



Speaker Series

Optimizing Health Center Data: The Journey to Modernization

December 17, 2018

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





Navigating the Road to Modernization

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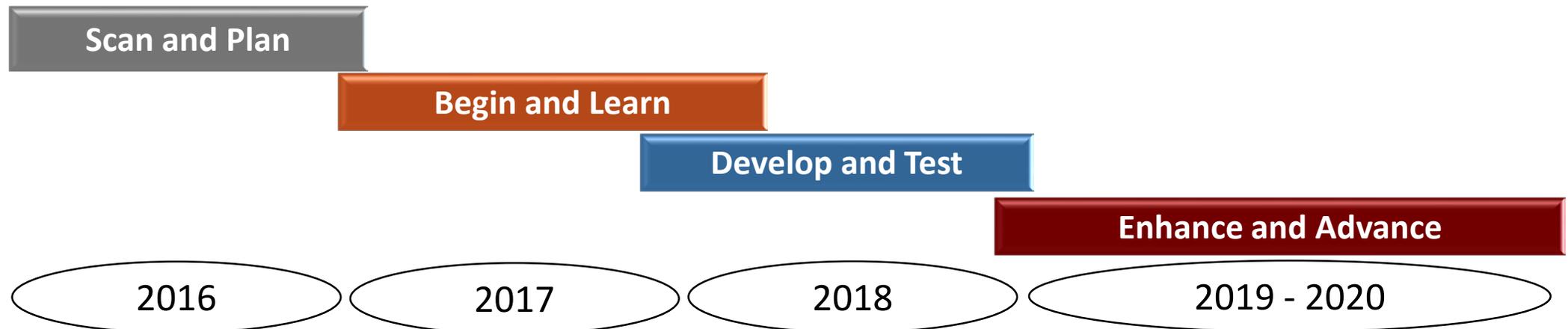


Uniform Data System (UDS) Modernization Initiative

GOALS

Reduce Burden	Automate data submission, offer enhanced UDS reporting capabilities, provide requirements earlier, increase measure alignment
Capture Impact	Update clinical quality measures, account for alternative models and modes of care, reflect improvements in patient-centered care
Promote Transparency	Provide a transparent and evidence-driven process for making UDS changes such as measure selection, information technology, and reporting improvements

PHASES



Reporting Modernization: Enhancements for 2018 UDS

Enhancements to the Electronic Handbooks (EHBs)

Check it out!

[2018 UDS Modernization Video](#)

Preliminary Reporting Environment (PRE)

- Access EHBs before January 1st
- Begin entering and validating data early

HTML Tool Features (Offline)

- Download one or more UDS tables
- Validate in real-time
- Team-based data entry

Excel Tool Features (Offline)

- Download one or more UDS tables
- Validate the data in EHBs
- Team-based data entry

KEY DATES/REMINDERS

- **November–December 2018:** UDS Preliminary Reporting Environment (PRE) accessible
- **February 15, 2019:** Deadline for submitting a complete UDS Report
- **March 31, 2019:** UDS reporting freeze



Feedback on UDS Modernization Efforts

- Raise awareness of Modernization features among member health centers and other UDS stakeholders
- Ongoing communication with health centers to gauge their use of Modernization options and experience
- Provide feedback on Modernization work that can be leveraged to help you better support health centers



The screenshot shows the HRSA Health Center Program website. The main heading is "Uniform Data System Modernization Initiative". Below the heading, there is a paragraph explaining the initiative's goals: to reduce reporting burden, improve data quality, and help more fully measure the impact of Health Center Program services and outcomes. The initiative includes three major components:

- **UDS Reporting Modernization:** Ongoing efforts to simplify the UDS reporting process, reduce reporting burden, and create reporting enhancements for Health Center Program awardees and look-alikes.
- **UDS Content Modernization:** Health care delivery models and clinical guidance routinely change and evolve. The UDS tables and content are reviewed continuously to keep pace and improve data quality.
- **UDS Stakeholder Engagement:** Stakeholder feedback has always been important to UDS reporting. There are more opportunities to give feedback on UDS reporting enhancements and provide suggestions for changes to UDS tables and measures.

