Uniform Data System (UDS) Clinical Tables Part 2: Maternal Care and Children's Health

October 5, 2022, 1:00–2:30 p.m. ET

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Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Opening Remarks

Steven Martinez

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration

Agenda

- Review 2022 UDS clinical quality measures webinar training series
- Review reporting requirements for maternal, child, and adolescent health measures
- Identify strategies and tips for checking data accuracy
- Review 2022 UDS training resources
- Questions and answers

Objectives of the Webinar

By the end of this webinar, participants will be able to:

- Understand reporting requirements and the impact of telehealth on maternal, child, and adolescent care on UDS clinical quality measures.

- Understand how to evaluate data for accuracy and cross-table relationships.

- Identify strategies for assessing quality of care.
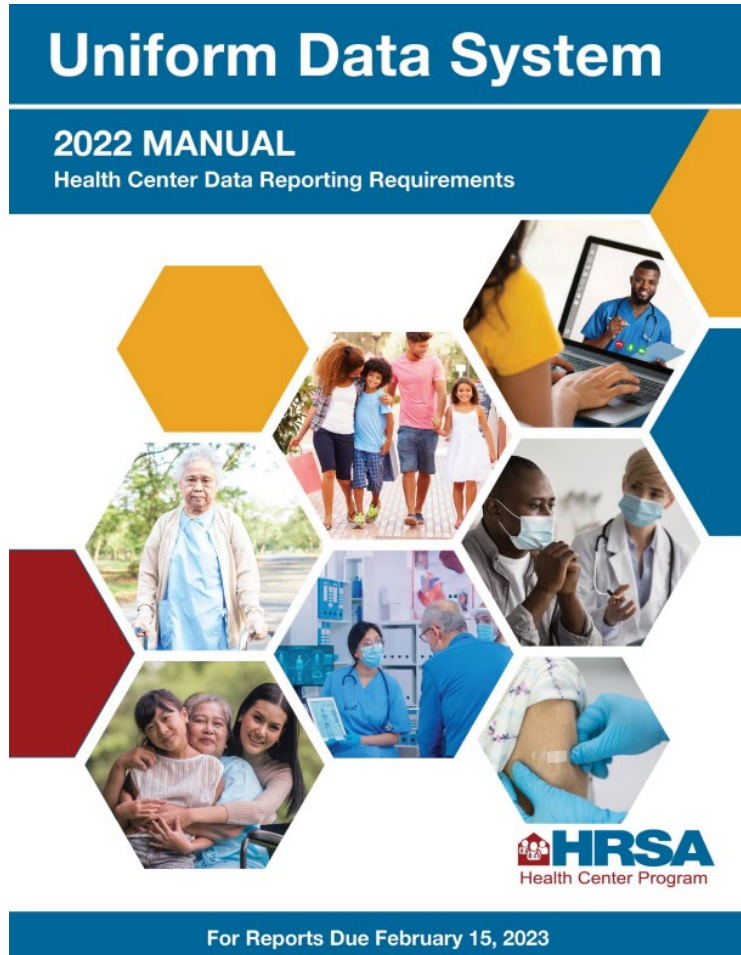
- Access additional reporting supports.

UDS Clinical Quality Measure Reporting

**Electronic Clinical Quality Improvement (eCQI) Resource Center
Value Set Authority Center (VSAC) Specifications**

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Getting Started with Clinical Quality Measures

UDS Guidance

UDS Manual:

➢ Follow the definitions and instructions in the 2022 UDS Manual.

➢ Links to full eCQM specifications, as well as UDS-specific considerations, are included in the manual.

Year-over-Year Changes:

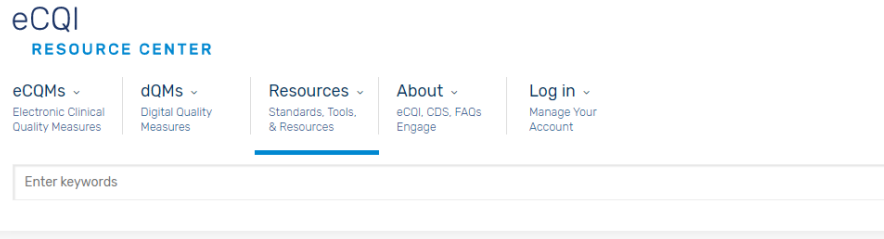➢ Program Assistance Letter (PAL)

➢ UDS Changes Webinar (held in May)

Remember that UDS measures limit reporting to patients who had at least one UDS countable medical visit during the calendar year (dental visit for dental sealant measure).

Getting Started with Clinical Quality Measures
eCQI Resource Center

eCQM supports include:

- **eCQI Resource Center**: On the page for each measure, in the "measure information" tab, there is the option to "compare." This highlights changes year over year!

- **eCQM Flows**: Workflows for each eCQM, updated annually and downloads as a ZIP file.

