2022 Health Center Program Highlights Uniform Data System Trends

August 8, 2023

Data and Evaluation
Office of Quality Improvement
Health Resources & Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Opening Remarks

Alek Sripipatana, PhD, MPH

Director, Data and Evaluation Unit

Office of Quality Improvement

Bureau of Primary Health Care

National Health Center Week Acknowledgement

Today's Speakers

Aria Gray, MPH
Public Health Analyst
OQI Data and Evaluation

Ben Picillo, MPH
Health Statistician
OQI Data and Evaluation

Avery League, MPH
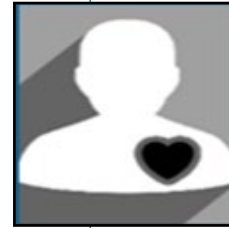**Public Health Analyst**
OQI Data and Evaluation
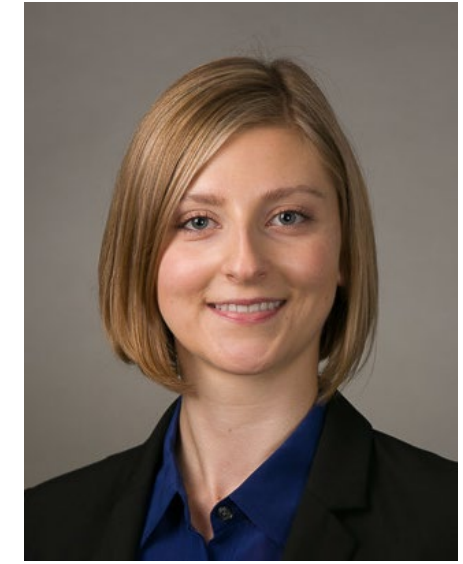
Samantha Cinnick, MPH
Public Health Analyst
OQI Data and Evaluation

Health Center Program Fundamentals

Serve High Need Areas

- Must serve a high need community or population (e.g., HPSA, MUA/P)

Patient Directed

- Private non-profit or public agency that is governed by a patient-majority community board

Comprehensive

- Provide comprehensive primary care and enabling services (e.g., education, outreach, and transportation services)
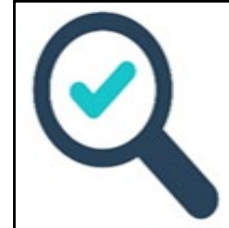
No One is Turned Away

- Services are available to all, with fees adjusted based upon ability to pay

Collaborative

- Collaborate with other community providers to maximize resources and efficiencies in service delivery
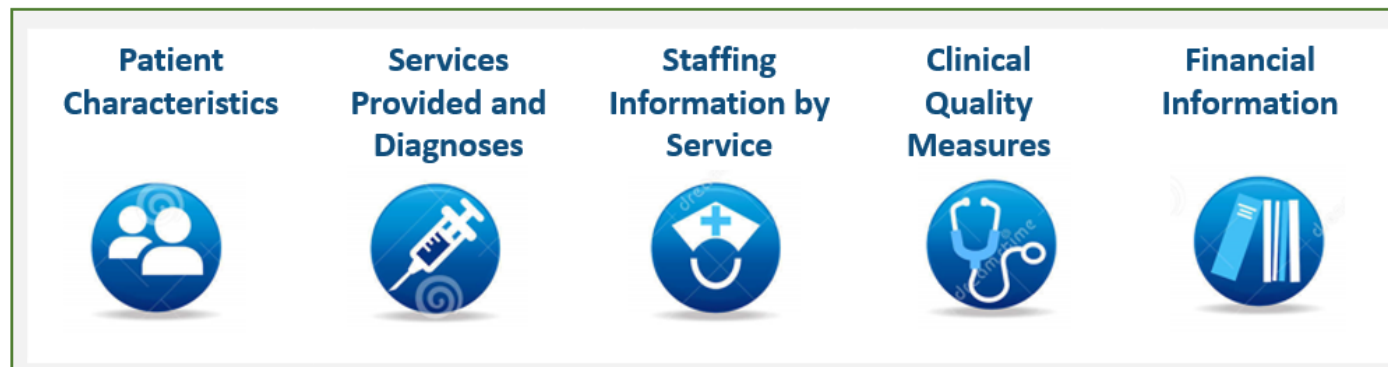
Accountable

- Meet performance and accountability requirements regarding administrative, clinical, and financial operations

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.

The Uniform Data System (UDS)

- Standardized health center reporting system
- Required by Section 330 of Public Health Service Act
- Annual reports submitted by February 15th
- Annual changes announced via UDS Program Assistance Letter (PAL)
- UDS Manual provides reporting instructions
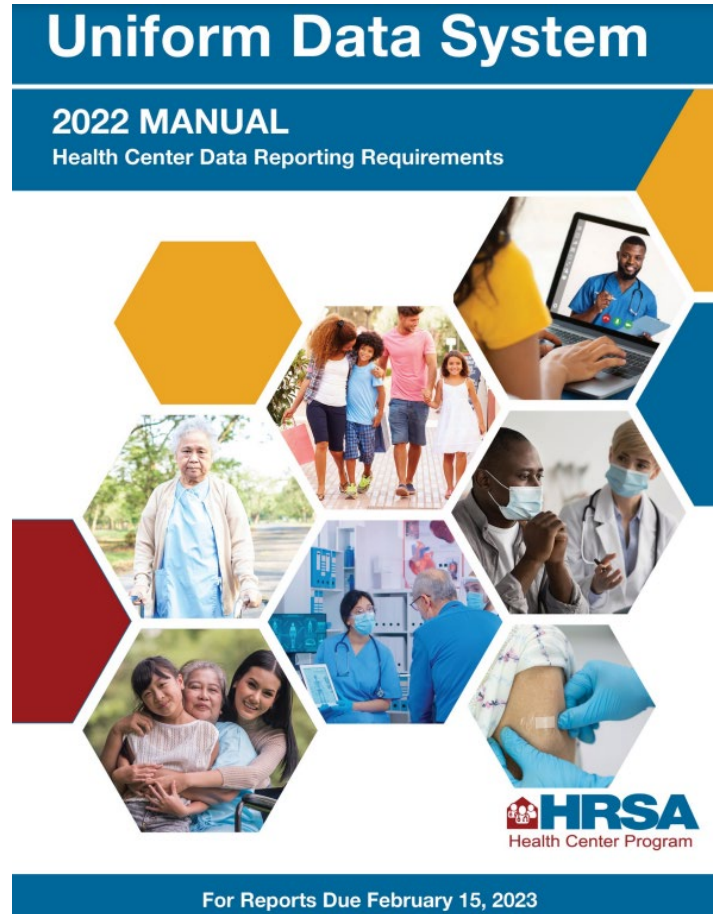
UDS is updated every year to:
- ✓ **Align with national reporting standards**
- ✓ **Keep pace with the current healthcare environment**
- ✓ **Reflect stakeholder feedback**
- ✓ **Ensure evaluation of Bureau and Departmental priorities**

Patient Characteristics | Services Provided and Diagnoses | Staffing Information by Service | Clinical Quality Measures | Financial Information

Notable Changes to 2022 UDS Reporting

- COVID-19 (Table 6A)
  - Post-COVID-19 condition added as a new diagnostic measure
- Quality of Care Measures (Table 6B and 7)
  - Updated to align with eCQM (electronic clinical quality measure) specifications
  - Patient chart sampling removed as an option for reporting on CQMs
- Social Risk Factors (Appendix D, Q11)
  - Health centers reported the number of patients that were screened for social risk factors during the calendar year.

Uniform Data System

2022 MANUAL
Health Center Data Reporting Requirements

HRSA Health Center Program

For Reports Due February 15, 2023

Visit 2022 UDS Manual

HRSA Health Center Program

2022 Health Center Data Overview

For 58 years, health centers have improved the health of the Nation's underserved communities by increasing access to affordable and high-quality primary health care for millions of people.

Expanding Access

+324K patients since 2021

+12,726 workforce staff

+785 sites since 2021

Advancing Equitable Care Delivery

63% patients identified as racial/ethnic minority

90% patients had incomes ≤200% Federal Poverty Guidelines

24.2M uninsured, Medicaid & Medicare patients

Improving Clinical Quality

12 of 18 clinical quality measures improved

91% of health centers improved on at least **6 of 18** clinical quality measures

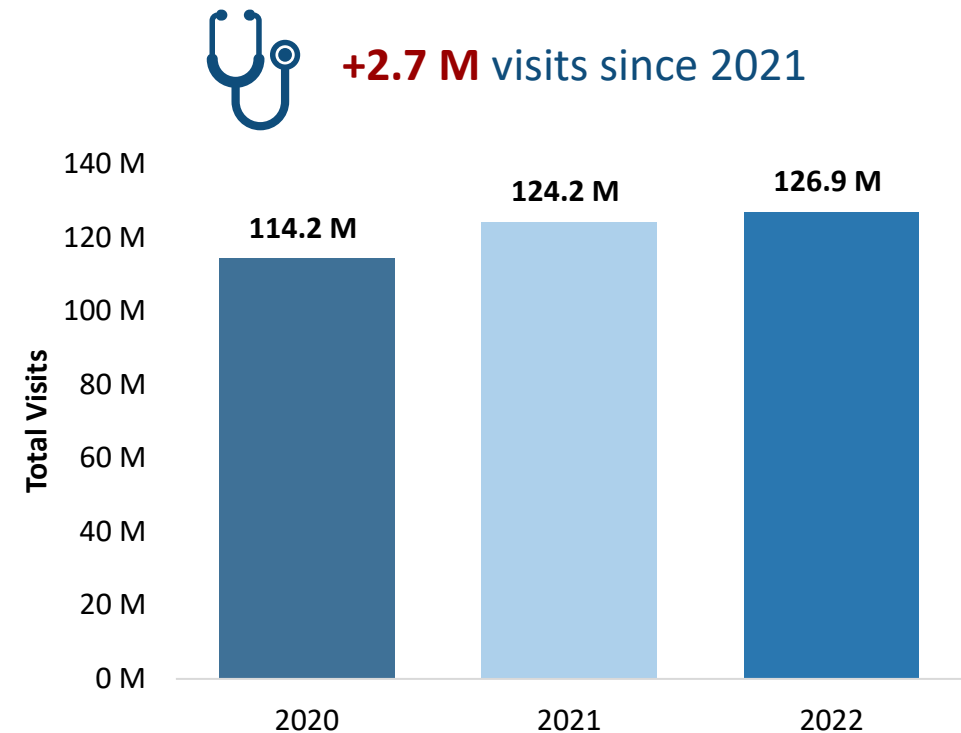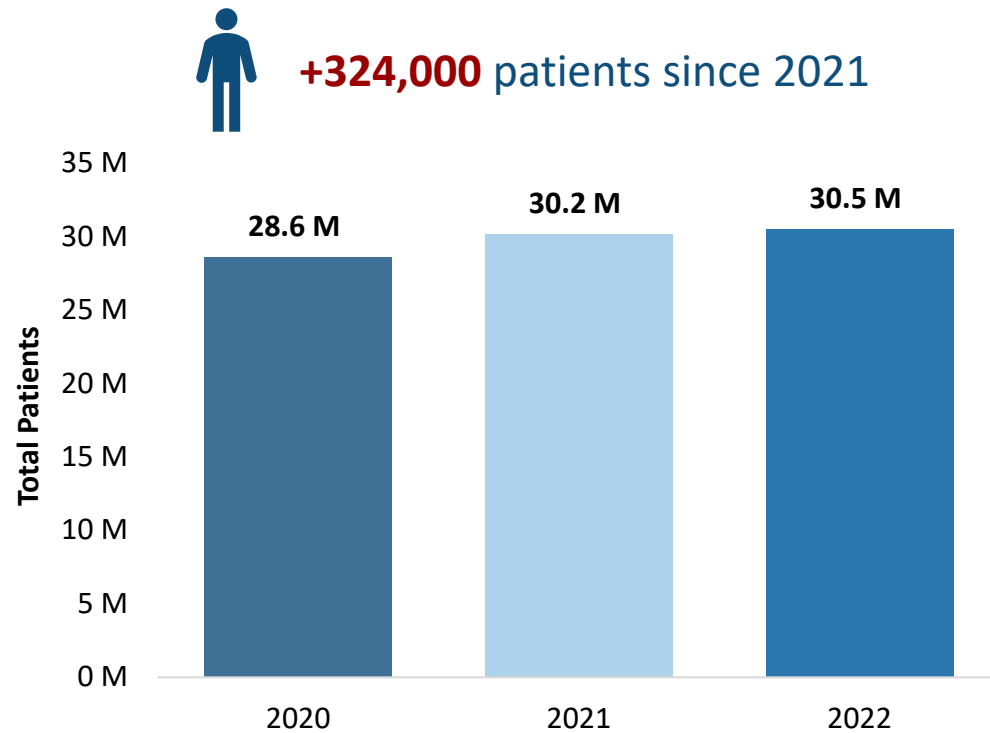**68%** of health centers exceeded a comparable national benchmark for hypertension control

Source: Uniform Data System, 2021-2022.
Note: 1,370 health centers reported UDS 2022 data; 1,369 health centers reported both 2021 and 2022 UDS data. Hypertension control benchmark is the 2021 HEDIS Medicaid HMO average.

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Increasing the Reach of the Health Center Program

The Health Center Program continued to increase access to primary care, serving over 30.5 million patients.

