

## Table 7: Health Outcomes and Disparities

## Course Introduction

Hi, welcome and thanks for joining me today to learn about Table 7: Health Outcomes & Disparities.

Please click START to continue.

### Welcome

I'm Kelly, your UDS Report expert, and I am here to help you complete Table 7.

This table is important because it helps HRSA in two important ways. It helps us track key health outcomes that are related to preventing health problems down the road, *and* it helps us to identify racial and ethnic disparities in these outcomes. These data are also important to your health center as metrics for your patient populations on these health outcomes, and the degree to which your health center is achieving desired levels of compliance in comparison to national norms and other benchmarks, such as Healthy People 2020 objective targets.

### Introductions

Let's start with introductions.

- If you'd like, please let me know who you are by typing your name in the box. This information is just used as we interact during this session and it isn't saved.
- If you don't want to enter your name, just click **Sign In**.

### Get Started or View Navigation

If you've been here before and know how to use the navigational features, you can go straight to the training by clicking on the **LET'S GET STARTED button**.

If you'd like to learn more about our training's navigational features - click on the **HOW TO NAVIGATE button** to continue.

## Navigation

### Navigation: Table of Contents

Before I go on - if you are interested in hearing the audio narration, please be sure to adjust your computer speakers so that you can hear me.

Also ON THE LEFT of the screen, you'll see a tab that says "TABLE OF CONTENTS." You can use this tab to go anywhere you want within this course. You may find it useful if you want to review something specific about Table 7. In that case, you can just click on any of the topics listed and jump to that particular section of the course. If you would like an overview that covers all the topics, just stick with me.

### Navigation: Play, Previous, Next

AT THE BOTTOM of the screen, you'll see a control bar with navigation controls and

buttons that will let you adjust your viewing experience:

- If you want to stop the video, just hit the play button once (to pause), and then hit it again to resume.
- You can also slide the progress bar to the left if you would like to repeat some of the material, or slide it to the right to jump ahead.
- To go to the slide just before or to proceed to the next slide, use the buttons to the right of the control bar labeled “PREVIOUS” and “NEXT.”

### **Navigation: Resources, Exit**

There are several links AT THE TOP RIGHT of your screen:

- If you click on the RESOURCES link, you will see additional files and links to websites that will help you in completing your Report. You can also download a copy of the Transcript here; and
- When you're done, click on the EXIT link, and you will exit the course entirely.

### **Navigation: Icons**

Throughout the course you will see icons that you can click on to:

- View or print the UDS tables;
- Refer to the UDS Manual;
- See helpful hints that should help you with your UDS Report; or
- Take you to a Case Study example to see how all of the UDS data works together.

One last thing before we begin - if you need to leave this training early and return to it later, you can do that. When you come back next time, we will remember where you left off and ask you whether you want to continue from there or start again from the beginning.

I think that covers the details about how to move through the course. Let's get started!

## **Table 7 Training**

### **What is Table 7?**

So, what is Table 7?

As we start, if you would like to see a close-up of this table, please click on the VIEW THE TABLE icon IN THE LOWER RIGHT OF THE SCREEN to view (and even print out) Table 7. You may find it helpful to have it available to you as we go through the training.

### **What is Table 7?**

Table 7 is one of three tables that make up the Clinical Profile for the UDS Report.

It is one that every health center will complete each year as part of their Universal Report.

## What is Table 7?

Table 7 reports data on health status measures for birth weight, diabetes, and hypertension by race and Hispanic or Latino ethnicity.

More specifically, on Table 7, health centers will report on three intermediate outcomes:

- Low Birth Weight;
- Diabetes Control; and
- Blood Pressure Control.

And, as I just mentioned, on Table 7, you will report on these three health outcomes by race and Hispanic or Latino ethnicity to provide information on the extent to which health centers help to reduce health disparities at the aggregated national level.

## Why Are These Data Important?

The intermediate outcome measures reported on Table 7 are considered important current indicators for predicting good long-term health outcomes. In other words, if we can improve performance on these intermediate measures, then we can expect improved outcomes and health status in the future.