On the right side of the page, there are sections for "Modernization Resources" and "Related". The "Modernization Resources" section includes links for "UDS Modernization Video", "Sign up for updates via the Primary Health Care Digest", and "UDS Mapper". The "Related" section includes links for "Health Center Quartile Ranking", "FY 2018 Health Center Quality Improvement Awards", "In-Person UDS Trainings (PDF - 343 KB)", and "Health Center Program Grantee".



Learning from our Co-Pilots: A Health Center Perspective

Ming Fai (Stephen) Lam
Associate Director, Information Technology
Charles B. Wang Community Health Center (CBWCHC)

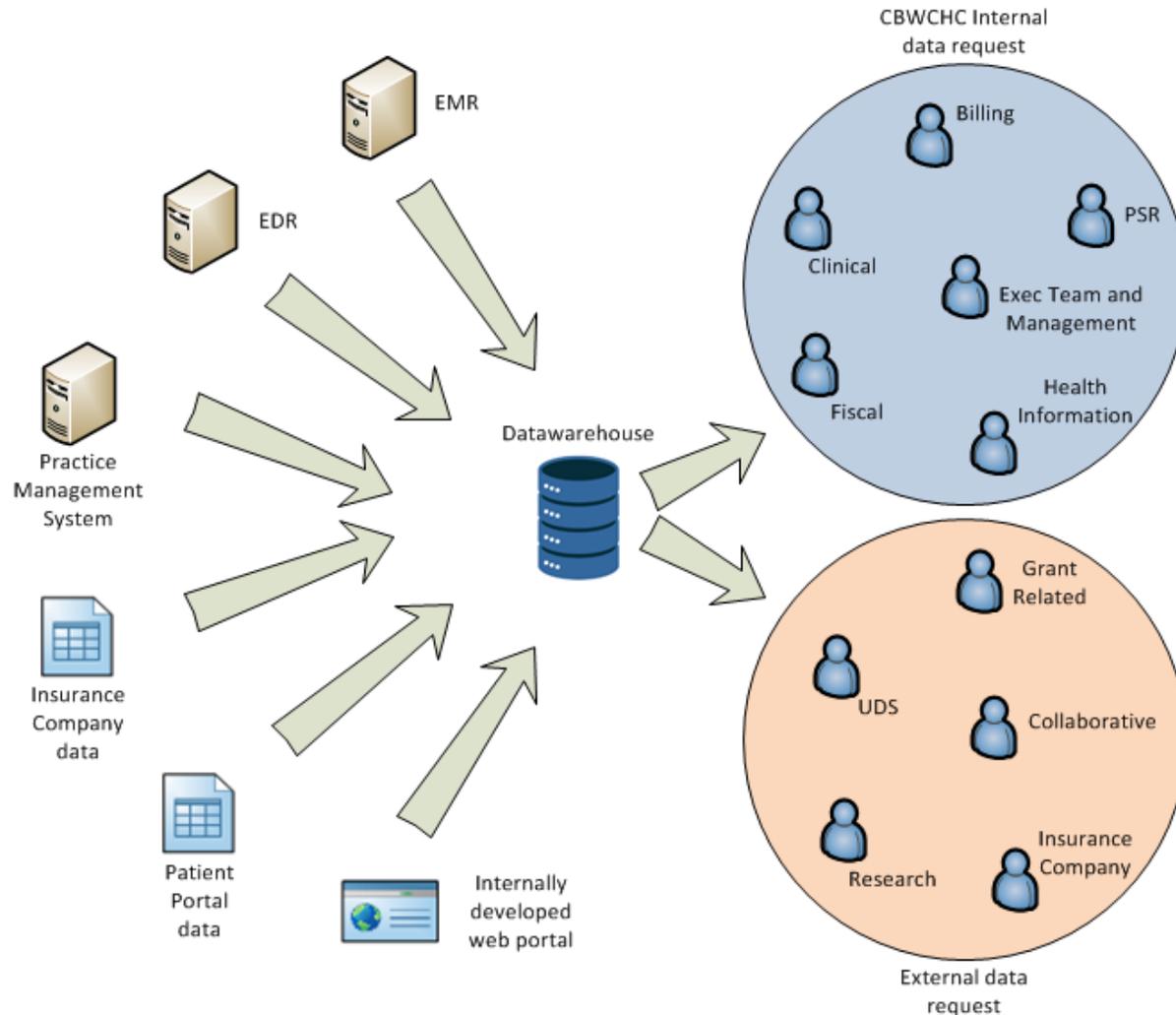


Charles B. Wang Community Health Center

- Established in 1971, CBWCHC operates seven days a week in Chinatown, Manhattan and Flushing, Queens
