Primary Care Association (PCA) and Health Center Controlled Network (HCCN) Uniform Data System (UDS) Training

December 11, 2023, 1:00–2:30 p.m. ET

Nicole Giron, M.S.
Training and Technical Assistance Specialist, John Snow, Inc. (JSI)
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Opening Remarks

Lorraine Burton

Data and Evaluation

Office of Quality Improvement

Bureau of Primary Health Care

Health Resources and Services Administration

Agenda

- Welcome and logistics

- Overview of the Uniform Data System (UDS)

- Opportunities to support health centers with UDS

- UDS Modernization updates

- Primary Care Association (PCA) and Health Center Controlled Network (HCCN) peer sharing

- Questions and answers

Objectives of the Webinar

1 Provide an overview of the UDS and the reporting process.

2 Review resources and technical assistance (TA) activities to support UDS reporting.

3 Hear about UDS activities from peer PCAs and HCCNs.

HRSA Health Center Program

Poll #1

How long have you been working with health centers to support their UDS reporting?

a) I'm new to this work! (<1 year)

b) I've got a few years under my belt. (1–3 years)

c) I've worked on this for a while now. (4–6 years)

d) I've lost count! (6+ years)

UDS Overview

Value of the UDS

The UDS demonstrates **the scope of the Health Center Program**, including type, volume, and outcomes, for each calendar year.

Because it captures this data each year, it allows stakeholders to **understand how each health center and health centers in aggregate have changed** year over year.

The UDS captures and conveys to the Health Resources and Services Administration (HRSA) the work that health centers have been doing and, all together, conveys to Congress and other stakeholders the **important work that the entire Health Center Program is doing**.

Overview of UDS Report

Four Primary Sections

Patient Demographic Profile

- **ZIP Code** by medical insurance
- **Table 3A:** Age, sex at birth
- **Table 3B:** Race, ethnicity, language, sexual orientation, gender identity
- **Table 4:** Income, medical insurance, special population

Clinical Services and Outcomes

- **Table 5:** Staff, visits, patients, integrated behavioral health
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Clinical outcome measures by race and ethnicity

Financial Tables

- **Table 8A:** Financial costs
- **Table 9D:** Patient service-related charges and collections
- **Table 9E:** Other revenue
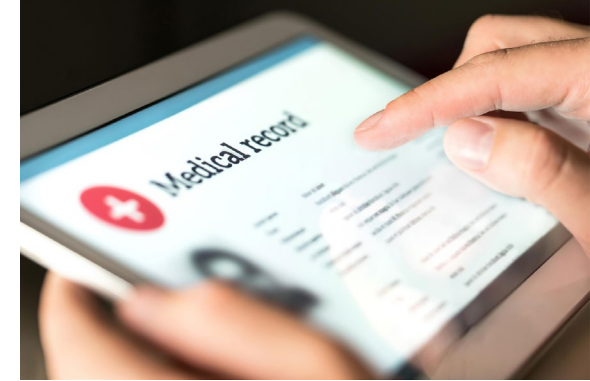
Other Forms

- **Appendix D:** Health Information Technology (HIT) Capabilities
- **Appendix E:** Other Data Elements (ODE)
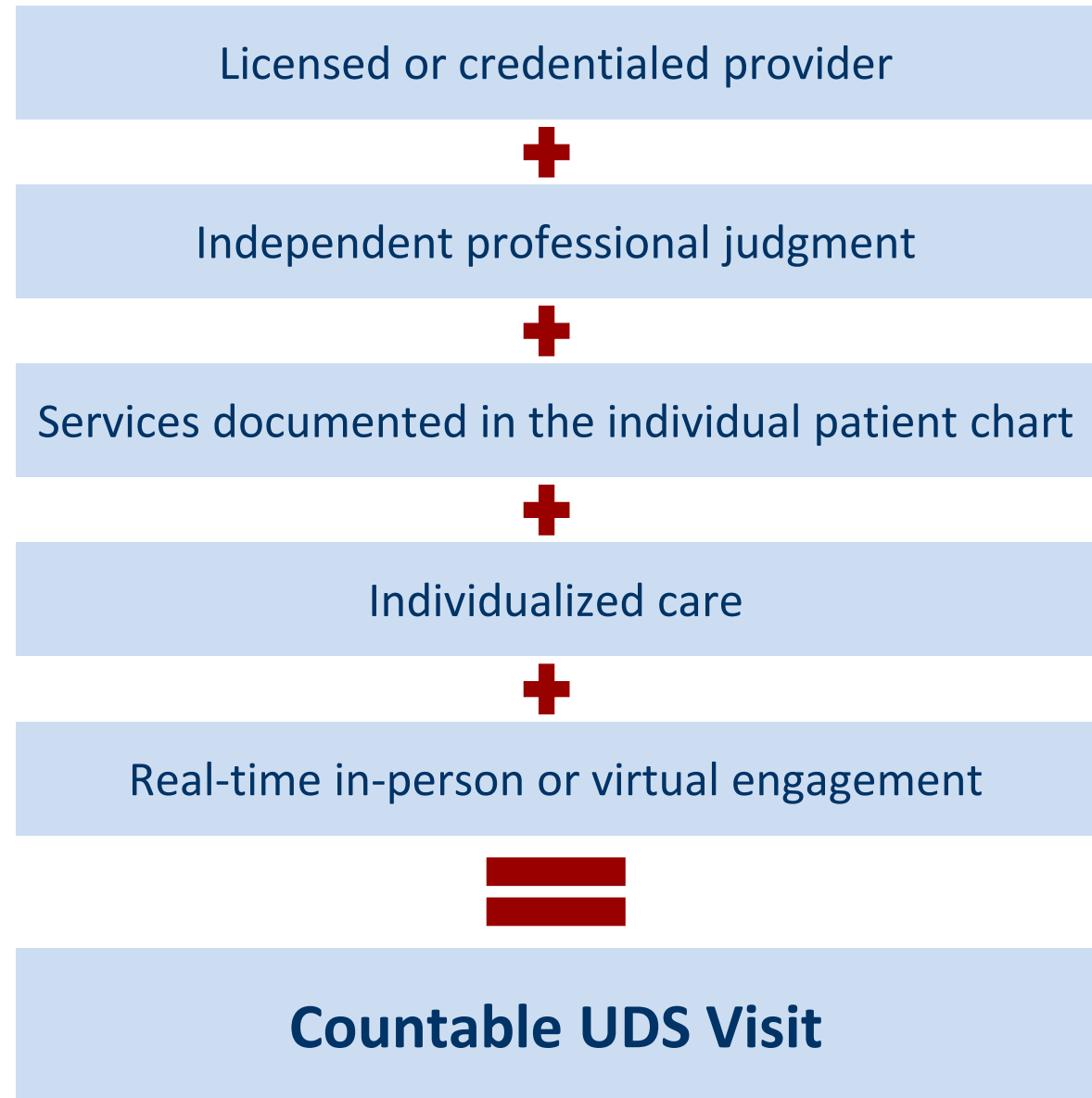- **Appendix F:** Workforce

Image source: Adobe Stock, iStock

HRSA Health Center Program

A *patient* on the UDS is someone who has a *countable visit* in any service category on Table 5.

A patient with a countable visit on Table 5 should be reported on demographics, clinical care, and financials tables.

Remember, this definition and its relationship across tables are **central** to accurate reporting.

