Analysis and Use of UDS Data

Welcome and thanks for dropping by to learn about how to analyze and use the valuable UDS data you are reporting!

Please click START to begin.

Welcome

If you have attended one of these trainings before, we may have already met. But, in case you haven't, I'm Steve - your UDS Report expert, and I am here to help you learn how to put all of these valuable data to good use. That's right, let's make the UDS data work for you.

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 is not 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: Table of Contents & Transcript

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. If you would like to read the transcript, you can see it over here in the "TRANSCRIPT" tab on the LEFT of your screen.

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 this training module. 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), 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, Main Menu, 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;
- If you click on the MAIN MENU link, you can return to the UDS Learning Center's library; 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!

How can this training help me?

We hope that this training will help you to gain a better understanding of the importance of the data reported through the UDS; and perhaps more importantly, how the data can be used to inform program improvement.

How can this training help me?

- During this session, we'll walk through the types of data collected across the UDS tables;

How can this training help me?

- Discuss data reports that are available to Health Center Program grantees (or 330 grantees) and FQHC look-alikes through the EHB;

How can this training help me?

- And, talk about analysis that you can conduct on your own with the data reported.

Importance of the UDS

The Bureau of Primary Health Care (or BPHC) has a long tradition of collecting program data from funded programs and more recently, the Bureau of Health Workforce has joined in those efforts. The UDS is a valuable tool for several reasons. UDS data are reported annually to Congress and to the White House Office of Management and Budget (OMB) to demonstrate how federal dollars are used to meet programmatic mandates. The information has been invaluable in documenting the effectiveness of these programs to funders and other stakeholders over time.

HRSA and health centers can use these data to demonstrate their accomplishments, evaluate performance and identify opportunities for program improvement. It can also be used to set baselines and goals and to track performance improvement over time, evaluate the program's effectiveness and set funding priorities. The UDS data are also used by HRSA and health centers to guide program improvement efforts.

The UDS also serves a very practical purpose for grantees and look-alikes. UDS data are directly linked to the grants application and look-alike designation processes; health centers are required to include selected clinical and financial measures in their Service Area Competition (SAC), Budget Period Renewal (BPR), and look-alike designation applications. BPHC uses data reported in UDS Reports to monitor progress in achieving the goals set out in those applications.

Available Reports: Grantees

UDS data are analyzed and tabulated at multiple levels-by individual health center, state, regional, and national-and made available to some health centers through the Electronic Handbook (or EHB). Data available in these reports can help health centers interpret, track and use their UDS data to help better understand, monitor, and improve program activities and health outcomes.

Four reports are made available to all 330 grantees:

- the Rollup Report;
- the Performance Comparison Report;
- the Summary Report; and
- the Trend Report.

Available Reports: Look-alikes

Some of these reports are also available to look-alikes; those are:

- the Rollup Report;
- the Performance Comparison Report; and
- the Summary Report (with data available at the health center and national levels only, not at the state level).

At this time, no data reports are available for Bureau of Health Workforce primary care clinics.

We will talk about some additional reports and analyses that are available through the BPHC website a little later in the training.

UDS Report Profiles

As you may already know-your UDS report is comprised of individual tables which include information about patients, staffing, clinical outcomes, and financial data.

All of the tables on the UDS contain data that are interrelated and can, therefore, be used in various combinations to derive many types of useful information about your health center operations and patient population. However, for analysis to be useful and valid, UDS tables must be completed according to the instructions and according to the same scope. So, if you have different people completing different tables separately (for example, a CFO working on financial tables, and clinical staff working on the clinical tables), be sure that you come together as a team and coordinate efforts to ensure the information makes sense across tables.

The data you report in each of the UDS tables are grouped together to develop "profiles" for four important areas; let's go over those now.

Patient Profile Tables

The first core area we'll talk about contains information about your patients. Several tables are combined to develop a **Patient Profile** which provides an overview of the patients served by your health center program including number of patients served and socio-demographic characteristics. The tables used to create this profile include:

- **The Zip Code Table** (patient origin and third party medical insurance);
- **Table 3A** (age and gender);
- **Table 3B** (patients by Hispanic or Latino Ethnicity, race, and language); and
- **Table 4** (patients by income, primary third party medical insurance, and identification as a member of a "targeted population" (e.g., farm worker, homeless)).

