry into Prenatal Care
Low Birth Weight



Prenatal Care and Birth Outcomes

Table 6B:

| 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) | |

| 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 | | |

Table 7:

| Line | Race and Ethnicity | 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) |
|----------------------------|---|---|-------------------------------|-----------------------------------|-------------------------------|
| Hispanic/Latino | | | | | |
| 1a | Asian | | | | |
| 1b1 | Native Hawaiian | | | | |
| 1b2 | Other Pacific Islander | | | | |
| 1c | Black/African American | | | | |
| 1d | American Indian/Alaska Native | | | | |
| 1e | White | | | | |
| 1f | More than One Race | | | | |
| 1g | Unreported/Refused to Report Race | | | | |
| | <i>Subtotal Hispanic/Latino</i> | | | | |
| Non-Hispanic/Latino | | | | | |
| 2a | Asian | | | | |
| 2b1 | Native Hawaiian | | | | |
| 2b2 | Other Pacific Islander | | | | |
| 2c | Black/African American | | | | |
| 2d | American Indian/Alaska Native | | | | |
| 2e | White | | | | |
| 2f | More than One Race | | | | |
| 2g | Unreported/Refused to Report Race | | | | |
| | <i>Subtotal Non-Hispanic/Latino</i> | | | | |
| | Unreported/Refused to Report Race and Ethnicity | | | | |



Prenatal Patients by Age

Table 6B, Lines 1–6

- 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

Table 6B, Lines 7–9

Denominator:

- Women seen for prenatal care during the year

| 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 | | |

Numerator:

- Women beginning prenatal care at the health center or with a referral provider (Column A), or with another provider (Column B), during their first trimester
 - First Trimester: Through 13th week
 - Second Trimester: 14th-27th week
 - Third Trimester: 28th week or more

Early Entry into Prenatal Care, Continued

Table 6B, Lines 7–9

- **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 who began at your health center (including any women you may have referred out for care) should be reported in Column A
- Include women who a) began prenatal care in 2017 and delivered in 2018, b) began and delivered in 2018, and c) those who will not deliver until 2019

| 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

- **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) |
|--|---|--|---------------------------------------|
|--|---|--|---------------------------------------|



Low Birthweight

Table 7, Columns 1b–1d

Denominator

- Babies born to prenatal care patients
- Exclude:
 - Stillbirths and miscarriages

Numerator

- Babies born with a birth weight below normal (less than 2,500 grams)

| 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) |
|--|-------------------------------------|---|--------------------------------------|
|--|-------------------------------------|---|--------------------------------------|

Prenatal Care and Delivery Reporting Considerations

- **Reporting considerations:**

- Prenatal Women ≠ Deliveries ≠ Birth Outcomes
- Report all live births separately by birth weight
- Report babies according to their birth weight in grams: Very Low, Low, and Normal
- The higher the percentage of babies born below normal birth weight, the poorer the outcome
- Report mothers in prenatal program and their babies, even if prenatal care or delivery was done by a non-health center provider
- Report race and ethnicity of mother and baby separately
- Review outcomes against overall patient population mix

| | | | |
|--|---|--|---|
| 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) |
|--|---|--|---|





Preventive Care

Cervical Cancer Screening

Colorectal Cancer Screening

BMI Screening and Follow-Up Plan

Tobacco Use: Screening and Cessation Intervention

Screening for Depression and Follow-Up Plan

Childhood Immunization Status

Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents

Dental Sealants for Children between 6–9 Years



Cervical Cancer Screening

CMS124v6

Denominator

- Women 23 through 64 years of age with a medical visit
- Exclude:
 - Patients who had a hysterectomy with no residual cervix
 - Patients who were in hospice care

Numerator

- Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:
 - Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test
 - Cervical cytology/human papilloma virus (HPV) co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test



Colorectal Cancer Screening

CMS130v6

Denominator

- Patients 50 through 75 years of age with a medical visit
- Exclude:
 - Patients with a diagnosis of colorectal cancer or a history of total colectomy
 - Patients who were in hospice care

Numerator

- Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:
 - Fecal occult blood test (FOBT) during the measurement period
 - Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
 - Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
 - Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
 - Colonoscopy during the measurement period or the 9 years prior to the measurement period