Licensed or credentialed provider

+

Independent professional judgment

+

Services documented in the individual patient chart

+

Individualized care

+

Real-time in-person or virtual engagement

=

Countable UDS Visit

Resource: UDS Countable Visit Guidance and FAQ

HRSA Health Center Program

Reporting Timeline

January 1: UDS Report is available through HRSA's Electronic Handbooks (EHBs)

→ Report in EHBs →

February 15: UDS Report is due in EHBs

→ Work with reviewer to revise report, as needed →

March 31: Last day for data changes; final, revised reports are due

→ Data finalization by HRSA →

Summer: Reports are available to health centers in EHBs

Preliminary Reporting Environment (PRE) available (Oct.–Dec.)
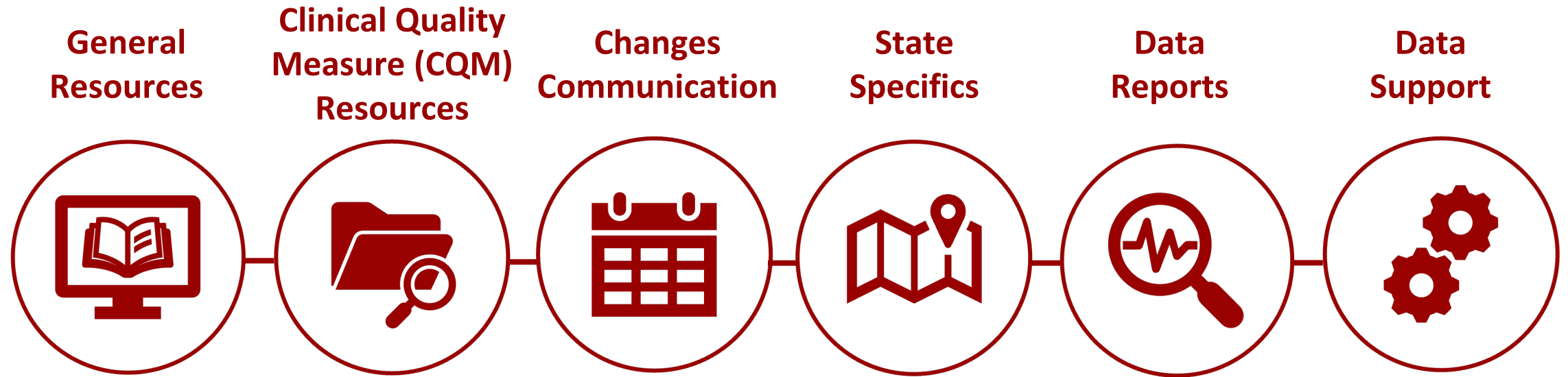
UDS support available (all year)

In addition to submitting UDS Reports in the EHBs, health centers may voluntarily submit certain de-identified patient-level report data using HL7® FHIR® R4 standards. Visit the UDS Modernization FAQ for more on that process.

HRSA Health Center Program

Supporting Health Centers

Many Ways to Support UDS Efforts

General Resources

Clinical Quality Measure (CQM) Resources

Changes Communication

State Specifics

Data Reports

Data Support

UDS Training and Technical Assistance (TTA) Resources

- **Now available: UDS reporting resources on the BPHC website**

    - Introduction

    - Reporting Training Schedule

    - Reporting Guidance

    - Patient Characteristics

    - Staffing and Utilization

    - Clinical Care

    - Financials

    - Appendices

    - Additional Reporting Topics

    - Technical Assistance Contacts

    - UDS Data

    - Archived Resources

Uniform Data System (UDS) Training and Technical Assistance

Last updated: July 11, 2023

Announcement

Calendar year 2023 UDS reporting submission

All health centers are required to submit a full, aggregated UDS Report through HRSA's Electronic Handbooks (EHBs) by February 15, 2024. Additionally, beginning with 2023 UDS reporting, health centers may also voluntarily submit de-identified patient-level data (UDS+) using Health Level Seven International (HL7®) developed Fast Healthcare Interoperability Resources (FHIR®) version release 4 (R4) standards. View updates about UDS patient-level submission (UDS+) on the UDS Modernization Overview and UDS Modernization FAQ webpages.

UDS test cooperative stakeholder group

Health centers, Primary Care Associations (PCAs), Health Center-Controlled Networks (HCCNs), and health information technology (IT) vendors are welcome to join the UDS Test Cooperative (UTC) stakeholder group. To join, contact us through the BPHC Contact Form and select Uniform Data System (UDS), UDS Modernization, then How to Join the UDS Test Cooperative.

Featured Resources

- **2022 UDS Trends Webinar Registration**
  A detailed overview of 2022 UDS data trends
- **2023 UDS Final Program Assistance Letter (PAL) (PDF - 553 KB)**
  An overview of final updates to the CY 2023 UDS reporting
- **2023 UDS Manual (PDF - 2 MB)**
  Provides health centers with detailed reporting instructions and example data tables that support calendar year 2023 UDS reporting, including information about voluntary UDS patient-level submission (UDS+)
- **2023 UDS Tables PDF (PDF - 1 MB) and Excel (XLSX - 386 KB)**
  Resources to help health centers prepare UDS submissions in advance with an organized, standard structure
- **2023 UDS Reporting Changes TA Webinar Recording and Presentation (PDF - 2 MB)**

Resources to Learn About the UDS

- [2023 UDS Manual](#): **Key resource** outlining tables, forms, reporting instructions, submission instructions, and FAQs.

  - [2023 UDS Tables](#): Available in PDF or Excel format.

- [Reporting Guidance TTA page](#)

  - UDS Beginner Resources: Suggested UDS trainings and resources for staff participating in UDS for the first time.

  - UDS Advanced Resources: Suggested UDS trainings and resources for staff familiar with UDS data and reporting.

  - EHBs Overview Video: Explains the permissions required to access the UDS Report through the grant management systems that health centers use to report UDS data annually.

  - Content Modules throughout TTA Site

    - [UDS Overview](#), [Patient Characteristics](#), [Clinical Care](#), [Financials](#), and [Submission](#) Self-Paced Learning Modules: Review UDS content and reporting requirements.

- [2023 UDS Reporting Webinar Series](#): All webinars are archived on the HRSA website to watch anytime!

Ongoing Support

Description	Contact	E-mail or Web Form	Phone
UDS reporting questions	UDS Support Center	udshelp330@bphcdata.net or BPHC Contact Form Select: UDS Reporting and most applicable subcategory	866-837-4357 (866-UDS-HELP)
EHBs account and user access questions	Health Center Program Support	BPHC Contact Form Select: Technical Support, EHBs Tasks/Technical Issues, EHBs Privileges	877-464-4772
EHBs technical issues with UDS Reports	Health Center Program Support	BPHC Contact Form Select: Technical Support, EHBs Tasks/Technical Issues, Other EHBs Submission Types	877-464-4772
UDS+ FHIR R4 IG and API (UDS Modernization) technical support	Health Center Program Support	BPHC Contact Form Select: UDS Modernization	877-464-4772

Change to Tables 6B and 7 Measure Reporting for Calendar Year 2023

Patients who have had a UDS-countable visit of any type and who have had a qualifying visit **as defined by the measure steward for each measure** are to be considered for the denominator.

2022 UDS Guidance:

Include and evaluate patients for the denominator who had **at least one medical visit** during the measurement period as specified in the measure (dental visits are used for the dental sealant measure), even though some electronic-specified clinical quality measures (eCQMs) may specify a broader range of service codes.

NEW 2023 UDS Guidance:

Include and evaluate patients for the denominator who had **at least one eligible countable visit (as defined by the measure steward for the selected eCQM)** during the measurement period as specified in the measure.

CQMs: Keys to Remember

To be reported *anywhere* on the UDS, a patient must have a countable visit on Table 5 during the year.
Countable visits can be in multiple service areas (medical, dental, mental health, substance use disorder, etc.) if they meet the countable visit definition.

For CQM reporting on Tables 6B and 7, patients must meet the criteria detailed in the individual measure specifications.
Eligible visit types depend on the specification defined by the measure steward and must be assessed for each measure individually.

It is essential to review and use the codes listed in each eCQM.
Many eCQM denominators are still limited to patients who have had at least a medical visit during the year; for other measures, patients with other visit types might also be included.