Patient Profile Tables

The data on the **Patient Profile** tables are very important and are analyzed and used in a variety of ways:

- For example, the Zip Code data is used by BPHC to create geographic information system (or GIS) maps of all the patient service areas to look for service gaps and overlaps. This helps BPHC make decisions relating to unmet capacity and helps to justify and target program expansion where needed. Health centers can also access GIS maps through an online tool called the UDS Mapper. Through the UDS Mapper, you can see, analyze, and understand patterns and relationships among programs in your geographical area. You can learn more about the UDS Mapper on the website - accessible in the Resources tab in the UPPER RIGHT corner of this screen.
- From the patient profile tables, data about the total number of patients are used as the denominator for a range of calculations including: cost per patient, charges per patient, and average capitation per member month; among many others. So, you can see why it's so important that you report the number of patients. Inaccurate patient numbers has the potential to impact these calculations. Let's say, for example, that you mistakenly reported a duplicate count of patients where you should not have. That could result in your calculations showing that you have per patient costs, charges and income that are low, and understated compared to other health centers. In other words, it inaccurately distorts your health center's financial picture and could adversely impact your future decision-making.

OK-let's keep going.

Utilization & Staffing Profile Tables

The next profile we'll talk about is the **Utilization & Staffing Profile;** this profile describes your staffing model and the quantity of services you provide, including:

- The types and quantities of services provided to health center patients and the staff who provide these services; including information about full-time equivalents (FTEs), visits, and patients (Table 5)
- The length of time specific categories of staff have been in their respective roles (Table 5A)

Table 5: Patients & Visits by Staff

You can use the data reported on Table 5-to consider several things:

- Staffing ratios - or the ratio of various levels of support to provider FTEs;
- Panel size - or the number of patients per provider; and
- Number of visits per patient. As we mentioned earlier-there is a relationship between the number of visits and number of patients reported on the UDS. And you can use a simple calculation to figure out the average number of visits per patient at your center. This information helps paint a picture about the continuity of care provided by health centers. For example, if visits per patient are very low-you might wonder whether or not your center is providing comprehensive care, or if patients and visits are being reported incorrectly (e.g., counting patients seen at a health fair or mass screening).

As with the **Patient Profile** tables, data from Table 5 are used as the denominator in calculations for various performance measures. For example:

- Cost per patient; and
- Cost per visit.

Using data from Table 5-you can also look more closely at specific service categories and determine, for example, medical cost per visit and dental cost per visit.

Table 5A: Staff Tenure

Data reported on Table 5A can be used to assess the continuity of staffing for key health center leadership and providers.

- By analyzing the data reported on Table 5A, you can get a clearer picture of turnover rates and use the information to track staffing over time.

Clinical Profile Tables

Three tables are combined to create a **Clinical Profile,** that reports about:

- The number of visits by selected diagnoses (Table 6A)
- Quality of care measures, such as access to prenatal care; childhood immunizations; health screenings; treatment for health issues; and identification of and follow-up care for newly-diagnosed HIV patients (Table 6B); and
- Health outcome measures for birth weight, hypertension, and diabetes by race/ethnicity (Table 7)

Let's look at how these data can be analyzed and used.

Table 6A: Selected Diagnoses & Services Rendered

From information reported on Table 6A (Selected Diagnoses & Services Rendered) you can glean useful information by analyzing and reviewing the number of patients and corresponding visits. For instance:

- You can calculate the average number of visits per patient per year for selected chronic conditions; like hypertension or diabetes; or
- Look at the frequency of types of services like well-child immunizations.

Information on Table 6A can be combined with information from Table 3A (which reports patients by age and gender) to calculate the approximate penetration rate for routine preventive services. For example, we could look at the number of patients who have received a Pap test during the year and compare that number to the number of women reported on Table 3A who would fall into the age category for which we would expect a Pap test would be performed.

Table 6B: Quality of Care Indicators

Data from Table 6B (Quality of Care Indicators) can be used to calculate performance achievement rates for clinical measures. As we mentioned earlier, performance achievement rates for clinical measures are used in support of 330 grantees' SAC/BPR reporting, and are analyzed in detail on the 3-year Trend Report made available to Health Center Program grantees. You can compare your achievement rates to state and national averages for other BPHC-funded programs, and with benchmarks such as the Healthy People goals.

For example:

- By dividing the number of children immunized by the EHR total or sample, we can calculate the actual or estimated performance achievement rate for the percentage of children in your universe who have been appropriately immunized. And, you can do the same for each of the other clinical performance measures on Table 6B.
- We can also calculate the percentage of women who entered prenatal care during their first trimester - a very important number - that is included as one of the key measures on the range of reports.

Information reported on this table can be considered over time to assess program improvement or goal achievement. And, again, you can compare your data with prior-year data at the individual health center level, national averages for BPHC-funded programs, and against Healthy People goals. You can review your data to assess performance, highlight areas of excellence, and to identify opportunities for improvement.

Table 7: Health Outcomes & Disparities

Similar to Table 6B, data reported on Table 7 (Health Outcomes & Disparities) can be used to calculate performance achievement rates for clinical measures and can be compared to prior year data, national averages, and Healthy People goals. While the Bureaus of Primary Health Care and Health Workforce are not expecting 100% goal achievement - they do hope to see improvement over time.