+324,000 patients since 2021

+2.7 M visits since 2021

Total Patients (left chart):
- 2020: 28.6 M
- 2021: 30.2 M
- 2022: 30.5 M

Total Visits (right chart):
- 2020: 114.2 M
- 2021: 124.2 M
- 2022: 126.9 M

Source: Uniform Data System, 2020-2022 – Table 3B, Table 5

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Continued Return to In-person Care

The number of in-person visits increased across all service categories as health centers continued to return to an in-person model of care.
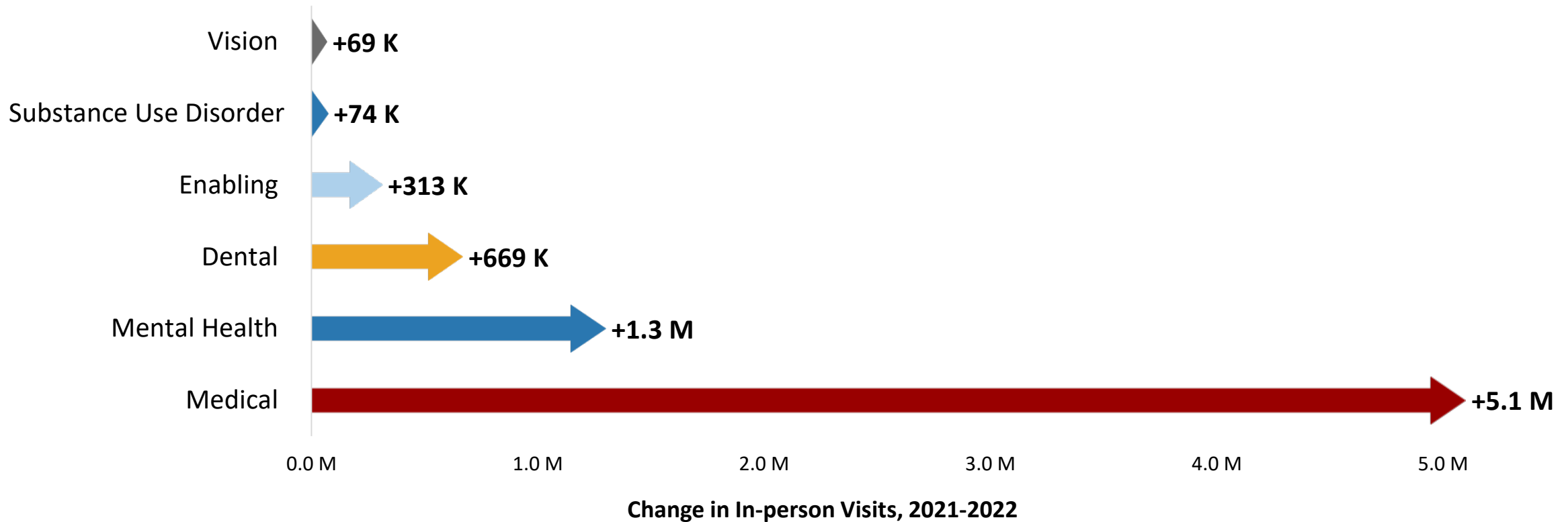
Category	Change
Vision	+69 K
Substance Use Disorder	+74 K
Enabling	+313 K
Dental	+669 K
Mental Health	+1.3 M
Medical	+5.1 M

0.0 M 1.0 M 2.0 M 3.0 M 4.0 M 5.0 M

Change in In-person Visits, 2021-2022

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Patient Profile

"We've continued to see a growing trend in uninsured populations experiencing homelessness presenting for care…"
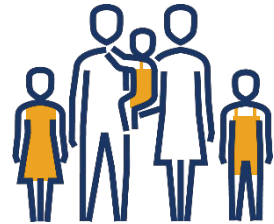
– Health Center Respondent

Patient Characteristics

30M+ people rely on HRSA-supported health centers for care, including:

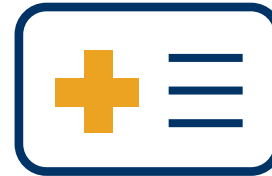**90%** of patients at or below 200% of the poverty line

1 in 9 children

24.2M uninsured, Medicaid, & Medicare patients

9.6M+ rural residents

1.4M patients experiencing homelessness

1M agricultural workers

952K+ patients served at school-based service sites

395K+ veterans

Source: Uniform Data System, 2022 – Table 3A, Table 3B, Table 4

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Growth in Certain Populations

Health centers provided care to increasing numbers of patients from special populations, with the greatest rise in patients served at school-based sites.

Percent Increase, 2021-2022

+24% — School-Based Service Site Patients — 952K Patients
+7% — Patients in/around Public Housing — 6.1M Patients
+5% — Patients Experiencing Homelessness — 1.4M Patients
+2% — Veterans — 395K Patients

Source: Uniform Data System, 2021-2022 – Table 4

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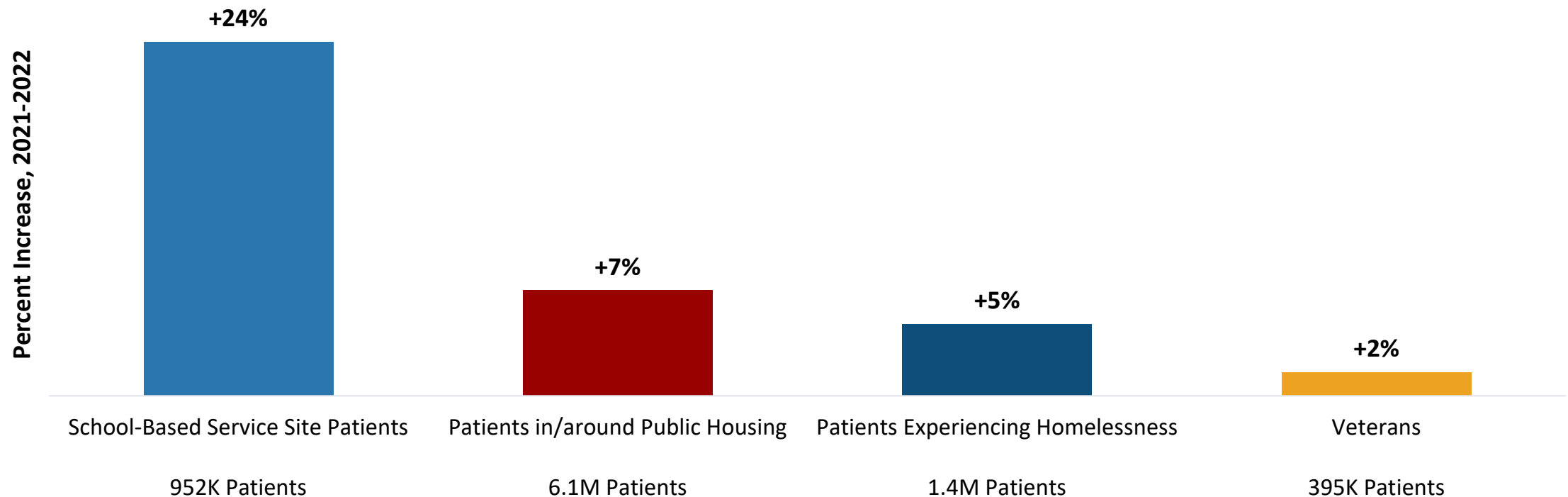
Social Risk Factor Screening

Health centers screened 16% of all patients for social risk factors.*

Percentage of patients screening positive for social risk factors†
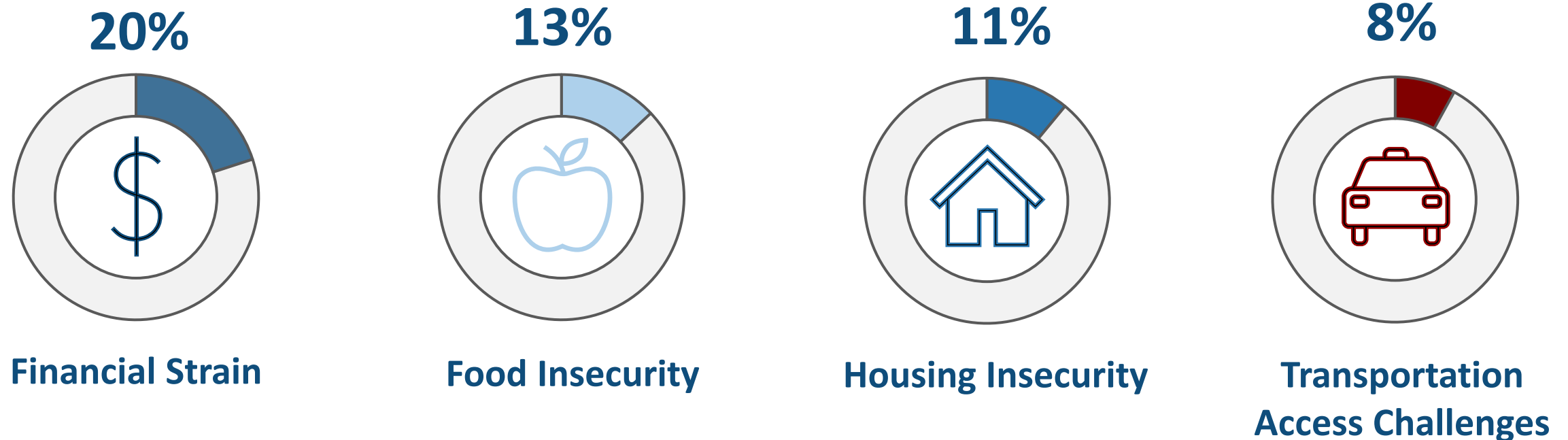
20%

Financial Strain

13%

Food Insecurity

11%

Housing Insecurity

8%

Transportation Access Challenges

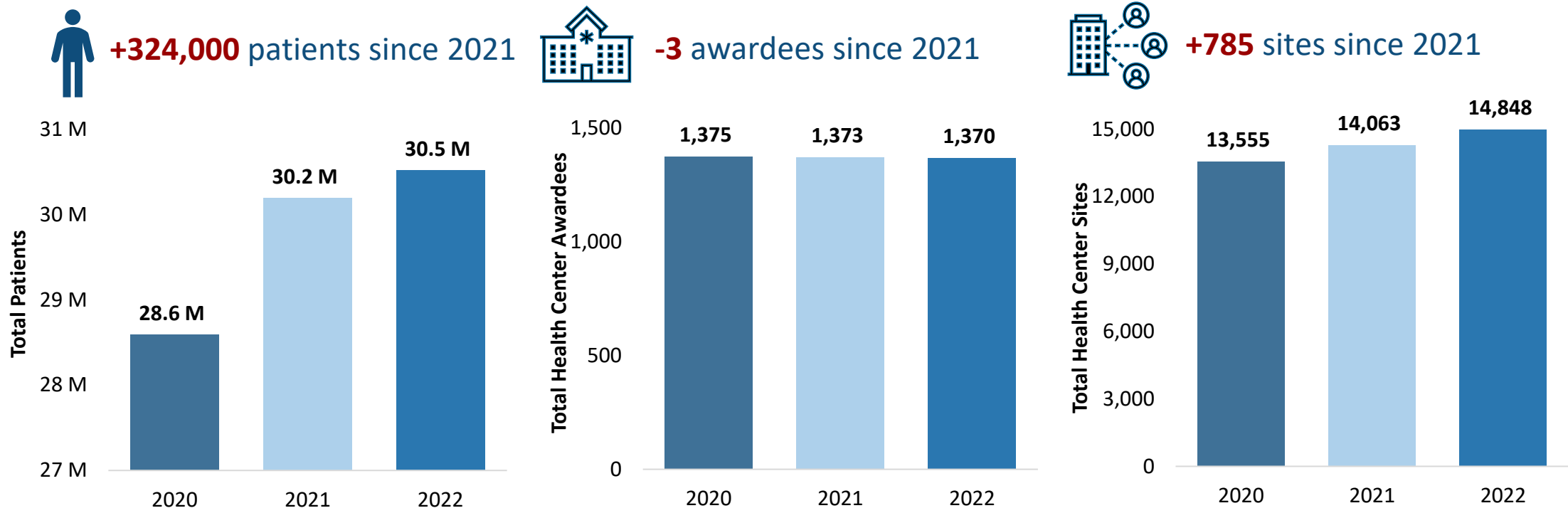HRSA
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Patients Served and Workforce

"We also saw the increase [in patients] in 2022 because now people are more comfortable with going to medical offices to get their conditions treated."

– Health Center Respondent

Continued Health Center Program Recovery

Health centers continued to recover from the effects of the COVID-19 pandemic, serving a record number of patients in 2022.

+324,000 patients since 2021

-3 awardees since 2021

+785 sites since 2021

Total Patients

2020	2021	2022
28.6 M	30.2 M	30.5 M

Total Health Center Awardees

2020	2021	2022
1,375	1,373	1,370

Total Health Center Sites
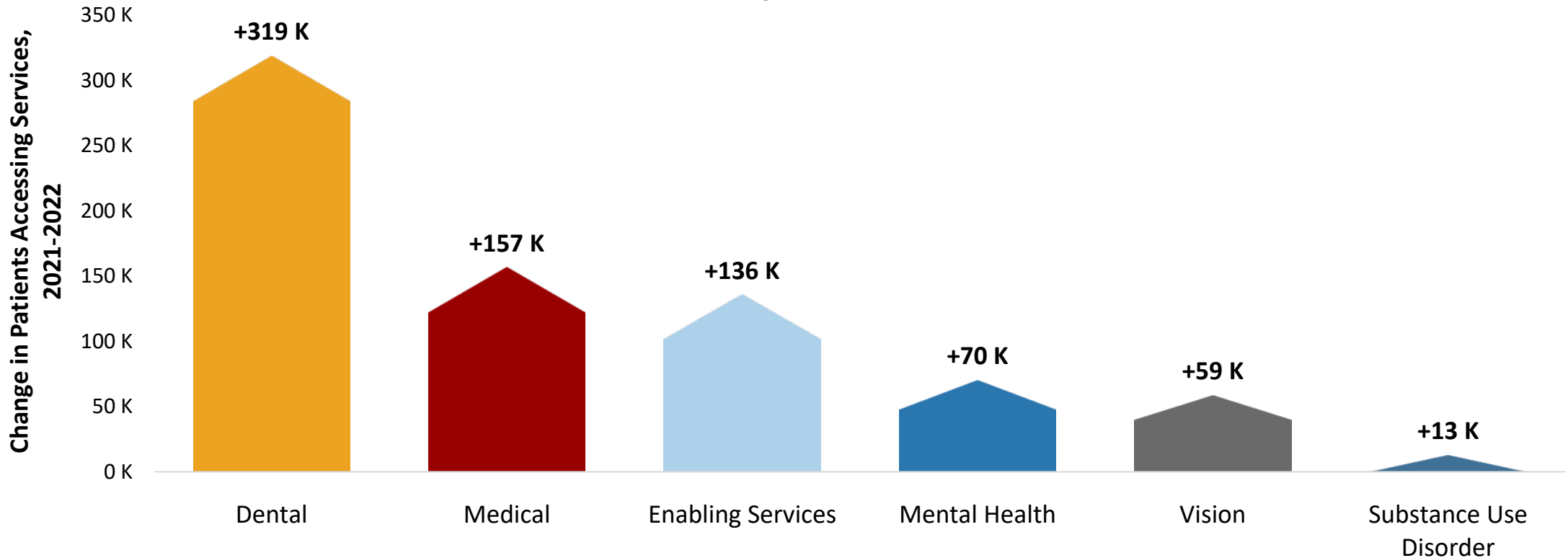
2020	2021	2022
13,555	14,063	14,848

Source: Uniform Data System, 2020-2022 – Table 3B, UDS Rollup Report, Health Center Site Information

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Increasing Access to the Health Center Model of Care

Health centers served more patients across all services categories, increasing access to comprehensive care.

Chart: Change in Patients Accessing Services, 2021-2022

- Dental: +319 K
- Medical: +157 K
- Enabling Services: +136 K
- Mental Health: +70 K
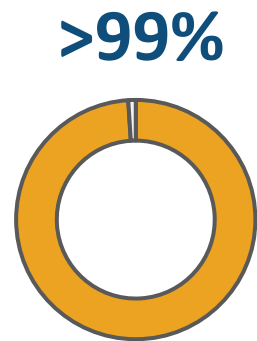- Vision: +59 K
- Substance Use Disorder: +13 K

Source: Uniform Data System, 2021-2022 – Table 5
Note: Patients receiving integrated mental health or substance use disorder services by medical or mental health providers as reported in Table 5
Service Detail Addendum are not reflected in counts of patients accessing mental health or substance use disorder services.
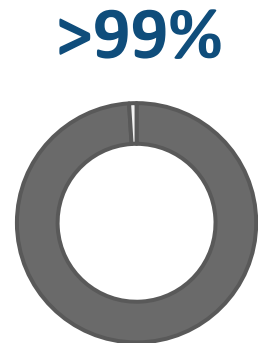
Return to In-person Care

In 2022, the proportion of in-person visits increased across all service categories except enabling services as health centers continued to return to an in-person model of care.

>99%

Dental

>99%

Vision

87%

Medical

72%

Substance Use Disorder

72%

Enabling Services

54%

Mental Health

Proportion of visits that were in-person in select service categories, 2022

Source: Uniform Data System, 2022 – Table 5; Note: Visits for integrated mental health or substance use disorder services provided by medical or mental health providers as reported in Table 5 Service Detail Addendum are not reflected in visit counts.

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Growing the Health Center Workforce

Health centers hired additional providers across all service categories between 2021 and 2022.

