TABLE 6A

Selected Diagnoses and Services Rendered

Welcome and thanks for dropping by to learn about Table 6A: Selected Diagnoses & Services Rendered.

Please click START to begin

Welcome

I'm Kelly, your UDS Report expert, and I am here to help you complete Table 6A.

This table is important because it provides information about diagnoses and services that are most prevalent among health center patients or that are generally regarded as sentinel indicators of access to primary care.

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 Table 6A. 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!

What is Table 6A?

So, what is Table 6A?

As we start, if you would like to see a close-up of this table, please click on the VIEW THE TABLE icon. You may find it helpful to print it and have it on hand as we go through the training.

What is Table 6A?

Table 6A is one of the tables that make up the Clinical Profile for the UDS Report.

Every health center will complete it each year as part of their Universal Report.

- If you receive two or more 330 grants, you will also complete a separate grant table for each of the special population funding streams you have.

What is Table 6A?

On Table 6A, you will report the number of patients and visits for selected diagnoses and services.

We know that you see patients for diagnoses other than those listed and that you provide more services than those listed on Table 6A. While the list is NOT exhaustive, these particular ones are included either because they represent prevalent diagnoses and services among health center patients or because they are considered to be important indicators of access to primary care.

Did you know: EHR Data

One thing that makes Table 6A a little easier for you to complete is that it is designed so that you can use data that already exists in your billing and/or EHR data systems. You should be able to work with your software vendors to extract just the data you need to make reporting Table 6A a breeze.

Why are these data important?

As with all of the information you provide as part of your UDS Report, the data you provide on Table 6A is very helpful to the Bureau and your health center, and in turn, the community that you serve.

The Bureau uses the data in a variety of ways, some of which might also be helpful to you. For example, you can use this data to determine:

- The frequency of visits by diagnosis or type of service. In other words, you can calculate the average number of visits per patient per year for any selected diagnosis (for example, hypertension or diabetes) or service (like Pap test, mammogram, and childhood immunizations).
- You can also calculate the "service penetration rate," or the number of patients who received a service at least once during the year, as a percentage of the total number of patients in that category. Whew-that was a mouthful. In simpler terms, what that means is that you can use these data to be able to say something like, "28% of female medical patients of child-bearing age received contraceptive management services during the year."

Ultimately, how you use the information is up to you. Just don't forget that this powerful resource is available to help support your work!

Learning Objectives

Given the importance of the data and its variety of uses, we're looking forward to spending this time together to help you report as accurately and as efficiently as possible!

Learning Objectives

After this time focusing on Table 6A, we hope that you will be ready to:

- Accurately report visits and patients, by diagnosis or type of service provided;

Learning Objectives

- Understand which diagnoses and services on Table 6A relate to clinical indicators on Tables 6B (Quality of Care Indicators) and 7 (Health Outcomes & Disparities);

Learning Objectives

- Complete Table 6A so that it is consistent with how you've reported information on Tables 5 (Staffing & Utilization), 6B (Quality of Care Indicators), and 7 (Health Outcomes & Disparities).

As we go through the training today - we will use data from a fictional health center - the North Side Health Center - to illustrate specific learning points. We may even ask you to help North Side with some of its data.

Key Terms

Before we get into the details of the numbers, we'll want to go over some of the key terms that will be important for understanding this table. We'll spend more time on each of these in today's training; but also know that you can click on the UDS Manual icon to see all of these definitions in more detail.

Let me briefly run through them here:

- The general definition of a “UDS visit” applies to Table 6A; with a “visit” being a face-to-face contact between a patient and a provider during which the provider exercised independent, professional judgment in the provision of services. To be included as a visit, the services must have been documented in your health center's charts.
- As we go through the training we will also talk about “patients.” And by that we mean any individual who has had one or more UDS-reportable visits at your health center, during the reporting year.