Getting Started with CQMs:

Electronic Clinical Quality Improvement (eCQI) Resource Center

- **eCQM Implementation Checklist**
  - Five preparation steps
  - Seven implementation steps
- **eCQM supports include:**
  - eCQI Resource Center: On the page for each measure, in the "Measure Information" tab, there is the option to "compare"—e.g., 2022 to 2023. **This highlights changes year over year.**
  - eCQM Flows: Workflows for each eCQM, updated annually; downloads as a ZIP file.
  - Technical Release Notes: 2023 Performance Period Electronic Clinical Quality Measures (eCQMs)
  - eCQM value sets: The Value Set Authority Center (VSAC) site, where you can search value sets.
  - Additional resources are on the eCQM Resources page.
- **Video: Accessing Full eCQM Specifications**

Key References for Measure FAQs

Office of the National Coordinator (ONC) Project Tracking Jira
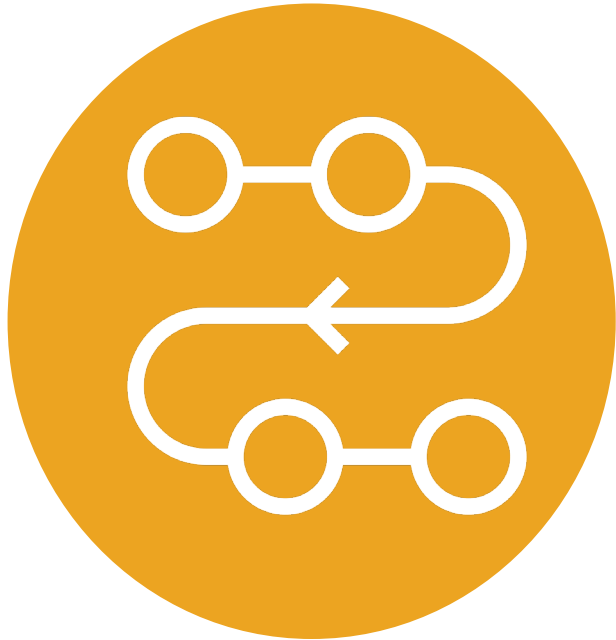
eCQM Known Issues Tracker (part of ONC tracking)

UDS Helplines

Access each with these links: https://oncprojectracking.healthit.gov/support/projects/CQM/summary; https://oncprojectracking.healthit.gov/support/projects/EKI/summary; and https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/technical-assistance-contacts

Communication of UDS Reporting Changes

- Each spring (typically in May), the Centers for Medicare & Medicaid Services (CMS) communicates updates about eCQM specifications for the next reporting/performance period.
  - Changes to eCQM specifications, such as logic statements, are governed and vetted by the respective measure steward.
  - Most (13 of 18) of UDS CQMs align with CMS' eCQMs for clinical quality measure reporting.
  - Appendix H of the UDS Manual provides information on eCQM stewards.
- 2023 UDS changes were first announced via "Proposed Uniform Data System Changes for Calendar Year 2023" in Program Assistance Letter (PAL) 2023-03, dated August 12, 2022.
  - Proposed 2024 UDS changes are expected to be announced this fall.
- Federal Register Notices published October 21, 2022, and January 4, 2023, communicated proposed UDS updates and burden estimates.
  - The notices provided opportunity for public comment.

Changes described in further detail in the 2023 UDS Manual, during technical assistance webinars (each fall), and during the annual UDS trainings co-hosted with PCAs.

Training information is announced each fall in the Primary Care Digest and on the UDS Training and Technical Assistance site.

Specific State and Local Information

- Gather information on specific state and local programs available to cover the care of patients (in whole or in part).

- UDS tables that are often influenced by state-specific programs:
  - Selected Patient Characteristics (Table 4)
  - Patient Service Revenue (Table 9D)
  - Other Revenue (Table 9E)

- Be familiar with how/if managed care is delivered in your state. Remind health centers to access attribution lists early.
  - Resource: UDS Managed Care Reporting and Relationship across Tables 4 and 9D
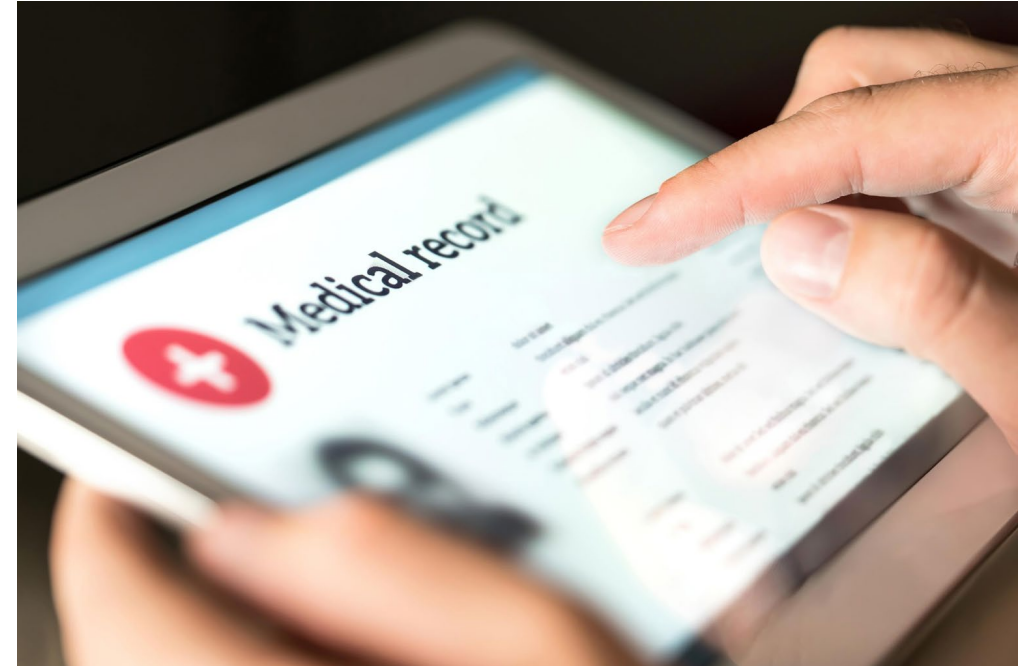
Fact sheets for each UDS table are available at https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance.

UDS Data Reports for TTA

UDS Report	Timing	Available To*	Level Available*	Source
Finalized Health Center Tables and eXtensible Markup Language (XML) Data Files	June	HC	Awardee: HC Look-Alike: HC	EHBs
PCA Data Files ("Data Dump")	**June**	**PCAs, HCCNs**	**Awardee: HC Look-Alike: HC**	**EHBs**
UDS Health Center Trend Report	August	HC	Awardee: HC, S, N Look-Alike: HC, N	EHBs
UDS Summary Report	August	HC	Awardee: HC, S, N Look-Alike: HC, N	EHBs
UDS State and National Rollup Reports	June	HC, Public	Awardee: S, N Look-Alike: N	EHBs, HRSA website
Awardee and Look-Alike Profiles	August	Public	Awardee: HC, S, N Look-Alike: HC, N	HRSA website
Awardee Comparison Data Views	August	Public	Awardee: HC, S, N Look-Alike: HC, N	HRSA website
UDS Health Center Performance Comparison Report	August	HC	Includes all levels	EHBs

*HC = Health Center; PCA = Primary Care Association; HCCN = Health Center Controlled Network; S = State; N = Nation

HRSA Health Center Program

How to Access UDS Data Reports in EHBs

There are several resources to help you access and understand the contents of the UDS Reports available in the EHBs.

Accessing Standard UDS Reports: A quick reference sheet for PCA

Reference Guide for UDS Data Reports Available to Health Centers

All available on https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/reporting-guidance and https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/uds-data

How to Access UDS Data Reports on data.HRSA.gov

Health center, state, and national profiles

Health Center Program UDS Data

View national, state/territory, and health center UDS data profiles for Health Center Program awardees and look-alikes.