- **Technical Release Notes: 2022 Performance Period Electronic Clinical Quality Measures (eCQMs) for EP/EC**

- **eCQM value sets**: VSAC site to search value sets.

- **Video**: Shows how to access full eCQM specifications.

Additional resources on the EC Resources page

eCQI Comparison Tool

CMS155v10 (changes from v9 highlighted)
Weight Assessment and Counseling for Nutrition and Physical Activity for Children

Description	Percentage of patients 3-17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and who had evidence of the following during the measurement period. Three rates are reported. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity	Percentage of patients 3-17 years of age who had an outpatient visit with a ~~Primary Care Physician~~primary care physician (PCP) or ~~Obstetrician/Gynecologist~~obstetrician/gynecologist (OB/GYN) and who had evidence of the following during the measurement period. ~~Three rates are reported~~. - Percentage of patients with height, weight, and body mass index (BMI) percentile documentation - Percentage of patients with counseling for nutrition - Percentage of patients with counseling for physical activity
Initial Population	Patients 3-17 years of age with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period	Patients 3-17 years of age by the end of the measurement period, with at least one outpatient visit with a primary care physician (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement period
Denominator	Equals Initial Population	Equals Initial Population

Resources to Help with Understanding Clinical Quality Measures

UDS CQM Handout (Quick Reference)

Telehealth Impact on UDS CQMs

Exclusions and Exceptions for UDS CQMs

All available on [HRSA's Clinical Care webpage](#).

UDS Clinical Quality Measures

Screening and Preventive Care

- Completed.

Maternal Care and Children's Health

- You are here!

Chronic Disease Management

- UDS Clinical Tables Part 3: October 13, 2022, 1:00–2:30 p.m. ET
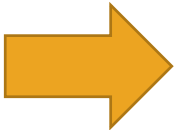
Key Terms in UDS Clinical Quality Measurement

Term	Definition
Measure Description	The quantifiable indicator to be evaluated.
Denominator	Patients who fit the detailed criteria described for inclusion in the specified measure to be evaluated.
Numerator	Records (from the denominator) that meet the criteria for the specified measure.
Exclusions	Patients not to be considered for the measure or included in the denominator.
Exceptions	Patients removed from the denominator because the numerator criteria are not met.
Specification Guidance	Centers for Medicare & Medicaid Services (CMS) measure guidance that assists with understanding and implementing CQMs.
UDS Reporting Considerations	Additional BPHC requirements and guidance that must be applied to the specific measure and that may differ from or expand on the eCQM specifications.

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Key Terms in UDS Clinical Quality Measurement

Term	Definition
Electronic-Specified Clinical Quality Measures (eCQMs)	An electronic-specified clinical quality measure is a clinical quality measure expressed and formatted to use data from electronic health records (EHRs) and/or health information technology systems to measure healthcare quality, ideally data captured in structured form during the process of patient care.
Measure Steward	An individual or organization that owns a measure and is responsible for maintaining the measure. Each eCQM has a measure steward.
Measurement Period	Represents Calendar Year (CY) 2022 unless another timeline is specifically noted.
Look-Back Period	A period of time that requires data for some length of time prior to the measurement period.
Overlapping Measurement Period	The diagnosis is active/current during the measurement period (CY 2022) but could have been diagnosed prior to the measurement period.

Tables 6B and 7 Clinical Quality Measures

Maternal Care

Children's Health

Tables 6B and 7—Maternal Care and Children's Health

Category	UDS Table	Measure	CMS Link
Maternal Care	6B, Line 0	Prenatal Care Provided by Referral Only	none
	6B, Lines 1–6	Age of Prenatal Care Patients	none
	6B, Lines 7–9	Early Entry into Prenatal Care	none
	7, Line 0	HIV-Positive Pregnant Patients	none
	7, Line 2	Deliveries Performed by Health Center's Providers	none
	7, Column 1A	Prenatal Care Patients Who Delivered During the Year	none
	7, Columns 1B–1D	Low Birth Weight	none
Children's Health	6B, Line 10	Childhood Immunization Status	CMS117v10
	6B, Line 12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v10
	6B, Line 22	Dental Sealants for Children between 6–9 Years	CMS277v0

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Tables 6B and 7

Maternal Care

Table 6B and Table 7 Reporting Format

Denominator (a)	Number of Records Reviewed [Denominator] (b)	Number of Charts/Records Meeting the Numerator Criteria [Numerator] (c)
Number of patients who fit the detailed criteria described for inclusion in the measure	Patients who fit the criteria (same as Column A), or a number equal to or greater than 80% of Column A	Number of records from Column B that meet the numerator criteria for the measure

Table 7 is reported in this structure according to age and ethnicity categories.

All prenatal patients and birth outcomes are reported.