	Medical	Enabling Services	Mental Health	Dental	Substance Use Disorder	Vision
Change in FTEs, 2021-2022	+2,736	+1,796	+1,220	+553	+130	+88
Total FTEs	95,505 total FTEs	27,410 total FTEs	16,374 total FTEs	19,302 total FTEs	2,391 total FTEs	1,108 total FTEs

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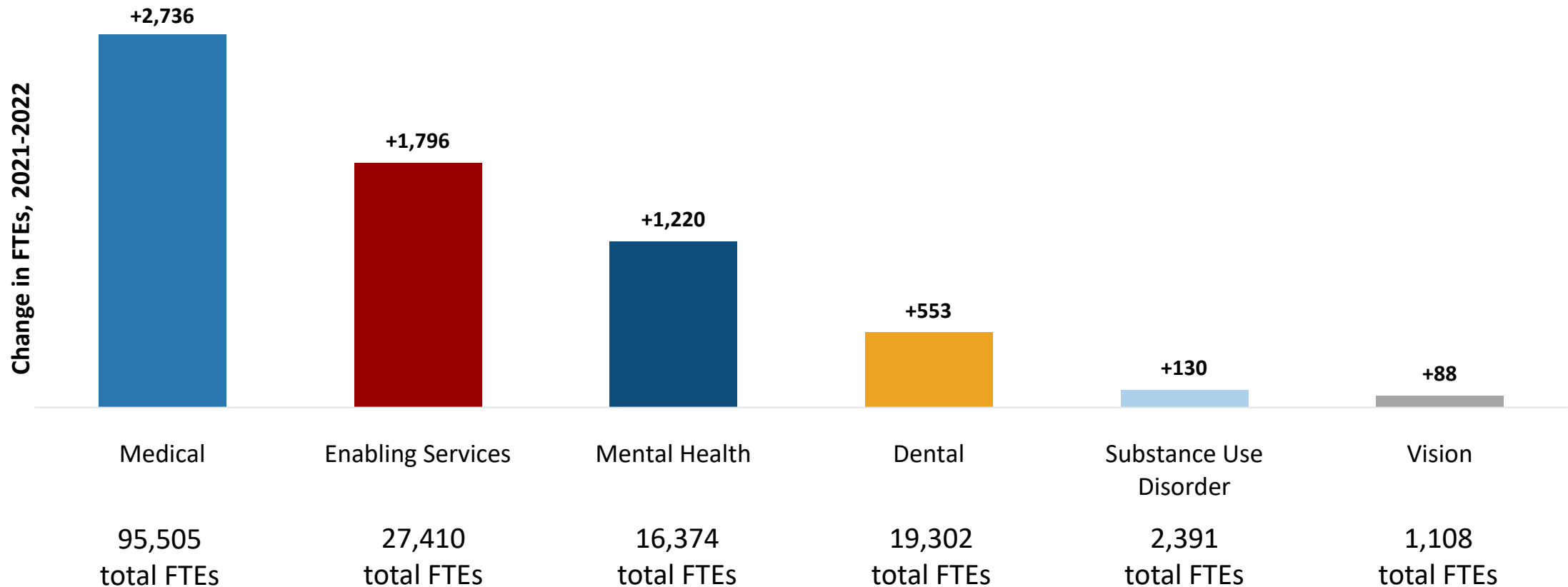
Growing Workforce Practice Areas

Health centers saw large workforce growth in several practice areas.
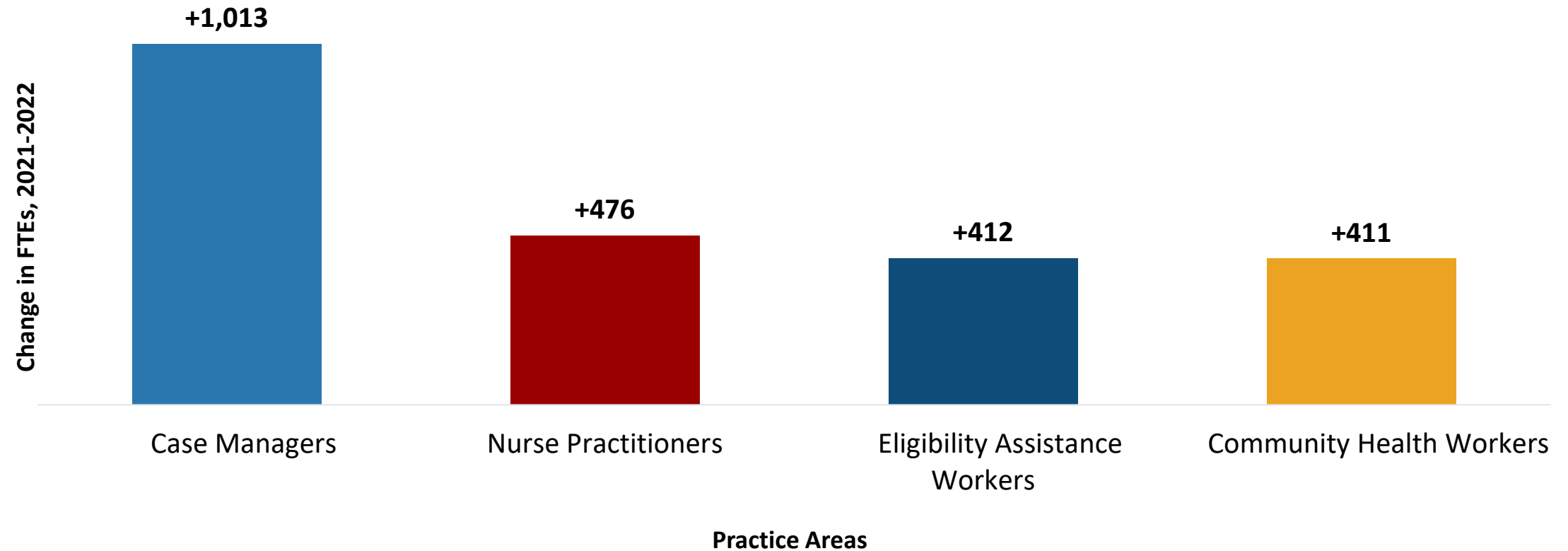
Source: Uniform Data System, 2021-2022 – Table 5

Training the Next Health Center Workforce

Health centers hosted nearly 59,000 pre- and post-graduate trainees in 2022, a 12% increase from 2021.
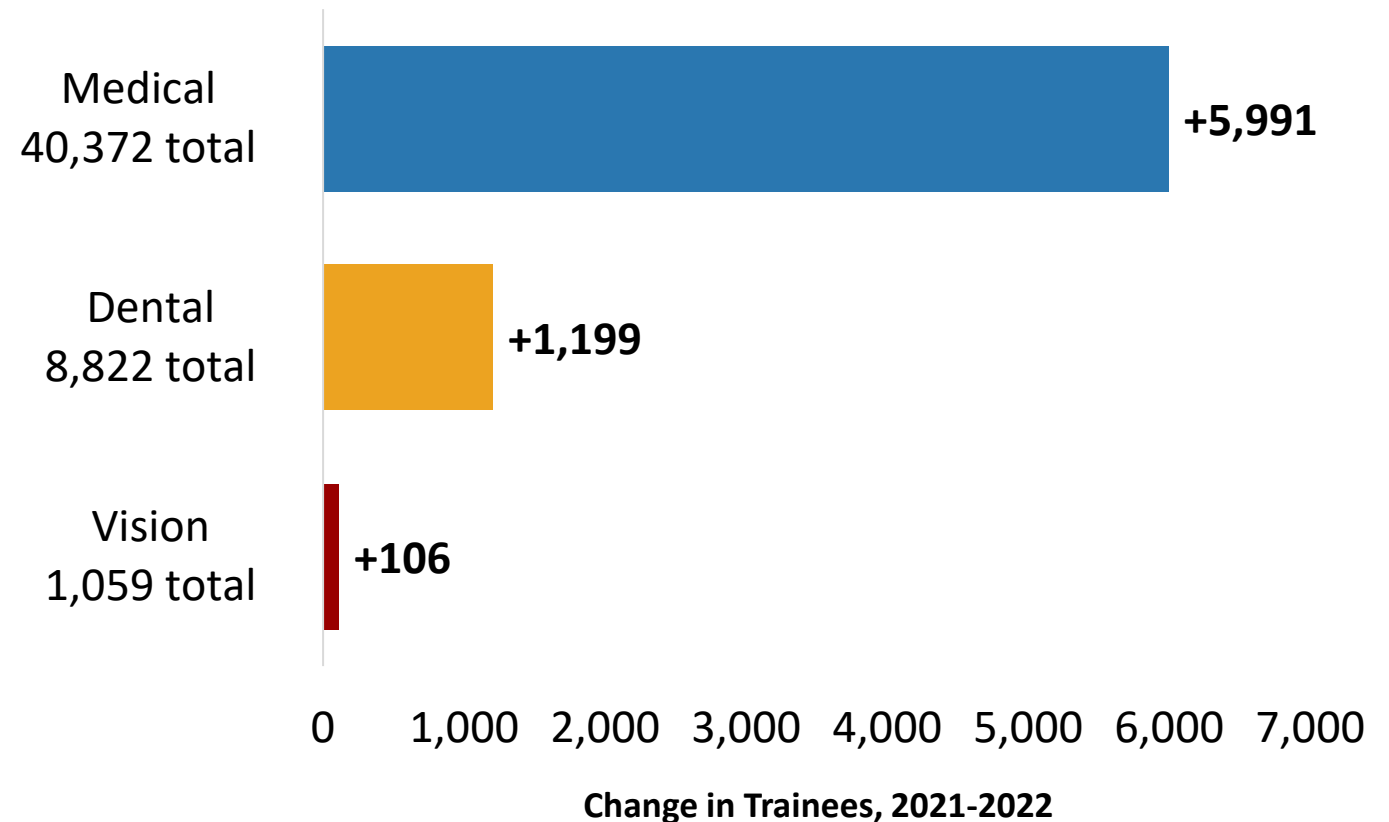
Medical
40,372 total — +5,991

Dental
8,822 total — +1,199

Vision
1,059 total — +106

0 1,000 2,000 3,000 4,000 5,000 6,000 7,000

Change in Trainees, 2021-2022

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Health Center Revenue

"We saw an increase in unique patients and a shift from uninsured to having Medicaid or Medicare coverage."

– Health Center Respondent

Patient Insurance Status

In 2022, the proportion of health center patients insured through Medicaid increased.
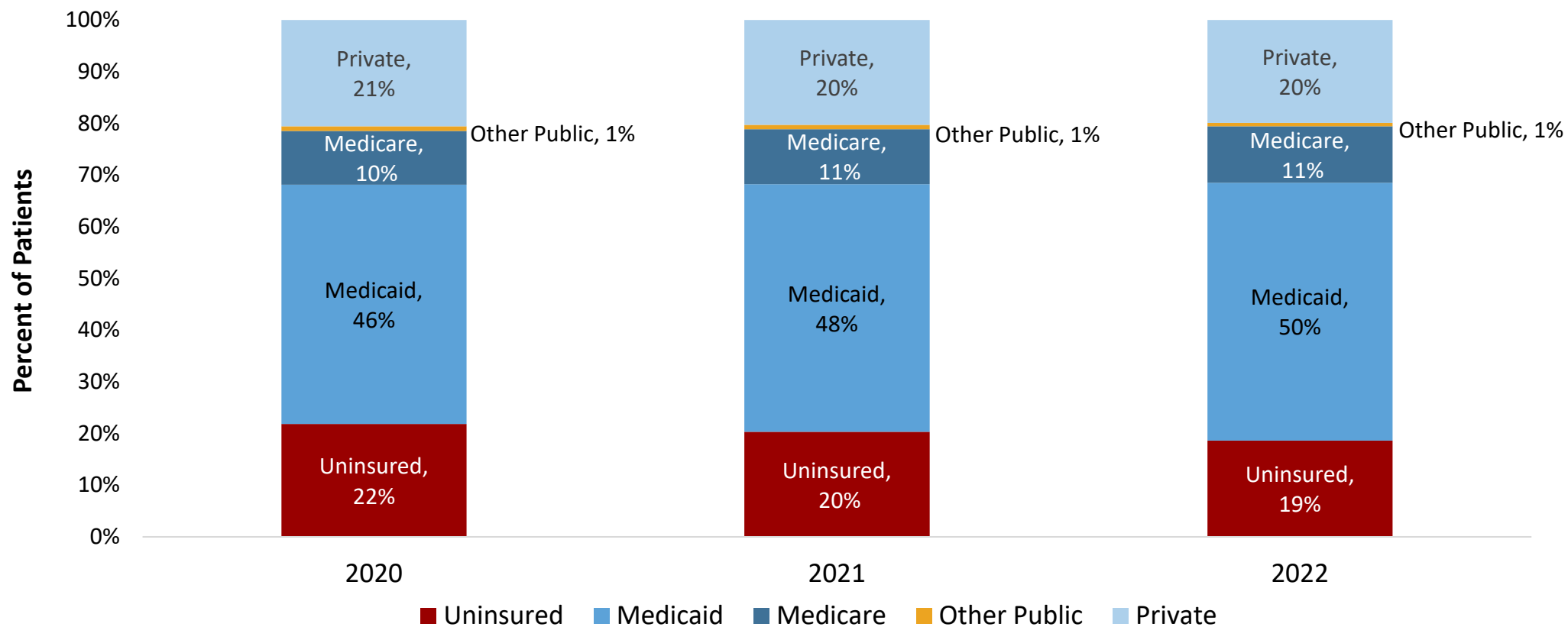
Source: Uniform Data System, 2020-2022, Table 4.
For the Insurance Status chart, the order from top to bottom is Private, Other Public, Medicare, Medicaid, and Uninsured.