Table 6A is separated into two sections:

- A section on “selected diagnoses” (on Lines 1-20d) - where you'll report visits and patients with any of the listed diagnosis codes recorded in the patients' record for a particular visit; and
- A section on “selected services rendered” (on Lines 21-34) - where you will report visits and patients who have had a visit with any of the listed services recorded in the patients' record for a particular visit.

Table 6A: Instructions

With that overview and an idea of how you're feeling about Table 6A, let's go ahead and jump into the step-by-step instructions on how to complete it accurately.

Table 6A format: rows & columns

On Table 6A, you will report on two pieces of information:

- The number of visits by diagnosis or service; and
- The number of patients with that diagnosis or service.

You will report “visits” in column a, and the “patients” associated with those visits in column b.

Selected diagnoses, conditions, or services are listed on individual lines (or rows) in Table 6A. It is on each line (or row) of the table where you will report the total number of visits and the total unduplicated count of patients associated with those visits.

Two Sections

Let's focus a little more on the two different sections.

In the first section, Selected Diagnoses, you will report:

- The number of visits by diagnosis regardless of primacy; and
- The number of patients with that diagnosis regardless of primacy.

Similarly, in the second section, Selected Services Rendered, you will report:

- The number of visits by service; and
- The number of patients having received that service.

Which Visits Should I Include?

With a general idea of how the table is laid out - let's walk through each of the pieces of Table 6A together.

In column A (Number of Visits), you will include:

- Visits that meet the criteria for a UDS-reportable visit; **and**
- That have one of the applicable diagnostic (ICD-10) or service (CPT-4 or ADA) codes documented in the patients' record as part of the visit.
- For Selected Services - service codes need to be documented in the patients' record, but can include a service that may have been delivered at the time of a visit or delivered as a result of an order from a prior visit. For example, if, during a well-child visit, a provider asks the patient to come back in 40 days for a vaccination; the vaccination is counted because it is considered to be a part of the initial visit. It has to be documented and occur during the calendar year but if it meets those criteria, it counts.

It is important to know that you will include **all visits** with the diagnostic or service code - regardless of primacy. Let me explain what I mean. A given visit may have more than one of the reportable diagnostic or service codes documented as part of the visit. You will count all of them here. Similarly, if a patient has several visits for one of the specified diagnoses or services during the year - you will count that one patient on each line for which they had a diagnosis. However, if you have a visit that has documented several diagnostic and/or service codes that are all included on one line (or row) - you will only count the visit once.

- Let's take “immunizations” for example - there are a range of different immunizations that are included on Line 24. If someone received several of them in one visit - that visit should only be reported once on Line 24.
- Let me give you another example, using “restorative dental services” on Line 32. If someone came in for a visit and, during that visit, had two fillings - we would only want you to count that visit once, even though two teeth were filled. We're really looking for the incidence of visits, not the number of services during the visit.

Who Should I Include as a Patient?

Now that you know how to report visits in column A, let's keep going and talk about how you'll report "patients" in column B.

For a patient to be counted in column B:

- They will need to have had one or more UDS-reportable visits during the reporting year; but
- That visit also has to have had one of the applicable diagnostic (ICD-10) or service (CPT-4 or ADA) codes documented in the patients' record.

What is important for you to understand here is that the number of patients you report for any individual line will be **unduplicated** and they are the patients who are tied to the visits reported in column A.

OK, let me see if I can make this a little clearer:

You will only count a patient **once** on each line where a visit is counted.

- For example, if a patient with a documented diagnosis of hypertension is seen 5 times during the year - you will only count them **once** as a patient on the hypertension line (Line 11). This will help us calculate the frequency with which an individual patient with a particular diagnosis is being seen.

But, if a patient has a diagnosis and a service code documented for the same visit - then you can count that person **once on each line** (where a diagnostic or service code applies).

- For example, if someone is seen for their diabetes and also given a flu shot - you would count that person as a patient - **once** on Line 9 (Diabetes), and **once** on Line 24a (Seasonal Flu vaccine). This will help us calculate the breadth of services provided to your patients.