Information on Table 7 is looked at to consider disparities in health outcomes by race and ethnicity. However, we caution you against drawing conclusions about disparities at your individual health center level, as the numbers reported are much too small to provide reliable assumptions. Instead, the Bureaus look at disparities by aggregating data at the national level. As stated previously, national-level data reports are available to some groups of reporting health centers, including 330 grantees and look-alikes, through the EHB's Standard UDS Reports; which we'll talk about in just a moment.

Financial Profile Tables

And, finally, the last three tables in the UDS Report are combined to create a **Financial Profile** that describes the cost of delivering services and amount of income generated by health centers, including:

- Financial costs accrued by cost center (Table 8A)
- Patient-related revenue; including charges, collections, allowances, sliding discounts, and bad debt by payer type (Table 9D); and
- Other (or non-patient generated) income such as grants and contracts (Table 9E).

Table 8A: Financial Costs

As you might imagine, the financial information can be used in a variety of ways. As we mentioned a little earlier when we discussed Table 5, we can compare data reported on Table 8A (Financial Costs) to calculate the total cost per total patient, or we can look just at medical costs and medical patients reported on Table 5 if we want to know more specifically about the average medical cost per medical patient. The same is true for the other service categories; this is why it's so important to make sure that Tables 5 and 8A are reported consistently!

Other calculations that can be generated using this information include:

- Average cost per visit or per FTE (by looking at Table 5 visits or FTEs reported against costs on Table 8A); or
- Allocation of overhead costs - such as the overhead cost as a percentage of direct costs for different cost centers.

Obviously, this is not an exhaustive list, but it does give you a few good examples of how data from Table 8A can be used and why it's so important.

Table 9D: Patient-Related Revenue

Data reported on Table 9D can be used to calculate the payer mix (that is, the type of payments received by the health center, such as Medicare, Medicaid, self-pay, etc.). For example, by looking at the Table 9D data, we can tell what proportion of your total charges are to Medicaid, or any of the other listed payers.

We can also look more closely at the self-pay data reported on Table 9D to see what proportion of self-pay charges are covered through sliding discounts and to calculate the ratio of bad debt to self-pay charges.

Looking at the 9D data in conjunction with other tables, we can calculate measures such as the average charge per billable visit or the charge to cost ratio, which is an indicator as to whether or not your fees are set at a rate to cover costs.

Tables 9D & 9E

Together, Tables 9D (Patient-Related Revenue) and 9E (Other Revenues) help us see the types of income health centers receive. By looking at these two tables together, we can evaluate the diversification of funding and consider the total revenues per health center.

Also, as stated previously, we can compare cash collections with costs to get a good indication of the health centers' cash flow and diversification of funding sources.

Where Can I Access Data?

So, you might be wondering to yourself, “where can I get all of this information?” Well:

- Reference Guides and Reference Sheets are provided to health centers each year as part of the annual UDS Training Sessions;
- Standard UDS Reports available through the Electronic Handbook (or EHB); and
- A variety of data and analyses are directly available via the HRSA BPHC website. There you can find several of the analyses covered in the UDS Standard Data Reports, viewed at the individual health center, state, regional, and national level.

Let's talk about the Standard UDS Reports and the publicly-available data next.

Standard UDS Reports: on the EHB

As we mentioned a little earlier, there are four Standard UDS Data Reports made available to 330-grantees through the EHB, the:

- UDS National and State Rollups; and
- UDS Health Center Performance Comparison Report
- UDS Summary Report; and
- UDS Health Center Trend Report.

Remember, some of these reports are also available to look-alikes; specifically: the Rollup Report, the Performance Comparison Report, and the Summary Report (at the Health Center and National levels only - not the state level).

But, at this time no data reports are available for Bureau of Health Workforce primary care clinics.

The UDS Data Reports are intended to provide each health center with an analysis of their own UDS data for the current year, 3-year trend data for selected measures, and, where appropriate, comparative state and national data. The reports are for informational purposes only-meaning that they do not set goals, thresholds, or expectations; and that high or low numbers should not necessarily be equated with good or bad performance.

Detailed information about what each of these reports contain, how calculations and comparisons are made, and how data should be interpreted is provided on the EHB. BPHC hopes that the reports will be a valuable resource to you, your management, and governance boards; and that they will prove useful to you in self-monitoring performance, and used in other initiatives including organization planning, and community relations.

So, that's the general overview-let's get into the specifics of each of these reports.

UDS National & State Rollups

The first reports we mentioned - the National and State Rollups - are updated annually and include aggregated UDS Report data. With these reports, you can see:

- Patient demographics and socioeconomic characteristics;
- Health center staffing;
- Patient diagnoses and services rendered;
- Quality of care, health outcomes, and disparities; and
- Financial costs and revenues.

These reports include both raw data values as well as percentages.