- Staff are fluent in many languages including Mandarin, Cantonese, Taishanese, Shangahinese, Fujianese, Vietnamese, and Korean
- Recognized in 2018 as a National Quality Leader and a Health Center Quality Leader
- Also a Level 3 Patient-Centered Medical Home (PCMH) and has been acknowledged for their commitment to increasing awareness for hepatitis B and C and linking individuals to care
- Adopters of electronic medical records (EMR) and data warehouse since 2005



CBWCHC EMR and Data Warehouse

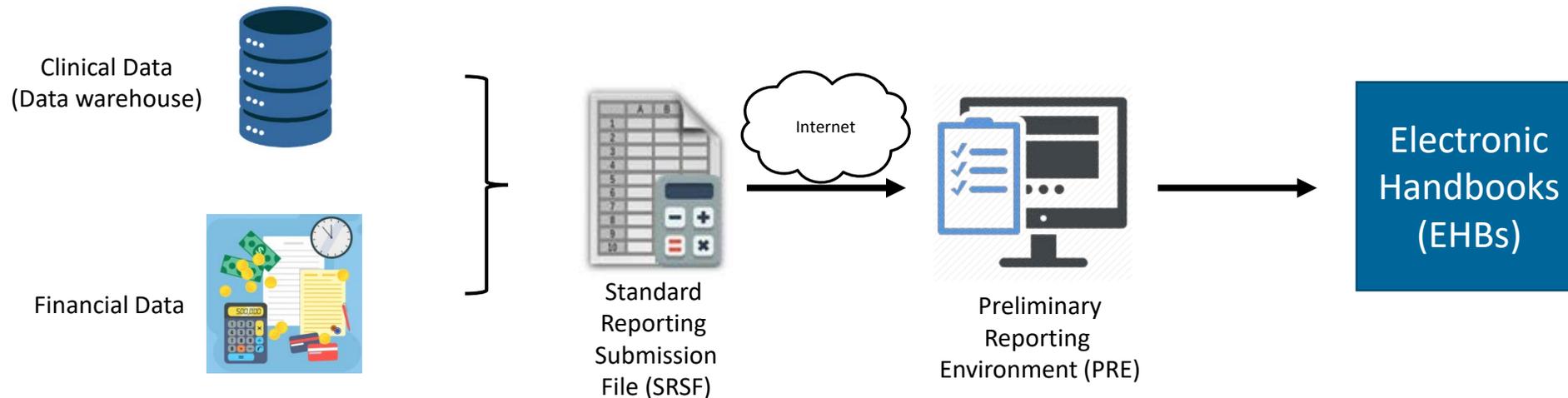


UDS report review

- Quarterly – Clinical team
- Semi-annually – Management team

Piloting Participation

- Participated in Wave 1 and Wave 2
 - Preliminary Reporting Environment (PRE) portal
 - Standard Reporting Submission File (SRSF) template
 - Offline tools (download/upload function)
 - Validation rules
 - Excel Mapping Document



