HRSA
Health Resources & Services Administration

Uniform Data System (UDS) Clinical Tables Part 1: Screening and Preventive Care Measures

September 21, 2022, 1:00–2:30 p.m. ET

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Vision: Healthy Communities, Healthy People

Opening Remarks

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Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Agenda

- Discuss clinical quality measures (CQMs) UDS reporting instructions
- Review UDS screening and preventive care measures reporting requirements
- Identify reporting strategies and tips for data reporting
- Review 2022 UDS training resources

Source: iStock

HRSA Health Center Program

Objectives of the Webinar

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

- Understand reporting requirements for screening and preventive care measures.
- Identify strategies to check data for accuracy.
- Access additional reporting support.

Poll

How familiar are you with the UDS Clinical Quality Measures?

a. I am not familiar. The basics will be helpful to learn.
b. I am not very familiar. Gaining a better understanding will be helpful.
c. I am somewhat familiar. Learning about the measures in more detail will be helpful.
d. I am very familiar with these measures. I would like to learn about any changes this year that impact UDS reporting.

UDS Clinical Quality Measure Reporting

- Key UDS Terminology in Clinical Quality Reporting
- Electronic Clinical Quality Improvement (eCQI) Resource Center
- Key Resources

Key Terms in UDS Clinical Quality Measurement

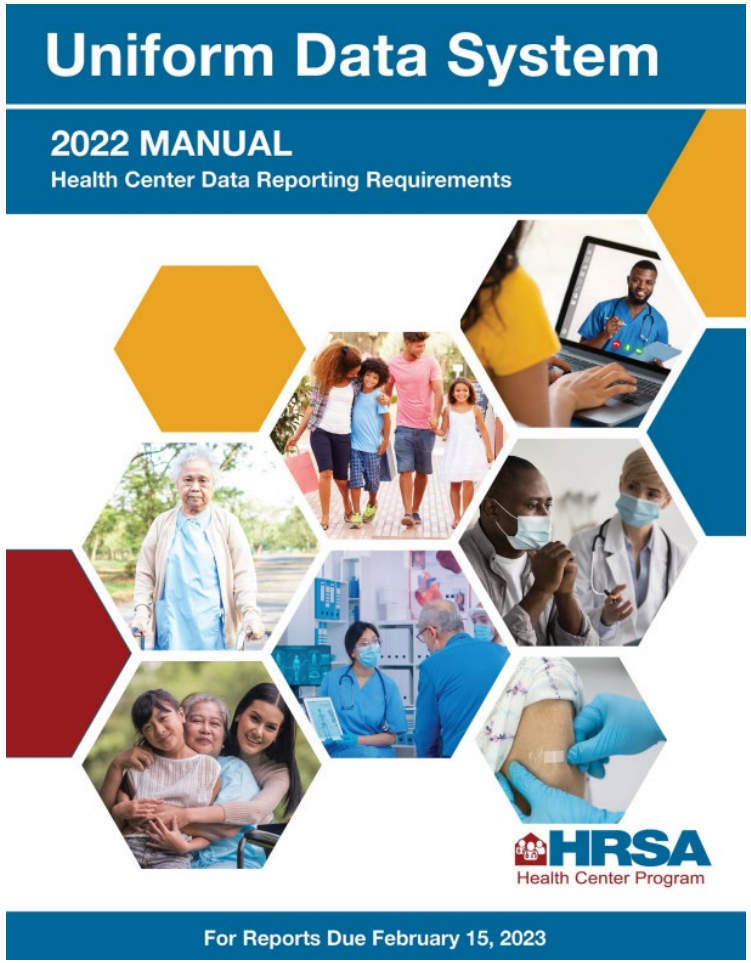
UDS Clinical Quality Measures (CQMs)	The process and outcome measures tracked and reported by health centers as required by the Health Center Program. They include the 15 quality of care measures reported on Table 6B and 3 health outcome and disparities measures reported on Table 7.
Electronic-Specified Clinical Quality Measures (eCQMs)	An eCQM is a clinical quality measure expressed and formatted to use data from electronic health record (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 (December 31 – January 1) **unless** another timeframe is specifically noted.
Look-Back Period	A period of time that requires data for some length of time prior to the measurement period.

Key Terms in UDS Clinical Quality Measurement *(cont.)*

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 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.

Getting Started with Clinical Quality Measures

UDS Guidance



UDS Manual:

- Follow the definitions and instructions in the 2022 UDS Manual.
- 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).
- CQMs include links to eCQMs as well as UDS-specific considerations.

Year-over-Year Changes:

- Program Assistance Letter (PAL)
- UDS Changes Webinar (held in May)

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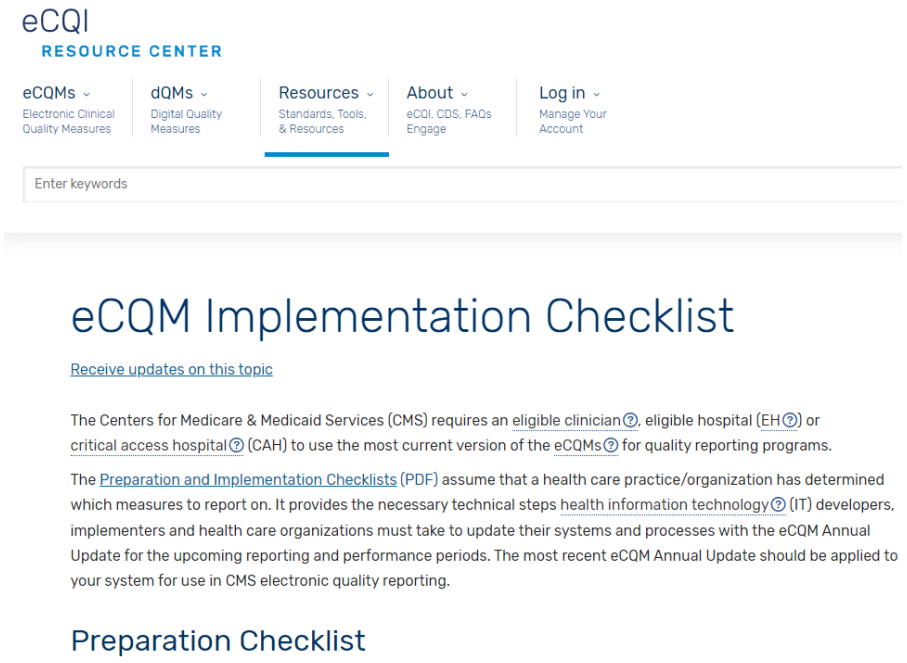
Getting Started with Clinical Quality Measures