For example:

- **If** there are fewer children born with low-birth weight, **then** there will likely be fewer children who suffer the range of negative long-term outcomes related to low-birth weight, such as delayed intellectual and/or physical development.
- For blood pressure: **If** there is less uncontrolled hypertension, **then** there will likely be less cardiovascular damage, fewer heart attacks, and less organ damage later in life.
- For diabetes: **If** there is less uncontrolled diabetes, **then** there will likely be fewer amputations, less blindness, and less organ damage later in life.

Reporting these measures by race and ethnicity allows HRSA to evaluate disparities for health centers at the national level.

## How Can This Training Help Me?

Table 7 may appear more straightforward than some of the other tables, but it's still very important, and often challenging to complete. We've made a few changes this year, so we'd like to make sure that you understand everything and are well-prepared for completing the table. We'll walk you through everything you need to know to do a great job!

By the end of this training, we hope that you will:

- Know key definitions important to the accurate reporting of the data for Table 7;
- Understand the changes made to Table 7 for the 2016 reporting year so that you can submit a complete and accurate UDS Report; and
- Complete Table 7 so that it is consistent with the numbers reported on Tables 6B and 3B and the other UDS Report tables.

## Key Terms

Before we start, let's go over some key terms that are important for understanding this table. We'll spend more time on each of these in today's training, but if you want to read more about them, you can click on the icon in the lower right to view the UDS Manual.

- The UDS collects information about both Hispanic or Latino Ethnicity and about Race, and these are categorized separately.
- First, let's talk about Hispanic or Latino Ethnicity. As commonly used, this includes all persons who identify with any Spanish-speaking nations (for example, Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish cultures) but it excludes Haiti, Portugal, and Brazil. For the UDS, we report people within only two major categories: either Hispanic or Latino *or* Non-Hispanic or Latino. Patients identify and self-report their own ethnicity, so you are not required to identify their culture of origin; you are only required to ask them to identify their ethnicity, and report based on their response.
- The UDS collects self-reported Race and reports this within Hispanic or Latino Ethnicity category. Major racial categories reported on the UDS include: Asian, Native Hawaiian, Other Pacific Islander, Black or African American, American Indian or Alaska Native, White, More than One Race, and Unreported or Refused to Report Race. It is important that your patient record systems have the ability to allow patients to report *both*, ethnicity and race, in a way that each individual client may be reported correctly as defined for the UDS reporting requirements.
- On Table 7, you'll report on "Outcome Measures" - those indicators that help us assess whether the health center program is achieving its goals and objectives.

## Key Terms

- When we refer to "prenatal patients," we mean all of your health center's pregnant medical patients who had at least one prenatal or perinatal visit during the reporting year. This includes patients that you referred to receive care elsewhere. All health centers must report on their "prenatal patients," even if they do not provide prenatal care directly.
- To be able to identify a prenatal patient, you'll need to know who your "medical patients" are. By "medical patients" we mean those who have had one or more

UDS-reportable medical visits at your health center during the reporting year. For example, a patient who comes to your health center only for dental care (who never receives medical care services from you) would not be considered a medical patient.

## Table 7: Step-by-Step Instructions

Let's take a close look at Table 7 step-by-step.

### Section A: Deliveries & Birth Weight

Let's start with the first section on Table 7 - Section A - where you'll report on your prenatal patients and the birth weights of their babies. By “prenatal patients” we mean not only women that were served directly by the health center, but also those patients who were pregnant for whom a referral to prenatal care was made.

You'll start off Section A reporting two pieces of information:

- First, on Line 0, you'll report the number of HIV Positive Pregnant Women who were served by your health center, regardless of whether or not they were provided prenatal care services.
- Then, on Line 2 you'll report the number of deliveries performed by your health center's clinicians during the reporting year. This includes **all** deliveries performed by health center providers - even if the deliveries were for non-health center patients. Let me make two important notes about this line. First, this is the **ONLY** line where you will include deliveries of women who were not part of the health center's prenatal program during the calendar year. Second, because this line does include **all** deliveries, it is unlikely that this number will match the total number of prenatal care patients who delivered during the year reported in column 1a, line i.

### Section A: Deliveries & Birth Weight

Great, let's continue through the next set of items in Section A.

All health centers are required to report on Section A (deliveries and birth weight). Whether you provide prenatal services directly or through referral, you will report about all women who delivered and all children born to them during the reporting year, in columns 1a through 1d. Just as a reminder, sampling of any kind is not allowed for any of the prenatal or birth outcome measures on any UDS table; you will need to be able to report on all of your prenatal patients.