Selected Diagnoses & Services

Great, we're moving right along. You've already learned about how to report visits and patients in columns A and B on Table 6A, let's get even deeper and learn a little more about each of the selected diagnoses and selected services you will be reporting about on this table.

- On Lines 1-2 through 20d of Table 6A - you will report on a list of selected diagnoses; and
- On Lines 21 through 34 - you will report on a list of selected services including diagnostic tests, screenings, preventive, and dental services.

Remember - these diagnoses and services are only a "select" set of those you are treating and providing at your health center. We know that many of the visits that occur at your health center will not include one of the diagnoses or services - and that's OK. For the purposes of this particular table of the UDS Report, we only need you to report on the visits and patients that have one of the listed diagnostic or service codes listed on each line.

How to Report Selected Diagnoses & Services

A couple of things that will be helpful for you to know when gathering information to complete Table 6A are that:

- You should obtain this information from your claims data.
- While you are required to use billing (or claims) data, you can supplement your data with other sources, if you have other sources available to you.

Be aware that, in order to accurately report this information using your claims data, you'll need to pay attention to how providers are coding information in your systems and how you are counting the data being pulled from these systems. For example:

- If your providers do not routinely code for all diagnoses (primary, secondary, tertiary, etc.) and services provided during a visit, your information on Table 6A will be under-reported. So, let's say someone comes in to your health center and, among other things, received a Pap test during the visit. However, your provider bills for a "comprehensive visit" instead of documenting a more specific set of codes for diagnoses and services rendered during the visit. When you pull the data from your billing system, you're likely to show a lower number of Pap tests than you expected.
- Also, you'll notice that you're provided with a range of ICD-10, CPT-4, and ADA codes for each line on Table 6A. These codes are provided to you to help identify the information you'll need from your claims data. However, please be sure to use **either** the CPT-4/ADA **or** ICD-10 codes, **but not both** to count your visits. Otherwise, you're likely to over-report (or double count) visits.

OK, with that bit of an overview, let's get into the sub-sections themselves, starting with the first one - "Selected Diagnoses."

Selected Diagnoses

As we've mentioned, the Selected Diagnoses for Table 6A are reported on lines 1-2 through 20d. The set of diagnoses are separated into the following five diagnostic categories:

- Infectious and Parasitic Diseases (Lines 1-2 through 4b);
- Diseases of the Respiratory System (Lines 5 & 6);
- Other Medical Conditions (Lines 7-14a);
- Childhood Conditions (Lines 15-17); and
- Mental Health and Substance Abuse Conditions (Lines 18-20d).

We'll briefly go over each of these categories to give you a better idea of what is included in each.

Selected Infectious and Parasitic Diseases

The first diagnostic category - Selected Infectious and Parasitic Diseases (Lines 1-2 through 4b) - reports on:

- Symptomatic and Asymptomatic HIV;
- Tuberculosis;
- Sexually transmitted infections;
- Hepatitis B; and
- Hepatitis C.

As with each of the lines on Table 6A, you are provided with a list of applicable ICD-10 codes on these lines to help you pull this data from your billing systems.

North Side Example: Infectious and Parasitic Diseases

Let's take a quick break here and see how the North Side Health Center completed this section of Table 6A.

In this example, it looks like North Side reported:

- 338 visits (in column a); and
- 119 patients (in column b) for Symptomatic and Asymptomatic HIV (on Lines 1-2).

In order for these numbers to be accurate, several things need to be true about how they've pulled and reported this information. Let's see if you remember what those things are. I'll read you a statement - and just let me know if the statement is true or false. Click on the TRUE or FALSE button to see if you're right!

True or False: HIV diagnosis

True or false? The total number of visits needs to only include visits with a primary diagnosis of Symptomatic or Asymptomatic HIV.

Answer: False

Feedback when correct:

That's right! You need to include all visits where the applicable ICD-10 code was recorded, whether the diagnosis was primary, secondary, tertiary, or otherwise documented in the patients' records.