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan [CMS69v6](#)

Denominator

- Patients 18 years of age or older on the date of the visit with at least one medical visit
- Exclude:
 - Patients who are pregnant during the measurement period
 - Patients receiving palliative care during or prior to the visit
 - Patients who refuse measurement of height and/or weight or refuse follow-up during the visit
 - Patients with a documented medical reason during the visit or within 12 months of the visit

Numerator

- Patients with:
 - A documented BMI during their most recent visit in the measurement period or during the previous 12 months of that visit, and
 - When the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visit



Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention [CMS138v6](#)

Denominator

- Patients aged 18 years and older seen for at least two medical visits or at least one preventive medical visit
- Exclude:
 - Patients with documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention

Numerator

- Patients who:
 - Were screened for tobacco use at least once within 24 months before the end of the measurement period and
 - Received tobacco cessation intervention starting *concurrent with or after the most recent* tobacco use screening if identified as a tobacco user

Preventive Care and Screening: Screening for Depression and Follow-Up Plan [CMS2v7](#)

Denominator

- Patients aged 12 years and older with at least one medical visit
- Exclude:
 - Patients with an active diagnosis for depression or bipolar disorder
 - Patients:
 - ✓ Who refuse to participate
 - ✓ Who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status
 - ✓ Whose functional capacity or motivation to improve may impact the accuracy of results of standardized assessment tools

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, a follow-up plan is documented on the date of the positive screen



Child Immunization Status

CMS117v6

Denominator

- Children who turn 2 years of age during the measurement period and who had a medical visit during 2018

Numerator

- Children who have evidence showing that by their second birthday they were fully immunized:
 - Received vaccine or
 - Had documented history of the illness or
 - Had a seropositive test result or
 - Had an allergic reaction to the vaccine



Child Immunization Status Continued

Required Vaccinations

- Four (4) diphtheria, tetanus, and acellular pertussis (DTP/DTaP)
- Three (3) polio (IPV)
- One (1) measles, mumps, rubella (MMR)
- Three (3) H influenza type B (Hib)
- Three (3) hepatitis B (Hep B)
- One (1) chicken pox VZV (Varicella)
- Four (4) pneumococcal conjugate (PCV)
- One (1) hepatitis A (Hep A)
- Two or three (2 or 3) rotavirus (RV)
- Two (2) influenza (flu) vaccines

Reporting Considerations

- Unsuccessful efforts to immunize a child do not meet the measurement standard
- Religious or personal objections by child or parent do not meet the measurement standard



Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents [CMS155v6](#)

Denominator

- Patients 3 through 17 years of age with at least one outpatient medical visit
- Exclude:
 - Patients who have a diagnosis of pregnancy
 - Patients who were in hospice care

Numerator

- Children and adolescents who during the measurement period have had:
 - Their BMI percentile (not just BMI or height and weight) recorded, and
 - Counseling for nutrition during a visit, and
 - Counseling for physical activity during a visit



Dental Sealants for Children Age 6-9

CMS277v0

Denominator

- Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation dental visit and are at moderate to high risk for caries
- Exclude:
 - Children for whom all first permanent molars are non-sealable

Numerator

- Children who received a sealant on a permanent first molar tooth



Chronic Conditions

Use of Appropriate Medications for Asthma

CAD: Lipid Therapy

IVD: Use of Aspirin or Another Antiplatelet

HIV Linkage to Care

Controlling High Blood Pressure

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



Use of Appropriate Medications for Asthma

CMS126v5

Denominator

- Patients 5 through 64 years of age with persistent asthma with a medical visit
 - Patients with intermittent asthma should not be included in universe
- Exclude:
 - Patients with a diagnosis of emphysema, chronic obstructive pulmonary disease, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure that overlaps the measurement period

Numerator

- Patients who were ordered at least one prescription for a preferred therapy during the measurement period
- Include patients who were dispensed (using) the following preferred therapies:
 - Received a prescription for or were using an inhaled corticosteroid, or
 - Received a prescription for or were using an acceptable alternative pharmacological agent (i.e., inhaled steroid combinations, anti-asthmatic combinations, antibody inhibitor, leukotriene modifiers, mast cell stabilizers, or methylxanthines)