National view of demographics and services **by special population grant**

Special Populations Funded Programs

View UDS data from health centers that receive grant funding to serve special populations through the Health Care for the Homeless, Migrant Health Centers and Public Housing Primary Care programs.

National view of patient demographics

Patient Characteristics Snapshot

View a national summary of UDS data on poverty level, insurance status, and race and ethnicity of patients served by Health Center Program awardees and look-alikes.

Comparison between states and territories on key statistics

Data Comparisons

View how one state/territory compares to the national average or to another state/territory on key UDS data points: total number of patients served by service category, target populations, and other patient characteristics.

Screenshot from https://data.hrsa.gov/tools/data-reporting

Data Alignment and Support
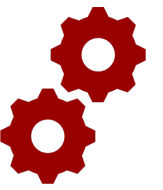
Measure Requirements

Electronic Health Record (EHR) Requirements

Internal Workflow + Mapping

Each quality measure has eCQM specifications and national standards across many reporting programs.

Each EHR vendor provides detailed guidance about how data must be captured in their specific EHR to meet the specifications.

Each health center has internal processes and mapping, which must align with both measure and EHR requirements.

EHR Requirements
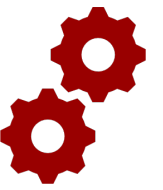
Annual Changes

Each EHR generally puts out a user guide or quality measure guidance annually (e.g., with updated eCQM specifications and UDS Manual). Each vendor makes this available on their intranet or community site.

Structured Data

All measure components require structured data. Most eCQMs look at orders (labs, diagnostic imaging, procedures, etc.) and/or Current Procedural Terminology (CPT) codes. Data must be complete (such as complete results and closed encounters with appropriate CPT codes).

Type and Location of Data

Each EHR has report mapping that pulls data from specific codes, types of data, and the location of that data (such as history of illness, social history, etc.). Knowing the details of this is essential to ensuring accurate reports.

Support health centers with EHR vendor selection, management, and engagement where possible.

What are some other ways your organization has supported health centers with the UDS?

Tell us about one activity in the chat!
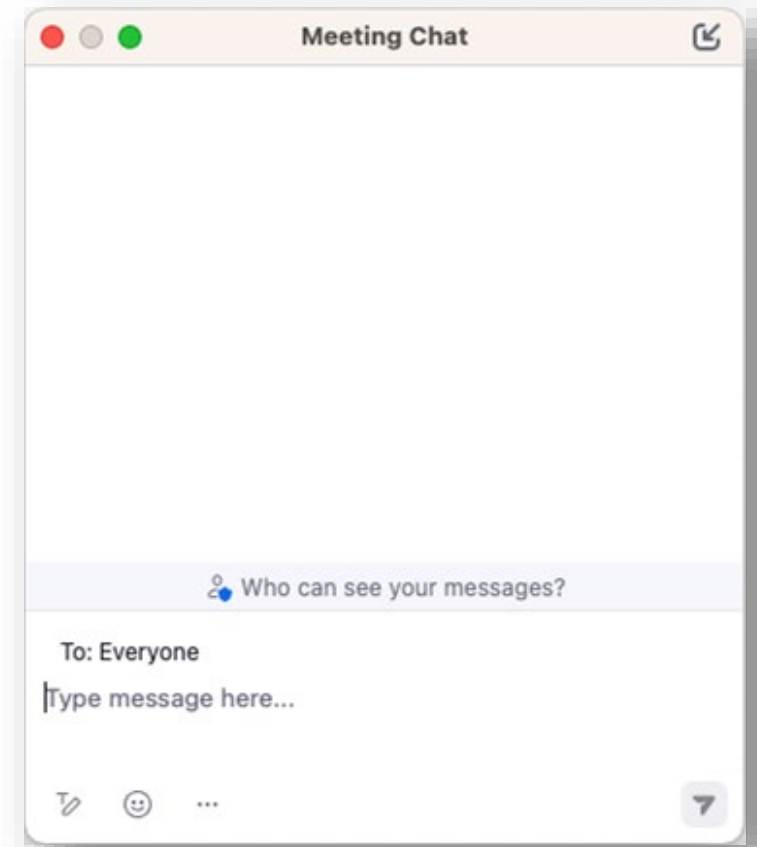
UDS Modernization Updates

UDS Modernization Initiative

Reduce Reporting Burden

Automate data submission, provide enhanced UDS reporting capabilities, promote transparency, and integrate stakeholder feedback.

Better Measure Impact

Improve the quality of UDS data to reflect improvements in patient-centered care and an evolving primary health care setting.

Promote Transparency

Provide an open, transparent decision-making process on UDS changes such as measure selection, information technology, and reporting improvements.

Health Center Level
demographics, services utilized, diagnostics

Patient Level
demographics, services utilized, diagnostics
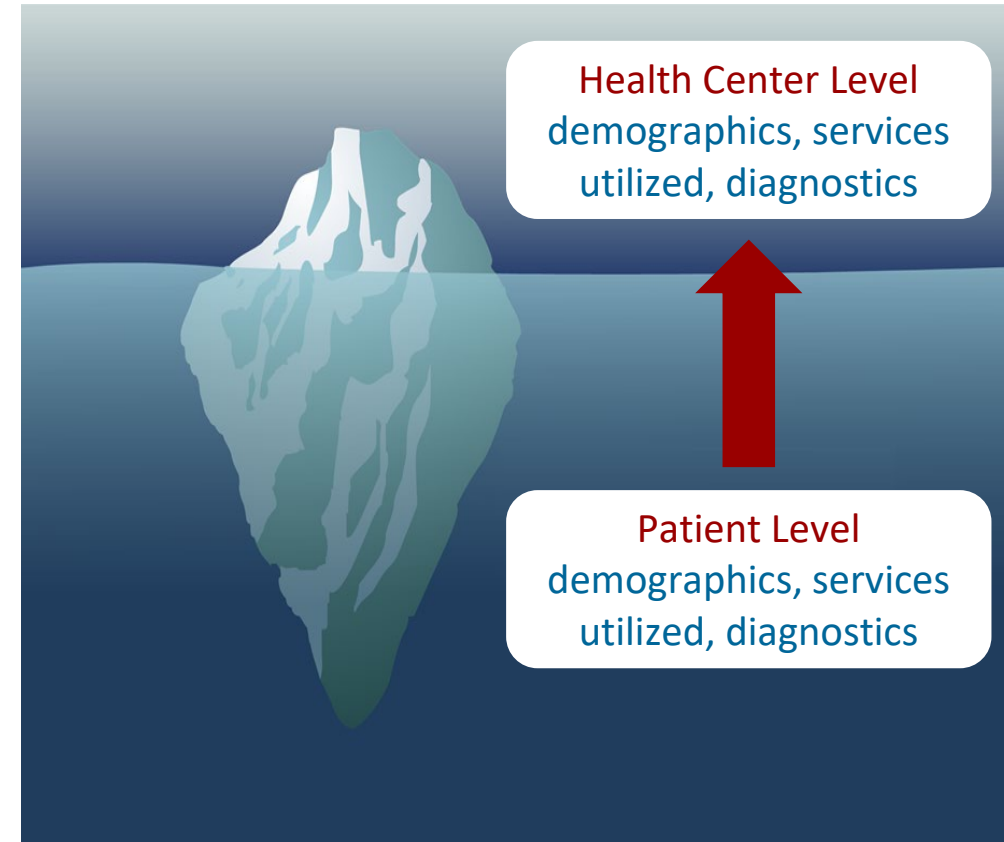
UDS Modernization Initiative

Benefits of UDS+

Patient-level data collection will enable HRSA to better:

- Articulate the **unique characteristics** and **needs** of health center patients

- Illustrate the **breadth and depth** of health center **services** and their impact on **health outcomes**

- Inform **TTA, research and evaluation**, and **health equity** work

- Improve **preparedness** for public health emergencies

- Improve ability to communicate the **complexity of the patient populations** health centers serve and provide **evidence for aligned reimbursements** for care provided

- Inform **investments and interventions** based on trends identified in patient-level data (e.g., targeted needs of specific communities/patients, social determinants of health)

2023 Calendar Year: UDS Reporting

All health centers are **required** to submit **aggregated** UDS data.