Feedback when incorrect:

Close, but no. Remember, you need to report all visits where the applicable ICD-10 code was recorded, whether the diagnosis was primary, secondary, tertiary, or otherwise documented in the patients' records.

True or False: number of patients

Again, true or false? To accurately report the total number of patients associated with these visits, you need to only count the patient ONCE on this line (no matter how many visits they've had).

Answer: True

Feedback when correct:

You're right. When reporting patients on any individual line, you need to remember to report that patient once. Each line should represent an unduplicated count of patients with that diagnosis.

Feedback when incorrect:

Sorry, no. Remember, although you will count every visit with a specific diagnosis code, you will only report a patient once for each diagnosis code listed. Each line should represent an unduplicated count of patients with that diagnosis.

Selected Respiratory Conditions

The second diagnostic category on Table 6A is - Selected Diseases of the Respiratory System. This category is used to report on two conditions:

- Asthma (on Line 5); and
- Chronic obstructive pulmonary diseases (on Line 6).

Again, you'll notice that you're provided with applicable ICD codes on each line to help you pull this data from your billing systems.

And, in this completed example - on Line 5, you can see that North Side Health Center reported:

- 2,864 patients diagnosed with asthma; and
- These patients were seen for a total of 5,303 visits.

So, this health center is reporting an average number of 1.85 visits per patient for the diagnosis of asthma.

Selected Other Medical Conditions

The next diagnostic category - Other Medical Conditions (Lines 7 - 14a) - reports on a range of otherwise, uncategorized conditions, including:

- Abnormal breast findings (female);
- Abnormal cervical findings;
- Diabetes mellitus;
- Heart disease (with a list of selected diagnostic codes);
- Hypertension;
- Contact dermatitis & other eczema;
- Dehydration & exposure to heat or cold; and
- Obesity.

And, again, for each, you'll see a select set of diagnosis codes associated with each line in this section.

In this example, you can see that, on Line 9,North Side has reported 4,169 patients with diabetes who were seen for a total of 16,327 visits during the year; and on Line 10 they reported 1,329 patients with heart disease who were seen for a total of 3,015 visits; and so on.

Seems easy enough, right? Let's keep going.

Selected Diagnoses: Childhood Conditions

The next diagnostic category on Table 6A reports on three Selected Childhood Diseases:

- Otitis media & Eustachian tube disorders (Line 15);
- Selected perinatal medical conditions (Line 16); and
- Lack of expected normal physiological development (Line 17).

You'll notice that **a range of codes** have been provided for each of these lines. You may also notice that, on some lines, there are exclusionary codes. For example:

- On Line 16 (selected perinatal medical conditions) - you see codes that should be used to exclude specific visits and patients; and
- On Line 17 (lack of expected normal physiological development) - you'll see information instructing you to exclude other related issues (such as: sexual or mental development or nutritional deficiencies).

To make sure you are providing complete and accurate information on Table 6A, please make sure to refer to the UDS reporting materials - make sure you are including (or excluding) visits and patients where indicated on this table.

Selected Mental Health and Substance Abuse Conditions

The last diagnostic category on Table 6A reports on a select set of Mental Health and Substance Abuse Conditions (on Lines 18-20d); including:

- Alcohol-related disorders;
- Other substance-related disorders (excluding tobacco use disorders);
- Tobacco use disorder;
- Depression & other mood disorders;
- Anxiety disorders (including PTSD);
- Attention deficit & disruptive behavior disorders; and
- Other mental disorders, excluding drug or alcohol dependence.

As we ran down the list of disorders included in this section, I'm sure you noticed that I used the words “including” or “excluding” several times. This is another spot where it will be important for you to pay attention to those inclusion and exclusion criteria so that you are including (or excluding) the proper visits and patients for each line.

See It

OK, so now let's take a minute and let you explore Table 6A. In this short example, you'll see that North Side reported that 4,752 patients had 13,711 visits with documented depression or other mood disorders as part of the visit.