CAD: Lipid Therapy

Denominator

- Patients 18 years of age and older with an active diagnosis of CAD at any point during the year or diagnosed as having had a myocardial infarction (MI) or had cardiac surgery in the past, with a medical visit during the measurement period and at least two medical visits ever
- Exclude:
 - Patients whose last low-density lipoprotein (LDL) lab 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



IVD: Use of Aspirin or Another Antiplatelet

CMS164v6

Denominator

- Patients 18 years of age and older with a medical visit during the measurement period who had an acute myocardial infarction (AMI), or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) during the 12 months prior to the measurement year or who had a diagnosis of IVD
- Exclude:
 - Patients who had documentation of use of anticoagulant medications
 - Patients who were in hospice care

Numerator

- Patients who had an active medication (use) of aspirin or another antiplatelet



HIV Linkage to Care

Denominator

- Patients first diagnosed with HIV by the health center between October 1 of the prior year through September 30 of the current measurement year, and who had at least one medical visit during the measurement period or prior year

Numerator

- Newly diagnosed HIV patients who received treatment within 90 days of diagnosis
- Include patients who were newly diagnosed by your health center providers, and:
 - Had a medical visit with your health center provider who initiates treatment for HIV, or
 - Had a visit with a referral resource who initiates treatment for HIV



Controlling High Blood Pressure

CMS165v6

Denominator

- Patients 18 through 85 years of age who had a diagnosis of essential hypertension within the first 6 months of the measurement period or any time prior to the measurement period with a medical visit during the measurement period
- Exclude:
 - Patients with evidence of end-stage renal disease (ESRD), dialysis, or renal transplant before or during the measurement period
 - Patients with a diagnosis of pregnancy during the measurement period
 - Patients who were in hospice care

Numerator

- Patients whose blood pressure at the most recent visit is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg)



Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 Percent) [CMS122v6](#)

Denominator

- Patients 18 through 75 years of age with diabetes with a medical visit
 - Do not include patients with a diagnosis of secondary diabetes due to another condition
- Exclude:
 - Patients who were in hospice care

Numerator

- Patients whose most recent HbA1c level performed during the measurement year is greater than 9.0 percent or who had no test conducted

The Use of UDS with Special Populations

Presentation by

Karen

Mountain

Chief Executive Officer

Migrant Clinicians Network

MIGRANT CLINICIANS NETWORK



What the UDS Can Tell You About the Agricultural Worker Population

- **The UDS tells us what proportion of the total clinic population identifies as an agricultural worker**
- **Which clinics are seeing the greatest numbers of these patients**
- **Increases or decreases of patients seen**
- **And trending of this special population**
- **FQHCs that have the ability to look at individual patient data, can use the UDS to do group comparisons between agricultural workers vs other vulnerable pops vs total patient population for demographics, quality of care measures and medical conditions**

Limitations of the UDS Data

- **Vulnerable populations, such as Agricultural Workers and their families, are less likely to access the healthcare system; even FQHCs**
- **The UDS only represents the portion of the population who enter the doors of one of our health centers. It in no way is a full representation of national scope of the population so we can't extrapolate to the population as a whole**
- **If these potential patients don't go to an FQHC, we aren't sure if they are entering the healthcare system at a different point (Emergency Department, care outside of FQHCs), or opting out altogether**

Limitations of the UDS Data, Continued

- **FQHC's may not be identifying a significant number of their Agricultural worker patients. Some guestimates are as high as 25% of these patients are not being identified, especially those seen in non-migrant funded health centers**
- **Identification is a twofold process and is dependent on the staff at the health center asking the right questions and the patient willingness to self-report**
- **UDS only gives us the ability to view the aggregate percentage of patients who are agricultural workers**

Quality Improvement Efforts

- **Use the UDS in combination with your EMR/EHR data to compare the special population data to overall clinic's data**
 - **In what areas are vulnerable pops falling behind?**
 - **On par?**
 - **Exceeding expectations?**
- **The health center may find that it can make the greatest impact on its overall quality improvement by focusing on the clinical measures with significant gaps between their community population and the specific vulnerable population of interest**
- **Use current UDS data as a baseline, and subsequent years for comparison**

Tips for Using UDS Data-Holistic

Think Holistically.