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Changes in Health Center Revenue

In 2022, health centers revenues rose due to increased payer reimbursements as a result of serving more patients.
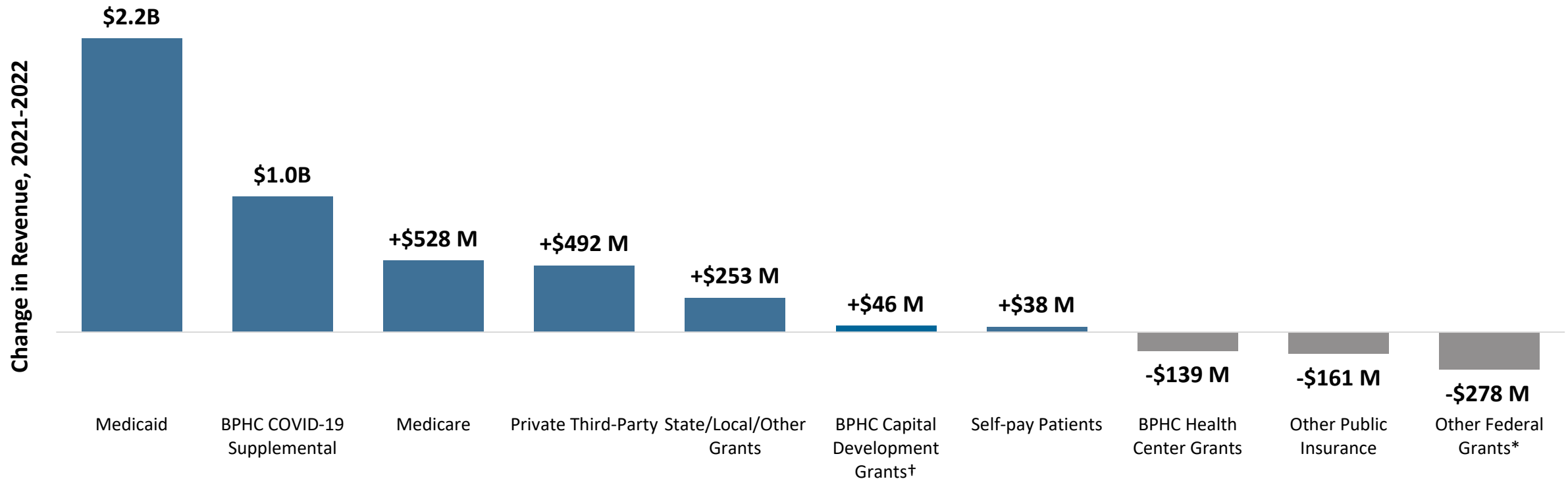
Y-axis: Change in Revenue, 2021-2022

Category	Change
Medicaid	$2.2B
BPHC COVID-19 Supplemental	$1.0B
Medicare	+$528 M
Private Third-Party	+$492 M
State/Local/Other Grants	+$253 M
BPHC Capital Development Grants†	+$46 M
Self-pay Patients	+$38 M
BPHC Health Center Grants	-$139 M
Other Public Insurance	-$161 M
Other Federal Grants*	-$278 M

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Health Center Revenue Sources

In 2022, health centers saw a similar proportion of revenue from grant funding and payer reimbursements as 2021.
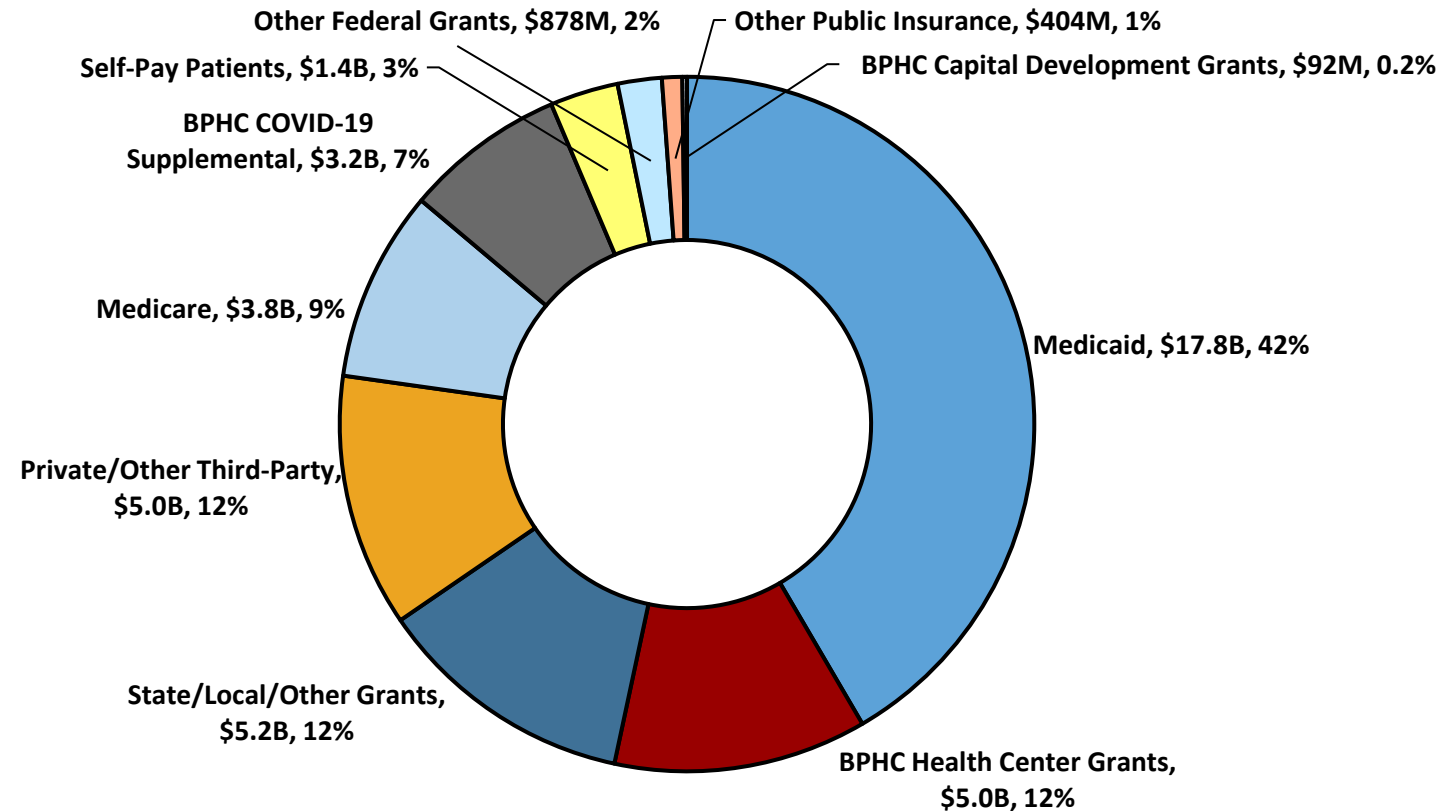
Other Federal Grants, $878M, 2%
Other Public Insurance, $404M, 1%
Self-Pay Patients, $1.4B, 3%
BPHC Capital Development Grants, $92M, 0.2%
BPHC COVID-19 Supplemental, $3.2B, 7%
Medicare, $3.8B, 9%
Medicaid, $17.8B, 42%
Private/Other Third-Party, $5.0B, 12%
State/Local/Other Grants, $5.2B, 12%
BPHC Health Center Grants, $5.0B, 12%

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Improving Clinical Quality and Health Equity

"In 2022, we expanded access to chronic disease management services for hypertension and diabetes by integrating care management, nutrition and medication management services within the delivery of care."

– Health Center Respondent

Improving Clinical Quality Performance

Health centers improved 12 of 18 clinical quality measures (CQMs) from 2021 to 2022.

Maternal & Child Health

Clinical Quality Measure	2022 v 2021
Low Birth Weight *Inverse Measure*	⬆
BMI Assessment & Counseling for Nutrition & Physical Activity (Ages 3-16)	⬆
Dental Sealants for Children (Ages 6-9)	⬆

Disease Management

Clinical Quality Measure	2022 v 2021
Statin Therapy for Cardiovascular Disease	⬆
Hypertension Control (less than 140/90 mm Hg)	⬆
Uncontrolled Diabetes (HbA1c >9%) *Inverse Measure*	⬆

Screening & Preventive Care

Clinical Quality Measure	2022 v 2021
Cervical Cancer Screening	⬆
Breast Cancer Screening[1]	⬆
Colorectal Cancer Screening	⬆
Tobacco Use Screening & Cessation Intervention	⬆
HIV Screening[1]	⬆
Screening for Depression & Follow-Up Plan	⬆

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Exceeding National Quality Benchmarks

In 2022, health centers performed above four comparable national benchmarks, demonstrating that patients from medically underserved communities received high quality care.

UDS CQMs Exceeding Benchmarks

Bar chart — Percent of Eligible Patients:
- Dental Sealants for Children: **UDS 58%**, National Benchmark 37%*
- Low Birth Weight - Inverse Measure: **UDS 8%**, National Benchmark 9%‡
- Hypertension Control: **UDS 63%**, National Benchmark 59%†
- Uncontrolled Diabetes - Inverse Measure: **UDS 30%**, National Benchmark 42%†, 19%*

Legend: ■ 2022 UDS National Rate ┉ National Benchmark
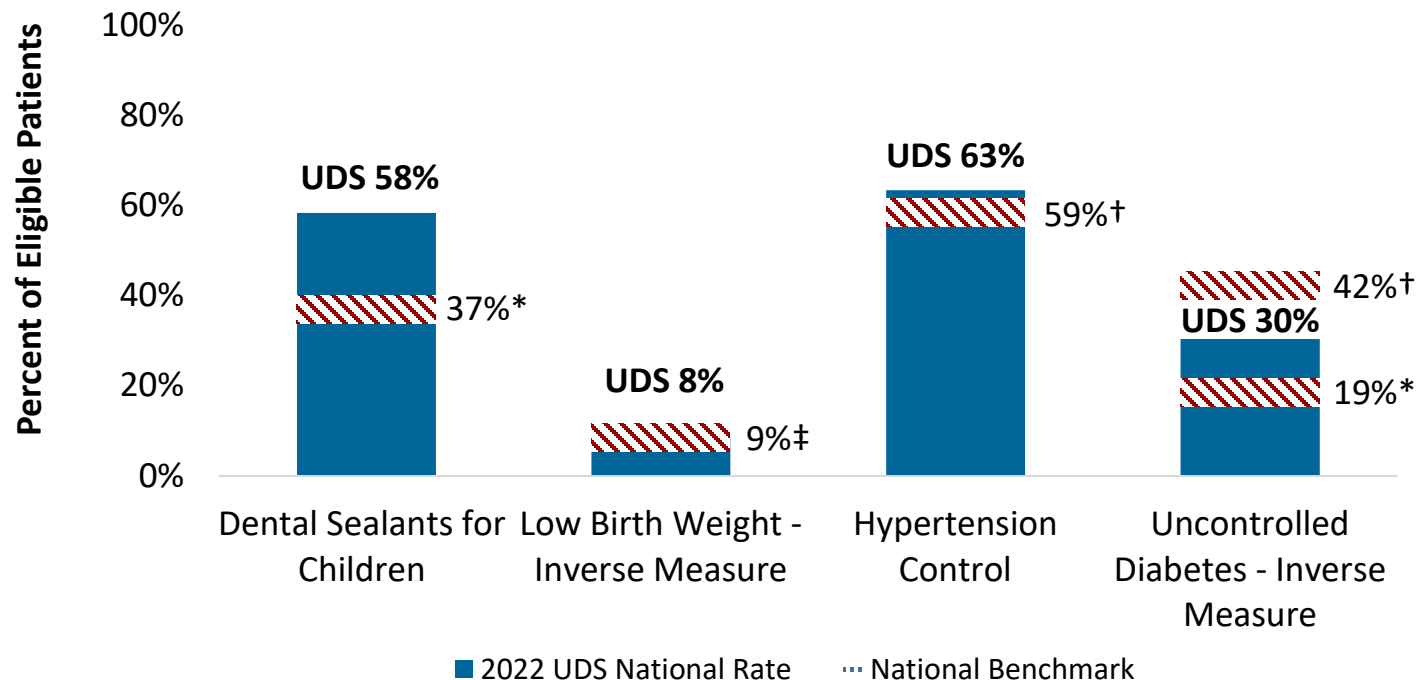
> **68%**
> of health centers exceeded the HEDIS Medicaid HMO hypertension control average†

Source: Uniform Data System 2022 – Table 6B, Table 7.
Benchmark Sources: * Healthy People 2030 Most Recent Data † HEDIS Medicaid HMO, 2021 ‡ National Vital Statistics System, 2021
Note only 10 UDS CQMs have comparable national benchmarks.

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Responding to Increasing Mental Health Needs

Health centers continued to meet the increased demand for mental health services since 2020 by providing screenings and virtual services.

- Served **2.7 million** patients seeking mental health services

- **70%** of patients 12 years and older received depression screening and follow-up plans as appropriate
  - **+ 3 percentage points** from 2021

Mental Health Visits

14.1 M
- 52%, Virtual Visits
- 48%, In-person Visits
- 2020

15.1 M
- 54%, Virtual Visits
- 46%, In-person Visits
- 2021

15.3 M
- 46%, Virtual Visits
- 54%, In-person Visits
- 2022

Y-axis: 0 M, 2 M, 4 M, 6 M, 8 M, 10 M, 12 M, 14 M, 16 M, 18 M

Legend: ■ In-person Visits ■ Virtual Visits
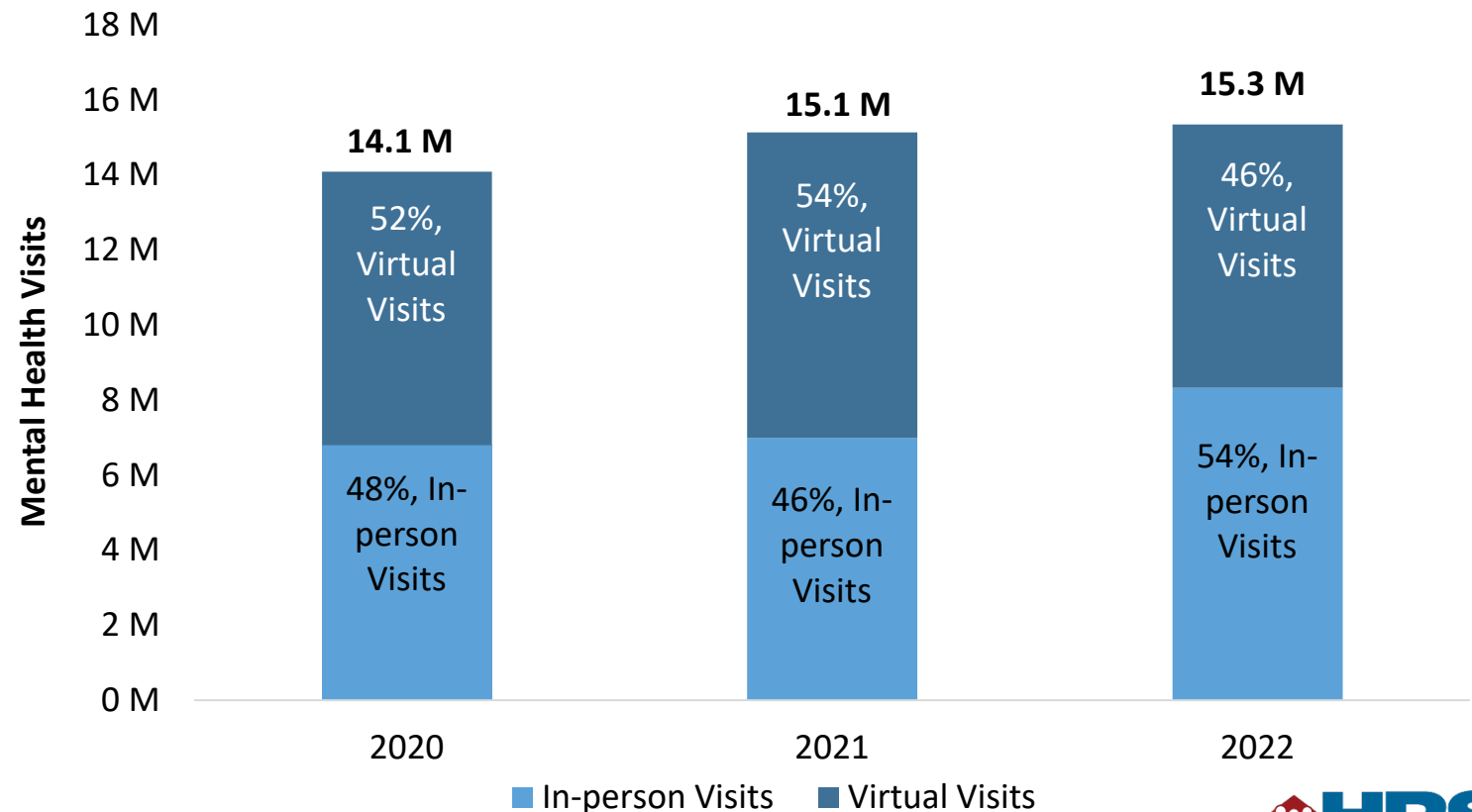
Source: Uniform Data System 2020-2022 – Table 5, Table 6B

Diagnosing and Treating Mental Health Conditions

Health centers have diagnosed and treated more patients for common mental health conditions in recent years.