Using the information reported on that line, you could figure out the average number of visits per patient for the "depression and other mood disorders" line by dividing the number of visits (13,711) by the number of patients associated with those visits (4,752) and see that, patients with a diagnosis of depression or other mood disorders received an average of just under 3 visits during the reporting year.

Selected Services Rendered

Great - now you're familiar with the items included as part of the "Selected Diagnoses" section of Table 6A. Let's continue on and go over the second section - Selected Services Rendered.

This section (reported on Lines 21-34) is separated into two service categories:

- Diagnostic Tests/Screenings/Preventive Services (Lines 21-26d); and
- Dental Services (Lines 27-34).

We'll briefly go over each of these categories to give you a better idea of what is included in each, but before we do that, I just want to quickly refresh your memory about how you will count and report patients and visits for each of the service lines. Remember that:

- You will include all of their visits where they received the specific service (in column a) for each service line;
- You will only count a patient once (in column b) on any given service line; and
- When a patient has a single visit consisting of multiple services, you will count each service on the appropriate line and report that patient once on each of those service lines.

Selected Diagnostic Tests/Screening/Preventive Services

The first service category reports on a variety of Selected Diagnostic Tests, Screenings, and Preventive Services (on Lines 21 - 26d), including:

- HIV, Hepatitis B & C tests;
- Mammograms & Pap tests;
- Selected Immunizations;
- Seasonal Flu vaccine;
- Contraceptive management;
- Health supervision of an infant or child (or well child visits);
- Childhood lead test screening;
- Screening, Brief Intervention, & Referral to Treatment (or SBIRT);
- Smoking and tobacco cessation counseling; and
- Eye exams.

Similar to the diagnostic categories, you'll see a listing of applicable ICD-10 or CPT-4 codes that you can use to extract this information from your billing systems. Just remember that you should be using ICD-10 **OR** CPT-4 codes, and not both for any given line.

Selected Dental Services

And, the last section on Table 6A reports on Selected Dental Services (Lines 27-34), including:

- Emergency services;
- Routine oral exams;
- Prophylaxis (adult or child);
- Sealants;
- Fluoride treatments (adult or child);
- Restorative services;
- Oral surgery; and
- Rehabilitative services.

Again, similar to the services section, you are provided with a range of applicable American Dental Association (ADA) procedural codes to help you identify the appropriate visits and patients in your systems.

Before we move on, there are a couple more things you should know about how to report the Dental Services section:

- Be sure to include all services that occurred as part of a UDS-reportable visit.
- For dental services, only include those provided by a dental provider-a dentist; dental hygienist; or a dental therapist; and
- Do not include services provided en-mass to identified groups, such as dental varnishes or sealants provided at schools.

Let's take a break and see what you've learned

OK, let's take a moment and see what you've learned about how to report Selected Diagnoses and Services on Table 6A.

Ready for a few more True/False questions? Let's tackle some!

True or False: number of visits

Here’s the first one:

True or False? The number of visits you will report on any diagnostic or service line will be greater than or equal to the number of patients you’ll report on that line.

Answer: True

Feedback when correct:

You're right, that statement is true! You'll report an unduplicated number of patients on each line, but report all of the visits those patients had related to that diagnosis or where the service was performed (could be more than one visit per patient). Then the number of visits will always be more than, or equal to, how many patients you're reporting on any given line. Great job - let's try another.

Feedback when incorrect:

No, not quite. Remember, a patient will only ever be counted once on a diagnostic or service line, but you will include all of their visits that are related to the diagnosis or where the service was performed (no matter how many they had in the reporting year). This means that you will either have the same number (or more) visits than patients to report on each line. That's OK, you're not the only one who has trouble with this concept. Here, let's try another.

True or False: patients on multiple lines

True or false? You can report a patient on multiple lines on Table 6A, as long as the patient has had that diagnosis or service documented during the reporting year.