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 supports include:

- eCQI Resource Center: the one-stop shop for stakeholders (e.g., CMS, ONC) engaged in electronic quality improvement and aligning clinical quality measures.
- 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

HRSA Health Center Program

New: eCQI Comparison Tool

CMS165v10 (changes from v9 highlighted) Controlling High Blood Pressure

Measure Description	Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period or the year prior to the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period	Percentage of patients 18-85 years of age who had a diagnosis of essential hypertension ~~overlapping~~starting before and continuing into, or starting during the ~~measurement period or the year prior to~~first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period
Initial Population	Patients 18-85 years of age who had a visit and diagnosis of essential hypertension overlapping the measurement period or the year prior to the measurement period	Patients 18-85 years of age who had a visit and diagnosis of essential hypertension ~~overlapping~~starting before and continuing into, or starting during the first six months of the measurement period ~~or the year prior to the measurement period~~.
Denominator Statement	Equals Initial Population	Equals Initial Population

Resources to Help with Understanding Clinical Quality Measures

UDS CQM Handout (Quick Reference)

HRSA Health Center Program — UNIFORM DATA SYSTEM

UDS Clinical Quality Measures 2022

Table	Line/ Section	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe)	Numerator	Exclusions/Exceptions
6B	7-9	Early Entry into Prenatal Care	no eCQM	Percentage of prenatal care patients who entered prenatal care during their first trimester	Patients seen for prenatal care during the year	Patients who began prenatal care at the health center or with a referral provider (Column A), or who began care with another prenatal provider (Column B), during their first trimester	None
6B	10	Childhood Immunization Status	CMS117 v10	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period	Children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday	Exclusions: •Patients who were in hospice care for any part of the measurement period

Telehealth Impact on UDS CQMs

Telehealth Impact on 2021 Uniform Data System (UDS) Clinical Measure Reporting

Note: Items highlighted in pink are intended to draw attention to measure components that do not permit services via telehealth or by external providers.

Clinical Measure Name, eCQM Code, UDS Table, and UDS Section	Illustrative Examples of Types of Visits	Include patients with telehealth only visits on UDS Tables 6B and 7, Column A (Denominator)?	Can service, test, or procedure be done by telehealth to meet UDS Tables 6B and 7, Columns C or F (Numerator), requirements?	Do documented services performed by external providers (not paid for or performed by the health center) count in UDS Tables 6B and 7, Columns C or F (Numerator)?
Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9	• OB/GYN routine check up • Physical with primary care provider (PCP)	No. Prenatal care 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 through telehealth in the current year **should** be included.	Yes. Trimester of entry may be identified in this way.	Yes
Childhood Immunization Status, CMS117v9, Table 6B, Line 10	• Well-child visits for newborns • Acute pain or illness	Yes	No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Cervical Cancer Screening, CMS124v9, Table 6B, Line 11	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms of conditions	Yes	No. Cervical cytology/HPV testing are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Breast Cancer Screening, CMS125v9, Table 6B, Line 11a	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms of conditions	Yes	No. Mammograms are not acceptable in this way. These services cannot be conducted via telehealth.	Yes

Exclusions and Exceptions for UDS CQMs

HRSA Health Center Program — UNIFORM DATA SYSTEM

The Uniform Data System (UDS) Clinical Measures Exclusions and Exceptions resource was developed to support accurate clinical quality measure reporting on UDS Tables 6B and 7 for the 2022 UDS Report. It is provided to assist health centers with reporting of clinical quality measure numerators and denominators. The denominator exclusions (patient records removed from the denominator before determining if numerator criteria are met) and the denominator exceptions (patient records removed from the denominator because they meet specified exception criteria) are excerpted from the full reporting criteria.

Please visit the HRSA's Health Center Data & Reporting page to view complete clinical quality measure reporting criteria and other available resources.

2022 UDS Clinical Measures Exclusions and Exceptions

Measure	Denominator	
	Exclusions	Exceptions
Childhood Immunization Status CMS117v10	• Patients who were in hospice care for any part of the measurement period	• Not Applicable
Cervical Cancer Screening CMS124v10	• Women who had a hysterectomy with no residual cervix or a congenital absence of cervix • Patients who were in hospice care for any part of the measurement period • Patients who received palliative care during the measurement period	• Not Applicable
Breast Cancer Screening CMS125v10	• Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy • Patients who were in hospice care for any part of the measurement period • Patients aged 66 or older who were living long-term in an institution for more than 90 consecutive days during the measurement period • Patients aged 66 and older with frailty for any part of the measurement period: advanced illness (with one inpatient visit or two outpatient visits) or taking dementia medications during the	• Not Applicable

All available on HRSA's Clinical Care webpage.

Table 6B Clinical Quality Measures

- **Reporting Format**
- **UDS Clinical Quality Measures**

Table 6B 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

UDS Clinical Quality Measures

Screening and Preventive Care

- You are here!

Maternal Care and Children's Health

- UDS Clinical Tables Part 2: October 5, 2022, 1:00–2:30 p.m. ET

Chronic Disease Management

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

Register for the future UDS webinars.

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Knowledge Check #1

If a patient only had a telehealth medical visit during the year, how should they be reported on Table 6B's CQMs?

a. If the only visit is a virtual visit, the patient will be excluded from Table 6B.
b. If the only visit is a virtual visit, the patient should still be included in all Table 6B measures.
c. Each measure should be considered individually, per instruction for inclusion in Table 6B.

