

UDS: UNIFORM DATA SYSTEM

Table 6B: Quality of Care Measures

PURPOSE:

Table 6B reports on selected quality of care measures that are viewed as indicators of health center performance.

HOW DATA ARE USED:

Compliance rates for clinical measures and percentage of target population receiving routine or preventive service are calculated and reviewed by the Health Resources and Services Administration (HRSA).

CHANGES:

CLINICAL QUALITY MEASURES

- To support HHS-wide standardization of data collection and reduce health center reporting burden, many of the specifications for Table 6B's clinical measures have been revised to align with the Centers for Medicare & Medicaid Services (CMS) electronic-specified Clinical Quality Measures (e-CQMs). A list of these measures is shown in Table 1.
- For 2018, the UDS Manual's Table 6B has been updated to mirror the CMS e-CQM logic for those variables which are aligned. Extensive information pertaining to e-CQMs can be found at the eCQI Resource Center: <https://ecqi.healthit.gov/ecqms>

Measure Description

- Describes the quantifiable indicator to be evaluated.

Denominator or "Universe" (also referred to as Initial Patient Population in the e-CQM)

- Number of patients who fit the detailed criteria described for inclusion in the measure.

Numerator

- Number of patients (from the denominator) who meet the measurement standard for the measure.

Exclusions/Exceptions

- Patients who should not be included in the denominator, based on specified exclusion criteria.

Specification Guidance

- CMS measure guidance that assists with the understanding and implementation of the e-CQM.

UDS Reporting Considerations

- BPHC guidance on modifications that are to be made to the e-CQM guidance for purposes of UDS reporting.

Clinical quality measures aligned to an e-CQM have been updated to comply with the 2018 Addendum (January 2018): https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ec-qms?field_year_value=2&keys=&=Apply

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TABLE 1: 2018 TABLE 6B: CLINICAL QUALITY MEASURES		
Table 6B Reference	2018 Measure Description	e-CQM
Section C, Line 10	Childhood Immunization Status (CIS)	CMS117v6
Section D, Line 11	Cervical Cancer Screening	CMS124v6
Section E, Line 12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v6
Section F, Line 13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CMS69v6
Section G, Line 14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v6
Section H, Line 16	Use of Appropriate Medications for Asthma	CMS126v5
Section I, Line 17	Coronary Artery Disease (CAD): Lipid Therapy	No e-CQM
Section J, Line 18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v6
Section K, Line 19	Colorectal Cancer Screening	CMS130v6
Section L, Line 20	HIV Linkage to Care	No e-CQM
Section M, Line 21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v6
Section N, Line 22	Dental Sealants for Children between 6-9 Years	CMS277v0 (Draft e-CQM)

Table 1. For 2018 reporting period, use the latest electronic specifications available for 2018 Performance Period.

WHY ARE PROCESS MEASURES IMPORTANT?

If patients receive timely routine and preventive care, then we can expect improved health status. For example, we know that:

- *Children who receive vaccinations are less likely to contract preventable diseases;*
- *Women who receive Pap tests are more likely to be treated earlier and less likely to suffer adverse outcomes from HPV and cervical cancer; and*
- *Timely follow-up care for patients who test positive for HIV reduces morbidity and mortality and the risk of further transmission.*

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TABLE TIPS:

In Sections C through N, report the findings of your review of services provided to targeted populations:

- **Column a: Number of Patients in the Universe (or denominator).** Number of patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.
- **Column b: Number of Charts Reviewed.** Number of patients from the universe (column a) for whom data have been reviewed. Three options are available:
 1. All patients who fit the criteria for the clinical measure (same as universe in column a); **OR**
 2. A number equal to or greater than 80%* of all patients who fit the criteria ($\geq 80\%$ of the universe reported in column a); see *example on page 11*; **OR**
 3. A random sample 70 patients selected from the universe (column a).