### Section A: Who do I Include?

Health centers will report on all pregnant medical patients who were:

- Referred for prenatal care not provided by the health center *or*
- Provided some prenatal care at the health center and then transferred out because of risk status *or*

- Provided some prenatal care at the health center and then referred out for late prenatal care and delivery or
- Provided full perinatal services at the health center, including delivery.

### **Column 1A: Prenatal Patient Deliveries**

Now that we've got that straightened out, let's go over the information you'll report in each column on Table 7:

- In Column 1a, you'll report all prenatal care patients who delivered during the year, by the patient's race and Hispanic or Latino ethnicity. Report the total number of women receiving prenatal care (from your health center or through referral to an outside provider) at any point during their most recent pregnancy, who delivered during the reporting year. Because Column 1a reports data on patients who delivered, only report one patient for each delivery, even if the delivery resulted in multiple births.

### **Columns 1B-D: Live Birth Weights**

In Columns 1b through 1d, you'll report the birth weight of all babies born to these women during the year, whether delivered by the health center or a referred provider. You'll report this information by the baby's birth weight, and the baby's race and Hispanic or Latino ethnicity. You will use:

- Column 1b to report live births with very low birth weight (under 1500 grams);
- Column 1c to report live births with low birth weight (1500 to 2499 grams); and
- Column 1d to report live births with a normal birth weight (greater than or equal to 2500 grams).

One other note is that, if the delivery results in multiple births (for example, twins or triplets), report the birth weights of each of the babies born alive. Columns 1b through 1d focus on births, not deliveries.

In completing Columns 1b through 1d, be careful to consistently report weight using **grams**, and not **pounds**. (Of course, all babies weigh under 1,500 **pounds**!)

### **Section A: Race and Hispanic/Latino Ethnicity**

Notice that Section A reports information using a disparities format similar to that used in Table 3B, "Patients by Hispanic or Latino Ethnicity, Race, and Language." That is, all data are reported in a matrix showing both ethnicity and race. This same disparities format will also be used for the other intermediate outcome measures you'll report on Table 7, and the data reported on each table should make sense when compared to each other.

Here in Section A, you'll notice that information about:

- Hispanic or Latino patients are reported in one section on Lines 1a through 1g;

- Non-Hispanic or Latino patients are reported in the next section on Lines 2a through 2g; and
- Patients who report neither race nor ethnicity are reported on Line h.

## Deliveries and Birth Weight by Race and Hispanic/Latino Ethnicity

There are a couple of things I'd like to point out about the totals on this table.

First, for any individual lines from 1a through i, understand that the total counts reported in columns 1b through 1d (where you're reporting live births) will in some instances not equal the total number of patients who delivered in column 1a. Why not? Well, there are several reasons for this:

- First, columns 1b through 1c are counts of live births;
- Second, some deliveries will result in more than one live birth (that is, multiple births); and
- Third, newborns are not necessarily reported on the same line as their birth mothers. Remember, birth mothers are reported by **their** race and ethnicity, while newborns (who may not share their mother's same race and ethnicity) are reported by **their own** individual race and ethnicity.

However, on line i, total for patients who delivered during the year and the total of all live births in columns 1b through 1d should be close.

### Let's Look at an Example from North Side

Let's look at an example that should help you put this all together. Here's how North Side (our fictitious health center) completed Section A.

On North Side's Table 7, they reported:

- In column 1a (row i), a total of 789 patients who delivered during the reporting year.
- And, on Line i, a total of 795 live births (totaling columns 1b, 1c, and 1d)
- Because the total number of live births reported on line i was 795 deliveries and was greater than the total number for patients who delivered of 789 reported in column 1a, it appears that there were some number of multiple births during the year.

### Let's Look at an Example from North Side

Now let's look at how North Side reported its live births.

- We can see that, in column 1b (on Line i) they reported a total of 4 live births with very-low birth weight; and



- In columns 1c (on Line i) they reported 41 live births with low-birth weight.
- So, in total, there were 45 births that were below normal weight.

### Let's Look at an Example from North Side

So, now let's look at this information from the perspective of their UDS Reviewer.