Prenatal Care Requirements

- **Prenatal Care**—The provision of prenatal care provided to patients directly or by referral
- **Deliveries**—The birth outcomes of prenatal care patients

UDS Captures	Prenatal Care Patients **Table 6B**	Delivery Outcomes of Prenatal Patients **Table 7**
WHO	Care provided in whole or in part by: • Health center • Another provider (for patients referred by the health center)	Care provided by: • Health center • Another provider (for patients referred by the health center)
WHAT	Report prenatal care patients by: • Age • Trimester of entry	Report: • Prenatal patients who delivered in the year • Live births (from those deliveries) by birth weight
WHEN	Include patients who began prenatal care: • In the prior year and delivered in the current year • In the current year and delivered in the current year • In the current year and will deliver next year	Include patients who began prenatal care: • In the prior year and delivered in the current year • In the current year and delivered in the current year

Refer back to form 5A to verify how your center has agreed to provide this type of care

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Tables 6B and 7: Prenatal Care and Birth Outcome Measures

- Health center patients who **initiate prenatal care with the health center or its referral network** are counted in the Prenatal section of Table 6B and tracked and reported in the Deliveries and Birth Weight section of Table 7.
  - Pages 88–90 and 119–121 of the 2022 UDS Manual detail the health center UDS reporting requirements for prenatal care and related delivery and birth outcomes.
- **Prenatal care initiated with "the health center or its referral network" refers to:**
  - Prenatal care initiated with the health center directly *OR*
  - Prenatal care initiated with a provider/entity with which the health center has a formal written **contract/**agreement (as recorded on Column II of Form 5A) *OR*
  - Prenatal care initiated with a provider/entity with which the health center has a formal written **referral** arrangement (as recorded on Column III of Form 5A).
- Prenatal care and related delivery and birth weight outcomes are reported on the UDS from all three of the scenarios listed above, therefore **tracking systems must be in place for all three.**

"Initiated with the health center or its referral network," for UDS reporting purposes, does NOT include other forms of referral, such as those that are **less formal** or those where the patient self-referred.

Table 6B: Prenatal Care

0	Prenatal Care Provided by Referral Only (Check if Yes)	

Section A—Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

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 of Lines 1–5)**	

- Use age on December 31 of the calendar year.
- Health centers are expected to provide prenatal care directly or by referral.
- If this care is provided by referral *only*, indicate this on Line 0.
  - Tracking of prenatal care and birth outcomes is still required if prenatal care is provided by referral only.

Table 6B: Early Entry into Prenatal Care

Denominator

- Patients seen for prenatal care during the calendar year

Numerator

- Patients beginning prenatal care at the health center or with a referral provider (Column A), or with another prenatal provider (Column B), during their first trimester

Section B—Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Trimester Definitions (weeks from last menstrual period or LMP)

- 1st trimester: 0–13 weeks
- 2nd trimester: 14–27 weeks
- 3rd trimester: 28+ weeks

Entry into Prenatal Care

Clarifications, Tips, and Frequently Asked Questions

- If the health center referred the patient out for prenatal care, report the patient as having had their first visit with the health center. Be sure to obtain and report based on the trimester in which the patient was first seen by a provider who initiated prenatal care with a complete prenatal exam.

- **Do not** include patients in the UDS prenatal or delivery reporting who selected their own provider for prenatal care.

- Determine trimester based on **last menstrual period, not conception**.

- Prenatal patients are defined based on a **comprehensive in-person prenatal physical exam**.
  - Prenatal care patients established in the prior year (through a comprehensive in-person exam) and only seen for their prenatal care through telehealth in the current year **should be** included.

- **Create tracking mechanisms** to account for prenatal care and delivery activity that crosses years.

Let's Hear from You!

How does your health center provide prenatal care?

a) Through the health center directly

b) With a provider/entity with which the health center has a formal written **contract/**agreement (as recorded on Column II of Form 5A)

c) With a provider/entity with which the health center has a formal written **referral** arrangement (as recorded on Column III of Form 5A)

d) None of the above/not sure

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Table 7: Deliveries and Birth Outcomes

- Provide the count of pregnant patients who are HIV positive on Line 0.
- Include the number of deliveries performed by the health center's clinicians on Line 2.
  - Include regardless of birth outcome.
  - Include health center prenatal care patients **and** patients not part of the health center's prenatal program.

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	
2	Deliveries Performed by Health Center's Providers	

Table 7: Low Birth Weight

- Report prenatal patients who delivered during the current year in Column 1A.
- Report birth weight for each baby born in Columns 1B–1D.

Denominator

- Babies born during the measurement period to prenatal care patients

Exclusions

- Miscarriages (Columns 1A–1D)
- Stillbirths (Columns 1B–1D)

Section A: Deliveries and Birth Weight

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)

Numerator

- Babies with a birth weight considered below normal (under 2,500 grams)

This is a "negative" measure: The higher the number of infants born below normal birth weight, the worse the performance on the measure.