***NOTE:** If you choose Option 2 (greater than or equal to 80% of column a), the sample cannot be restricted by any variable related to the clinical measure.
- **Column c: Measurement Standard.** Number of charts (from Column B) whose clinical record indicates that the measure has been met.

Childhood Immunization Status (Line 10), CMS117v6

Measure Description

Percentage of 2-year-old children who received the following vaccines by their 2nd birthday:

- 4 diphtheria, tetanus and acellular pertussis (DTaP);
- 3 polio (IPV), one measles, mumps and rubella (MMR);
- 3 H influenza type B (HiB);
- 3 hepatitis B (Hep B);
- 1 chicken pox (VZV);
- 4 pneumococcal conjugate (PCV);
- 1 hepatitis A (Hep A);
- 2 or 3 rotavirus (RV); and
- 2 influenza (flu).

Universe (Column a)

Children who turned 2 years old* and had a medical visit during the measurement period.

**Born on or after January 1, 2016 and on or before December 31, 2016*

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

For EVERY vaccine, children who have evidence showing they received recommended vaccines, had documented history of the illness, had a seropositive test result for that illness, or had an allergic reaction to the vaccine by their second birthday.

Exclusions/Exceptions

- None

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Cervical Cancer Screening (Line 11), CMS124v6

Measure Description

Percentage of women screened for cervical cancer using either of the following criteria:

- Women age 21-64* who had cervical cytology performed every 3 years in the measurement year or the prior two years.
- Women age 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed in the measurement year or the prior four years.

Universe (Column a)

Women 21 through 64 years of age* with a medical visit during the measurement period.

*Born on or after January 1, 1954 and on or before December 31, 1994.

*Note: Use age 23 as the initial age to include in assessment. See the UDS Manual for further detail.

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Women with one or more of the following screenings for cervical cancer:

- Cervical cytology performed during the measurement period or the two years prior to the measurement period for women who are at least 21 years old at the time of the test;
- Cervical cytology/HPV co-testing performed during the measurement period or the four years prior to the measurement period for women who are at least 30 years old at the time of the test.

Exclusions/Exceptions

Women who have had a hysterectomy with no residual cervix or who were in hospice care during the measurement period are **excluded from the denominator (or "universe")**.

*Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Line 12), CMS155v6

Measure Description

Percentage of patients 3 -17 years old who had an outpatient medical visit, evidence of height, weight, **and** body mass index (BMI) percentile documentation, and had documentation of counseling for **nutrition and counseling for physical activity** during the measurement year.

Universe (Column a)

Patients 3 through 17 years old* with at least one outpatient medical visit during the measurement period.

*Born on or after January 1, 2001 and on or before December 31, 2014

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

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 **and** physical activity during a visit that occurred during the **measurement** period.

Exclusions/Exceptions

Patients who had a diagnosis of pregnancy **or** were in hospice care during the measurement period are **excluded from the denominator**.

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Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-Up Plan (Line 13), CMS69v6

Measure Description

Percentage of patients aged 18 years and older with BMI documented during the most recent visit (or within the previous 12 months) **and** a follow-up plan documented during the visit (or within the previous 12 months) when the BMI is outside of normal parameters.*

*NORMAL PARAMETERS: Age 18 years and older BMI greater than or equal to 18.5 and less than 25 kg/m².

Universe (Column a)

Patients 18 years of age or older* on the date of the visit with at least one medical visit during the measurement period.

*Born on or before December 31, 1999, and were 18 years of age or older on date of last visit

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Patients with:

- A documented BMI (not just height and weight) during their most recent visit **or** during the 12 months prior to that visit, **and**
- When the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the 12 months prior to the current visit.
- INCLUDE patients with a normal BMI documented in column c. Those with a normal BMI do not require a documented follow-up plan to be included in the numerator (column c).