Knowledge Check #1: Answer

If a patient only had a telehealth medical visit during the year, how should they be reported on Table 6B's CQMs?

a. If the only visit is a virtual visit, the patient will be excluded from Table 6B.
b. If the only visit is a virtual visit, the patient should still be included in all Table 6B measures.
c. **Each measure should be considered individually, per instruction for inclusion in Table 6B.**

Table 6B Clinical Quality Measures: Screening and Preventive Care

General Flow of Screening and Preventive Care Measures

1. Identify patients with a medical visit during the calendar year.
2. Determine whether those patients meet the other specifications for inclusion in the measure (e.g., they do not meet any exclusions or exceptions).
3. For those included, determine whether they have received the specific screening.
4. For those who have received the specific screening or service, determine whether the service has been documented.

Table 6B: Preventive Care and Screening Measures

UDS Table	Measure	CMS Link
Table 6B, Line 11	Cervical Cancer Screening*	CMS124v10
Table 6B, Line 11a	Breast Cancer Screening*	CMS125v10
Table 6B, Line 13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v10
Table 6B, Line 14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention*	CMS138v10
Table 6B, Line 19	Colorectal Cancer Screening	CMS130v10
Table 6B, Line 20a	HIV Screening	CMS349v4
Table 6B, Line 21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan*	CMS2v10

*Changes made to measure in the 2022 UDS. Use the comparison tool to see changes!

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General Reporting Guidelines

- ✓ Compliance is determined by screening results and follow-up actions.
  - Screening and tests alone **do not** count as UDS countable visits.
  - Include negative screens **and** positive screens with follow-up in numerator.
- ✓ Certain procedures cannot be completed virtually.
- ✓ Screenings and tests performed **elsewhere** may count for some measures toward compliance if they are appropriately documented in the EHR and approved by a provider.
- ✓ Do not count as compliant charts that note the refusal of the patient to have the test or screening.
- ✓ For clinical quality measures requiring the completion of screenings, tests, or procedures to meet the numerator criteria, the findings of the screenings, tests, or procedures **must be accessible** in the patient health record.

Cervical Cancer Screening: CMS124v10

Denominator	Exclusions	Exceptions	Numerator
Women 23 through 63 years of age with a medical visit during the measurement period	Women who had a hysterectomy with no residual cervix or congenital absence of cervix Patients who were in hospice care for any part of the measurement period Patients who received palliative care during the measurement period	Not applicable	Women with one or more screenings for cervical cancer. Appropriate screenings are defined **by any one** of the following criteria: • Cervical cytology performed during the measurement period or 2 years prior to the measurement period for women who are at least 21 years old at the time of the test • Cervical HPV testing performed during the measurement period or the 4 years prior to the measurement period for women who are 30 years or older at the time of the test

Cervical Cancer Screening: CMS124v10 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Include patients of all genders who have a cervix for measure assessment.
- Cervical cytology/HPV testing are not acceptable via telehealth. These services cannot be conducted via telehealth.
- **Screening performed elsewhere?** Include documentation in the patient health record including the date the test was performed, who preformed it, and the result of the finding provided by the agency that conducted the test (or a copy of the lab result). Include ***documented*** self-reported procedures as well as diagnostic studies.

Breast Cancer Screening: CMS125v10

Denominator	Exclusions	Exceptions	Numerator
Women 51 through 73 years of age with a medical visit during the measurement period	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and left unilateral mastectomy Patients who were in hospice care for any part of the measurement period Patients aged 66 or older who were living long-term in an institution for more than 90 consecutive days during the measurement period Patients aged 66 and older with advanced illness and frailty for any part of the measurement period Patients who received palliative care during the measurement period	Not applicable	Women with one or more mammograms during the 27 months prior to the end of the measurement period

Breast Cancer Screening: CMS125v10 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Include patients according to sex assigned at birth.
- **Do not** count biopsies, breast ultrasounds, or magnetic resonance imaging, because they are not appropriate methods for *primary breast cancer screening*.
- Mammograms are not acceptable through telehealth. These services cannot be conducted via telehealth.
- ***Mammogram performed elsewhere?*** Include documentation in the patient health record including the date the test was performed, who performed it, and the result of the finding provided by the agency that conducted the test (or a copy of the lab result). Include documented self-reported procedures as well as diagnostic studies.

(Adult) Body Mass Index (BMI) Screening and Follow-Up Plan: CMS69v10

Denominator	Exclusions	Exceptions	Numerator
Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period Note: do not include patients who only had virtual visits during the year.	Patients who are pregnant during the measurement period Patients receiving palliative or hospice care during or prior to the visit	Patients who refuse measurement of height and/or weight Patients with a documented medical reason	A documented BMI (not just height and weight) during their most recent visit in the measurement year or during the previous 12 months of that visit, **and** when the BMI is outside of normal parameters, a follow-up plan is documented on or after the most recent documented BMI.

Conditions linked with **"and"** mean that each of the conditions must be met.

(Adult) Body Mass Index (BMI) Screening and Follow-Up Plan: CMS69v10 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Include in the numerator patients within normal parameters who had their BMI documented **and** patients with a BMI outside normal parameters with a follow-up plan.
- If more than one BMI is recorded during the year, use the most recent BMI to determine if numerator requirements have been met.
- Height and weight are not acceptable to be self-reported, reported via a telehealth visit, or taken by an external provider who is not paid by the health center.
- If the only visit a patient had during the year was telehealth, the patient should be excluded from the measure assessment. However, development of a follow-up plan for a BMI out of range is acceptable via telehealth.