Health centers also have the **option** to submit **patient-level data (UDS+)**.

- Submit aggregated UDS data through EHBs, using the traditional submission method.
- Include all UDS tables and appendices.
- This will be the official submission of record.

- UDS+ FHIR Implementation Guide provides architectural details and technical reporting specifications for submission.
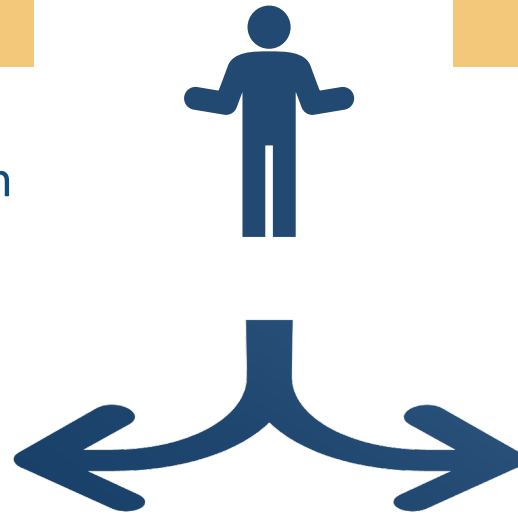
2023 Calendar Year: Optional UDS+ Submission

1. Submit data for your entire universe of patients (not a subset)

2. Submit **all** the demographic tables data
   - **Table**: Patients by ZIP Code
   - **Table 3A**: Patients by Age and by Sex Assigned at Birth
   - **Table 3B**: Demographic Characteristics
   - **Table 4**: Selected Patient Characteristics

3. Submit **all or part of** the clinical tables data
   - **Table 6A**: Selected Diagnoses and Services Rendered – optional
   - **Table 6B**: Quality of Care Measures – submit 2 or more eCQMs from this table
   - **Table 7**: Health Outcomes and Disparities – submit 2 or more eCQMs from this table

2023 Calendar Year: Optional UDS+ Submission cont'd

- The UDS Test Cooperative (UTC) suggests health centers may be the most ready to submit these eCQMs:

  - **Table 6B: Quality of Care Measures**
    - ✔ Cervical Cancer Screening
    - ✔ Colorectal Cancer Screening
  - **Table 7: Health Outcomes and Disparities**
    - ✔ Controlling High Blood Pressure
    - ✔ Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

- Health centers may choose any eCQM from these tables as long as they submit at least two measures from each table

REMEMBER:

Submit both demographic and clinical data for the entire patient population, not a subset of patients

Resources

For the latest UDS Test Cooperative (UTC) and UDS+ information, please subscribe to the Primary Health Care Digest and visit the UDS+ technical assistance webpages:

- UTC
- UDS Modernization Initiative
- UDS Modernization FAQ

Submit a ticket via the BPHC Contact Form to:

- Join the UTC
- Access the UDS+ Health Center Program Community
- Participate in a readiness assessment to discuss UDS+ submissions use cases
- Learn more about the UDS+ FHIR Implementation Guide

PCA and HCCN Peer Sharing

Mississippi Health Safe Net

Michael T. Edwards, Director of Training and Quality

Performance Tracking

- Report frequency
- Target achievement
- Comparisons
  - Provider to provider
  - Center to center

Data Validation

- Errors
- Mappings
- Workflows

Massachusetts League of Community Health Centers

Marlene Abreu, Senior Manager, Health Informatics

Mary Ellen McIntyre, Senior Vice President, Compliance

Massachusetts League of Community Health Centers

**Uniform Data System Training:
Massachusetts T/TA Strategy**

By:

**Marlene Abreu, Lynette Mascioli (HCCN staff)
Mary Ellen McIntyre (PCA CA staff)**

**Date:
Dec. 11, 2023**

Massachusetts League
of Community Health Centers

Tips for a Successful PCA & HCCN Collaboration

1. Robust webinar series – session and follow-up:
   - MA-specific slides to complement JSI presentation
   - Dedicated webpage
   - Q&A Document
   - Session Recordings
   - DRVS Office Hours

2. MA-specific clarification memo

3. Higher Logic Communities - EHR User Groups & Forums

4. Internal team support
   - PCA & HCCN partnership re: CHC questions

5. UDS Clinical Trends Report

Massachusetts League
of Community Health Centers

MA-Specific Slides: Agenda for the Trainings Days

Day 1: Wednesday, Nov. 30, 2023 – Operations

- **League as PCA & HCCN** – *Mary Ellen McIntyre*
- **Patient & Visit Trends** – *Mary Ellen*
- **UDS Higher Logic** – *Marlene Abreu*
- **Documenting Your UDS Process/Data and EHR Transitions** – *Lynette*

Day 2: Friday, Dec. 2, 2023 – Clinical

- **HRSA Funding Growth** – *Mary Ellen*
- **Overview of the HCCN, User Groups, Documentation and EHR Transitions, U** – *Susan Adams, Lynette*

Day 3: Tuesday, Dec. 6, 2023 – Financial

- **Website Resources** – *Mary Ellen*
- **Evaluation** – *Mollie Cronin*

Day 4 + 5: Thursday, Dec. 8, 2023 + Tuesday, Jan. 23, 2024 – Q&As

- **Evaluation** – *Mollie*

Webpage

- Website Resources available; linked on League website
- https://massleague.org/Calendar/LeagueEvents/UDS.php
  - Manual
  - Training slides
  - Training recordings
  - "JSI" memo
  - MA-specific webinar series Q&A
- UDS Higher Logic Community
  - 147 members

Q&A Document

2022 UDS Training
Q & A

DISCLAIMER: This FAQ document is our best attempt to capture all the Questions and Answers that were discussed during the 5 Massachusetts 2022 UDS sessions. Please view the 2022 UDS Manual and other complementary HRSA materials as the ultimate source of truth.

DAY 1:

Q: IS THERE A CROSSWALK AVAILABLE OF THOSE TABLE RELATIONSHIPS?

A: Alec to ask about this, but could possibly come up with one. Table 4 – 9D. Zip code table to insurance section of table 4. Managed care section of Table 4 and 9D. Table 5 staffing costs and staffing categories. In the manual, Appendix B has a crosswalk.

- Zip code with Insurance
- Table 5 and table 8 a - cross walk for staffing and cost
- Table 4 with 9D - Specific relationship. No. of people to be uninsured in table 4 is often higher than table 9D. Table for only looking for full coverage but also other public coverage.
-

There's not really a report-wide list of cross walk and table relationships.
Appendix B. covers most problematic issues on the UDS. Includes unique and often complicated situations.
https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2022-uds-manual.pdf

Q: LAST YEAR WE (NUMBER OF FQHCs) HAD MAJOR ISSUES WITH MANAGED CARE (13a-13c). WE WERE NOT ABLE TO OBTAIN DATA FROM SOME PAYERS, AS THEY DIDNT HAVE THIS DATA AVAILABLE. WE ALSO DONT HAVE SYSTEMS THAT KEEP COUNT OF MEMBERS MONTHS.

Massachusetts League
of Community Health Centers

Session Recordings

Recordings

- Day 1 recording
  - Password: *.hR%$.1
- Day 2 recording
  - Passcode: ^z%M=33=
- Day 3 recording
  - Passcode: #x*@3p5H
- Day 4 recording
  - Passcode: eyg@37Vx
- Day 5 recording
  - Passcode: QdWTM4^C

Massachusetts League
of Community Health Centers

DRVS Office Hours

DRVS Office Hours

What?
- Q&A – "I just have a quick question or two."
- Center specific TA – using *your* data
- Working session – telehealth, UDS, MAT, etc.