Exclusions/Exceptions

Exclude from the denominator:

- Patients who were pregnant during the reporting period;
- Patients receiving palliative care during or prior to the visit;
- Patients who refuse measurement of height and/or weight or refuse follow-up during the visit; or
- Patients who had a documented medical reason, during or within 12 months of the visit, including:
 - Elderly patients (65 or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as: *illness or physical disability; mental illness, dementia, confusion; nutritional (vitamin or mineral) deficiency; or*
 - Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health.

*Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

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Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Line 14a), CMS138v6

Measure Description

Percentage of patients aged 18 and older who were screened for tobacco use one or more times within the past 24 months and received cessation counseling intervention if identified as a tobacco user.

Universe (Column a)

Patients aged 18 years and older* seen for at least two medical visits or at least one preventive medical visit during the measurement period.

*Born on or before December 31, 1999

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Patients who:

- Were screened for tobacco use at least once within 24 months before the end of the measurement period; **and**
- Received tobacco cessation intervention if identified as a tobacco user.
- Column c INCLUDES **patients with a negative screening as well as** those with **a positive screening who received cessation intervention.**

Exclusions/Exceptions

Exclude from the denominator patients with a documented medical reason for not being screened for tobacco use (e.g., limited life expectancy or other medical reason).

*Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

Use of Appropriate Medications for Asthma (Line 16), CMS126v5

Measure Description

Percentage of patients 5-64 years old identified as having persistent asthma and appropriately ordered medication during the measurement period.

Universe (Column a)

- Patients 5 through 64 years old* with persistent asthma who had a medical visit during the measurement period.

*Born on or after January 1, 1954 and on or before December 31, 2012

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

- Patients who were ordered at least one prescription for a preferred therapy during the measurement period.

Exclusions/Exceptions

Exclude from the denominator, patients diagnosed with emphysema, chronic obstructive bronchitis, cystic fibrosis, or acute respiratory failure during or prior to the measurement period.

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Coronary Artery Disease (CAD): Lipid Therapy (Line 17), No e-CQM

Measure Description

Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy.

Universe (Column a)

- Patients 18 years of age and older* with an active diagnosis of CAD on the date of the visit, or diagnosed as having had a myocardial infarction (MI) or cardiac surgery in the past, with a medical visit during the measurement period and at least two medical visits ever.

*Born on or before December 31, 1999

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

- Patients age 18 and older who received a prescription for, were provided, or were taking lipid-lowering medications during the measurement period.

Exclusions/Exceptions

Exclude from the denominator:

- Patients whose last low-density lipoprotein (LDL) lab test during the measurement year was less than 130 mg/dL; and
- Patients with an allergy to, a history of adverse outcomes from, or intolerance to LDL-lowering medications.

*Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (Line 18), CMS164v6

Measure Description

Percentage of patients 18 years of age and older diagnosed with acute myocardial infarction (AMI) or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period **or** who had an active diagnosis of IVD during the measurement period, and documented use of aspirin or another antiplatelet during the measurement period.

Universe (Column a)

- Patients 18 years of age and older* with a medical visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had an active diagnosis of IVD during the measurement year.

*Born on or before December 31, 1999

Denominator (Column b)

Number of records reviewed.

Numerator (Column C)

- Patients who had an active medication (use) of aspirin or another antiplatelet during the measurement period.

Exclusions/Exceptions

Exclude from the denominator:

- Patients who had documentation of use of anticoagulant medications at some point in time during the measurement period.
- Patients who were in hospice care during the measurement period.

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Colorectal Cancer Screening (Line 19), CMS130v6

Measure Description

Percentage of adults 50-75 years old who had appropriate screening for colorectal cancer.

Universe (Column a)

- Patients 50 through 75 years old* with a medical visit during the measurement period.

*Born on or after January 1, 1943 and on or before December 31, 1967

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Patients with one or more of the following screenings for colorectal cancer:

- Fecal occult blood test (FOBT), including fecal immunochemical test (FIT) (during the measurement period)
- Fecal Immunochemical Test (FIT) deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
- Flexible sigmoidoscopy (during the measurement period or the four years prior to the measurement period)
- Colonoscopy (during the measurement period or the nine years prior to the measurement period)
- Computerized Tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period

Exclusions/Exceptions

Patients with a diagnosis of colorectal cancer or history of total colectomy; and those who were in hospice care during the measurement period.

*Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

HIV Linkage to Care (Line 20), No e-CQM

Measure Description

Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 90 days of diagnosis.

Universe (Column a)

- Patients first diagnosed with HIV by the health center between October 1, 2017 and September 30, 2018, **and** who had at least one medical visit during 2017 or 2018.

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

- Patients newly diagnosed with HIV who received treatment within 90 days of diagnosis.
- Include patients who: were newly diagnosed by your health center provider and had a medical visit with your health center provider (or with a referral resource) who initiates treatment for HIV.

Exclusions/Exceptions

- None

*Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.

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Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Line 21), CMS2v7

Measure Description

Percentage of patients age 12 years and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the positive screen.

Universe (Column a)

- Patients age 12 years and older* with at least one medical visit during the measurement period.

*Patients born on or before December 31, 2005

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Patients who:

- Were screened for depression on 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 positive screen.
- Column c INCLUDES patients with a negative depression screening. Those with a negative screening do not require a documented follow-up plan to be included in the numerator.

Exclusions/Exceptions

Exclude from the denominator, patients:

- With an active diagnosis of depression or a diagnosis of bipolar disorder
- Who refuse to participate
- Who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status
- Whose functional capacity or motivation to improve may impact the accuracy of results

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Dental Sealants for Children between 6-9 Years (Line 22), [CMS277v0](#) (USHIK Link)

Measure Description

Percentage of children, age 6-9 years, at moderate-to-high risk for caries who received a sealant on a first permanent molar during the measurement period.

NOTE: CMS277v0 is a draft e-CQM that currently reflects 5 through 9 years of age but will be corrected to use age 6 through 9 as measure steward intended.

Universe (Column a)

- 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.

**Born on or after January 1, 2009 and on or before December 31, 2011*

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

- Number of children who received a sealant on a permanent first molar tooth during the measurement period.

Exclusions/Exceptions

- Exclude from the denominator, children for whom all first permanent molars are non-sealable (i.e., molars are decayed, filled, currently sealed, or unerupted/missing)

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

TABLE AND CROSS TABLE CONSIDERATIONS:

Table 3A, 5, and 6B: The relationship between the universes on Table 6B should be verified as reasonable when compared to the total number of patients by age on Table 3A and the percentage of patients by service category on Table 5.

In the example on the next page, Table 3A shows a total of 1,550 patients (age 2) and the universe for childhood immunizations is also 1,550.

Reporting of the universe of patients for childhood immunizations and cervical cancer screening must be reasonable (as must all universe selections) given total patients by age on 3A and/ or the percentage of patients who are medical patients on Table 5.

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SECTION C — CHILDHOOD IMMUNIZATION				
Line	Childhood Immunization	Total Number of Patients with 2nd Birthday During Measurement Year (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Children who have received age appropriate vaccines prior to their 2nd birthday during measurement year (on or prior to December 31)	1,550	1,550	1,395
SECTION D – CERVICAL CANCER SCREENINGS				
Line	Cervical Cancer Screening	Total Female Patients 23 through 64 Years of Age (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23–64 years of age, who received one or more Pap tests to screen for cervical cancer	26,778	23,456	19,767

TABLE 3A — PATIENTS BY AGE AND GENDER				
Line	Age Groups	Male Patients (a)	Female Patients (b)	
3	Age 2	20	14	
4	Age 3	766	750	
24	Age 23		901	
25	Age 24		973	
26	Ages 25-39		7,762	
27	Ages 30-34		3,719	
28	Ages 35-39		3,149	
29	Ages 40-44		2,845	
30	Ages 45-49		2,737	
31	Ages 50-54		2,582	
32	Ages 55-59		2,110	