Tobacco Use: Screening and Cessation Intervention: CMS138v10

Denominator	Exclusions	Exceptions	Numerator
Patients 18 years of age or older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period	Not applicable	Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)	Patients who were screened for tobacco use at least once during the measurement period, **and** who received tobacco cessation intervention if identified as a tobacco user

Tobacco Use: Screening and Cessation Intervention: CMS138v10 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- 2022 UDS changed the numerator from screening for tobacco within 12 months to a requirement to screen during the measurement period.
- Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason) must be documented **by the provider at the visit**.
- Include in the numerator patients with a negative screening **and** patients with a positive screening who had cessation intervention if a tobacco user.
- If tobacco use status of a patient is unknown, the patient **does not** meet the screening component and has not met the criteria to be counted in the numerator.
  - "Unknown" includes patients who were not screened and patients with indefinite answers.
- Electronic nicotine delivery systems (ENDS), including electronic cigarettes for tobacco cessation, are not currently classified as tobacco and are not included in this measure.

Colorectal Cancer Screening: CMS130v10

Denominator	Exclusions	Exceptions	Numerator
Patients 50 through 74 years of age with a medical visit during the measurement period	Patients with a diagnosis of colorectal cancer or a history of total colectomy Patients who were in palliative or hospice care for any part of the measurement period Patients aged 66 or older who were living long-term in an institution for more than 90 consecutive days during measurement period Patients aged 66 and older with advanced illness and frailty	Not applicable	Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined **by any one** of the following: • Fecal occult blood test (FOBT) during measurement period • Fecal immunochemical test-deoxyribonucleic acid (FIT-DNA) test during measurement period or 2 years prior to measurement period • Flexible sigmoidoscopy during measurement period or the 4 years prior • Computerized tomography (CT) during measurement period or 4 years prior • Colonoscopy during measurement period or 9 years prior

Colorectal Cancer Screening: CMS130v10 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Do not count the following when performed in an office setting: digital rectal exams (DRE), FOBT at the time of DRE, sample collected via DRE.
- Screening methods performed elsewhere must be confirmed by documentation in the chart: either a copy of the test results or correspondence between the health center staff and the performing lab/clinician showing the results.
- Include **documented** self-reported procedures as well as diagnostic studies.
- Procedures and diagnostic studies are not acceptable via telehealth.
- iFOBT, gFOBT, and FIT-DNA test kits can be mailed to patients, but receipt, processing, and documentation of the test sample is required.

HIV Screening: CMS349v4

Denominator	Exclusions	Exceptions	Numerator
Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period	Patients with a diagnosis of human immunodeficiency virus (HIV) prior to the start of the measurement period	Not applicable	Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday

HIV Screening: CMS349v4 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- Documentation of the administration of the laboratory test must be present in the patient's health record.
- Patient attestation or self-report (of having had an HIV test without documentation of results) is not permitted to meet the measurement requirements.
- HIV self-tests may be acceptable; the provider must receive documentation of the lab test result.

Screening for Depression and Follow-Up Plan: CMS2v11

Denominator	Exclusions	Exceptions	Numerator
Patients aged 12 years and older with at least one medical visit during the measurement period	Patients with an active diagnosis for depression or a diagnosis of bipolar disorder	Patients: • Who refuse to participate • Who are in urgent or emergent situations • Whose cognitive or functional capacity or motivation to improve may impact the accuracy of results or standardized assessment tools	Patients who: • Were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, **and** • If screened positive for depression, had a follow-up plan documented on the date of the visit

Screening for Depression and Follow-Up Plan: CMS2v11 *(cont.)*

Clarifications, Tips, and Frequently Asked Questions

- The depression screening must be completed on the date of the visit **or** up to 14 days prior to the date of the visit (but does not have to be a medical visit).
- Screenings must be reviewed on the date of the visit, and if positive, follow-up must be addressed in the office of a health center provider **or** by a provider paid by the health center, virtually or in person, on the date of the visit.
- Do not exclude patients seen for routine care in urgent care centers or emergency rooms from the denominator.
- Patients who have ever been diagnosed with depression or bipolar disorder prior to the eligible visit will be excluded from the measure.
- A Patient Health Questionnaire (PHQ)-9 following a PHQ-2 does not meet the numerator requirements for a follow-up plan to a positive depression screening.

Telephone Evaluation and Management (E&M) Visits

- For 2021 UDS reporting, the following codes constituted eligible encounters for all eCQMs. **For 2022 UDS reporting, this has changed.**
  - 99441-99443: Telephone evaluation and management service by a physician or other qualified health care professional
    - ✓ 99441, 5-10 minutes
    - ✓ 99442, 11-20 minutes
    - ✓ 99443, 21-30 minutes
- For the following measures, these codes no longer meet the eligible visit requirement:
  - CMS69v10, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
  - CMS2v11, Preventive Care and Screening: Screening for Depression and Follow-Up Plan *(will be allowable for 2023 reporting)*
  - CMS347v5, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Poll #2

A health center patient with a countable medical visit during the reporting period *can* count toward meeting the measurement standard for the breast cancer screening measure through:

a. Patient self-report with adequate documentation
b. Mammogram performed during the year by the health center
c. Documented mammogram performed within the specified time period by an external provider with adequate documentation
d. All of the above

Poll #2: Answer

A health center patient with a countable medical visit during the reporting period *can* count toward meeting the measurement standard for the breast cancer screening measure through:

a. Patient self-report with adequate documentation
b. Mammogram performed during the year by the health center
c. Documented mammogram performed within the specified time period by an external provider with adequate documentation
d. **All of the above**