The UDS contains a lot of demographic data that can be related to and provide decision support for the clinical measures etc. Compare current year trends to past years – what's changed, what has stayed the same? The data may point to other trends that have occurred within your clinical system or in your outreach. Look at your own health center or perhaps compare with a “neighbors” aggregate level data.

Tips for Using UDS Data-Specific

Also think specifically.

A focus on a certain clinical area and/or patient group (e.g. children, women, elderly), may help demonstrate a quantifiable change (i.e. diabetes management, perinatal health) more quickly than trying to improve the outcomes for the entire population.

Tips for Using UDS Data- Vulnerable Populations

Look at trends in UDS data for vulnerable populations.

Use UDS data as an ally. Collection of and subsequent analysis can feel cumbersome.

But, there are numerous ways that UDS can be used. Don't leave any stones unturned!

Use data to facilitate better understanding quality of care outcomes and pushing for quality improvement, particularly for vulnerable populations.



Karen Mountain

Chief Executive Officer

Migrant Clinicians Network

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Strategies for Successful Reporting

Read and Follow the UDS Manual

- Adhere to definitions and instructions in the [2018 UDS Manual](#)
- Other supports include:
 - eCQI Resource Center
 - USHIK
 - UDS Training Website (fact sheets, clinical measures handout, and more)
 - UDS Support Line (year-round)
 - UDS Reviewer (following submission)

| | |
|-------------------------------------|--|
| 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 | HRSA's best practices and guidance to be applied to the measure |



Work as a Team

- **Tables are interrelated:**
 - Communicate with your UDS data preparation team
 - Review data across tables to ensure data are consistent and reasonable
- **Work with your EHR vendor to understand data output and to verify that reporting year updates have been programmed**
- **Contact UDS Support by [email](#) or by calling 866-837-4357 if you have questions (year-round)**
- **Work with your Reviewer to resolve reporting issues (February 15-March 31)**