When?
- Thursdays afternoon from 1:30 pm – 4:30 pm

How?
- E-mail for a time slot or
- Just join the session that day!

To join the meeting please visit: https://massleague.zoom.us/j/2260857909

For questions, please email Zabin Munshi at mmunshi@massleague.org

Massachusetts League
of Community Health Centers

MA-Specific Clarification Memo

Massachusetts Health Centers – Insurance and Other Clarification Memo: 2022
Updated as of 12/27/2022; 2/9/2023

Table of Contents

Massachusetts League
of Community Health Centers

Higher Logic Communities

Forums

UDS Forum
(includes UDS+)

IT Forum

EHR User Groups

Epic

eCW

NextGen

Massachusetts League
of Community Health Centers

Collaborative Internal Team Approach

- Key staff are "on deck" during UDS Season.

- We communicate on an ad hoc basis to triage and/or discuss health center questions.

- We are very responsive and provide information as soon as possible.

  – Send new communications out to all FQHCs via our Higher Logic platform.

  – Update FAQs on our website.

Massachusetts League
of Community Health Centers

Annual UDS Clinical Trends Report

The HCCN prepares a detailed UDS trend report with the eighteen (18) clinical quality measures (CQMs) for each of the federally qualified health centers (FQHCs) in Massachusetts.

Report Structure
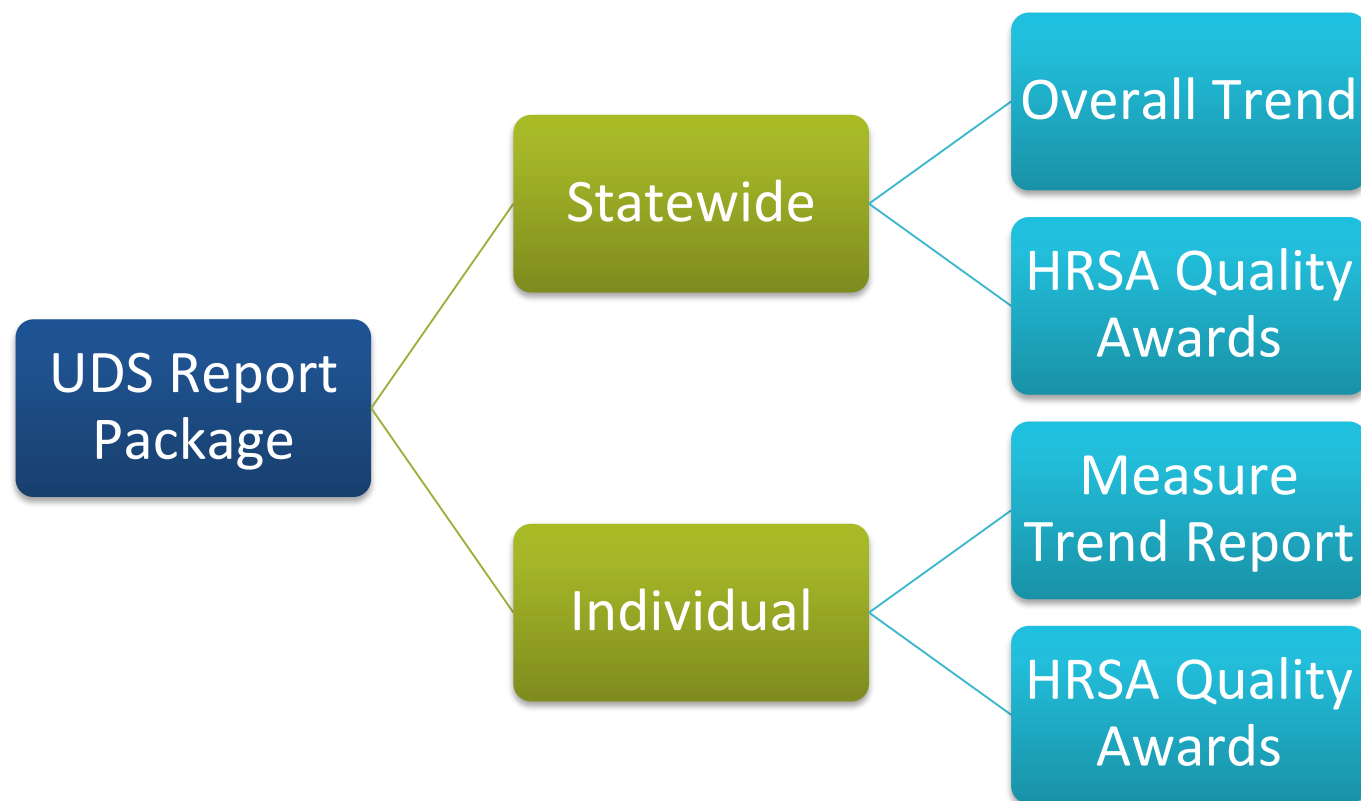
Annual UDS Clinical Trends Report (cont.)

UDS Analysis - Statewide

Summary Table											
	CHC	**Early Entry into Prenatal Care**					**Low Birth Weight** *(a low rate is better)*				
Health Center Name	**Size 20**	**2020**	**2021**	**2022**	**% change ('20-'21)**	**% change ('21-'22)**	**2020**	**2021**	**2022**	**% change ('20-'21)**	**% change ('21-'22)**
$Healthy People 2030				80.5%							
$Mass Average		85.2%	77.5%	77.5%			7.5%	6.9%	6.7%		
$National Average		73.5%	74.1%	72.0%			8.2%	8.6%	8.4%		
	S	60.0%	53.3%	66.7%	-6.7%	13.3%	0.0%	20.0%	0.0%	-20.0%	20.0%
	L	71.6%	64.9%	62.0%	-6.6%	-2.9%	8.1%	8.8%	6.3%	-0.8%	2.5%
	M	55.2%	64.7%	69.9%	9.5%	5.2%	14.6%	5.3%	4.5%	9.4%	0.7%
	M	70.8%	72.9%	63.1%	2.1%	-9.8%	7.5%	8.5%	5.7%	-1.0%	2.8%
	S	0.0%	-	-	-	-	-	-	-	-	-
	M	78.4%	62.3%	57.0%	-16.1%	-5.3%	9.6%	8.5%	9.1%	1.0%	-0.6%
	S	92.6%	96.6%	96.7%	4.0%	0.1%	4.3%	0.0%	17.6%	4.3%	-17.6%
	M	66.7%	75.6%	89.8%	8.9%	14.2%	0.0%	0.0%	11.1%	0.0%	-11.1%
	M	92.3%	86.0%	87.8%	-6.3%	1.8%	11.7%	3.7%	13.0%	8.0%	-9.3%
	L	76.5%	88.5%	90.1%	11.9%	1.7%	9.9%	8.1%	8.2%	1.8%	-0.1%
	M	93.1%	88.1%	59.2%	-5.0%	-28.9%	6.1%	7.1%	8.5%	-1.0%	-1.4%
	S	65.2%	80.0%	85.3%	14.8%	5.3%	20.7%	13.0%	17.4%	7.6%	-4.3%
	L	91.5%	89.4%	88.8%	-2.1%	-0.6%	6.6%	5.9%	4.1%	0.8%	1.8%
	L	82.1%	76.4%	70.2%	-5.7%	-6.3%	6.5%	6.1%	7.1%	0.4%	-1.0%
	L	93.6%	91.7%	90.4%	-2.0%	-1.3%	8.4%	5.9%	8.6%	2.5%	-2.7%
	L	95.5%	95.4%	97.0%	-0.1%	1.6%	7.6%	9.4%	3.6%	-1.9%	5.8%
	L	94.1%	88.2%	92.5%	-5.8%	4.3%	5.5%	5.7%	5.2%	-0.2%	0.5%
	M	94.0%	91.5%	83.3%	-2.5%	-8.3%	5.3%	6.9%	5.8%	-1.7%	1.2%
	L	86.1%	76.0%	81.7%	-10.0%	5.7%	4.4%	0.0%	5.8%	4.4%	-5.8%
	S	62.3%	75.0%	67.6%	12.7%	-7.4%	13.6%	0.0%	27.3%	13.6%	-27.3%
	M	80.8%	89.7%	82.1%	8.9%	-7.6%	12.0%	6.4%	7.1%	5.7%	-0.8%
	S	100.0%	82.6%	88.9%	-17.4%	6.3%	33.3%	5.0%	0.0%	28.3%	5.0%
	M	88.1%	79.4%	69.6%	-8.7%	-9.7%	-	12.9%	9.7%	-	3.2%
	S	77.6%	77.6%	78.8%	0.0%	1.2%	8.3%	5.6%	0.0%	2.8%	5.6%
	L	56.7%	53.3%	56.3%	-3.4%	3.0%	8.1%	8.8%	6.3%	-0.7%	2.5%
	L	79.4%	67.2%	69.5%	-12.2%	2.2%	8.5%	6.4%	6.2%	2.1%	0.2%
	S	65.7%	56.0%	66.0%	-9.7%	10.0%	6.3%	10.7%	0.0%	-4.5%	10.7%
	M	92.4%	89.4%	77.8%	-3.0%	-11.6%	22.9%	17.9%	7.7%	5.0%	10.3%
	S	80.4%	56.2%	59.4%	-24.3%	3.2%	5.9%	3.8%	18.0%	2.1%	-14.3%
	M	89.6%	88.4%	86.9%	-1.2%	-1.5%	10.9%	9.1%	8.5%	1.8%	0.6%