Strategies for Successful Reporting

Understanding Reported UDS Data

Tables are interrelated: Comparing data on Tables 6A and 6B

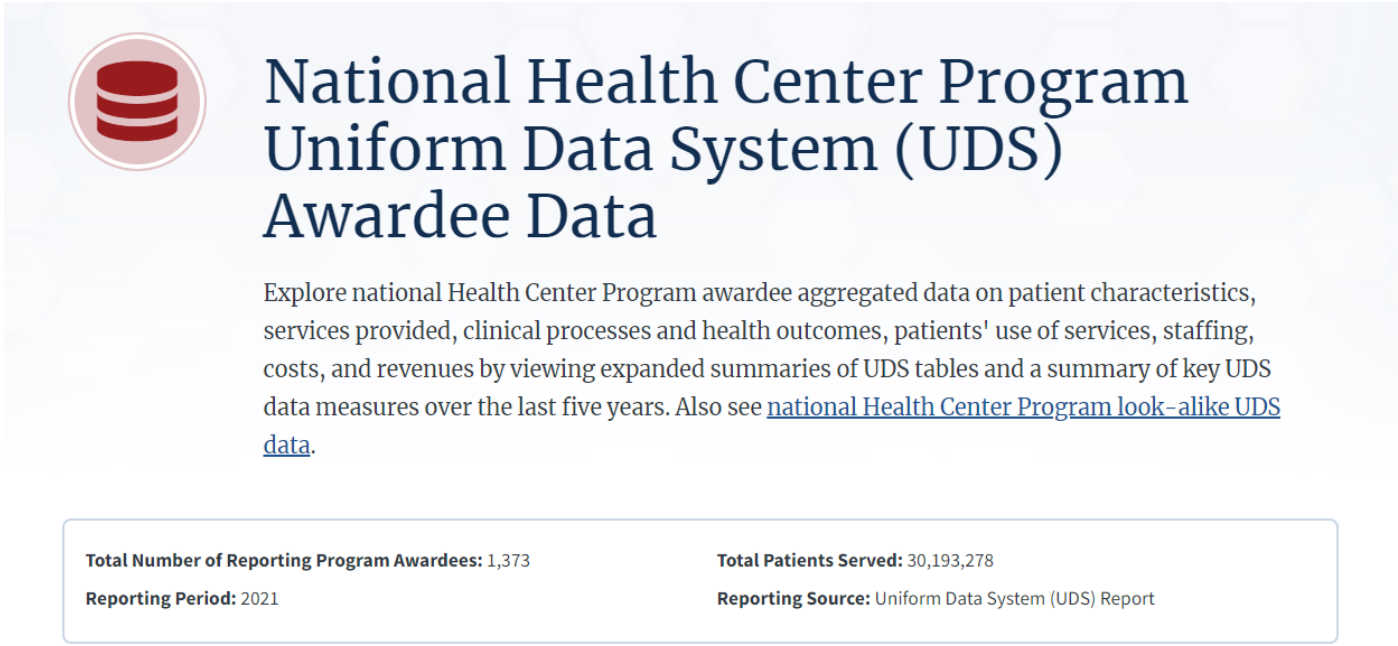
Related Measure	Measurement Period		Age	
	Table 6A	Table 6B	Table 6A	Table 6B
Cervical Cancer Screening Table 6A: Line 23, Pap test Table 6B: Line 11	Current Year	Includes a look-back period	Considers a more comprehensive age range	Includes specific age range
Breast Cancer Screening Table 6A: Line 22, Mammograms Table 6B: Line 11a	Current Year	Includes a look-back period	Considers a more comprehensive age range	Includes specific age range
HIV Screening Table 6A: Line 21, HIV Test Table 6B: Line 20a	Current Year	Includes a look-back period	Considers a more comprehensive age range	Includes specific age range

Understanding Reported UDS Data *(cont.)*

- Check data trends and relationships across tables.
  - Communicate with UDS data preparation and review team.
  - Ask if the numbers look reasonable.
- Review issues raised during last year's review, found in your previous reviewer's letters.
- Review guidance from your EHR/health IT vendor to ensure that both health center workflows and EHR configuration align with UDS reporting requirements. Communicate with your vendor early if you believe you identified any issues.
- Address edits in the Electronic Handbooks (EHBs) by correcting or providing meaningful explanations that demonstrate your understanding of the reported data and explain why data are accurate as reported.
- Research and address questions and issues raised during current year review.

Using Available UDS Data and Reports

- Standard UDS reports in EHBs and publicly available UDS data:
  - Health Center Trend Report, Summary Report, Health Center Performance Comparison Report, Rollup Reports



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

Recent Trends in Screening and Preventive Care

- Unfortunately, between **2019 and 2021,** all screening and preventive care measure performance rates have gone in the opposite direction than desired.
- Many measures increased performance from **2020 to 2021!**
  - Weight assessment and counseling for children and adolescents
  - Cervical cancer screening
  - Breast cancer screening
  - Colorectal cancer screening
  - HIV screening
  - Screening for depression and follow-up plan

	2019	2020	2021	2020 - 2021		2019 - 2021	
				Change	%	Change	%
Access							
Quality of Care Indicators/Health Outcomes							
Preventive Health Screenings and Services							
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	71.21%	65.13%	▲ 68.72%	3.58%	5.50%	-2.49%	-3.50%
Body Mass Index (BMI) Screening and Follow-Up Plan[1]	72.43%	65.72%	▼ 61.32%	-4.41%	-6.71%	-11.12%	-15.35%
Tobacco Use Screening and Cessation Intervention[1]	87.17%	83.43%	▼ 82.34%	-1.09%	-1.30%	-4.83%	-5.54%
Cervical Cancer Screening[1]	56.53%	51.00%	▲ 52.95%	1.95%	3.82%	-3.59%	-6.34%
Breast Cancer Screening	-	45.34%	▲ 46.29%	-	-	-	-
Colorectal Cancer Screening	45.56%	40.09%	▲ 41.93%	1.83%	4.58%	-3.63%	-7.98%
HIV Screening	-	32.29%	▲ 38.09%	-	-	-	-
Screening for Depression and Follow-up Plan	71.61%	64.21%	▲ 67.42%	3.21%	5.00%	-4.20%	-5.86%

▼ Performance rate decrease from 2020 – 2021.

▲ Performance rate increase from 2020 – 2021.