Deliveries and Birth Outcomes

Clarifications, Tips, and Frequently Asked Questions

- Prenatal Patients ≠ Deliveries ≠ Birth Outcomes

- In a typical prenatal program, about half of the patients will have delivered during the reporting year (calculated by dividing Table 7, Line i, Column 1A by Table 6B, Line 6, Column A).

- The health center is responsible for tracking delivery outcomes of patients who transferred out of the health center's prenatal program or had their delivery performed elsewhere.

- Establish relationships with area prenatal and delivery providers to receive delivery outcomes of prenatal care patients who transferred to other providers.

- Review birth outcomes with overall patient population demographics (i.e., race/ethnicity).

Knowledge Check: Prenatal Care

A 30-year-old patient has been receiving prenatal care from your health center throughout her pregnancy. She gives birth to twins during the year.

Where is the mother reported in the prenatal section of the UDS Report?

a) Table 6B only—in the prenatal care sections

b) Table 7 only—in the deliveries and birth weight section

c) Both Table 6B (prenatal care) and Table 7 (deliveries and birth weight)

d) This patient is not considered a prenatal care patient and not reported in either section

Knowledge Check: Prenatal Care *(cont.)*

A 30-year-old patient has been receiving prenatal care from your health center throughout her pregnancy. She gives birth to twins during the year.

Where is the mother reported in the prenatal section of the UDS Report?

a) Table 6B only—in the prenatal care sections

b) Table 7 only—in the deliveries and birth weight section

c) **Both Table 6B (prenatal care) and Table 7 (deliveries and birth weight)**

d) This patient is not considered a prenatal care patient and not reported in either section

Knowledge Check: Prenatal Care

A 30-year-old patient has been receiving prenatal care from your health center throughout her pregnancy. She gives birth to twins during the year.

Where are the babies reported in the prenatal section of the UDS Report?

a) Table 6B only—in the prenatal care sections

b) Table 7 only—in the deliveries and birth weight section

c) Both Table 6B (prenatal care) and Table 7 (deliveries and birth weight)

d) The babies are not reported in either section

Knowledge Check: Prenatal Care *(cont.)*

A 30-year-old patient has been receiving prenatal care from your health center throughout her pregnancy. She gives birth to twins during the year.

Where are the babies reported in the prenatal section of the UDS Report?

a) Table 6B only—in the prenatal care section

b) **Table 7 only—in the deliveries and birth weight section**

c) Both Table 6B (prenatal care) and Table 7 (deliveries and birth weight)

d) The babies are not reported in either section

Table 6B

Children's Health

Childhood Immunization Status: CMS117v10

Denominator

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

Exclusions

- Patients who were in hospice care during the measurement period

Numerator

- Children who have evidence showing they received recommended vaccines, had documented history of the illness, seropositive test result, or had an allergic reaction to the vaccine **by their second birthday**

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Childhood Immunization Status: CMS117v10 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Include children who turned 2 during the measurement period in the assessment regardless of when they were seen for medical care. Specifically, include them if the medical visit occurred before or after they turned 2.

- Do not include children here or anywhere on the UDS if they only received a vaccination and did not receive any other services.

- Use immunization registries to fill out patient health records.

- Assess patient health records for evidence of vaccinations; vaccinations do not need to be those administered at a well-child visit only.

- If a patient was seen via telehealth, determine if the record shows evidence of vaccine completion or if the patient will need to be seen in person in order to complete the immunization series.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: CMS155v10

Denominator

- Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period

Exclusions

- Patients who had a diagnosis of pregnancy during the measurement period
- Patients who were in hospice care during the measurement period

Numerator

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

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: CMS155v10 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- The patient must have all three numerator components completed in order to meet the measurement standard.

- Height and weight are to be captured using a standardized, set process for consistency. **This component of the service must be done in person.** Counseling for physical activity and nutrition may be provided via telehealth.

- This measure requires that the height and weight measurements and counseling for physical activity and nutrition be performed by health center staff or paid for by the health center.

- Table 3A includes patients' age as of December 31 and patients seen for any reportable visit; Table 6B includes age as of the start of the measurement period and patients seen for medical care, while factoring out exclusions.

Dental Sealants for Children between 6–9 Years: CMS277v0

Denominator

- Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation *dental* visit who are at moderate to high risk for caries in the measurement period

Exceptions

- Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/missing)

Numerator

- Children who received a sealant on a permanent first molar tooth during the measurement period

This measure is no longer electronically specified, but there have been no changes from the initial version. Value sets are available on HRSA's UDS Resources site.

Dental Sealants for Children between 6–9 Years: CMS277v0 (cont.)

Clarifications, Tips, and Frequently Asked Questions

- The intent is to measure whether a child received a sealant on at least one of the four sealable permanent first molars during the calendar year.

    - The measure is intended to assess patients 6 through 9 years of age at the **start** of the calendar year. A patient who is 9 at the start of the year may turn 10 during the year and should still be included.