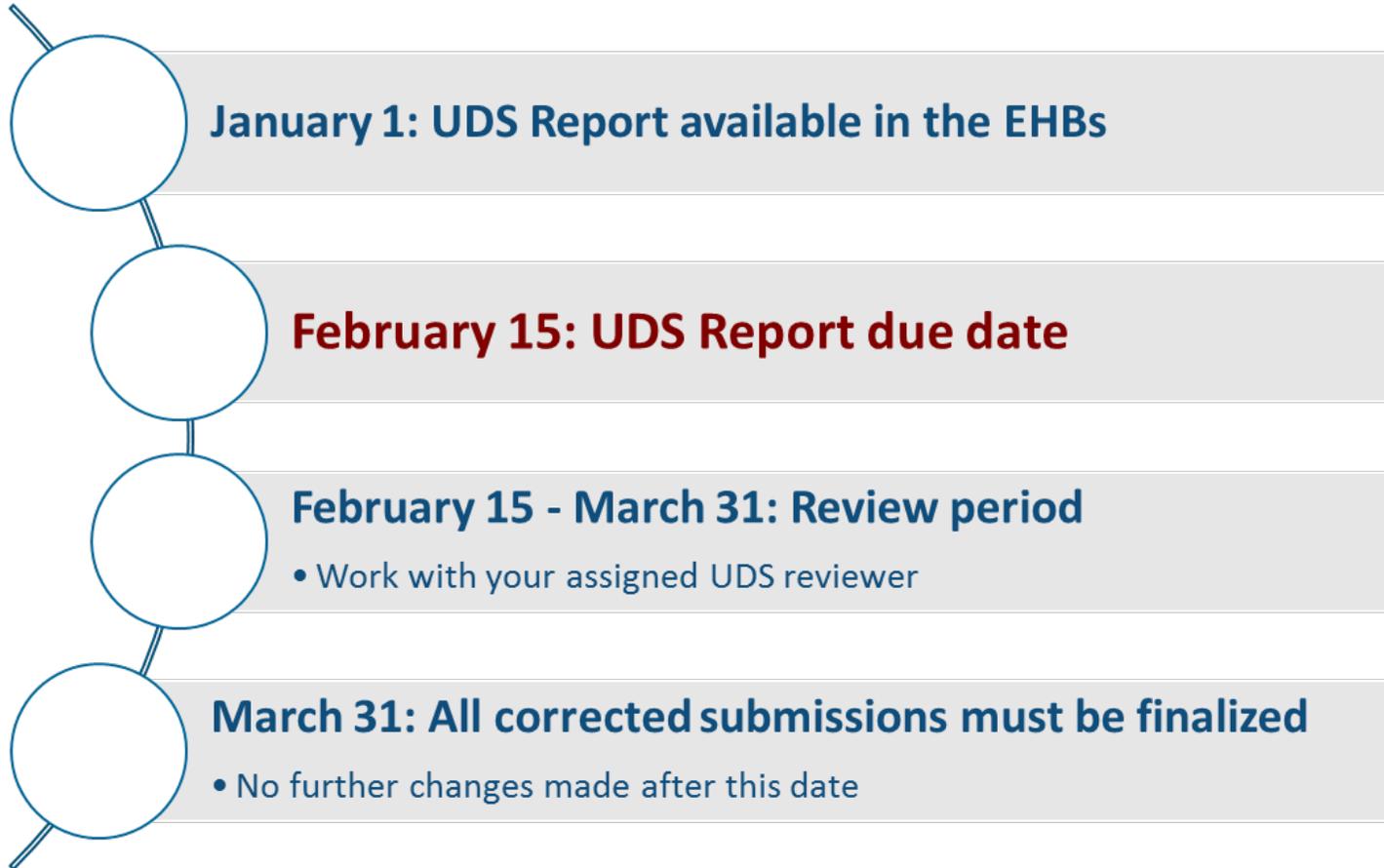


Review and Check Your Data Before Submitting

- **Check data trends and relationships across tables**
 - Are your data reasonable?
- **Review issues raised during last year's review; ensure you reported correctly this year**
- **Compare data to benchmarks to assess reasonableness**
- **Address edits in the Electronic Handbooks (EHBs) by correcting or providing meaningful explanations that both demonstrate your understanding and explain why data are unusual:**
 - “The number is correct” or “The vendor confirms accuracy” are not sufficient



Report by February 15, 2019



- **Completely**
- **Accurately**
- **On time**
 - Do not submit incomplete reports
 - Addressing every edit with “will revise in review” or similar is unacceptable



Resources, Questions, and Answers

Available Assistance

- **Local trainings:** [HRSA UDS Training Website](#)
- **Technical assistance materials are available online:**
 - [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**
- **[HRSA Call Center](#) for EHBs account access and roles: 877-464-4772, Option 3**
- **[Health Center Program Support](#) for EHBs system issues: 877-464-4772, Option 1**
- **UDS Report and preliminary reporting environment access (in [EHBs](#))**
- **ONC Issue Tracking System (OITS) JIRA project eCQM Issue Tracker**
 - [OITS Account sign up](#)
 - Post questions in the [eCQM Issue Tracker](#)
- **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](#)
- [Clinical Quality Measures](#)
- [United States Health Information Knowledgebase \(USHIK\)](#)
- [National Quality Forum](#)
- [Healthy People 2020](#)
- [Adjusted Quartile Ranking](#)
- [Million Hearts Hypertension Control Change Package](#)
- [U.S. Preventive Services Task Force](#)
- [CDC National Center for Health Statistics State Facts](#)
- [Quality Improvement Awards](#)
- [Quality Payment Program](#)
- [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#)



Webinars

- **Upcoming Webinars**
 - UDS for Bureau of Health Workforce Awardees (11/16/18)
 - 2019 UDS Changes (TBD)
- **Past Webinars**
 - Using UDS Data and Reports for Program Evaluation and Quality Improvement (10/2/18)
 - Preparing For and Understanding Your UDS Submission (10/11/18)
 - Webinars will be archived on [HRSA's Health Center Program website](#)



Questions?



Ongoing questions can be addressed to
UDSHelp330@BPHCDATA.NET
866-UDS-HELP

Thank You!

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