Benefits and Challenges

Benefits

- Early preview of reporting requirements
- Opportunities to channel feedback
- Data validation rules and cross tabular checking
- Standardization of report template allows data mapping
- Ease of data entry
 - ✓ Less copy-and-paste
 - ✓ Dealing with less error in EHBs

Challenges

- Missing analytic tools such as comparisons on prior years data or national benchmarks
- Learning curve





The Road Forward

Balu Balasubramanyam

Principal Systems & Software Engineer, The MITRE Corporation

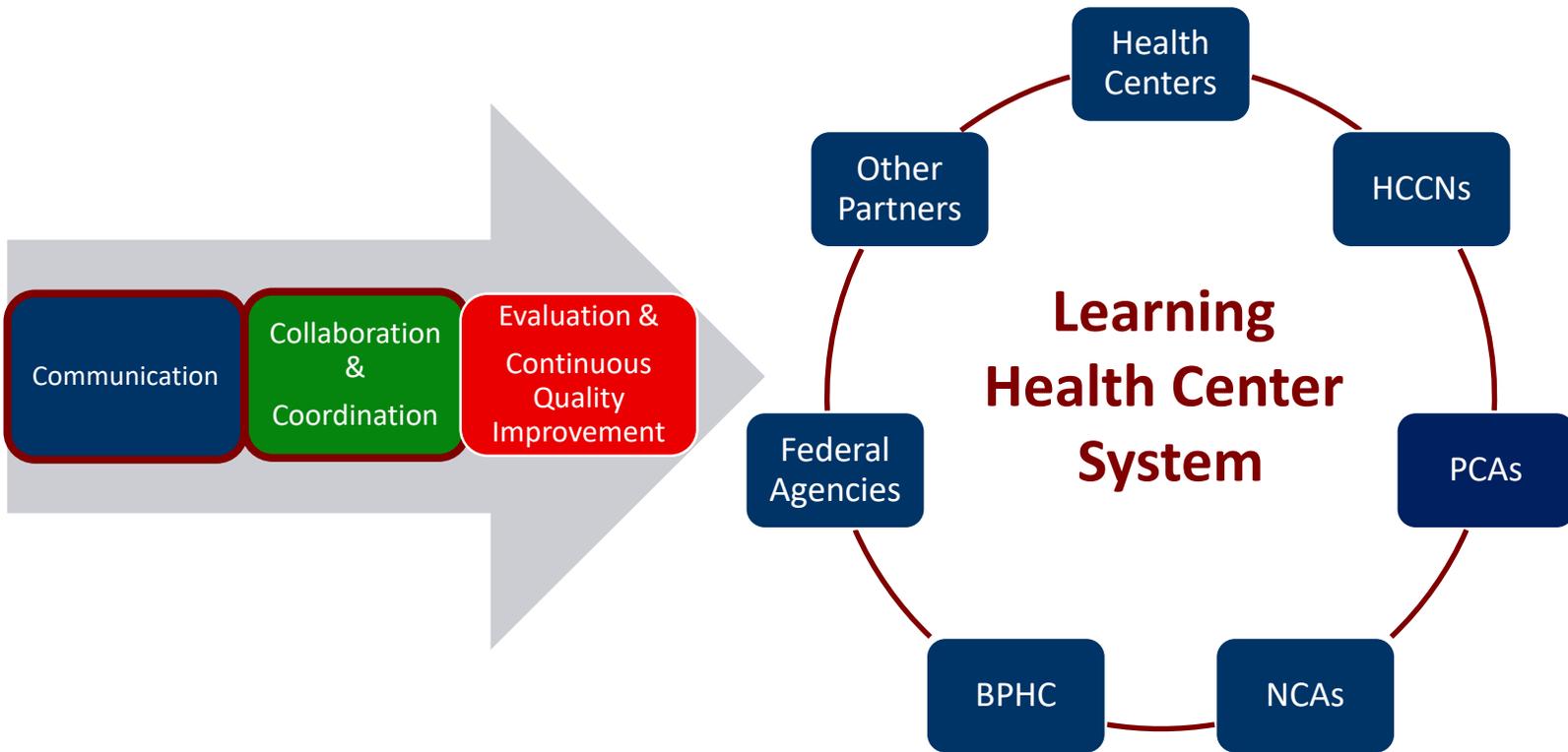
CAMH Federally Funded Research and Development Center (FFRDC) operator, supporting