- Use American Dental Association codes to document caries risk level determined through an assessment.
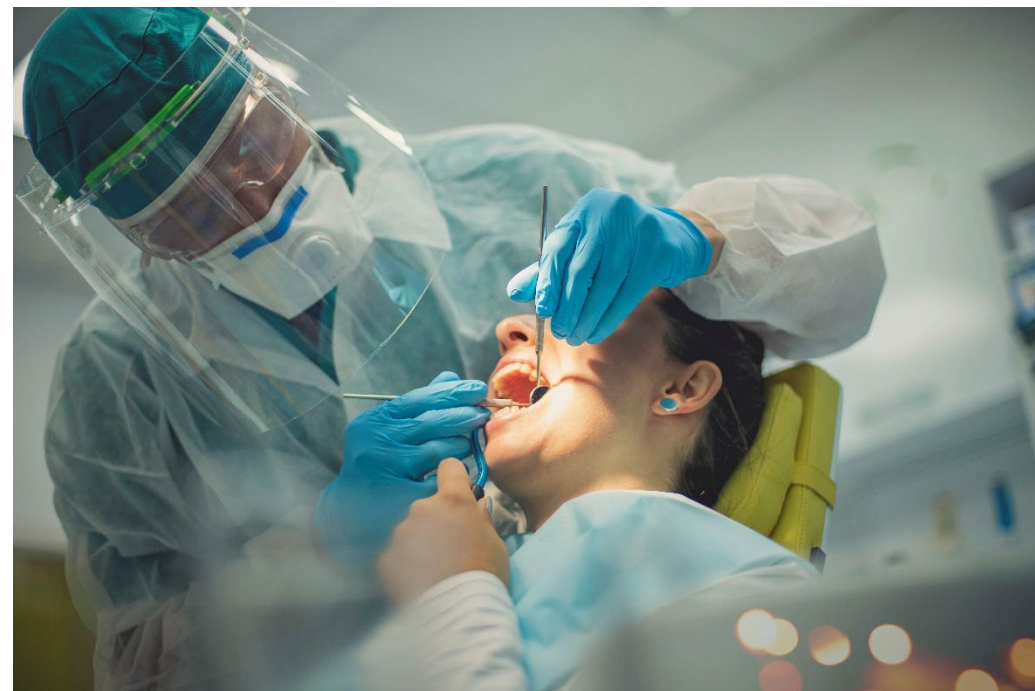
Knowledge Check: Weight Assessment and Counseling

A 15-year-old patient is seen in the health center in April 2022 for an annual physical exam. At the visit, the patient has their height, weight, and BMI recorded and receives counseling for nutrition. The nurse schedules next year's physical exam at the end of the appointment.

How is this patient reported in the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents measure?

a) Included in both the denominator and numerator—measurement standard has been met

b) Included in the denominator but not the numerator—measurement standard has not been met

c) Excluded from the measure

d) The individual is not a patient and not included in the UDS Report

Knowledge Check: Weight Assessment and Counseling *(cont.)*

A 15-year-old patient is seen in the health center in April 2022 for an annual physical exam. At the visit, the patient has their height, weight, and BMI recorded and receives counseling for nutrition. The nurse schedules next year's physical exam at the end of the appointment.

How is this patient reported in the Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents measure?

a) Included in both the denominator and numerator—measurement standard has been met

b) **Included in the denominator but not the numerator—measurement standard has not been met**

c) Excluded from the measure

d) The individual is not a patient and not included in the UDS Report

Strategies for Successful Reporting

Understanding Reported UDS Data

- Tables are interrelated:
  - Check data trends and relationships across tables.
  - Communicate with UDS data preparation and review team.
- Review issues raised during last year's and current year's review.
- Communicate with your EHR vendor to verify that the system is reporting and capturing data elements according to reporting instructions.
  - Collect trimester of entry and delivery outcome data from referral providers.
  - Maintain tracking logs to follow through on patient outcomes from start of prenatal care through delivery.
- Address edits in the Electronic Handbooks (EHBs) by correcting the data or explaining data flags or discrepancies.
  - Remember the look-back period for both maternal care and children's health measures when reporting and explaining measurement standard.

Responding to System Edits

Related Measure	Edit Explanation	What Does This Mean?	Explain the Data
Prenatal care vs. deliveries	High delivery rate	Large % of patients in prenatal program delivered during the year	1. Compare Tables 6B and 7. Did you add patients to the prenatal count who began care last year but delivered this year? 2. Was there a change or interruption in the prenatal program? 3. Did you include more than one patient delivering for twins (when mother should only be counted once)?
Childhood immunization	Low denominator in question	Fewer children included in immunization denominator than expected	1. Are larger numbers of children in this age group seen for care other than medical? 2. Have you applied the age criteria differently on Tables 3A and 6B? 3. Did you only include patients for whom you performed a well-child visit or provided primary care?

