

UDS Forms: HIT Capabilities, Other Data Elements, and Workforce

This fact sheet provides guidance on completing the Appendix D: Health Center Health Information Technology (HIT) Capabilities, Appendix E: Other Data Elements, and Appendix F: Workforce forms that are required elements of the annual Uniform Data System submission. Each form will be discussed separately below.

APPENDIX D: HIT CAPABILITIES FORM

PURPOSE:

Appendix D collects information on health centers' HIT capabilities, including questions about electronic health records (EHRs) interoperability, as well as eligibility for [CMS Promoting Interoperability programs](#).

CHANGES:

There are no major changes to Appendix D: Health Center Information Technology (HIT) Form.

KEY TERMS:

Electronic Health Record (EHR)/Electronic medical record (EMR)/Patient health record. A digital record of a patient's registration profile, the history of services provided, diagnostic results, and other patient information. It often includes a web-based communications portal for patients and providers. The record information is made available securely to authorized users.

Health Information Exchange (HIE). According to HealthIT.gov, HIE allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically.

HOW DATA ARE USED:

The data are used to better understand HIT interoperability and patient access to health information. It also assesses how many health centers are collecting and using social determinants of health data.

FORM TIPS:

- Respond to the questions in this form based on your health center status as of December 31 of the calendar year.
- The form provides definitions and explanations for each question. Please review carefully before responding.
- Health centers will need to know their EHR vendor, product name, and version number. You will also need to obtain the Office of the National Coordinator for Health Information Technology (ONC) Certified Health IT Product List Number for your EHR. For more information, you can access the [Certified Health IT Product List](#).
- It is helpful to work with your EHR and HIT team early to make sure you have accurate information to complete this form.

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APPENDIX E: OTHER DATA ELEMENTS FORM

PURPOSE:

This form is used to capture the increasingly diverse and comprehensive care provided by health centers. These services include medications for opioid use disorder, telehealth, and outreach and enrollment assists.

CHANGES:

- Medication assisted treatment (MAT) is now referred to as medications for opioid use disorder (MOUD).
- The Drug Addiction Treatment Act of 2000 (DATA) waiver is no longer required to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) (i.e., buprenorphine).

KEY TERMS:

MAT for Opioid Use Disorder. According to [SAMHSA](#), MOUD, including buprenorphine, methadone, and naltrexone are the most common medications used to treat opioid use disorder (OUD). These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

Telemedicine and telehealth. The term “telehealth” includes “telemedicine” services but encompasses a broader scope of remote health care services. Telemedicine is specific to remote clinical services, whereas telehealth may include remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

HOW DATA ARE USED:

- The data are used to better understand how many patients are accessing MOUD and how many providers treat opioid use disorder with medications.
- Telemedicine and telehealth data are used to understand how many health centers are increasing access to services remotely through these delivery models.
- This form also captures the number of assists (customizable education sessions provided by a trained health center assister) to health center patients about affordable health insurance coverage options and any other assistance provided to facilitate health insurance enrollment.

FORM TIPS:

- Respond to the questions in this form based on your health center status as of December 31 of the calendar year.
- The form provides definitions and explanations for each question. Please review carefully before responding.
- It is helpful to work with your team early to make sure you have accurate information to complete this form.
- Assists do not count as visits on the UDS tables. Refer to this [Outreach and Enrollment Assists Reporting resource for additional information](#).

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APPENDIX F: WORKFORCE FORM

PURPOSE:

To understand the current state of health center workforce training and different staffing models to better support recruitment and retention of health center professionals.

CHANGES:

There are no changes to the Workforce Form reporting requirements for 2023.

KEY TERMS:

Training Sponsor. Hosts a comprehensive health profession education and/or training program, the implementation of which may require partnerships with other entities that deliver focused, time-limited education and/or training (e.g., a teaching health center with a family medicine residency program).

Training Site Partner. An entity that delivers focused, time-limited education and/or training to learners in support of a comprehensive curriculum hosted by another health profession education provider (e.g., month-long primary care dentistry experience for dental students).

Pre-graduate/Certificate Training. Examples include student clinical rotations or externships.

Post-Graduate Training. Examples include a residency, fellowship, or practicum.

HOW DATA ARE USED:

- These data are used to better understand the range of health professional education and training offered by health centers and the number of individuals trained during the reporting year.

FORM TIPS:

- Respond to the questions in this form based on your health center status as of December 31 of the calendar year.
- The form provides definitions and explanations for each question. Please review carefully before responding.
- Include non-health-center individuals who are trained by your health center during the reporting year.
- It is helpful to work with your human resources and/or training team early to make sure you have accurate information to complete this form.