In addition to noticing that North Side is reporting having delivered all of the babies reported in Section A (remember, 795 births are reported, and 795 deliveries were performed by the health center's providers); from the number reported, we can also calculate the performance measure in total, and for each line of the table.

- The overall Low Birth Weight percentage can be computed by dividing the number of births with below-normal weight (reported on Line i for columns 1b and 1c) by the total number of births (reported on Line i for columns 1b, 1c, and 1d).
- So, we would divide 45 (the total number of below-normal birth weights) by 795 (the total number of live births) to get an overall performance achievement rate on this clinical measure of 0.0567 (or 5.67%) of live births that were below normal weight.

Their reviewer would know that the average below-normal birth weight outcome for health centers is about 7.3%, and that the Healthy People 2020 goal on this measure is 8.2% - so, North Side's rate of 5.67% is close to, (and in fact somewhat lower) than both of those. If North Side's rate had been very different from the national average, their reviewer would have asked them to explain or correct their data.

### Review: Prenatal and Perinatal Patients

Before we move on, let's review this section of the table one more time.

So, in summary:

Health centers will report on all pregnant medical patients who were:

- Referred for prenatal care not provided by the health center *or*
- Provided some prenatal care at the health center and then transferred out because of risk status *or*
- Provided some prenatal care at the health center and then referred out for late prenatal care and delivery *or*
- Provided full perinatal services at the health center, including delivery.

### Review: Prenatal and Perinatal Patients

Health centers that diagnose a woman's pregnancy but do not directly provide prenatal care must offer to refer the patient out for prenatal care.

For any woman so referred, the health center MUST:

- Track the referral to be able to record the date of her first comprehensive obstetrical visit (that is the “date of entry” into prenatal care) for reporting on Table 6B; and
- Track her delivery and record the weight, and ethnicity and race of the baby for reporting on Table 7.

## **Let's Take a Break and See What You've Learned**

Let's take a break to review some of what we've learned so far about how to report prenatal and birth outcome data on Table 7.

**We'll present you with a statement - it might be a true statement (or it might be false). Let us know what you think by clicking the TRUE or FALSE buttons.**

OK, let's get started!

### **True or False**

Reporting requirements for the Prenatal Section of Table 7 apply only to health centers that provide prenatal services.

**Answer: False**

#### **Feedback when Correct:**

You are correct! All health centers, regardless of whether they provide prenatal care, will report on their pregnant patients. For more information, we recommend that you review the specific details about this section in the UDS Manual.

#### **Feedback when Incorrect:**

No, sorry. Remember, all health centers, regardless of whether they provide prenatal care, will report on their pregnant patients. For more information, we recommend that you review the specific details about this section in the UDS Manual.

### **True or False**

Table 7 requires health centers to conduct additional follow-up in order to report complete and accurate prenatal care data.

**Answer: True**

#### **Feedback when Correct:**

Yes. To report this information completely and accurately, you will need to track and follow-up with patients about entry into prenatal care and birth outcomes. This will include following up with outside practitioners to whom you made a referral. To do this, you will need to have mechanisms in place for tracking and collecting the data about entry to prenatal care, birth weights, race, and ethnicity of the babies born.

**Feedback when Incorrect:**

Sorry, no. To report this information completely and accurately, you will need to track and follow-up with patients about entry into prenatal care and birth outcomes. This will include following up with outside practitioners to whom you made a referral. To do this, you will need to have mechanisms in place for tracking and collecting the data about entry to prenatal care, birth weights, race, and ethnicity of the babies born.

**True or False**

If you know the race and ethnicity of a woman who delivered during the year, you can assume that the race and ethnicity of the baby is the same.

**Answer: False**

**Feedback when Correct:**

Right! Remember, the race and ethnicity of women delivering and their babies are reported separately, by their own individual race and ethnicity. While the mother and child may share the same race and ethnicity and be reported on the same line in the table, this may not always be the case. You cannot assume to know the race or ethnicity of babies based on the mother's race and ethnicity; rather, you are required to follow-up to obtain these data for accurate reporting.