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Using Available UDS Data and Reports

- Standard reports and publicly available UDS data:
  - Health Center Trend Report (sample below), Summary Report, Health Center Performance Comparison Report, Rollup Reports

UDS Health Center Trend Report - 2021
1373 Health Centers - Universal

	2019	2020	2021	2020 - 2021		2019 - 2021	
				Change	%	Change	%
Access							
Total Number of Patients Served	29,836,613	28,590,897	30,193,278	1,602,381	5.60%	356,665	1.20%
Medical Patients Served	25,029,835	24,529,374	25,759,024	1,229,650	5.01%	729,189	2.91%
Dental Patients Served	6,712,204	5,155,619	5,701,053	545,434	10.58%	-1,011,151	-15.06%
Total Visits	122,303,749	85,678,538	124,211,391	10,002,245	8.76%	1,429,309	1.16%
Agricultural Worker Patients Served	1,031,049	977,744	1,015,162	37,418	3.83%	-15,887	-1.54%
Homeless Patients Served	1,459,446	1,287,854	1,294,327	6,473	0.50%	-165,119	-11.31%
Public Housing Patients Served	5,165,074	5,187,617	5,714,900	527,283	10.16%	549,826	10.65%
Quality of Care Indicators/Health Outcomes							
Perinatal Health							
Access to Prenatal Care (first prenatal visit in 1st trimester)	73.81%	73.48%	74.08%	0.59%	0.80%	0.26%	0.36%
Low Birth Weight (Live birth < 2500 grams)	8.05%	8.18%	8.57%	0.39%	4.80%	0.53%	6.55%

Health Center Program data (rollup data, comparison data, health center profile data)

Resources and Updates

NEW: UDS Training and Technical Assistance Microsite

Uniform Data System (UDS) Training and Technical Assistance

Last updated: August 29, 2022

- Central, user-friendly hub for health centers to access UDS reporting training and technical assistance (TTA)
- Organized by UDS topic areas, such as:
  - Patient characteristics
  - Staffing and utilization
  - Clinical care
  - Financials

Visit the UDS TTA Microsite Homepage

Follow UDS Guidance

- Thoroughly read definitions and instructions in the 2022 UDS Manual.
- See other available guidance:
  - eCQI Resource Center
  - PAL 2021-05
  - Value Set Authority Center (VSAC)
- Contact UDS Support by email (udshelp330@bphcdata.net) or by calling 866-837-4357 if you have questions.
  - The help line is available year-round from 8:30 a.m. to 5:00 p.m. (ET).

Available Assistance

- Technical assistance materials, including local trainings, are available online:
  - HRSA Health Center Program website
- Health Center Program Support for questions about the Health Center Program.
- Office of the National Coordinator for Health Information Technology (ONC) Issue Tracking System (OITS) JIRA project eCQM Issue Tracker:
  - Sign up for an OITS account
  - Post questions in the eCQM Issue Tracker
- EHBs support
  - UDS Report and Preliminary Reporting Environment access (in EHBs)
  - EHBs system issues: 877-464-4772, Option 1
  - EHBs account access and roles: 877-464-4772, Option 3
  - Health Center Contact Form
- National Training and Technical Assistance Partners

Resources for Clinical Measures

National Resources

- Healthy People 2030
- U.S. Preventive Services Task Force
- CDC National Center for Health Statistics State Facts
- Healthcare Effectiveness Data and Information Set (HEDIS)

Health Center Data and Resources

- Community Health Quality Recognition
- Quality Payment Program

HRSA priority areas

- Oral Health and Primary Care Integration
- Maternal Health

Join Us!

There are several more UDS webinars this fall. Please register for those and access any past webinars that you have missed.

- [Upcoming UDS Webinars](#) (all 1:00–2:30 p.m. ET)
  - **UDS Clinical Tables Part 2: Maternal Care and Children's Health** Today!
  - **UDS Clinical Tables Part 3: Chronic Disease Management** Thurs. Oct. 13
  - **Reporting UDS Financial and Operational Tables** Thurs. Oct. 20
  - **Successful Submission Strategies** Thurs. Nov. 3
- Past webinars are archived on [HRSA's UDS TTA](#) page.
  - **UDS Basics: Orientation to Terms and Resources**
  - **The Foundation of the UDS: Counting Visits and Patients**
  - **UDS Clinical Tables Part 1: Screening and Preventive Care Measures**

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Community Health Quality Recognition