Patients Receiving Services for Select Mental Health Conditions

Patients (y-axis): 0 M, 1 M, 2 M, 3 M, 4 M

Years (x-axis): 2020, 2021, 2022

Anxiety Disorders: 2.7 M (2020), 3.0 M (2021), 3.2 M (2022)

Depression and Other Mood Disorders: 2.6 M (2020), 2.7 M (2021), 2.8 M (2022)

— Depression and Other Mood Disorders   --- Anxiety Disorders

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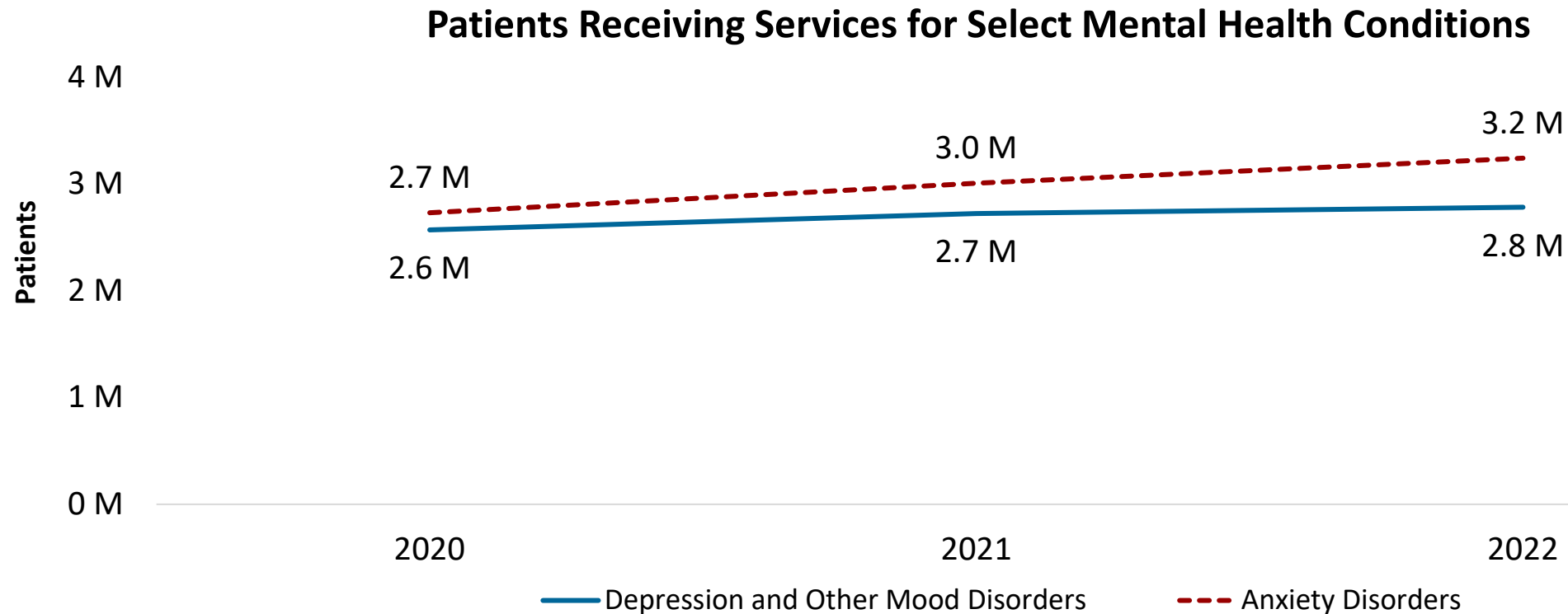
Addressing Substance Use Disorder Needs

Health centers addressed the increased need for substance use disorder services nationwide by increasing access to Medication-Assisted Treatment (MAT) services.

+13,000 patients receiving SUD services
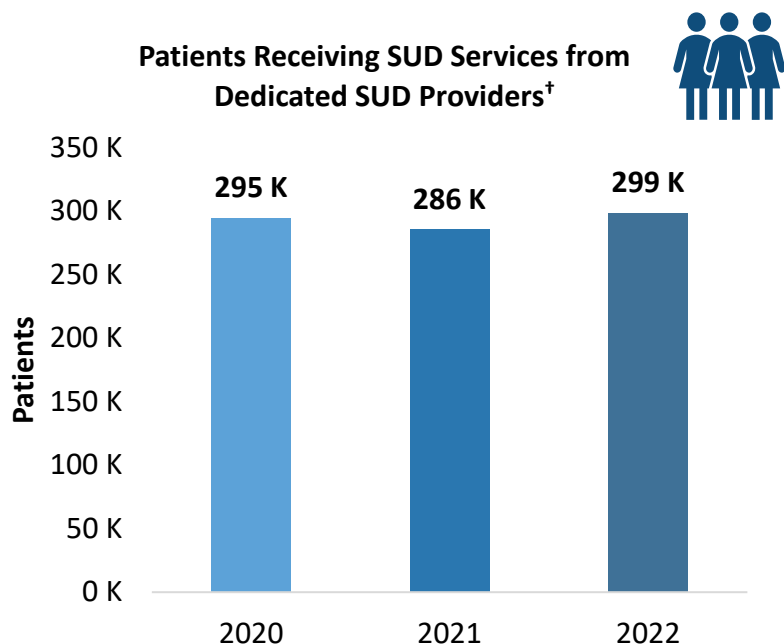
+9,600 patients receiving MAT

+1,400 MAT-eligible providers

Patients Receiving SUD Services from Dedicated SUD Providers[†]
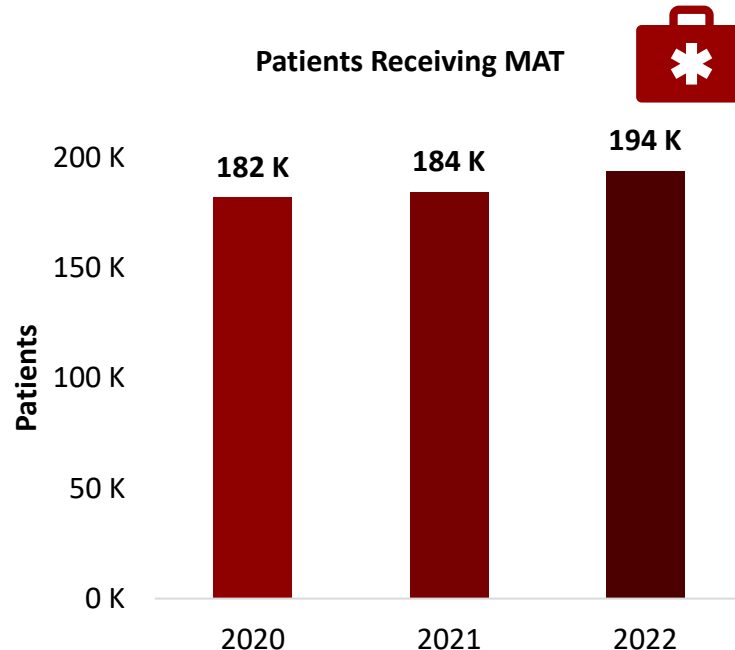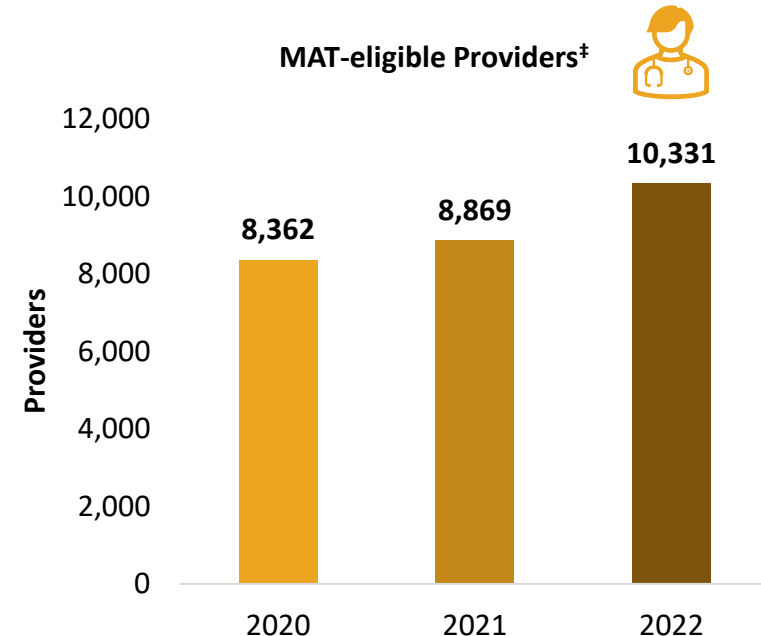
Patients

	2020	2021	2022
	295 K	286 K	299 K

Patients Receiving MAT

Patients

	2020	2021	2022
	182 K	184 K	194 K

MAT-eligible Providers[‡]

Providers

	2020	2021	2022
	8,362	8,869	10,331

Source: Uniform Data System, 2020-2022 – Table 5, Appendix E: Other Data Elements
[†]Patients receiving integrated SUD services from medical or mental health providers as reported in Table 5 Service Detail Addendum are not included in patient counts.
[‡]Definition of DATA-waived providers in UDS reporting guidance updated to include physicians, physician assistants, and certified nurse practitioners in 2017. In 2020, UDS reporting guidance was updated to reflect the number of physicians, certified nurse practitioners, physician assistants, and certified nurse midwives with a DATA waiver.

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Diagnosing and Treating Substance Use Disorders

In 2022, health centers diagnosed and treated more patients for common substance use disorders.

Patients Receiving Services for Select Substance Use Disorders
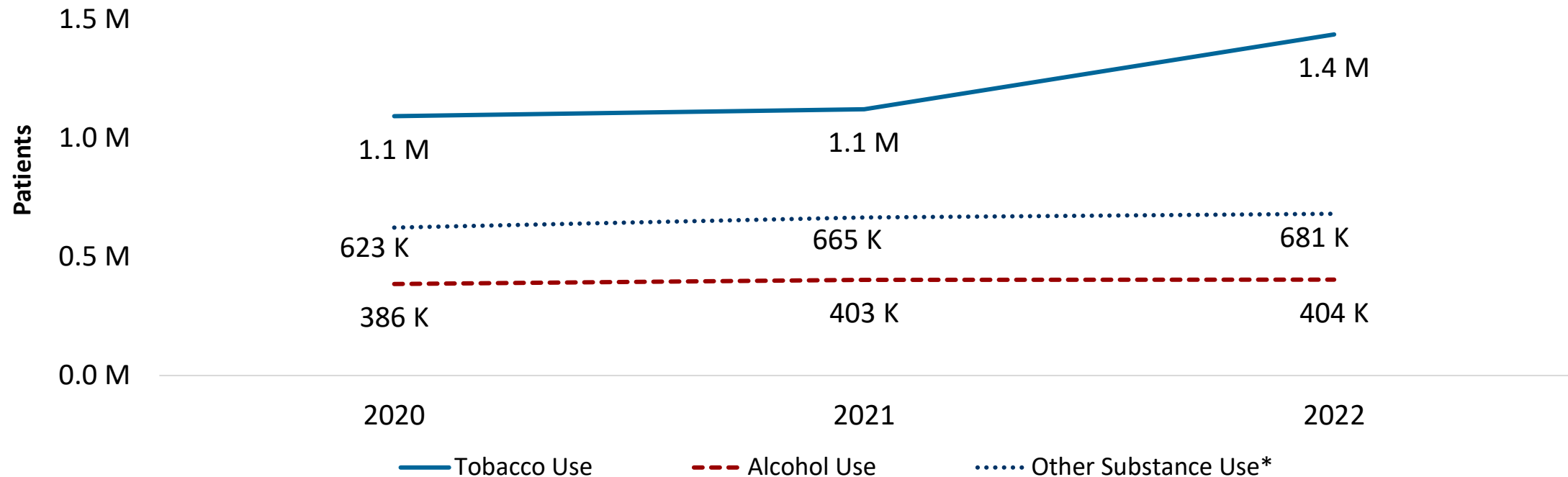
Source: Uniform Data System 2020-2022 – Table 6A
* Other substance use disorders can include use of opioids, cannabis, cocaine, stimulants, hallucinogens, inhalants, and other psychoactive substances; patients receiving treatment for drug-related polyneuropathy or drug complicating pregnancy may also be reflected in this count.
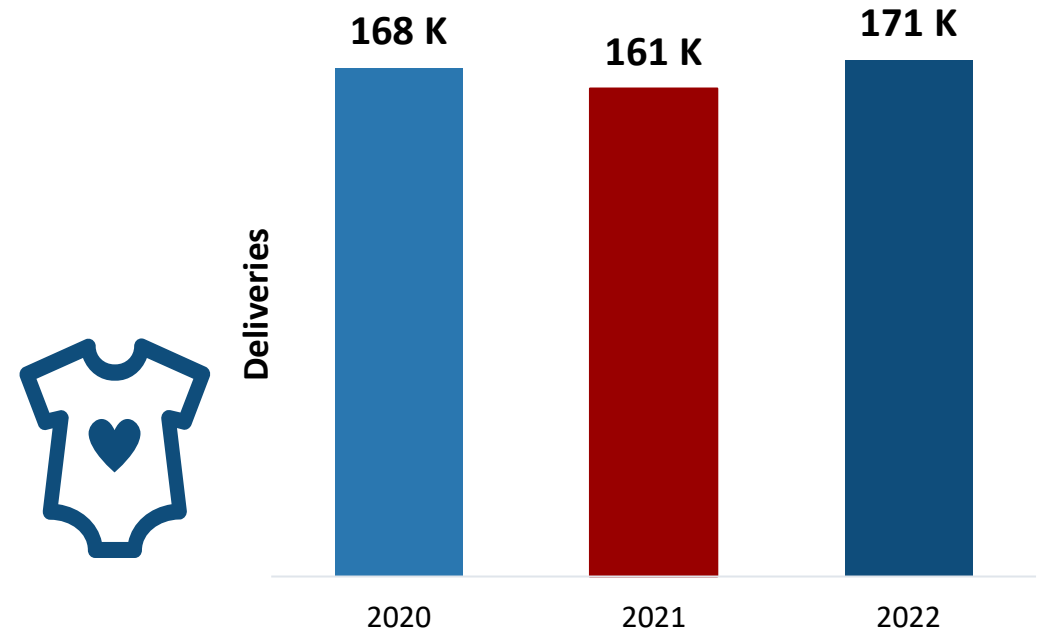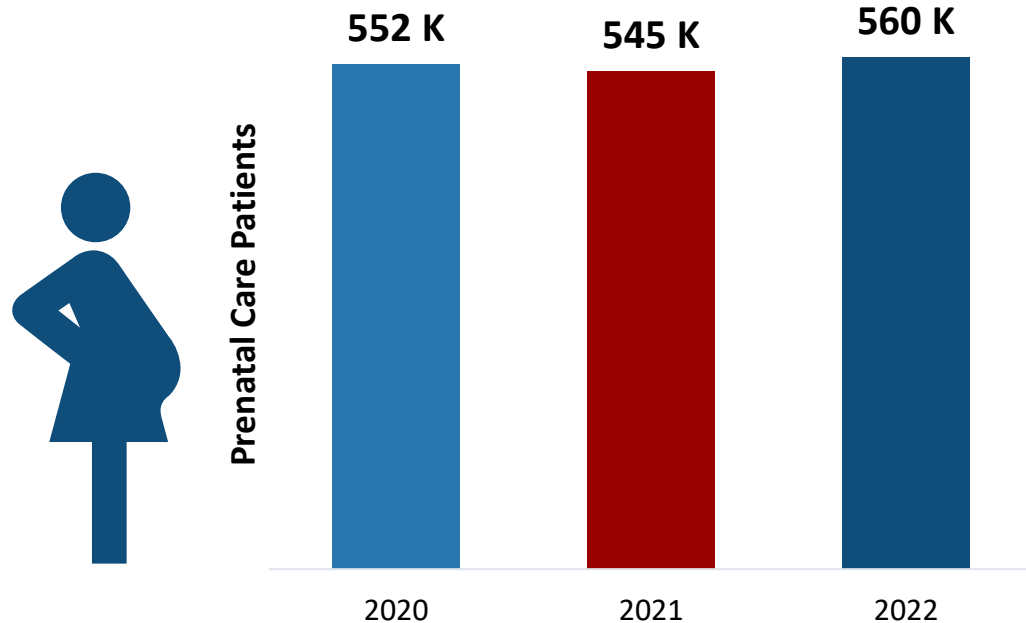
Supporting Maternal Health Needs

Health centers served more prenatal care patients and supported more deliveries.