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Screening and Preventive Care Comparisons for Health Centers

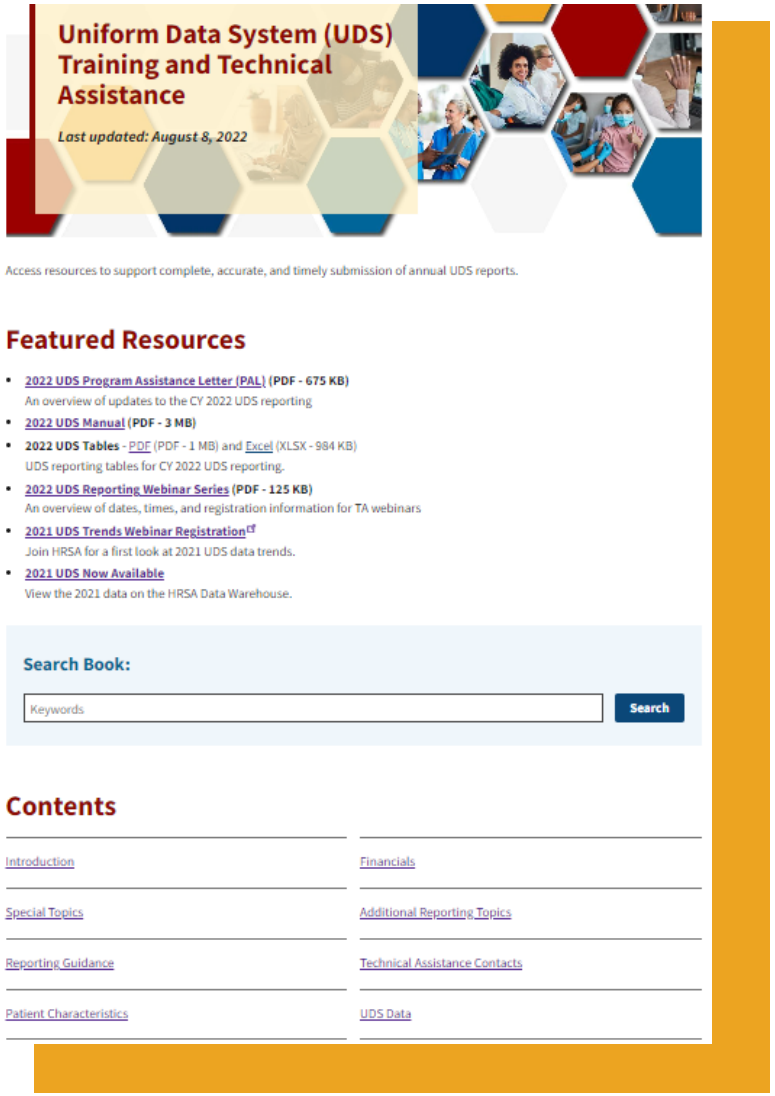
- Health center performance comparison report shown (right).
- The first column shows the individual health center's (i.e., your own) rate on each measure.
- The next two columns show Healthy People 2020 and Healthy People 2030 goals.
- Subsequent columns show the average from among health centers with similar characteristics.

	Health Center	Healthy People 2020 Goals[4]	Healthy People 2030 Goals[6]	Averages						
				AL	National	Urban	Size	Sites[1]	Special population Agricultural Workers[2]	Special population Homeless[3]
							20,000-49,999	16-20	Below 25%	Below 25%
				n = 17	n = 1373	n = 796	n = 316	n = 95	n = 1339	n = 1296
QUALITY OF CARE INDICATORS/HEALTH OUTCOMES*										
Preventive Health Screenings and Services										
Childhood Immunization Status*	19.87%	-	-	24.46%	38.06%	38.70%	36.98%	36.22%	37.70%	38.04%
Cervical Cancer Screening*	51.62%	93.00%	84.30%	40.42%	52.95%	55.24%	53.66%	53.43%	52.90%	53.13%
Breast Cancer Screening	38.85%	-	-	34.17%	46.29%	45.98%	45.40%	47.38%	46.16%	46.36%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents*	67.46%	-	-	67.31%	68.72%	70.13%	68.30%	71.73%	68.89%	68.79%
Body Mass Index (BMI) Screening and Follow-Up Plan*	86.44%	-	-	71.70%	61.32%	59.78%	63.90%	61.01%	61.21%	61.49%
Tobacco Use: Screening and Cessation Intervention*	76.42%	-	-	81.05%	82.34%	82.59%	82.42%	83.78%	82.21%	82.50%
Colorectal Cancer Screening*	74.51%	70.50%	74.40%	34.51%	41.93%	41.29%	42.56%	42.86%	42.14%	42.17%
HIV Screening	47.68%	-	-	31.80%	38.09%	45.21%	38.19%	37.40%	38.45%	37.77%
Screening for Depression and Follow-Up Plan*	56.33%	-	13.50%	66.98%	67.42%	68.08%	68.54%	70.16%	67.53%	67.52%

Additional Resources

UDS Training and Technical Assistance Resources

- **Now available: UDS Training and Technical Assistance Resources on the BPHC website**
- Resources now grouped by topic to better align with UDS tables:
  - Special/Current Topics
  - Reporting Guidance
  - Staffing and Utilization
  - Clinical Care
  - Financials
  - Additional Reporting Topics
  - UDS Data



Uniform Data System (UDS) Training and Technical Assistance

Last updated: August 8, 2022

Access resources to support complete, accurate, and timely submission of annual UDS reports.

Featured Resources

- **2022 UDS Program Assistance Letter (PAL) (PDF - 675 KB)**
  An overview of updates to the CY 2022 UDS reporting
- **2022 UDS Manual (PDF - 3 MB)**
- **2022 UDS Tables** - PDF (PDF - 1 MB) and Excel (XLSX - 984 KB)
  UDS reporting tables for CY 2022 UDS reporting.
- **2022 UDS Reporting Webinar Series (PDF - 125 KB)**
  An overview of dates, times, and registration information for TA webinars
- **2021 UDS Trends Webinar Registration**
  Join HRSA for a first look at 2021 UDS data trends.
- **2021 UDS Now Available**
  View the 2021 data on the HRSA Data Warehouse.

