UNIFORM DATA SYSTEM

2017 Uniform Data System (UDS) Reporting Changes For Reports Due February 15, 2018

Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) May 9, 2017, 1:00–2:30 p.m. (EDT)







- To provide an overview of the changes for calendar year 2017 activities (reported in 2018):
 - Revisions to existing clinical quality measures (CQMs)
 - Relocation of reporting for telehealth and medication-assisted treatment (MAT)
 - Added outreach and enrollment assists
- To provide insight to possible future changes

Agenda



- Calendar year 2017 changes:
 - Background and overview
 - Changes to individual tables
- Revision considerations for 2018 UDS and beyond
- Available technical assistance resources and references



BACKGROUND AND OVERVIEW OF CHANGES IN 2017 UDS DATA COLLECTION FOR 2018 REPORTING

Communication of UDS Reporting Changes



- The 2017 UDS changes were:
 - First discussed in 2016
 - Published as approved Program Assistance Letter (PAL) 2017-02 on December 14, 2016

Link: https://bphc.hrsa.gov/datareporting/pdf/pal201702.pdf

- Announced in the BPHC Primary Health Care Digest
- Introduced at the 2016–2017 UDS trainings held around the country
- These changes are going to be highlighted in the UDS trainings conducted in conjunction with state Primary Care Associations (PCA) from November 2017 through January 2018

Effective Dates



- Changes are to be <u>reported</u> with the submission of the 2017 UDS report due on February 15, 2018
- Changes in data to be collected were effective January 1, 2017
- Be prepared
 - Systems need to be configured to capture updated criteria
 - Work with vendors to ensure systems have been updated with required specifications
 - Educate affected staff regarding the changes



DETAILS OF 2017 UDS CHANGES



Clinical Measure Alignment

- HRSA will continue to align UDS CQMs with those used by the Centers for Medicare and Medicaid Services (CMS)
 - Plus monitor 4 other clinical quality measures of interest that do not have corresponding CQMs
- Accordingly, most measurement criteria will remain the same for 2017
- Some minor changes will continue to be made to tie measures to the Health Center Program operations, goals, and objectives

Electronic-Specified Clinical Quality Measures (CQMs)



MEASURE	CQMs
Childhood Immunization Status	CMS117v5
Cervical Cancer Screening	CMS124v5
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v5
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow- Up Plan	<u>CMS69v5</u>
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v5
Use of Appropriate Medications for Asthma	CMS126v5
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v5
Colorectal Cancer Screening	CMS130v5
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v6
Dental Sealants for Children between 6–9 Years	CMS277v5
Controlling High Blood Pressure	CMS165v5
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v5

Use of April 2016 CQMs for eligible professionals is required for calendar year 2017 reporting. The following clinical quality measures do not have corresponding CQMs: Coronary Artery Disease (CAD): Lipid Therapy, HIV Linkage to Care, Early Entry to Prenatal Care, Low Birth Weight

Changes for 2017: Cervical Cancer Screening



Universe is unchanged

Exclusions are unchanged

Numerator changed

- Added: Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed in 2017 or the four years prior to the measurement period (in 2013, 2014, 2015, or 2016)
- Retained: Women age 23–64 who had cervical cytology performed in 2017 or the two years prior to the measurement period (in 2015 or 2016)

Changes for 2017: Adult BMI Screening and Follow-Up



Universe is unchanged

Exclusions are unchanged

Numerator changed

- Retained: Patients with documented body mass index (BMI) during the visit or during the previous six months and when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous six months of the current visit
- Deleted: Separate parameters for patients age 65 and older
 - Normal parameters are now age 18 years and older BMI => 18.5 and < 25 kg/m2

Changes for 2017: Use of **Appropriate Medications for Asthma SYSTEM**



Universe is unchanged

Exclusions changed

 Now excludes patients with obstructive chronic bronchitis

Numerator changed

 Changed: Dispensing of medications changed to ordering of medications. Numerator is patients who had at least one prescription ordered for a preferred therapy during the measurement period