+15,000 Prenatal Care Patients

+9,500 Health Center-Supported Deliveries

Prenatal Care Patients

- 2020: 552 K
- 2021: 545 K
- 2022: 560 K

Deliveries

- 2020: 168 K
- 2021: 161 K
- 2022: 171 K

HRSA Health Center Program

Working Toward Health Equity: Low Birth Weight

Multiple race/ethnic groups had improvements in low birth weight rates between 2021 and 2022.

Low Birth Weight CQM Rate, 2021-2022

Race/Ethnic Group	2021	2022
Hispanic/Latino	7.3%	**7.2%** (improved)
Non-Hispanic Asian	8.3%	**8.7%** (did not improve)
Non-Hispanic Native Hawaiian	8.7%	**9.2%** (did not improve)
Non-Hispanic Other Pacific Islander	7.8%	**8.3%** (did not improve)
Non-Hispanic Black/African American	13.0%	**13.2%** (did not improve)
Non-Hispanic American Indian/Alaska Native	7.8%	**8.9%** (did not improve)
Non-Hispanic White	8.0%	**7.9%** (improved)
Non-Hispanic More than One Race	9.9%	**9.2%** (improved)

◄ Improved between 2021 and 2022
➡ Did not improve between 2021 and 2022

Source: Uniform Data System, 2021-2022 - Table 7; 2022 CQM rates are bolded.

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Increasing Pediatric Services

Health centers supported recovery in pediatric health services through increased well-child visits and improved screening and preventive services.
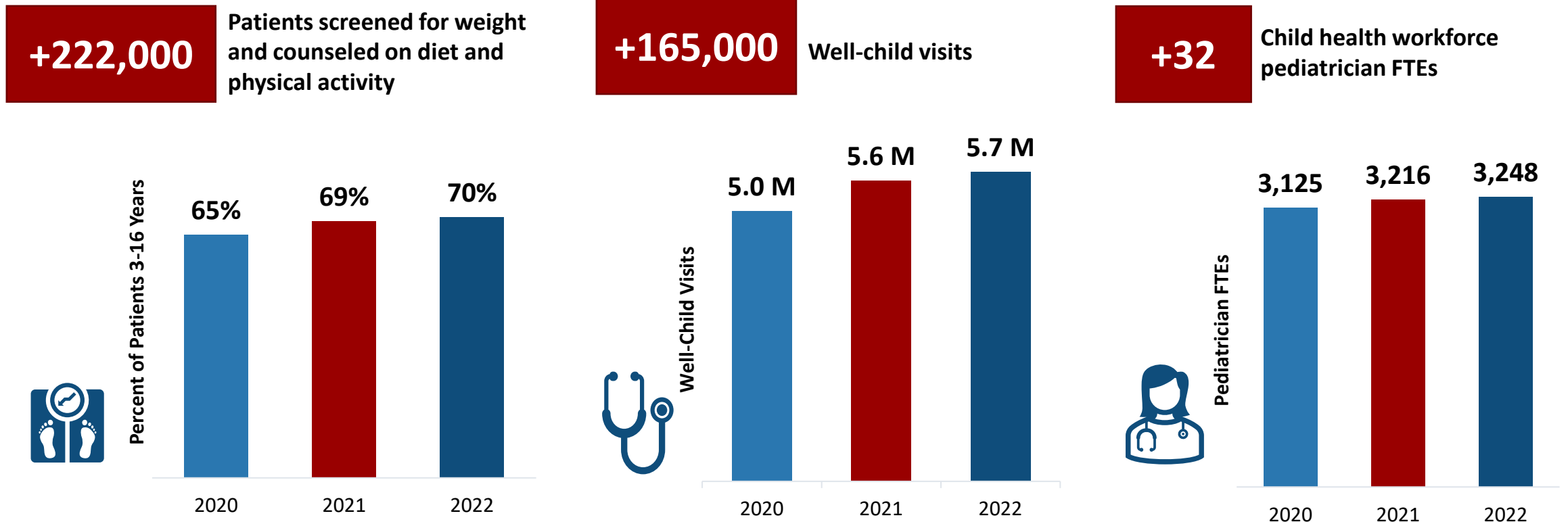
+222,000 Patients screened for weight and counseled on diet and physical activity

+165,000 Well-child visits

+32 Child health workforce pediatrician FTEs

Percent of Patients 3-16 Years
- 2020: 65%
- 2021: 69%
- 2022: 70%

Well-Child Visits
- 2020: 5.0 M
- 2021: 5.6 M
- 2022: 5.7 M

Pediatrician FTEs
- 2020: 3,125
- 2021: 3,216
- 2022: 3,248

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Increasing Cancer Screening

Health centers leveraged FY 2023 Accelerating Cancer Screening (AxCs) funding to expand cancer screening.

+163,000 Patients screened for breast cancer

+59,000 Patients screened for cervical cancer

+89,000 Patients screened for colorectal cancer

Chart: Patients Screened (Y-axis: 0M to 4M)

Breast Cancer: 2020 = 1.4 M, 2021 = 1.6 M, 2022 = 1.7 M

Cervical Cancer: 2020 = 3.8 M, 2021 = 4.0 M, 2022 = 4.1 M

Colorectal Cancer: 2020 = 2.4 M, 2021 = 2.7 M, 2022 = 2.8 M

Legend: ■ 2020 ■ 2021 ▨ 2022
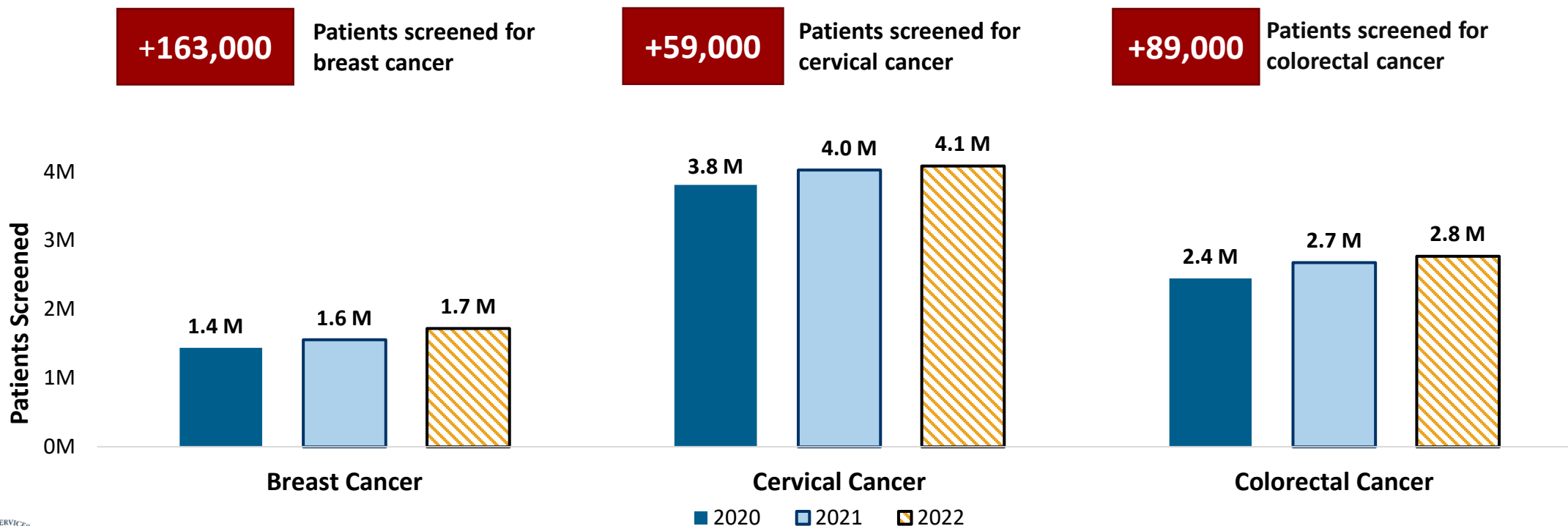
Source: Uniform Data System 2020-2022 – Table 6B
[1] Breast cancer screening CQM was added to UDS in 2020; Patients screened based on those that met CQM inclusion criteria

BPHC's Progress in Ending the HIV Epidemic in the U.S.

FY 2023: $35 million to support the Ending the HIV Epidemic in the U.S. initiative – further increasing participation in the Initiative's targeted geographic regions

	2020	2021	2022
Total Health Center Patients	28.6 M	30.2M	30.5M
Number of HIV Tests	2,489,031	3,272,865	3,492,034
Number of HIV Patients (PLWH)	189,970	200,006	199,442
% New Diagnoses Linked to Care[1]	81.41%	82.70%	82.20%

- **Over 3.4 million** HIV tests conducted in 2022

- **Nearly 200,000 patients** with HIV received primary care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program

- Treated **more than 84,000** Pre-Exposure Prophylaxis (PrEP) patients in 2022

- FY 2022: **$20+ million** awarded to **64 health centers** to increase outreach, testing, care coordination, and HIV prevention services, including PrEP, in targeted counties/cities and states
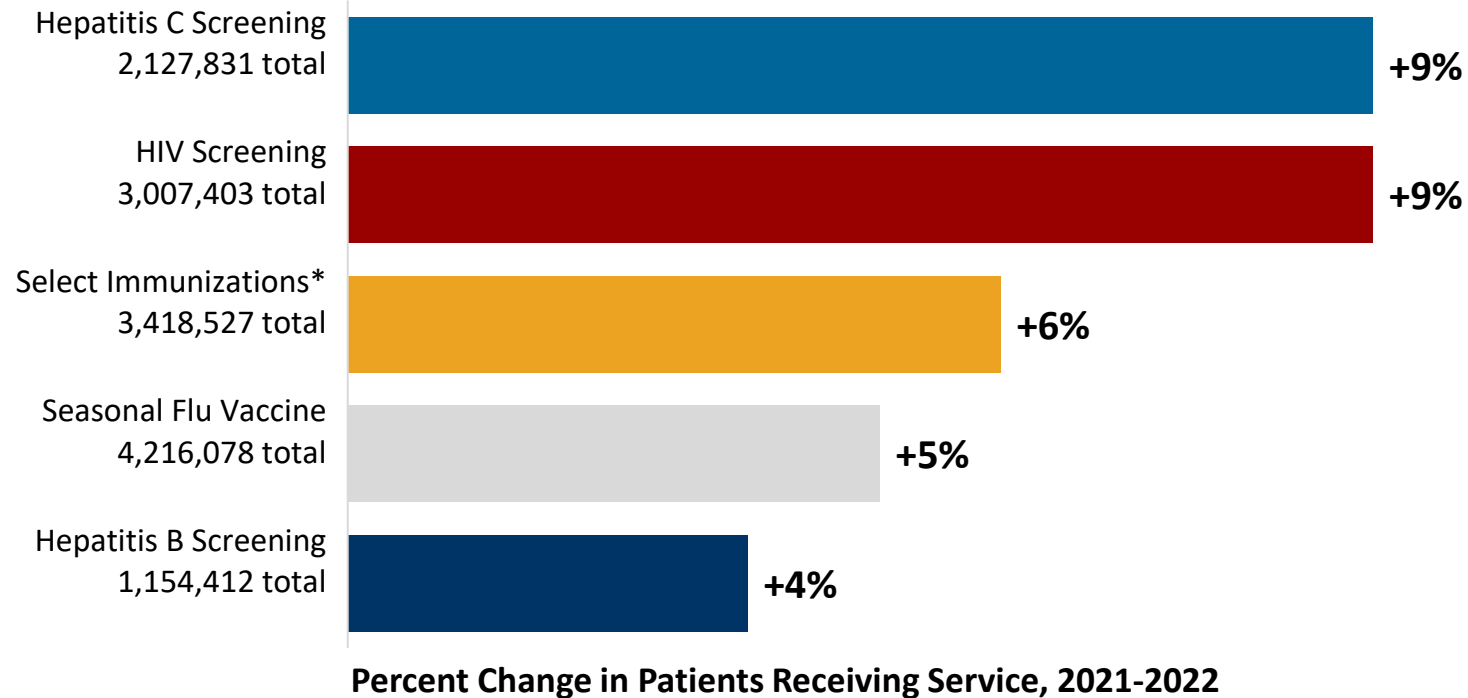
Source: Uniform Data System, 2020-2022 – Table 3A, Table 6A, Table 6B.
[1] HIV linkage to care CQM defined as percent of patients with first-ever HIV diagnosis that were seen for follow-up treatment within 30 days of diagnosis.