Overall Summary | Prenatal Care | Low Birth Weight | Childhood Imms | Cervical CA Screen | Breast CA Screen | Youth Weight | Adult Weight | ...

Annual UDS Clinical Trends Report (cont.)

UDS Analysis – Statewide

Low Rate is Better	CHC	Diabetes: HbA1c Poor Control (>9%)					HRSA Adj
	Size				% change	% change	Quartile
Health Center Name	202?	2020	2021	2022	('20-'21)	('21-'22)	Rank
Healthy People 2030				11.6%			
	L	18.1%	17.3%	14.9%	0.9%	2.4%	1
	M	23.1%	20.5%	16.8%	2.6%	3.6%	1
	M	16.2%	16.5%	17.7%	-0.3%	-1.2%	1
	S	30.8%	20.9%	19.4%	9.9%	1.5%	1
	M	25.4%	20.2%	20.3%	5.2%	-0.1%	1
	S	37.4%	27.5%	22.6%	9.9%	4.8%	1
	M	36.5%	22.4%	22.7%	14.1%	-0.3%	2
	L	35.4%	47.8%	23.1%	-12.4%	24.7%	1
	M	33.3%	26.7%	23.9%	6.7%	2.8%	2
	M	39.3%	29.1%	24.1%	10.2%	5.0%	1
	S	32.8%	31.4%	24.2%	1.3%	7.2%	2
	L	35.2%	26.1%	25.4%	9.1%	0.7%	1
	L	32.7%	29.1%	25.8%	3.6%	3.4%	1
	M	34.1%	29.6%	26.8%	4.5%	2.8%	1
	S	40.0%	28.7%	26.9%	11.3%	1.8%	2
	M	30.4%	25.5%	27.3%	5.0%	-1.8%	3
	L	38.1%	32.2%	27.3%	5.9%	4.9%	2
	M	28.8%	22.7%	27.4%	6.2%	-4.8%	2
		35.9%	30.3%	27.7%			
	L	34.0%	29.0%	27.8%	5.0%	1.2%	3
	M	32.0%	31.6%	28.1%	0.4%	3.5%	2
	M	30.4%	26.3%	28.3%	4.1%	-2.0%	2
	M	37.2%	30.0%	29.0%	7.2%	1.0%	2
	S	32.8%	27.8%	29.7%	5.0%	-1.8%	2
	M	34.8%	28.1%	29.8%	6.8%	-1.7%	3
	L	39.5%	32.2%	30.3%	7.3%	1.9%	2
		35.6%	32.3%	30.4%			
	M	44.0%	36.2%	30.5%	7.8%	5.7%	2
	M	39.7%	40.6%	30.5%	-0.9%	10.2%	2
	S	45.2%	38.3%	30.7%	6.8%	7.6%	2
	S	34.9%	34.5%	32.4%	0.5%	2.1%	4
	L	42.4%	32.6%	33.0%	9.8%	-0.3%	3
	S	55.1%	41.9%	33.1%	13.2%	8.8%	2

Diabetes: HbA1c Poor Control (>9%)

Healthy People 2030	11.6%	
Mass Average	27.7%	
National Average	30.4%	
Health Center Data	Count	Percent
Above HP 2030	0	0.0%
Above Mass Avg	18	48.6%
Above Nat'l Avg	25	67.6%
Percent change 2021-2022		
>5%	6	16.2%
5%/-1%	23	62.2%
<-1%	8	21.6%
Insufficient Data	0	0.0%
Total	37	100%
2022 Quartile Ranking		
1st Quartile	12	32.4%
2nd Quartile	15	40.5%
3rd Quartile	5	13.5%
4th Quartile	5	13.5%
Insufficient Data	0	0.0%
Total	37	100%

Legend
Green: >5% improvement
Blue: +5%/-1% improvement
Red: <-1% improvement
"-": Insufficient data

Colorectal CA Screen | Depression Screen | Depression Remission | Dental Sealants | Statin | IVD | HTN Control | **Diabetes Uncontrolled** | HIV ...

Annual UDS Clinical Trends Report (cont.)

UDS Analysis – Individual

Clinical Quality Measure	2022 UDS Denominator	UDS Data (Tables 6B & 7)			Year-to-Year Change		Benchmarks		
		CY2020	CY2021	CY2022	2020 - 2021	2021 - 2022	State Avg '22	Nat'l Avg '22	HP 2030
Early Entry into Prenatal Care		71.6%	64.9%	62.0%	-6.6%	-2.9%	77.5%	72.0%	80.5%
Low Birth Weight*		8.1%	8.8%	6.3%	-0.8%	2.5%	6.7%	8.4%	-
Childhood Immunization Status		48.0%	46.4%	41.4%	-1.6%	-5.0%	49.6%	33.2%	-
Cervical Cancer Screening		59.4%	53.7%	52.2%	-5.7%	-1.4%	61.2%	54.0%	84.3%
Breast Cancer Screening		46.2%	35.2%	35.7%	-11.1%	35.7%	60.0%	50.3%	80.5%
Youth Weight Assessment		64.4%	78.3%	79.9%	13.9%	1.6%	63.9%	69.8%	-
Adult Weight Assessment		63.0%	44.0%	46.9%	-19.0%	2.9%	47.6%	61.0%	-
Tobacco Use Screening		86.0%	84.8%	88.5%	-1.2%	3.7%	77.2%	84.6%	-
Colorectal Cancer Screening		39.0%	37.0%	33.5%	-2.0%	-3.5%	53.0%	42.8%	74.4%
Screening for Depression		50.1%	58.2%	70.7%	8.1%	12.6%	55.8%	70.0%	13.5%
Depression Remission		0.7%	3.2%	3.0%	2.5%	-0.2%	13.4%	13.6%	-
Dental Sealants for Children		61.1%	43.3%	60.0%	-17.8%	16.7%	62.4%	58.4%	42.5%
Statin Therapy for CVD		65.8%	65.9%	76.5%	0.1%	10.6%	77.1%	76.1%	-
Ischemic Vascular Disease (IVD)		84.1%	83.7%	84.7%	-0.4%	1.1%	77.4%	76.8%	-
Controlling High Blood Pressure		43.0%	41.3%	48.9%	-1.7%	7.7%	62.3%	63.4%	-
Diabetes Poor Control (A1c>9%)*		39.5%	32.2%	30.3%	7.3%	1.9%	27.7%	30.4%	11.6%
HIV Linkage to Care		100.0%	75.0%	85.2%	-25.0%	10.2%	77.4%	82.2%	95.0%
HIV Screening		53.0%	56.8%	66.4%	3.8%	9.5%	58.3%	43.8%	-

*Lower score indicates better quality

Percentage Change Key		
Green: > 5%		
Blue: -1 to 5%		
Red: < -1%		
"-": N/A		

Massachusetts League
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Annual UDS Clinical Trends Report: Coming Soon!