Search Book:

Keywords | Search

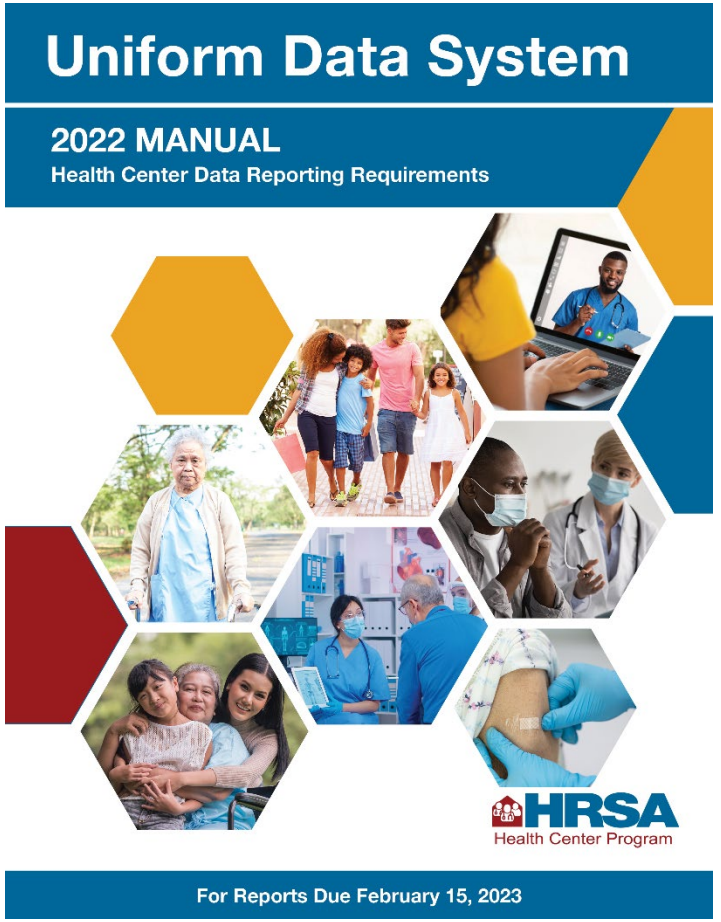
Contents

Introduction | Financials
Special Topics | Additional Reporting Topics
Reporting Guidance | Technical Assistance Contacts
Patient Characteristics | UDS Data

HRSA Health Center Program

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
- National Training and Technical Assistance Partners

Resources for Clinical Quality Measures

National Resources

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

HRSA Priority Areas

- Behavioral Health and Primary Care Integration
- Ending the HIV Epidemic

Health Center Data and Resources

- Adjusted Quartile Ranking
- eCQI Resource Center
- Value Set Authority Center

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 1: Screening and Preventive Care Measures** Today!
  - **UDS Clinical Tables Part 2: Maternal Care and Children's Health** Wed. Oct. 5
  - **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**

Community Health Quality Recognition and UDS+

Community Health Quality Recognition (CHQR) Badge Eligibility Criteria

- **CHQR badge eligibility criteria have been established for clinical quality measures (CQMs) that do not have established 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

Community Health Quality Recognition 2021-2023 Criteria (cont.)

CHQR Badge	CQM	2021–2023 CHQR CQM Criteria	Determination Method
National Quality Leader - Behavioral Health* (Criterion 1)	Depression remission at 12 months	**18.2%**	Top Quintile of 2020 UDS Data
National Quality Leader - Behavioral Health* (Criterion 2)	Depression screening and follow-up plan	**80.5%**	Top Quartile of 2020 UDS Data
National Quality Leader Heart Health (Criterion 1)	Tobacco use screening and cessation intervention	**80%**	Million Hearts goal
National Quality Leader Heart Health (Criterion 2)	Use of aspirin or antiplatelet for ischemic vascular disease	**80%**	Million Hearts goal
National Quality Leader Heart Health (Criterion 3)	Statin therapy **NEW**	**80%**	Million Hearts goal
National Quality Leader Heart Health (Criterion 4)	Hypertension control	**80%**	Million Hearts goal

*The NQL Behavioral Health badge has two additional criteria: proportion of all patients receiving Screening, Brief Intervention and Referral to Treatment (SBIRT) is at least 5%, and patients receiving medication-assisted treatment increases by at least 10% between consecutive UDS reporting years.

Access CHQR Overview

HRSA Health Center Program

Community Health Quality Recognition 2021-2023 Criteria

CHQR Badge	CQM	2021–2023 CHQR CQM Criteria	Determination Method
National Quality Leader Diabetes (Criterion 1)	Adult BMI screening and follow-up plan	**83.1%**	Top Quartile of 2020 UDS Data
National Quality Leader Diabetes (Criterion 2)	Child/adolescent BMI screening and counseling on nutrition and physical activity	**77.4%**	Top Quartile of 2020 UDS Data
National Quality Leader Diabetes (Criterion 3)	Uncontrolled diabetes **NEW**	**11.6%**	Healthy People 2030 Goal
Health Disparities Reducer (Criterion 1)	Low birth weight	**7.7%**	Adjusted National Vital Statistics System low birth weight average
Health Disparities Reducer (Criterion 2)	Uncontrolled diabetes	**11.6%**	Healthy People 2030 Goal
Health Disparities Reducer (Criterion 3)	Hypertension control	**60.8%**	Healthy People 2030 Goal