Community Health Quality Recognition (CHQR) Badge Eligibility Criteria

- **CHQR badge eligibility criteria have been established for clinical quality measures (CQMs) that do not currently have established national benchmarks.**
    - Criteria will be used to award CHQR badges for the 2021–2023 UDS reporting periods
    - Provides health centers with clear targets to shape quality improvement strategies
- **Benchmarks, new badges, and criteria changes will take effect for the 2021 UDS reporting period, including:**
    - Incorporating Look-Alikes (LALs) into Adjusted Quartile Rankings. As a result, LALs will be eligible for Health Center Quality Leader badges.
    - Adding new CHQR badge categories: HIV, maternal and child health, and addressing social risk factors to health.
    - Awarding one COVID-19 response badge using UDS-reported data on COVID-19 testing and vaccinations.
    - Adopting updated criteria for the Health Disparities Reducer badge.
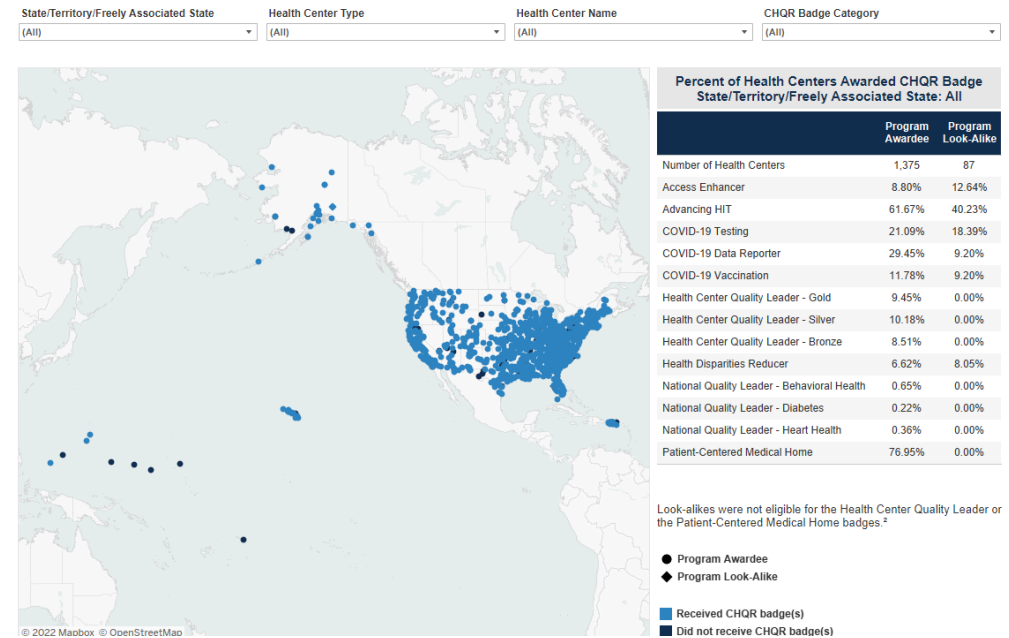
Access CHQR Overview and CHQR FAQ

Access Community Health Quality Recognition Data

Community Health Quality Recognition (CHQR) Dashboard

- Dashboard available publicly on the data.hrsa.gov website.

- Provides visualization, national-level summary, state-level summaries of CHQR badges awarded.

- Identifies program awardees and look-alikes that have made notable quality improvement achievements.

- Updated annually with UDS data release.

Explore Community Health Quality Recognition Badges

	Program Awardee	Program Look-Alike
Number of Health Centers	1,375	87
Access Enhancer	8.80%	12.64%
Advancing HIT	61.67%	40.23%
COVID-19 Testing	21.09%	18.39%
COVID-19 Data Reporter	29.45%	9.20%
COVID-19 Vaccination	11.78%	9.20%
Health Center Quality Leader - Gold	9.45%	0.00%
Health Center Quality Leader - Silver	10.18%	0.00%
Health Center Quality Leader - Bronze	8.51%	0.00%
Health Disparities Reducer	6.62%	8.05%
National Quality Leader - Behavioral Health	0.65%	0.00%
National Quality Leader - Diabetes	0.22%	0.00%
National Quality Leader - Heart Health	0.36%	0.00%
Patient-Centered Medical Home	76.95%	0.00%

Access CHQR Dashboard

Looking Forward to 2023 UDS Reporting

UDS Patient Level Submission (UDS+)

UDS+ is...