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Infectious Disease Screening and Prevention

Health centers continued to increase screening rates for infectious disease and sexually transmitted infections (STIs) after experiencing decreases in screening rates in 2020.
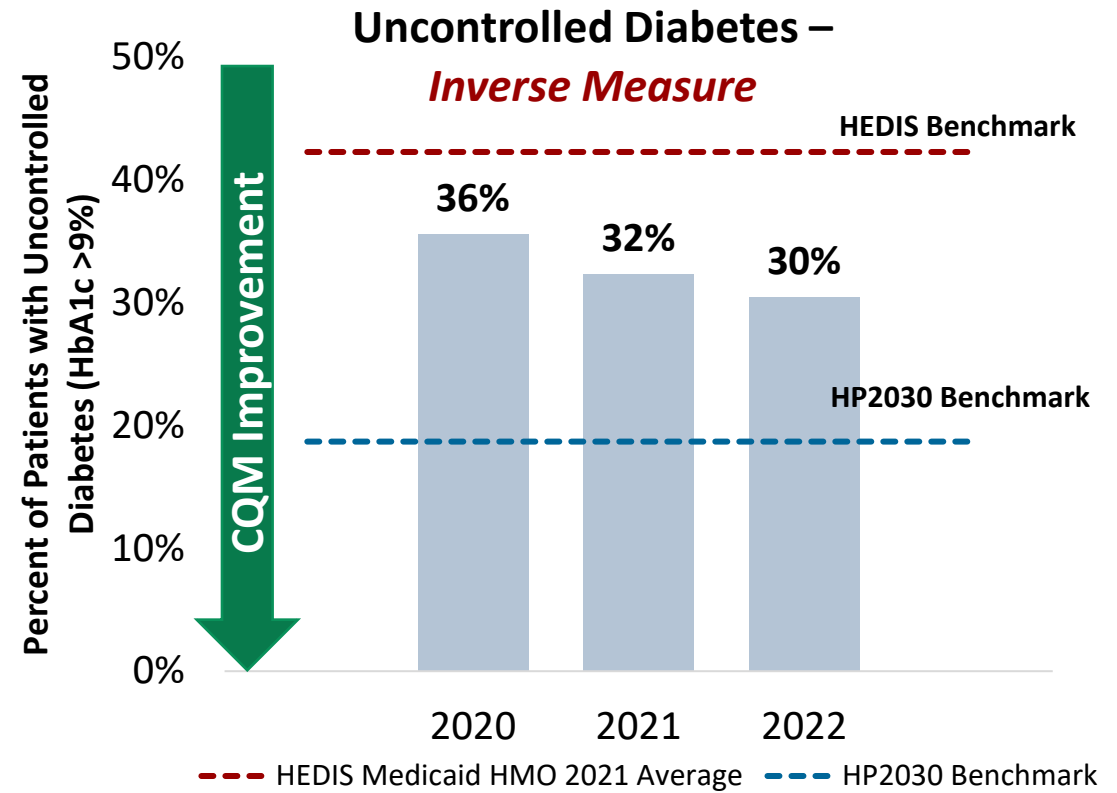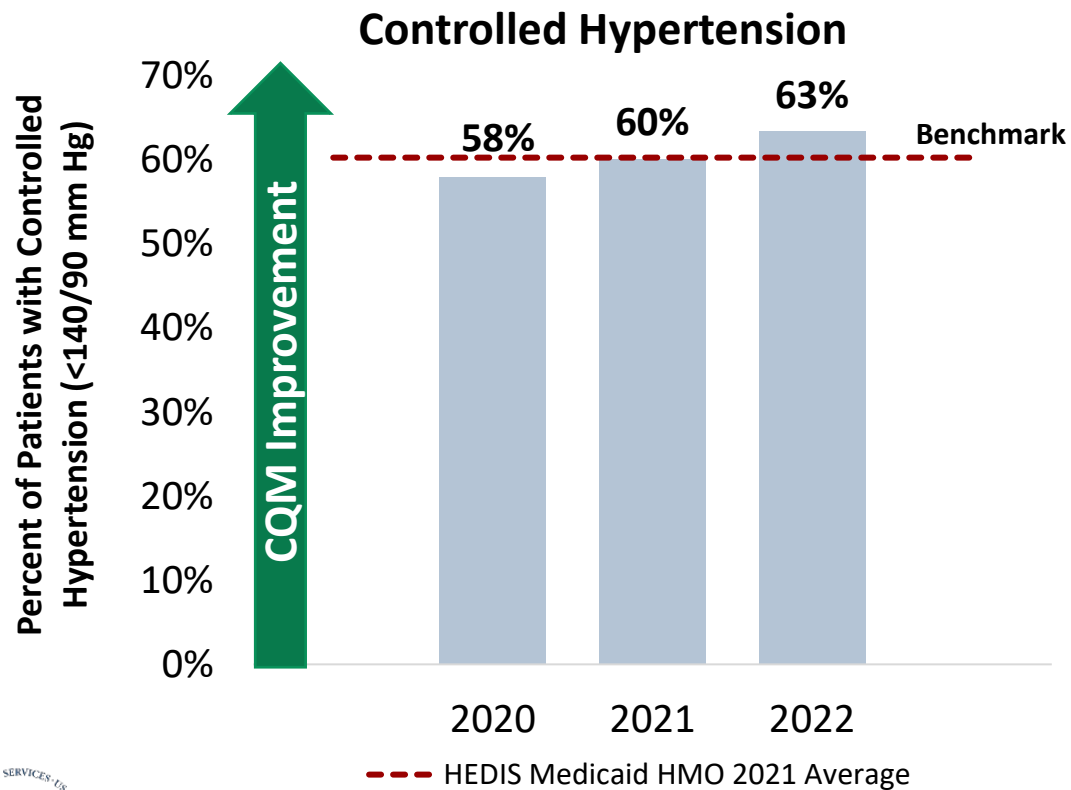
Hepatitis C Screening
2,127,831 total **+9%**

HIV Screening
3,007,403 total **+9%**

Select Immunizations*
3,418,527 total **+6%**

Seasonal Flu Vaccine
4,216,078 total **+5%**

Hepatitis B Screening
1,154,412 total **+4%**

Percent Change in Patients Receiving Service, 2021-2022

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Strengthening Chronic Condition Management

**Health centers improved clinical quality for hypertension
and diabetes measures between 2021 and 2022.**

Controlled Hypertension

- CQM Improvement
- Percent of Patients with Controlled Hypertension (<140/90 mm Hg)
- 2020: 58%
- 2021: 60%
- 2022: 63%
- Benchmark

HEDIS Medicaid HMO 2021 Average

Uncontrolled Diabetes – *Inverse Measure*

- CQM Improvement
- Percent of Patients with Uncontrolled Diabetes (HbA1c >9%)
- 2020: 36%
- 2021: 32%
- 2022: 30%
- HEDIS Benchmark
- HP2030 Benchmark

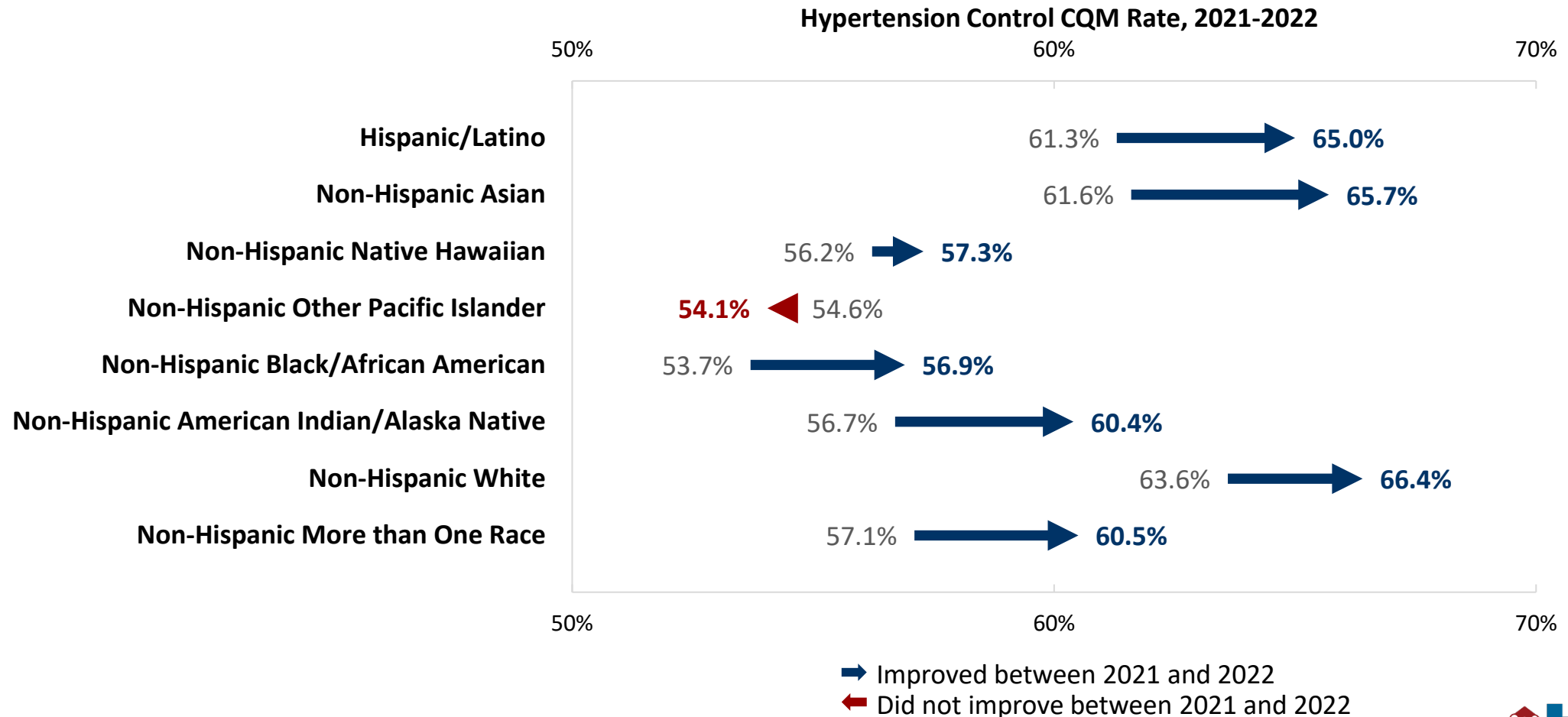HEDIS Medicaid HMO 2021 Average — HP2030 Benchmark

Source: Uniform Data System, 2020-2022 - Table 7
HEDIS Benchmarks from NCQA HEDIS 2021 Medicaid HMO averages; HP2030 Benchmark for Uncontrolled Diabetes from HP2030 most recent available data.

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Working Toward Health Equity: Hypertension Control

Nearly all race/ethnic groups had improvements in hypertension control rates between 2021 and 2022.
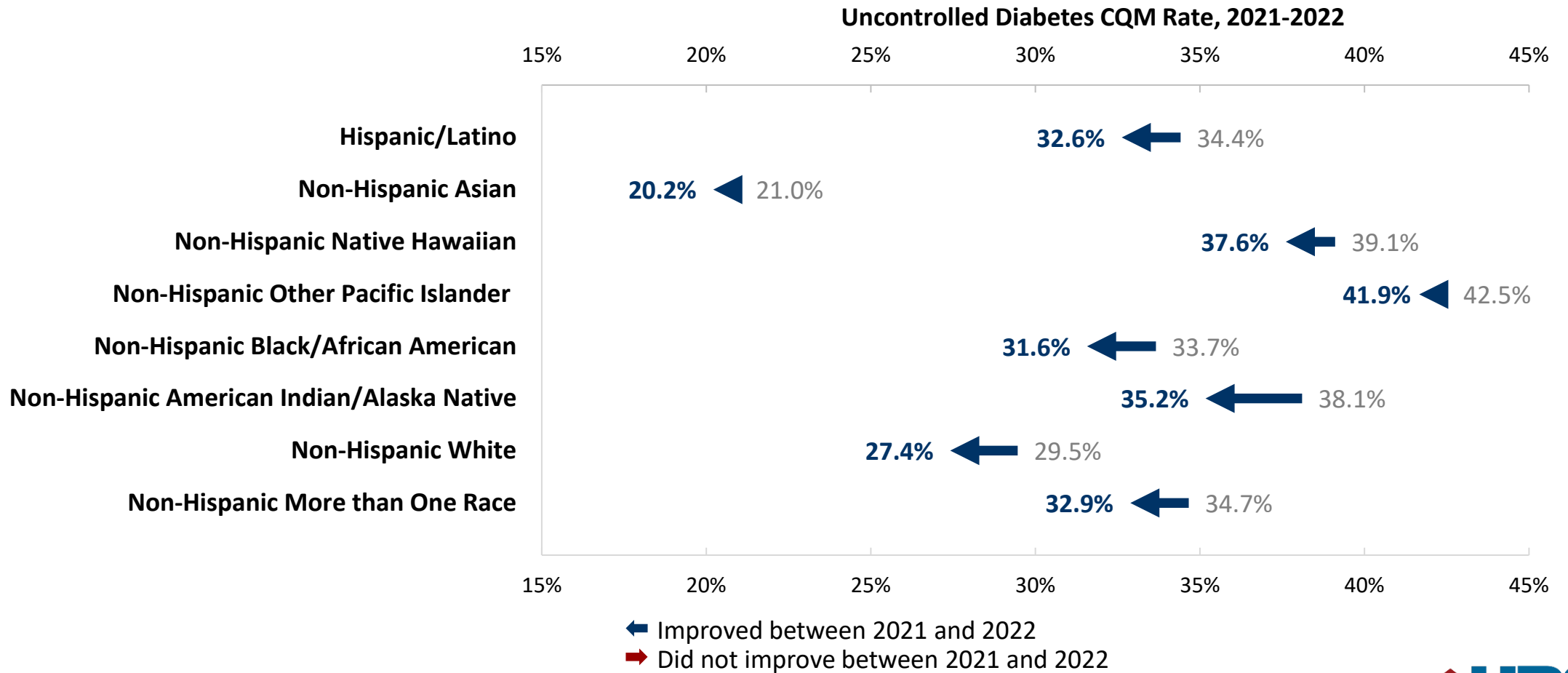
Hypertension Control CQM Rate, 2021-2022

Group	2021	2022
Hispanic/Latino	61.3% →	**65.0%**
Non-Hispanic Asian	61.6% →	**65.7%**
Non-Hispanic Native Hawaiian	56.2% →	**57.3%**
Non-Hispanic Other Pacific Islander	**54.1%** ◄	54.6%
Non-Hispanic Black/African American	53.7% →	**56.9%**
Non-Hispanic American Indian/Alaska Native	56.7% →	**60.4%**
Non-Hispanic White	63.6% →	**66.4%**
Non-Hispanic More than One Race	57.1% →	**60.5%**

→ Improved between 2021 and 2022
◄ Did not improve between 2021 and 2022

Source: Uniform Data System, 2021-2022 - Table 7; 2022 CQM rates are bolded.

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Working Toward Health Equity: Uncontrolled Diabetes

All race/ethnic groups had improvements in rates of diabetes control between 2021 and 2022.

Uncontrolled Diabetes CQM Rate, 2021-2022

Race/Ethnic Group	2022 (bolded)	2021
Hispanic/Latino	**32.6%**	34.4%
Non-Hispanic Asian	**20.2%**	21.0%
Non-Hispanic Native Hawaiian	**37.6%**	39.1%
Non-Hispanic Other Pacific Islander	**41.9%**	42.5%
Non-Hispanic Black/African American	**31.6%**	33.7%
Non-Hispanic American Indian/Alaska Native	**35.2%**	38.1%
Non-Hispanic White	**27.4%**	29.5%
Non-Hispanic More than One Race	**32.9%**	34.7%

← Improved between 2021 and 2022
➡ Did not improve between 2021 and 2022

Source: Uniform Data System, 2021-2022 - Table 7; 2022 CQM rates are bolded.

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What's Next

Accessing 2022 UDS Data

- data.HRSA.gov
  - National, state, and health center-level summaries for all UDS tables.
  - Data tools
    - ✓ Data Comparisons
    - ✓ Patient Characteristics Snapshot
    - ✓ Special Populations Funded Programs data
- HRSA Electronic Reading Room
  - Full UDS data sets (2022-2014)
- HRSA Electronic Handbooks (EHBs)
  - Reports accessible to health centers, look-alikes, Primary Care Associations, National Training and Technical Assistance Partners, and HRSA staff

Community Health Quality Recognition Badges (CHQR)
Coming Soon: 2023 Badges

- HRSA will post CHQR badges on the:
  - CHQR Dashboard
  - Health Center Program UDS Data pages

- CHQR badges recognize health centers that have made notable quality improvement achievements in access, quality, health equity, and more.

- **NEW:** National Quality Leader (NQL) – Cancer Screening badge recognizes top performing health centers in breast, cervical, and colorectal cancer screening.