Changes for 2017: IVD Use of Aspirin or Another Antiplatelet



Universe is unchanged

Exclusions changed

 Now excludes patients using anticoagulant medications (e.g., warfarin, heparin, dalteparin)

Numerator changed

- Changed: Patients who had an active medication of aspirin or another antiplatelet (e.g., clopidogrel, prasugrel) during the measurement year
 - No longer specifies other antithrombotic (a broader classification of medications)

Changes for 2017: Screening for Depression and Follow-Up



Universe is unchanged

Exclusions are unchanged

Numerator changed

- Changed: Screening is now required for <u>depression</u> rather than <u>clinical depression</u>
 - Clinical depression is also known as major depression or major depressive disorder
 - Depression can include situational or medicationinduced depression

Measures with No Major Changes



- Childhood Immunization Status
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Tobacco Use: Screening and Cessation Intervention
- Colorectal Cancer Screening
- Dental Sealants for Children between 6–9 Years
- Controlling High Blood Pressure
- Diabetes: Hemoglobin A1c Poor Control
- Coronary Artery Disease (CAD): Lipid Therapy
- HIV Linkage to Care
- Early Entry to Prenatal Care
- Low Birth Weight





- A new form, Appendix E (Other Data Elements), was created to collect some data previously collected on Appendix D (Health Information Technology Form)
 - Medication-assisted treatment (MAT)
 - Questions about physicians with a Drug Addiction Treatment Act (DATA) waiver and count of patients who received MAT
 - Use of telehealth
 - Questions about use of telehealth for services

Outreach and Enrollment Assistance



- Previously health centers with HRSA Outreach and Enrollment awards submitted quarterly reports with this information
- Beginning with calendar year 2017, this becomes an annual reporting included with the UDS Appendix E
 - Health centers are to report the number of assists for the year by a trained assister (e.g., certified application counselor or equivalent)
 - <u>Assists</u> are activities that facilitate the enrollment of individuals through the Health Insurance Marketplace or in Medicaid or CHIP (Children's Health Insurance Program)
 - The definition of assists is unchanged and assists do not count as visits on the UDS tables



FUTURE UDS CHANGES UNDER CONSIDERATION





HRSA is currently considering some potential changes for the future

2018

- UDS will further align with the CMS measure by retiring the reporting of Hemoglobin A1c less than 8%
- Patient-centered medical home (PCMH) recognition question will no longer be reported in the UDS
- Telehealth questions on UDS Appendix E will be enhanced

2018 and Beyond (continued)



2019

 Replace CAD lipid therapy measure with especified measure titled Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Physician Quality Reporting System [PQRS] 438)



UDS-RELATED RESOURCES

Assistance Available



- BPHC health center data and reporting resources
 - https://bphc.hrsa.gov/datareporting/index.html
- UDS Support Center
 - Assistance with UDS reporting questions
 - 866-UDS-HELP (866-837-4357)
 - udshelp330@bphcdata.net
- HRSA Call Center
 - Assistance with EHB account and user access questions
 - 877-Go4-HRSA (877-464-4772)
 - http://www.hrsa.gov/about/contact/ehbhelp.aspx
- BPHC Helpline
 - Assistance with EHB electronic reporting issues
 - 877-974-BPHC (877-974-2742)
 - http://www.hrsa.gov/about/contact/bphc.aspx
- UDS Mapper
 - Assistance with the online service area mapping tool
 - http://www.udsmapper.org/contact-us.cfm

Performance Measures References



- eCQI Resource Center
- Clinical Quality Measures
- United States Health Information Knowledgebase (USHIK)
- U.S. Preventive Services Task Force
- National Quality Forum
- Healthy People 2020
- Adjusted Quartile Ranking
- Million Hearts Hypertension Control Change Package
- CDC National Center for Health Statistics State Facts

Questions?





Thank you!



Thank you for attending this webinar and for all your hard work providing comprehensive and accurate data to BPHC!

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