- Beginning with the 2023 UDS, BPHC will accept patient-level report data.
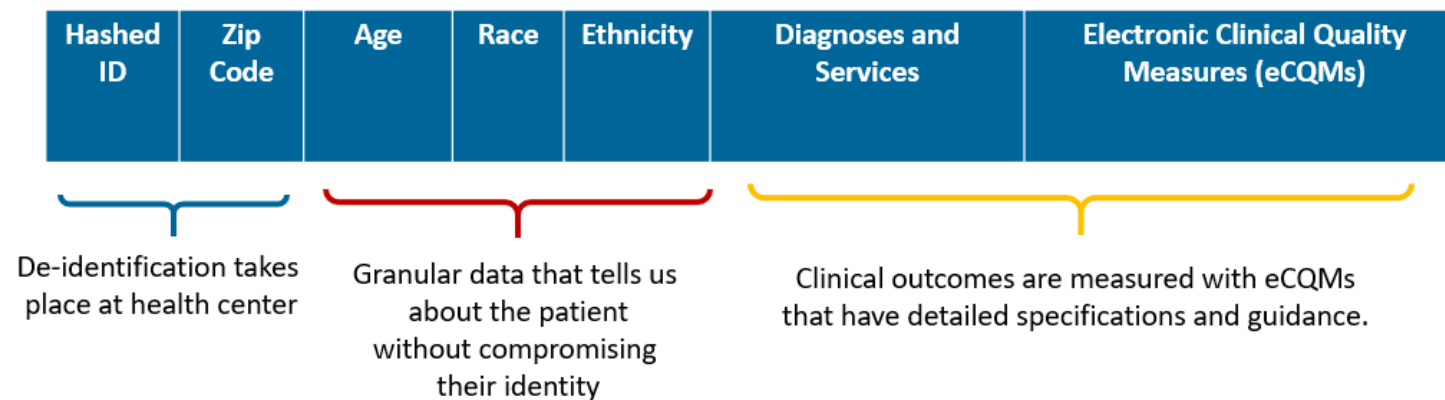 - UDS Tables PBZC, 3A, 3B, 4, 6A, 6B, and 7

BPHC plans to accept UDS+ data in two ways:

- Manual file upload system & Fast Healthcare Interoperability Resources (FHIR)
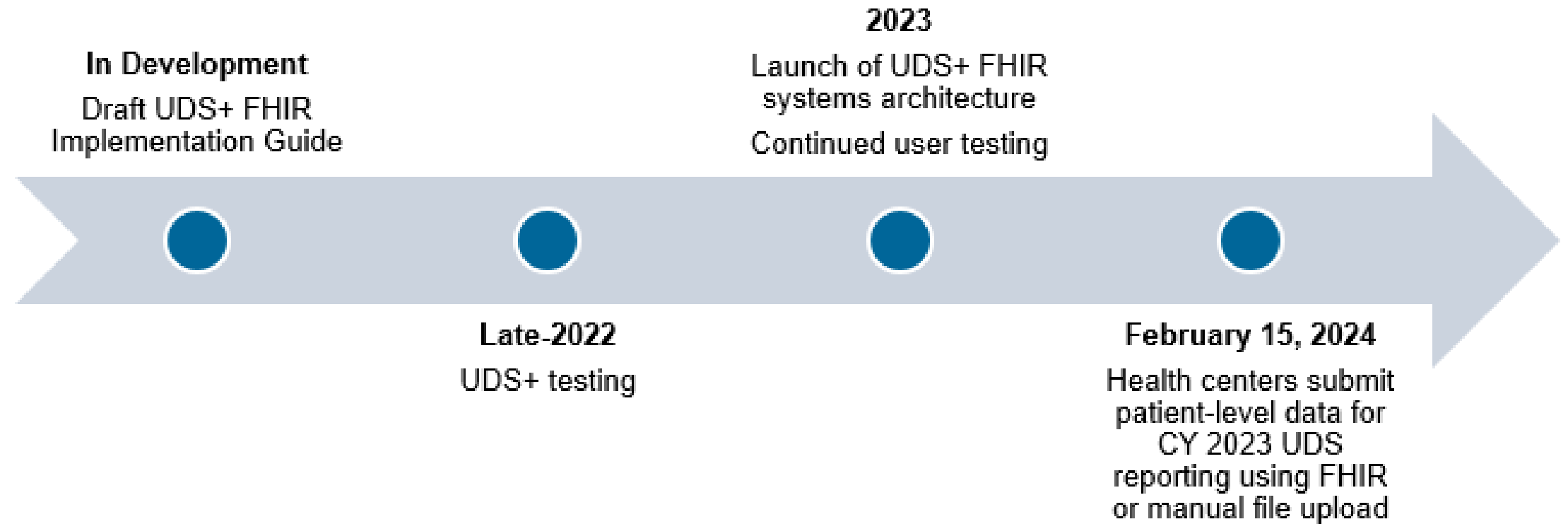
UDS+ does not...

- Collect full copies of data directly from patients' electronic medical records
- Collect patient identifiers

For more information, visit: Uniform Data System (UDS) Modernization Initiative

Hashed ID	Zip Code	Age	Race	Ethnicity	Diagnoses and Services	Electronic Clinical Quality Measures (eCQMs)

De-identification takes place at health center

Granular data that tells us about the patient without compromising their identity

Clinical outcomes are measured with eCQMs that have detailed specifications and guidance.

UDS+ Implementation Timeline

In Development
Draft UDS+ FHIR Implementation Guide

Late-2022
UDS+ testing

2023
Launch of UDS+ FHIR systems architecture
Continued user testing

February 15, 2024
Health centers submit patient-level data for CY 2023 UDS reporting using FHIR or manual file upload

UDS Modernization FAQs

HRSA
Health Center Program

Questions and Answers

Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

udshelp330@bphcdata.net or Health Center Program Support

1-866-837-4357

bphc.hrsa.gov

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