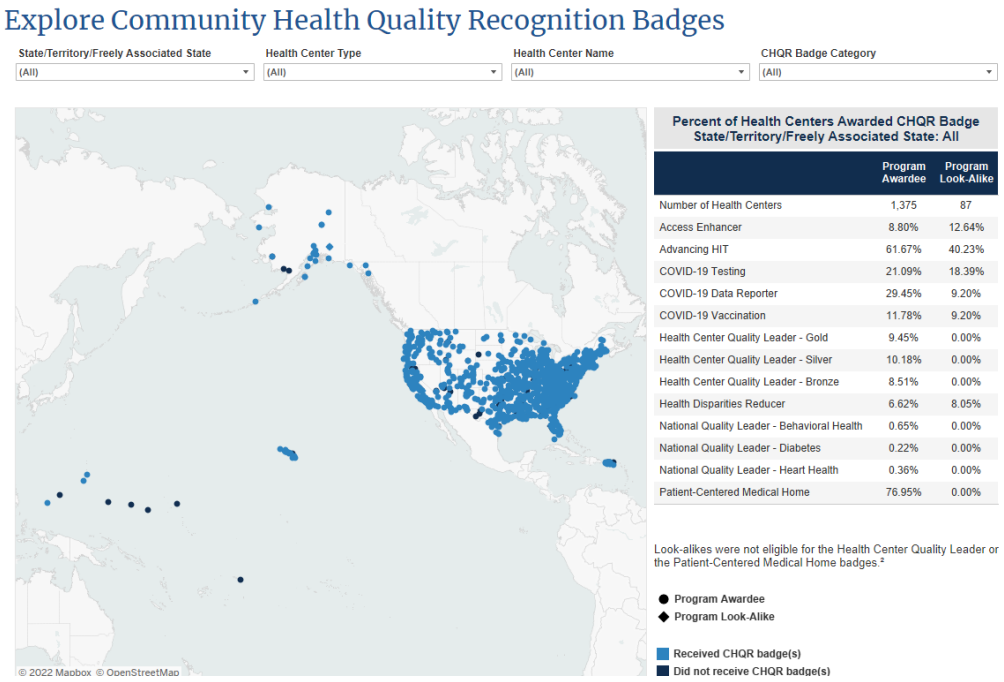
Access CHQR Overview

HRSA Health Center Program

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.



Access CHQR Dashboard

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

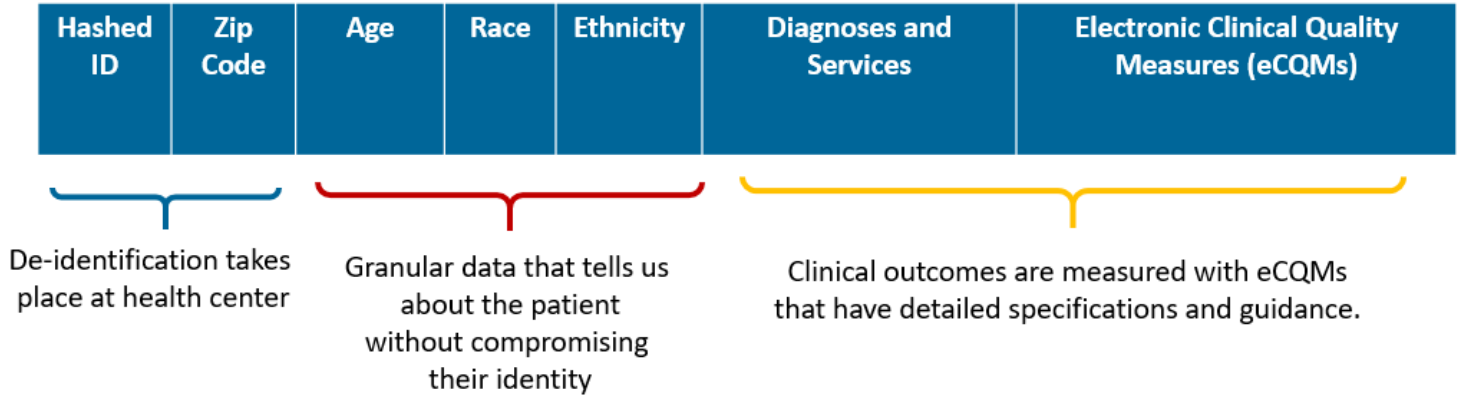
BPHC plans to accept UDS+ data in two ways:

- Manual file upload system & Fast Healthcare Interoperability Resources (FHIR)

UDS+ does not...

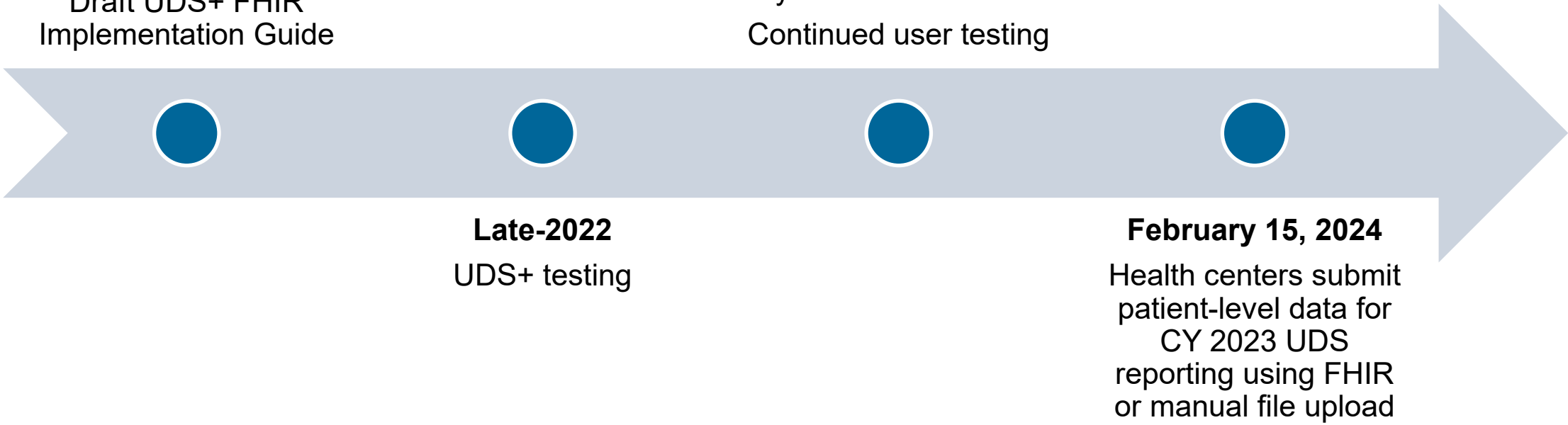
- Collect full copies of data directly from patients' electronic medical records
- Collect patient identifiers

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



HRSA Health Center Program

UDS+ Implementation Timeline



UDS Modernization FAQs

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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