UDS Health Center Performance Comparison Report

The next report - the Health Center Performance Comparison Report - also accessible through the EHB - provides calculations of key measures from across the UDS Report tables at different levels. For each quality of care/health outcome and cost measure, health center performance can be compared with Healthy People 2020 goals and each of the following:

- The state and national average for all health centers; and, depending on the grantee/designee classification, the averages for
- Urban or Rural Health Centers;
- Large or Small-sized Health Centers;
- Health center averages based on the number of sites; and
- Special population averages.

So, for example, you could use this report to:

- compare the percentage of female medical patients who received cervical cancer screening to the average for health centers within your state (or even nationally), or
- compare the medical cost per medical visit of your health center with other health centers serving a similar number of patients, or having a similar number of sites, or serving a rural or urban population

It is important to note that comparisons to national data take into account grantee/designee classification, and for look-alikes, the comparison includes a combination of look-alike and 330-grantee data.

Adjusted Quartile Ranking

Another unique and very useful thing this report does is compute a grantee-adjusted quartile ranking (from 1 to 4) for each clinical measure reported. This is a ranking of health center performance compared to other health centers. For each measure reported, your health center will have a ranking between 1 and 4, where 1 indicates your health center is among the highest 25% of reporting health centers for this measure, and a 4 indicates your health center is among the lowest 25% of reporting health centers for this measure. That is, a 1 represents the highest 25%, or quartile of reporting health centers, a 2 the next 25%, etc.

The quartile ranking is “adjusted” to account for characteristics that differ across health centers and influence clinical performance, such as the percent of patients that are uninsured, members of a racial or ethnic minority group, members of a special population, as well as the health center's EHR reporting status. In other words, we try to make sure we're comparing apples to apples when comparing clinical performance achievement across health centers.

Your health center would expect to see a higher adjusted quartile ranking for any individual clinical achievement measure where it is performing above what is predicted for a health center with similar characteristics.

- So, in this report, you will see your own quartile ranking on the percentage of women receiving cervical cancer screening, compared to that of other health centers having women patients with similar characteristics as those served by your health center. And, you'll see this same information for each of the other Quality of Care/Health Outcomes included in the Comparison Report.
- However, while it is hoped that having these adjusted quartile rankings for clinical measure performance achievement will be useful information to health centers, keep in mind that the quartiles are provided for information purposes only - and do not change or replace the health center's actual reported clinical performance achievement.

UDS Summary Report

A third type of report available to you is the Summary Report - which provides you with a summary analysis of your health center's current year data using information from across the UDS tables.

- The preliminary version of this report will only have data unique to your health center.
- Once all of the UDS reports (across all health centers) have been processed, you can also run separate Summary Reports to view state-, or national-level data as well.

The Summary Report will give you a detailed picture of your health center's performance with data from each of the UDS Report's tables. As with all of the report types I've mentioned, there is a **formula guide** available through the EHB. Each guide helps you see how the specific measures are calculated.

UDS Health Center Trend Report

And, the last report we'll talk about here-the Health Center Trend Report-that provides a comparison of health center performance over the most recent three-year period. This report compares health center performance on 16 key performance measures in three categories:

- Access to Care;
- Quality of Care/Health Outcomes; and
- Financial Cost/Viability.

This report is particularly useful for tracking performance trends and improvement over time. For example, using this report, you can easily track trends in:

- Access to care measures (i.e., total patients served or special population patients served);
- Quality of Care/Health outcomes (i.e., first trimester entry to prenatal care, percentage low birth weight babies born)
- And other key health center data.

Again, this report provides information at the health center level; state- and national-level reports can be run separately after all UDS reports for the current measurement year have been processed.

UDS Health Center Data: BPHC website

Finally, a variety of UDS data comparative analyses, covering the complete range of data collected by the UDS, is available on the BPHC website (at the address at the top of this page).

For example, you can find many of the data summaries we described previously, such as:

- Patient counts by age, gender, race and ethnicity, income level, or primary third party insurance;
- Staff full-time equivalents (or FTEs) by position or number of encounters and patients by provider and service type;
- Selected diagnoses for medical visits and selected services and information about prenatal care, pregnant and postpartum patients and their newborns; and
- Direct and indirect expenses by cost center and details about patient-related and other revenues by payer type.

As with many of the other data resources-data are available at the health center, state, and national levels.

Congratulations

Congratulations! You've completed the training on Analysis and Use of UDS Data! Thank you for taking the time today to learn about this topic.

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.

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 or call the UDS Helpline toll-free at 866-UDS-HELP.

Next Steps

- You have reached the last training module in the series-what would you like to do next? If you would like to return to the UDS Learning Center and choose from a listing of all of the training sessions, you can click on the "Return to the UDS Learning Center" button

OR

- You can click on the EXIT button to exit the training altogether.