**Feedback when Incorrect:**

Sorry, no. Remember, the race and ethnicity of women delivering and their babies are reported separately, by their own individual race and ethnicity. While the mother and child may share the same race and ethnicity and be reported on the same line in the table, this may not always be the case. You cannot assume to know the race or ethnicity of babies based on the mother's race and ethnicity; rather, you are required to follow-up to obtain these data for accurate reporting.

**Section B: Hypertension**

The next section of Table 7, Section B, reports the total number of patients with a diagnosis of hypertension, and the number of these patients with controlled hypertension. As with the other sections on Table 7, this information is reported by race and Hispanic/Latino ethnicity.

For this measure, you'll report three things in columns 2a through 2c:

- Total hypertensive patients;
- Total hypertensive patients (same as in column 2a), a minimum of 80% of the universe pulled from your EHR, or a random sample of 70 patients (we'll talk more about that in a moment); and
- The number of patients (from column 2b) whose most recent documented blood pressure indicates that their hypertension was adequately controlled.

Let's walk through each of these columns so you'll feel more comfortable reporting the data in this section.

## Column 2A: Hypertension Universe

Let's start with column 2a - total hypertensive patients.

The total number of hypertensive patients is considered your “universe” for this measure. The universe is defined as all adult health center patients (ages 18 to 85) who:

- Have been diagnosed as hypertensive at any time before June 30<sup>th</sup> of the reporting year; AND
- Had at least one medical visit during the reporting period.

### Hypertension: Patient Universe

We just mentioned the criteria for including patients in the hypertension universe (in column 2a). Again, those are patients:

- Between the ages 18 and 85; and
- Who have been diagnosed with hypertension at some point before June 30<sup>th</sup> of the reporting year; and
- Who were seen for at least one medical visit during the reporting year.

But there are two important exclusion criteria for this measure as well. The following patients will need to be excluded from the hypertension universe:

- Pregnant patients
- Patients with end stage renal disease (or ESRD), dialysis, or renal transplant before or during the reporting year

The detailed description of the Hypertension measure, inclusion criteria, and measurement standards are provided in the UDS Manual. Note that the manual provides specific dates to assist you in capturing the correct patient age range for each reporting year.

## Column 2B: Controlling High BP

In column 2b you will report either:

- The universe (what you reported in column 2a);
- A minimum of 80% of patients in the universe; OR
- A random sample of 70 patients from the universe.

If an EHR is present, it may be used in lieu of a chart review of a sample of charts, if and only if:

- The EHR includes at least 80% of all medical patients between the ages of 18 and

85 with diagnosed hypertension, regardless of whether or not they were specifically treated for hypertension;

- Blood pressure is regularly recorded in the EHR for all patients; and
- The EHR has been in place throughout the reporting year.

## **Column 2C: Controlled Hypertension**

In the last column in this section - column 2c - you'll report the number of patients included in column 2b who met the measurement standard on this measure.

To meet the measurement standard, the patient's most recent blood pressure reading during the measurement year needs to have been lower than 140 (systolic) over 90 (diastolic), and documented in the patient's record.

- Self-reported blood pressure readings are not generally eligible unless a clinical management decision is made using that reading.
- Hypertensive patients who have not had their blood pressure tested during the reporting year will not meet the measurement standard on this measure and will be counted in columns 2a and 2b, but not in 2c.

## **Let's Look at An Example from North Side**

Let's check back with North Side to see how they completed Section B.

On the hypertension measure, North Side:

- Identified 7,237 patients meeting the inclusion criteria for the hypertension measure (total of patients reported on Lines 1a through i) in column 2a;
- They included all patients in the universe as their sample (in column 2b) - so reported the same number as they did in column 2a (7,237).
- Then, from those charts in column 2b, they identified a total of 4,791 hypertensive patients who met the measurement standard and reported them in column 2c.

## **Let's Look at An Example from North Side**

So, how did North Side do on its performance measures?

From the numbers reported, we're able to determine overall performance on this measure.

- The rate would be calculated by dividing the number of patients reported in column c (Line i) by the number of patients reported in column b (Line i). Or, 4,791 divided by 7,237.
- Then we would see an overall performance achievement rate of 66.2%. Meaning that 66.2% of hypertensive patients had controlled blood pressure as of their most recent reading.

That rate is right in line with the average for all health centers (about 64%) and the Healthy People 2020 goal of 61.2%. Nicely done North Side!