UDS Analysis – Statewide: Uncontrolled Diabetes by Race/Ethnicity

CY 2022 Diabetes & Uncontrolled Diabetes by Race

CY 2022 Diabetes Uncontrolled by Top 5 Race/Ethnicity Categories
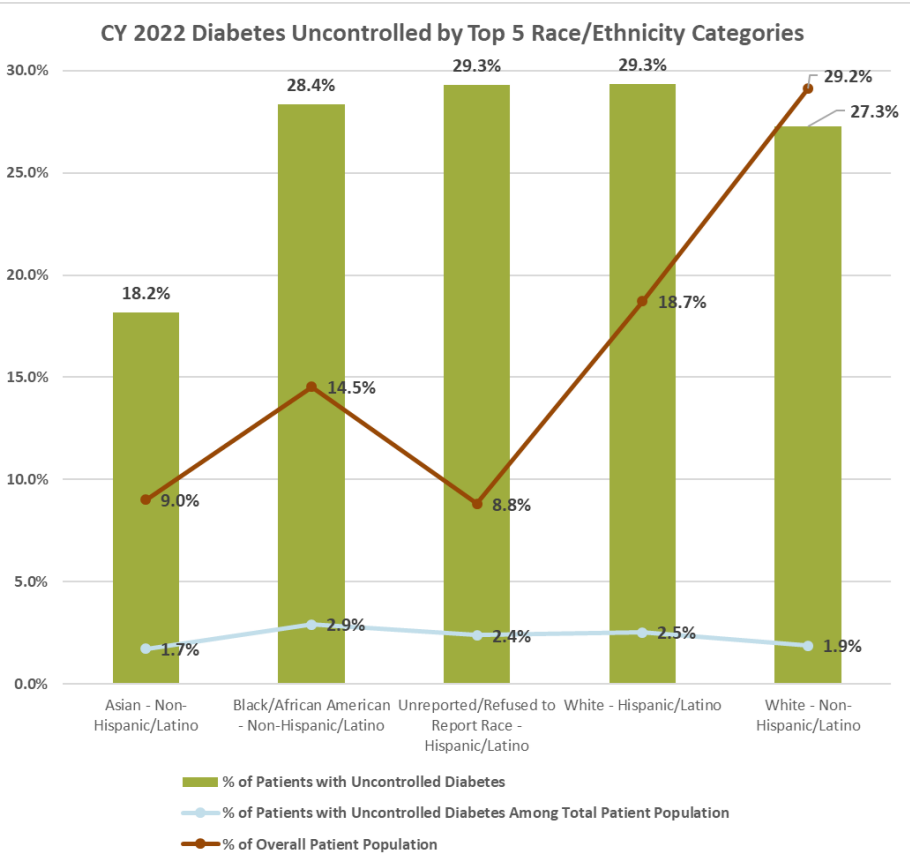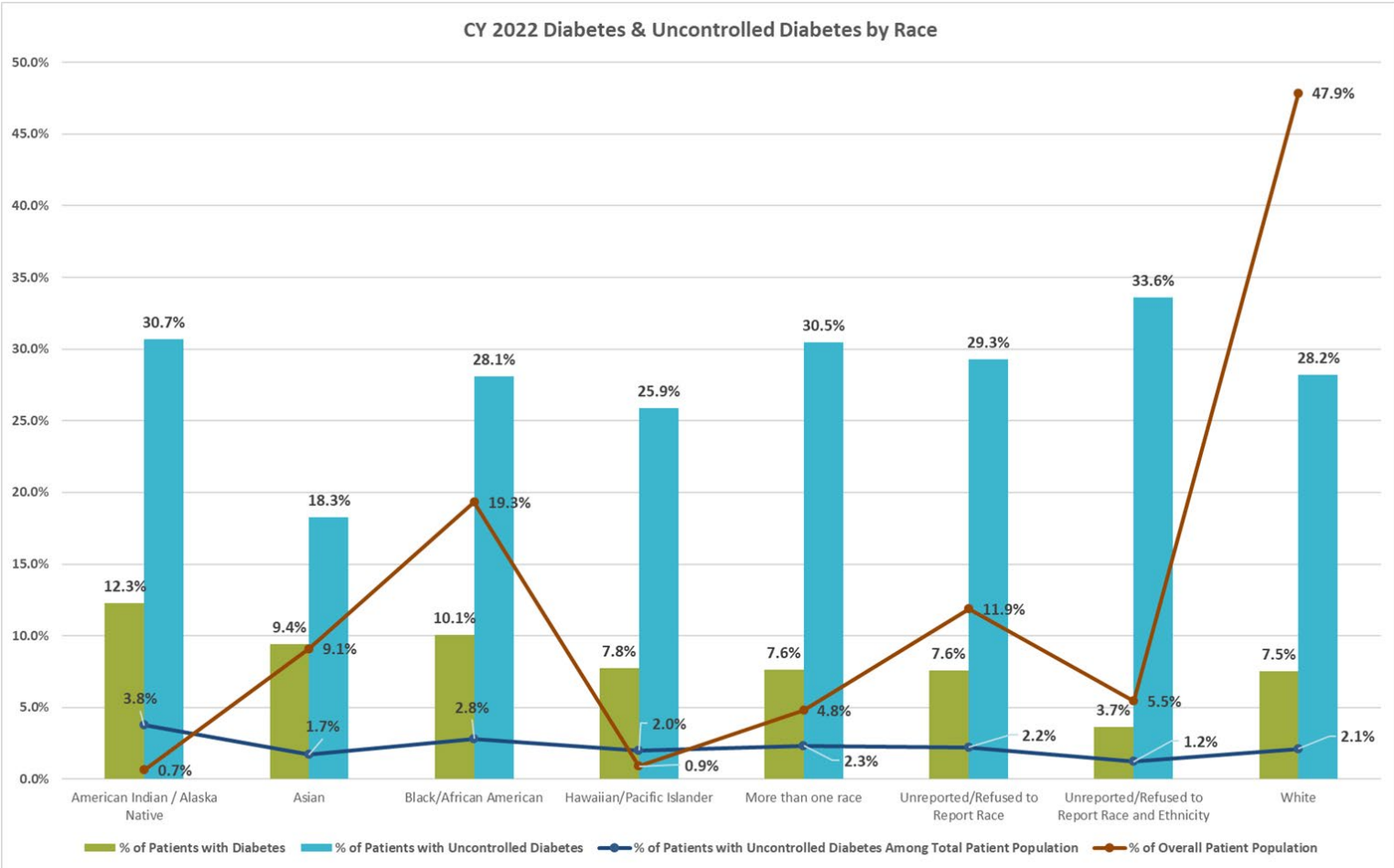
Community Health Center Quality Recognition (CHQR) Badges

8.11 %

2.70 %

18.92 %

8.11 %

32.43 %

32.43 %

94.59 %

35.14 %

37.84 %

91.89 %

**Massachusetts
Health Center Program Awardees
UDS 2022 Data**

Massachusetts League
of Community Health Centers

Thank you!

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Massachusetts League
of Community Health Centers

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**

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