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



Elements and Attributes of a Learning Health Center System



Learning Health System Attributes

- **Science and Informatics**
 - Real time access to knowledge
 - Digital capture of the care experience
- **Patient-Clinician Relationships**
 - Engaged, empowered patients
- **Incentives**
 - Incentives aligned for value
 - Full transparency
- **Culture**
 - Leadership instilled culture of learning
 - Supportive system competencies



[Best Care at Lower Cost: The Path to Continuously Learning Health Care in America](#)



Planned Changes (1/2)



Establish a UDS test cooperative

- To test feasibility of future UDS' needs, **early**. Avoid errors, cost and burden for health centers.

Fully align Clinical Quality Measures with CMS' electronic specifications

- To reduce manual computation, reporting burden, and duplication by standardizing reporting across Federal Quality Measurement Programs

Streamline reporting on countable visits

- To increase data reliability, reduce interpretation

Define the “routine patient”

- Design a method to distinguish patients under routine care from other visit types (e.g., urgent care visits)

Planned Changes (2/2)



Expand beyond traditional care settings

- To highlight and report health center services beyond face-to-face interactions

Establish infrastructure for reporting de-identified patient data

- To further streamline reporting and strengthen analysis of care relative to social determinants or other patient attributes

Streamline and improve financial reporting

- Reduce collection and reporting burden, provide models that meet and demonstrate health center value, and align with payment reform

Update measurement of clinical quality

- Explore clinical quality measures to update and support national standards of care for breast cancer screening, diabetes, depression remission, dental decay or cavities in children, patient referral

Test Co-operative

GOALS

Provide a forum for a representative set of stakeholders to provide feedback on UDS modernization initiatives, early. Avoid errors, cost and burden for health centers.

- Identify UDS requirements
- Analyze feedback and make decisions
- Publish new UDS requirements



HRSA / BPHC



PCA / HCCN

- Identify Health Centers to test
- Coordinate with Health Centers
- Ensure successful test outcomes



NCA

- Provide guidance as needed, depending on what is being tested.



VENDORS

- Set up testing infrastructure
- Engineer software changes for testing



HEALTH CENTERS

- Engage and participate in the test



WHY PARTICIPATE?

Early preview and deeper knowledge of future changes to UDS

Ability to influence changes, early

Opportunity to represent the distinguishing features of Health Centers in UDS reporting

Definition:

A voluntary subset of Health centers, PCA/HCCNs and vendors who form a test and evaluation capability of proposed UDS changes.

Value:

Provide HRSA early and evidence-based feedback

Participants:

All stakeholder types – Health centers, PCA/HCCNs, Vendors, NCAs. Framework emphasis on the voice of key stakeholders.

Will everyone participate in every change?

No. Depends on the scope of change – type, depth, range/complexity, relevancy, resource availability and access to data.



EH - 01/04/2019 v9



Help

Your participation is vital to the Test cooperative's success



WE WANT YOU!



Please Contact us

Tell us:

Your Organization's name,

Your Organization type,

A Point of contact,

The planned changes you would like to test.

UDS Resources

- [UDS Modernization Initiative Landing Page](#)
- [UDS Resources Webpage](#)
- [UDS Mapper](#)
- [Health Center Program Support](#)
 - Phone: 877-464-4772



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