### **Section C: Diabetes**

OK, one more section to go on Table 7. Section C - where you'll report the total number of patients with a diagnosis of diabetes, and the number of these patients with controlled diabetes, by race and Hispanic/Latino ethnicity.

This table follows a similar pattern as the last one we just went over. In:

- Column 3a you'll report the total number (or “universe”) of diabetic patients;
- Column 3b you'll report the total number of diabetic patients (same as in column 2a), a minimum of 80% of your universe, or a random sample of 70; and
- Columns 3d1 and 3f you'll report the number of patients (from 3b) that belong in each column based on their most recent hemoglobin A1c level.

Let's go over each of these columns individually.

#### **Column 3A: Diabetes Universe**

Starting with column 3a - total diabetic patients (or your diabetic “universe”). The universe is defined as all adult health center patients (ages 18 to 75) who:

- Have been diagnosed with Type 1 or Type 2 diabetes during, or prior to, the current measurement year; AND
- Who were seen for at least one medical visit during the reporting year; AND
- Who do not meet any of the exclusion criteria for this measure.

#### **HbA1c Poor Control: Patient Universe**

We just mentioned the criteria for including patients in the diabetes universe (in column 3a). Again, those are patients:

- Between ages 18 and 75;
- Who have had a diagnosis of Type 1 or 2 diabetes; AND
- Who were seen for at least one medical visit during the reporting year; AND
- Who do not meet any of the exclusion criteria for this measure.

For this measure, exclude patients who:

1. Have gestational diabetes;
2. Have steroid-induced diabetes;
3. Have a diagnosis of secondary diabetes due to another condition

And all adults meeting these criteria should be included in the universe reported in column 3a.

The detailed description of the Diabetes Control measure, inclusion criteria, and measurement standards are provided in the UDS Manual. Note that the manual provides specific dates to assist you in capturing the correct patient age range for each reporting year.

### **Diabetes: Patient Universe**

To confirm the diagnosis of diabetes, one of the following must be found in the medical record:

- ICD-10 codes that begin with E10, E11, or O24; or
- Patients can also be identified using pharmacy data such as evidence of dispensed insulin or oral hypoglycemics or antihyperglycemics.

Diabetic patients should be included in the universe regardless of whether or not the diabetes was treated, is currently being treated, and regardless of when the diagnosis was made.

### **Column 3B: Diabetes Sample**

Similar to what you did with the hypertension measure, in column 3b you will report either:

- The universe (what you reported in column 3a);
- A minimum of 80% of patients in the universe; OR
- A random sample of 70 patients from the universe.

Again, if your EHR can identify each (or at least 80%) of patients for inclusion in the universe and confirm documentation of the most recent hemoglobin A1c level, then you can report on the universe. Otherwise, you'll need to report on a sample of 70 from the universe that you reported in column 3a.

### **Columns 3D1 and 3F: Controlled Diabetes**

In the last two columns in this section - columns 3d1 and 3f - you'll report the number of patients included in column 3b, based on the most recent documented A1c level.

For this measure, performance is tracked using two categories of A1c levels:

- Less than 8% (in column 3d1); and
- Greater than 9% or no test during the year (in column 3f). If there is no record of the A1c level being taken during the reporting year, you will report that patient in column 3f ("greater than 9% or no test during the year").

Because there is no column for patients who fall between 8% and 9%, columns 3d1 and 3f will not add up to patients on 3a. All diabetic patients will be included in column 3a, even those who have HbA1cs between 8% and 9% and won't be reported in the last two columns.

It's important to note that this is a so-called "negative measure". The performance

measure is the proportion of diabetic patients whose hemoglobin A1c level was greater than 9% - considered “poorly controlled” diabetes. So, the lower the number of adult diabetics with poor diabetes control, the better the performance on this measure.

### **Let’s Look at An Example from North Side**

Let's check in one more time with North Side and see how they reported this section of the table.

Here, we can see that North Side:

- Identified 3,372 patients meeting the inclusion criteria for the diabetes measure and reported these patients by race and Hispanic/Latino ethnicity on Lines 1a through i of column 3a.
- Because they reported on the entire universe, rather than a sample, they report this same number, 3,372 in column 3b.
- And, lastly, they identified and reported the hemoglobin A1c level of the patients from column 3b in columns 3d and 3f.
  - There were a total of 2,007 patients with controlled diabetes (in column d1). That is, 2,007 patients with an A1c level less than 8%.
  - We can also see that a total of 1,051 patients had an A1c level greater than 9%, and did not meet the measurement standard.