- **For more information about new badges and eligibility criteria, visit the CHQR Overview and CHQR FAQ pages.**

UDS Reporting Resources
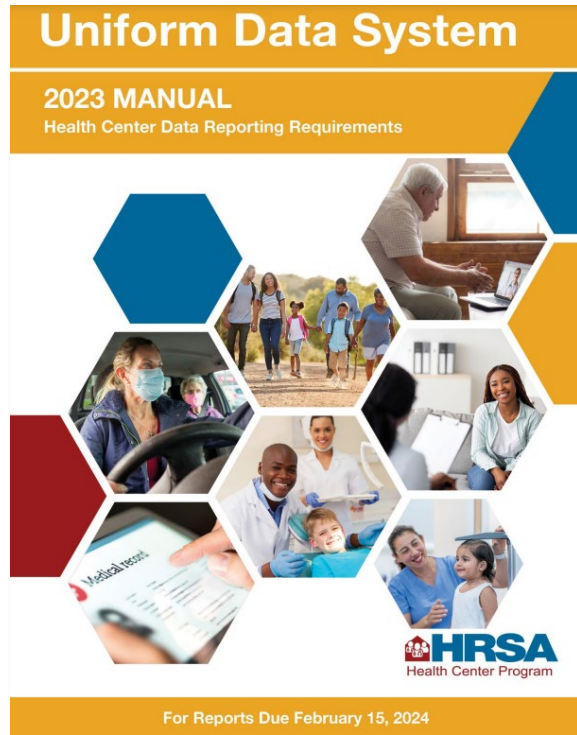
2023

2023 Program Assistance Letter (PAL)

2023 UDS Manual

2023 UDS Reporting Period Jan. 1 – Feb. 15, 2024

2024

2024 UDS PAL (Fall 2023 release)

2024 UDS Manual (Summer 2024 release)

2024 UDS Reporting Period Jan. 1 – Feb. 15, 2025

Access the UDS Training and Technical Assistance Webpages for more 2023 UDS reporting resources

UDS Patient-Level Submission (UDS+) Resources

For the latest UDS+ information, please subscribe to the Primary Care Digest and visit the UDS+ technical assistance webpages:

- UDS Test Cooperative (UTC)
- UDS Modernization Initiative
- UDS Modernization FAQ

Submit a ticket via the BPHC Contact Form (select UDS/UDS Modernization) to:

- Join the UTC
- Access the Health Center Program Community
- Learn more about the UDS+ FHIR Implementation Guide

Health Center Patient Survey Data Resources

- **Dashboard**
  - Instructions and background
  - Video tutorials
- **Public Use File**
  - Formats: Excel, SPSS, Stata, R, CSV, and SAS
  - User manual and codebook for analyses
  - Survey instrument

Access all resources at: https://data.hrsa.gov/topics/health-centers/hcps

Questions

Thank You!

Office of Quality Improvement (OQI)

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Send inquiries via the **BPHC Contact Form**

bphc.hrsa.gov

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www.hrsa.gov

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Appendix: 2022 UDS Data Trends

Data Table: Increasing the Reach of the Health Center Program

Total	2020	2021	2022
Patients	28,590,897	30,193,278	30,517,276
Visits	114,209,146	124,211,391	126,936,789

Data Table: Continued Return to In-person Care

Service Category	Absolute Change in In-person Visits, 2021-2022
Vision	69,245
Substance Use Disorder	73,684
Enabling	312,708
Dental	669,036
Mental	1,342,487
Medical	5,082,166

Source: Uniform Data System, 2021-2022 - Table 5

Data Table: Growth in Certain Populations

Patient Population Group	Percent Change in Patients, 2021 to 2022	Total Patients, 2022
School-based Service Site Patients	24.16%	952,390
Patients in/around Public Housing	7.19%	6,125,721
Patients Experiencing Homelessness	4.89%	1,357,683
Veterans	1.61%	395,216

Source: Uniform Data System 2021-2022 – Table 4

Data Table: Social Risk Factor Screening

Social Risk Factor	Percent of Patients Screened, 2022†
Financial Strain	20%
Food Insecurity	13%
Housing Insecurity	11%
Transportation Access Challenges	8%

Source: Uniform Data System, 2022 – HIT Capabilities Appendix
† The percentage of patients screening positive for a given social risk factor uses the total patients screened for social risk factors as a denominator. Note that the total number of health center patients is the denominator of the corresponding percentage values in the Electronic Handbooks.

Data Table: Continued Health Center Program Recovery

Total	2020	2021	2022
Patients	28,590,897	30,193,278	30,517,276
Health Center Awardees	1,375	1,373	1,370
Health Center Sites	13,555	14,276	14,987

Source: Uniform Data System, 2020-2022 – Table 3B, UDS Rollup Report, Health Center Site Information

Data Table: Increasing Access to the Health Center Model of Care

Service Category	Absolute Increase in Patients Accessing Services, 2021-2022
Dental	318,771
Medical	156,783
Enabling	135,730
Mental Health	70,290
Vision	58,780
Substance Use Disorder	12,995

Source: Uniform Data System, 2021-2022 – Table 5

Data Table: Return to In-Person Care

Service Category	Proportion Virtual Visits	Proportion In-person Visits
Vision	0.28%	99.72%
Dental	0.46%	99.54%
Medical	13.2%	86.8%
Substance Use Disorder	27.9%	72.1%
Enabling Services	28.3%	71.7%
Mental Health	45.7%	54.3%

Source: Uniform Data System, 2022 – Table 5

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Data Table: Growing the Health Center Workforce

Service Category	Absolute Change in FTEs, 2021 to 2022	Total Number of FTEs, 2022
Medical	2,736	95,505
Enabling Services	1,796	27,410
Dental	553	19,302
Mental Health	1,220	16,374
Substance Use Disorder	130	2,391
Vision	88	1,108

Source: Uniform Data System 2021-2022, Table 5

Data Table: Growing Workforce Practice Areas

Job Category	Absolute Change in FTEs, 2021 to 2022
Case Managers	1,013
Nurse Practitioners	476
Eligibility Assistance Workers	412
Community Health Workers	411

Source: Uniform Data System 2021-2022, Table 5

Data Table: Training the Next Health Center Workforce

Service Category	Absolute Change in Trainees, 2021 to 2022
Medical	5,991
Dental	1,199
Vision	106

Data Table: Patient Insurance Status

Year	Uninsured	Medicaid	Medicare	Other Public	Private
2020	21.82%	46.33%	10.40%	0.89%	20.56%
2021	20.33%	47.91%	10.64%	0.81%	20.31%
2022	18.62%	49.89%	10.91%	0.68%	19.89%

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Data Table: Changes in Health Center Revenue

Revenue Category	Change in Revenue ($), 2021 to 2022
Medicaid	$2,173,272,697
BPHC COVID-19 Supplemental	$1,002,980,223
Medicare	$528,144,997
Other (private, third party)	$491,947,577
State/Local/Other Grants	$252,594,603
BPHC Capital Development Grants†	$46,161,804
Self-pay Patients	$37,814,457
BPHC Health Center Grants	-$139,215,163
Other Public Insurance	-$161,227,884
Other Federal Grants*	-$277,587,097

Data Table: Health Center Revenue Sources

Revenue Category	Total Revenue	Proportion of Total Revenue
Medicaid	$17,795,911,095	42%
BPHC Health Center Grants	$5,042,113,995	12%
State/Local/Other Grants	$5,175,450,110	12%
Private/Other Third-Party	$5,043,159,187	12%
Medicare	$3,811,388,101	9%
BPHC COVID-19 Supplemental	$3,200,908,861	7%
Self-Pay Patients	$1,361,308,618	3%
Other Federal Grants	$877,704,480	2%
Other Public Insurance	$403,523,412	1%
BPHC Capital Development Grants	$91,808,891	0.2%

Source: Uniform Data System 2022 – Table 9D, Table 9E
Note: "BPHC Health Center Grants" includes Section 330 health center funding. "Other Federal Grants" category includes Provider Relief Fund (PRF) awards. Percentages may sum to more or less than 100% due to rounding.

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Data Table: Improving Clinical Quality Performance

Maternal and Child Health Clinical Quality Measure	2022 v 2021
Low Birth Weight *Inverse Measure*	Improved
BMI Assessment & Counseling for Nutrition & Physical Activity (Ages 3-16)	Improved
Dental Sealants for Children (Ages 6-9)	Improved

Disease Management Clinical Quality Measure	2022 v 2021
Statin Therapy for Cardiovascular Disease	Improved
Hypertension Control (less than 140/90 mm Hg)	Improved
Uncontrolled Diabetes (HbA1c >9%) *Inverse Measure*	Improved

Screening and Preventive Care Clinical Quality Measure	2022 v 2021
Cervical Cancer Screening	Improved
Breast Cancer Screening[1]	Improved
Colorectal Cancer Screening	Improved
Tobacco Use Screening & Cessation Intervention	Improved
HIV Screening[1]	Improved
Screening for Depression & Follow-Up Plan	Improved

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Data Table: Exceeding National Quality Benchmarks

Clinical Quality Measure	2022 UDS National Rate	National Benchmarks
Dental Sealants for Children (6-9 years)	58.39%	37.00%*
Low Birthweight - Inverse Measure	8.43%	8.52%‡
Hypertension Control	63.40%	58.60%†
Uncontrolled Diabetes - Inverse Measure	30.42%	42.30%† 18.70%*

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Data Table: Responding to Increasing Mental Health Needs

Year	In-person Visits	Virtual Visits	Total Visits	Percent In-person Visits	Percent Virtual Visits
2020	6,795,990	7,289,339	14,085,329	48%	52%
2021	6,988,621	8,146,660	15,135,281	46%	54%
2022	8,331,108	7,017,984	15,349,092	54%	46%

Data Table: Diagnosing and Treating Mental Health Conditions

Year	Depression and Other Mood Disorders	Anxiety Disorders
2020	2,569,098	2,729,809
2021	2,722,720	3,007,893
2022	2,781,605	3,240,689

Source: Uniform Data System, 2020-2022 - Table 6A

Data Table: Addressing Substance Use Disorder Needs

Category	2020	2021	2022
Patients Receiving SUD Services from Dedicated SUD Providers†	294,645	285,666	298,661
Patients receiving Medication Assisted Treatment (MAT)‡	181,896	184,379	193,986
Providers Eligible to Prescribe MAT	8,362	8,869	10,331

Source: Uniform Data System, 2020-2022 – Table 5, Appendix E: Other Data Elements
†Patients receiving integrated SUD services from medical or mental health providers as reported in Table 5 Service Detail Addendum are not included in patient counts.
‡Definition of DATA-waived providers in UDS reporting guidance updated to include physicians, physician assistants, and certified nurse practitioners in 2017. In 2020, UDS reporting guidance was updated to reflect the number of physicians, certified nurse practitioners, physician assistants, and certified nurse midwives with a DATA waiver.

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Data Table: Diagnosing and Treating Substance Use Disorders

Year	Tobacco Use	Alcohol Use	Other Substance Use*
2020	1,092,279	385,504	622,917
2021	1,120,816	402,991	665,130
2022	1,436,012	403,739	681,153

Source: Uniform Data System 2020-2022 – Table 6A
* Other substance use disorders can include use of opioids, cannabis, cocaine, stimulants, hallucinogens, inhalants, and other psychoactive substances; patients receiving treatment for drug-related polyneuropathy or drug complicating pregnancy may also be reflected in this count.

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Data Table: Supporting Maternal Health Needs

Clinical Quality Measure (CQM)	2020	2021	2022
Prenatal care patients	551,990	544,611	559,559
Health center-supported deliveries	168,323	161,487	171,037

Source: Uniform Data System 2020-2022 –Table 6B, Table 7

Data Table: Working Toward Health Equity - Low Birth Weight

Race/ethnic Group	2021 Low Birth Weight Clinical Quality Measure	2022 Low Birth Weight Clinical Quality Measure
Hispanic/Latino	7.34%	7.17%
Non-Hispanic Asian	8.28%	8.67%
Non-Hispanic Native Hawaiian	8.71%	9.17%
Non-Hispanic Other Pacific Islander	7.80%	8.34%
Non-Hispanic Black/ African American	13.04%	13.16%
Non-Hispanic American Indian/Alaska Native	7.81%	8.87%
Non-Hispanic White	7.96%	7.90%
Non-Hispanic More than One Race	9.89%	9.21%

Source: Uniform Data System 2021-2022 – Table 7

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Data Table: Increasing Pediatric Services

Clinical Quality Measure	2020	2021	2022
Percent of Eligible Patients 3-16 Years of Age that Received Weight Assessment and Nutrition and Activity Counseling	65.13%	68.72%	69.81%

Service Category	2020	2021	2022
Well-Child Visits	5,010,368	5,577,568	5,742,187

FTE Category	2020	2021	2022
Pediatricians	3,125	3,216	3,248

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Data Table: Increasing Cancer Screening

Service Category	2020	2021	2022
Patients Screened for Breast Cancer[1]	1,438,426	1,557,112	1,719,755
Patients Screened for Cervical Cancer	3,807,992	4,025,004	4,084,322
Patients Screened for Colorectal Cancer	2,448,976	2,680,583	2,769,337

Data Table: Infectious Disease Screening and Prevention

Screening Category	Total Patients Receiving Screening, 2022	Relative change in patients receiving service, 2021 to 2022
Hepatitis C Screening	2,127,831	8.51%
HIV Screening	3,007,403	9.17%
Select Immunizations	3,418,527	5.73%
Seasonal Flu Vaccine	4,216,078	4.67%
Hepatitis B Screening	1,154,412	3.51%

Source: Uniform Data System 2021-2022 – Table 6A

Data Table: Strengthening Chronic Condition Management

Clinical Quality Measure	2020	2021	2022
Hypertension Control (<140/90 mmHg)	57.98%	60.15%	63.40%
Uncontrolled Diabetes (>9% HbA1c) – Inverse Measure	35.60%	32.29%	30.42%

Clinical Quality Measure	Benchmark
Hypertension Control (<140/90 mmHg) - HEDIS†	58.60%
Uncontrolled Diabetes (>9% HbA1c) – HEDIS†	42.30%
Uncontrolled Diabetes (>9% HbA1c) – Healthy People 2030*	18.70%

Source: Uniform Data System 2020-2022 –Table 7;
Benchmark Sources: * Healthy People 2030 Most Recent Data † HEDIS 2021 Medicaid HMO Average

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Data Table: Working Toward Health Equity – Hypertension Control

Race/ethnic Group	2021 Hypertension Control Clinical Quality Measure	2022 Hypertension Control Clinical Quality Measure
Hispanic/Latino	61.28%	64.96%
Non-Hispanic Asian	61.64%	65.69%
Non-Hispanic Native Hawaiian	56.22%	57.29%
Non-Hispanic Other Pacific Islander	54.62%	54.05%
Non-Hispanic Black/ African American	53.74%	56.85%
Non-Hispanic American Indian/Alaska Native	56.71%	60.41%
Non-Hispanic White	63.58%	66.36%
Non-Hispanic More than One Race	57.07%	60.45%

Source: Uniform Data System 2021-2022 – Table 7

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Data Table: Working Toward Health Equity – Uncontrolled Diabetes

Race/ethnic Group	2021 Uncontrolled Diabetes Clinical Quality Measure	2022 Uncontrolled Diabetes Clinical Quality Measure
Hispanic/Latino	34.41%	32.62%
Non-Hispanic Asian	21.01%	20.21%
Non-Hispanic Native Hawaiian	39.11%	37.61%
Non-Hispanic Other Pacific Islander	42.51%	41.92%
Non-Hispanic Black/ African American	33.66%	31.57%
Non-Hispanic American Indian/Alaska Native	38.10%	35.17%
Non-Hispanic White	29.46%	27.41%
Non-Hispanic More than One Race	34.66%	32.88%

Source: Uniform Data System 2021-2022 – Table 7