### **Let’s Look at An Example from North Side**

Now let's look at what your UDS Reviewer would do with these numbers.

From these reported numbers, we can calculate the performance measure in total, and for each line of the table.

Overall, the measurement standard is calculated as the number of patients identified as having poorly controlled diabetes (Line i, column 3f), divided by the total number of diabetic patients reported (Line i, column 3b). Or, 1,051 divided by 3,372.

So, we would see an overall performance achievement rate on this clinical measure of 31.1%.

This is a negative measure, so the lower the number the better. Their rate is a little higher than the average for health centers (about 29.8%), and higher than the Healthy People 2020 goal of 16% (84% controlled, 16% poorly-controlled). Having this information may be useful to North Side. For example, based on these data, North Side might consider a quality improvement initiative focused on getting diabetic patients to adhere to medication to control their blood sugar levels.

If, on the other hand, North Side’s performance achievement rate on this measure was very different than the national average, North Side would need to work with their UDS reviewer to explain the reasons for this.



## Cross-Table Issues

Table 7 asks for information about a subset of your health center's medical patients; while other tables ask you to report information about your entire patient population, and broader subsets of patients. One way that HRSA validates data is to ensure that the number of patients that a health center reports for a subset of patients does not exceed the numbers reported for their total patient population, or a broader subset.

For example, let's look at hypertension and how that is reported across tables.

- On Table 6A (Line 11) you will report all patients who have a documented diagnosis of hypertension.
- On Table 7 (Section B) you will also report about patients diagnosed with hypertension; but on Table 7 you will only include adult medical patients between the ages of 18 and 85 who were diagnosed with hypertension prior to June 30<sup>th</sup> of the reporting year. Also, remember, that patients are excluded Section B of Table 7 if they are pregnant, have end stage renal disease, receive dialysis, or had a renal transplant.
- So, as you can see - the way you'll report patients on Table 7 is much more restrictive. Therefore, we would expect to see more patients with hypertension on Table 6A than on Table 7.

This might sound a little confusing, so let's take a closer look with some hypothetical examples from the North Side Health Center.

### Tables 6A and 7: Hypertension

In this example, the North Side Health Center reported:

- 7,718 hypertensive patients on Table 6A (Line 11); and
- 7,237 hypertensive patients on Table 7 (Line i).
- So, that seems to make sense - since there are more inclusion and exclusion criteria for Table 7.

But, also check to make sure the numbers you report on Table 7 are in line with your total patient population. How do you do that? Well, you should:

- Make sure that number of adult patients with hypertension on Table 7 does not exceed the total number of patients between the ages of 18 and 85 on Table 3A (this isn't likely to happen, but it's good to double-check). You'll also want to take a look at your numbers and make sure they make sense based on what you know about your health center patients.
- And, though it's unlikely, you should also double-check that the number of hypertensive patients for each race and ethnicity combination does not exceed the total number of patients of that race and ethnicity entered on Table 3B. For

example, North Side reported one hypertension patient who identifies as Hispanic or Latino and Native Hawaiian. If there are no such patients reported on Table 3B, then that wouldn't make sense, would it? And if the numbers reported are close to the same, this would mean that a very high proportion of patients reported on Table 3B are medical patients and have this diagnosis. Again, be sure to check to make sure the information reported is consistent with what you know about your health center.

### **Tables 6A and Table 7: Diabetes**

Similarly, you'll want to watch for consistency in the diabetes numbers reported on Tables 6A and 7.

- On Table 6A (Line 9) you will report all patients who have a documented diagnosis of diabetes.
- On Table 7 (Section C) you will also report about patients diagnosed with diabetes; but on Table 7 you will only include adult medical patients between the ages of 18 and 75.
- And, again, Table 7 has other exclusion criteria, such as women with gestational diabetes.
- So, in most instances, we would expect to see more patients with diabetes on Table 6A than on Table 7.

In this example, the North Side Health Center reported:

- 4,169 diabetic patients in column b (Line 9) on Table 6A; and
- 3,372 diabetic patients in column 3a (Line I) on Table 7.

As with hypertension, you should make sure that the number of patients entered into Table 7 is in line with your overall patient population.

- Make sure you're not reporting more patients with diabetes on Table 7 than the total number of patients between the ages of 18 and 75 on Table 3A (it's not likely to happen, but it is good to double check). You'll also want to review the numbers and confirm that they make sense based on your health center's patients.
- And, double-check that the number of diabetes patients you report for each race and ethnicity combination does not exceed the total number of patients of that race and ethnicity entered in Table 3B, and confirm that the numbers make sense. Again, North Side reported one diabetic patient who identifies as Hispanic or Latino and Native Hawaiian; but if they do not have any such patients reported on Table 3B, then those numbers wouldn't make sense and might indicate an error. Once again, if the numbers are close to the same, this would mean that a very high proportion of patients reported on Table 3B are medical patients and have this diagnosis.

## Let's Take a Break and See What You've Learned

Let's pause here for a moment to review some of what we've learned about reporting information on Table 7.

### True or False

True or false? When reporting patients with Hypertension (Section B), and Diabetes (Section C) on Table 7, include all adult medical patients with these diagnoses.

**Answer: False**

### Feedback when Correct:

Correct. Only medical patients meeting the full set of inclusion and exclusion criteria are included in the universe, and this will be a subset of all patients with the diagnosis. In addition to having the diagnosis, other inclusion criteria may include things like: different age ranges (for hypertension it is 18 to 85 years, for diabetes it is 18 to 75 years). It is critical to capture the correct universe of patients for each indicator; each differs just slightly from the other.

### Feedback when Incorrect:

Sorry, no. Remember that each of the measures reported on Table 7 has specific inclusion and exclusion criteria that must be applied to identify the patient universe. In addition to having the diagnosis, other inclusion criteria may include things like: different age ranges (for hypertension it is 18 to 85 years, for diabetes it is 18 to 75 years). It is critical to capture the correct universe of patients for each indicator; each differs just slightly from the other.

### Look Out for These Common Problems

Thank you for your time - you've been wonderful! Before we go, let's see if I can help save you and your team some time and frustration by telling you how to avoid some of the common pitfalls on Table 7.

When completing this table:

- Be sure to coordinate with whomever is completing Tables 6A (Selected Diagnoses & Services Rendered) and 6B (Quality of Care Indicators) to make sure information is consistent across the tables. For example, double-check that the number of prenatal patients who delivered (on Table 7) is smaller than the number of prenatal patients on Table 6B. Not all women who receive prenatal care during a reporting year deliver during that year.
- Make sure that Column 1a reports data on prenatal *patients who delivered* - so, you'll only report the patient once, even if she has twins, triplets, or more.
- Make sure that Column 1b reports data on *live births* - so, there you will be sure to enter multiple births (in the case of twins, triplets, etc.).

## Look Out for These Common Problems

- Make sure that the correct number of charts are included in Section B (Hypertension) and Section C (Diabetes). For Hypertension, the number of charts sampled (in column 2b) should either be the same as your patient universe (from column 2a), a minimum of 80% of the universe, or a sample of 70. Likewise, for Diabetes, the number of charts sampled (in column 3b) should either be the same as your patient universe (from column 3a), a minimum of 80% of the universe, or a sample of 70.

## Congratulations

### Congratulations! You've completed the training on Table 7!

Thank you for taking the time today to learn about this table and for testing your knowledge. We appreciate your efforts to give us the data we need to support you in your important work.

## Review

You can review any topic that we just covered by clicking on the hyperlinks in the Table of Contents on the left of your screen, but if you would like to do something else, click the **NEXT** button to see your options.

Please remember to access and download additional training resources by clicking on the RESOURCES LINK in the upper right-hand corner of your screen.

## Additional Resources

These resources allow you to access National- and State-level UDS data; and, other reporting resources such as Quick Fact Sheets, training webinars, and the in-person regional training schedule. For ongoing questions, you can also email: [UDSHelp330@BPHCDATA.NET](mailto:UDSHelp330@BPHCDATA.NET) or call the UDS Helpline toll-free at 866-UDS-HELP.