Answer: True

Feedback when correct:

Yes! Even though you can only report a patient once on each individual line, you will report them once on each line for which they have a documented diagnosis or service; and a single visit might result in multiple services or diagnoses being documented. Very good - you're getting it. OK, just one more, then we'll move on!

Feedback when incorrect:

Sorry. Remember, although you can only count a patient once on each individual line, you need to report them on each line for which they have a documented diagnosis or service. Also remember that a single visit might result in multiple services or diagnoses being documented - and you'll want to report each one of them. Don't worry, remember that you can always refer back to the UDS Manual for detailed instructions on how to complete the table.

True or False: diagnoses & services

Again, true or false? Table 6A reports on all diagnoses and services provided by health centers during the reporting year.

Answer: False

Feedback when correct:

Right! Table 6A only reports on a select set of diagnoses and services that might be treated or provided at your health center. It includes those of particular interest to the Bureau and health center patients. Thanks for playing along. Let's continue on with the training.

Feedback when incorrect:

Not exactly. Table 6A only includes a select set of diagnoses and services that might be treated or provided at health centers. The list is not exhaustive, but only includes those of particular interest to the Bureau and health center patients. Thank you for trying. Let's continue on with the training.

Reporting Tips

Here are some easy ways to check that what you're reporting on Table 6A seems reasonable:

- Look over columns A and B and see if the data you're reporting makes sense given your health center's services and patients. How will you know? Well, one way is to look at a diagnosis or service line - and compare column A (visits) to column B (patients). If you are reporting the same number in both columns - that would indicate that every patient had only one visit for that diagnosis or service. If you look at that and think that doesn't seem quite right, then you might want to check to see whether how you're extracting or coding information in your systems is affecting your numbers.
- Another thing you can do is divide the number of visits (in column A) by the number of patients (column B) for a selected service or diagnosis. What you'll be calculating is a ratio of visits to patients for a selected diagnosis or service. For example, you might see that what you're reporting indicates that you are providing 10 Pap tests per patient (probably not likely). In that case, you would want to go back and check why the number of visits for this service are high (or maybe why the number of patients receiving the service is low) - and correct the error before submitting your UDS Report.
- And, always remember that what you report in any cell on your Grant Report cannot exceed what you're reporting in that same cell on your Universal Report. In other words, you cannot report that you have more homeless patients receiving the seasonal flu vaccine in the reporting year than all patients receiving the seasonal flu vaccine in your health center.

Cross-Table Issues: Tables 6A and 5

You're doing great, thank you for sticking with me. Before we end today, let's talk about some of the ways in which data on Table 6A relate to data that you'll report on other tables in your UDS Report.

Since Table 6A is one of the tables that have a lot of relationships to other UDS tables, you will need to pay attention to what you are reporting and check for consistency across tables. Let me give you a few examples of places to check before submitting your UDS Report. By checking these areas, you may be able to catch some of your own inconsistencies and make changes to your report before you hit that "SUBMIT" button. Doing so can save you time and effort later.

One place where problems sometimes come up in the review process is when comparing the total number of patients and visits between Tables 6A and 5 (Staffing & Utilization). Let me provide an example to explain how that can become a problem for some health centers.

When reporting dental services on Table 6A (Lines 27-34), you will report on all visits that you included on Table 5 (Staffing & Utilization).

- However remember that, on Table 5, you are reporting an unduplicated count of patients for the dental category; and
- On Table 6A, you will also be providing an unduplicated count of patients - but the patients are only "unduplicated" **for each service line**. The patients are NOT unduplicated across service types on Table 6A. What do I mean by that? Well, remember that if a dental patient receives 3 **different** dental services during one visit - you will count them as a patient on each applicable service line on Table 6A.

So, in this example - you can see that North Side has reported:

- 39,098 dental visits and 15,087 dental patients on Table 5; but
- A sum of 39,226 dental visits and 30,253 dental patients across the dental lines on Table 6A.
- The number of dental patients for the selected services on Table 6A is much higher since a patient can be counted once for each service received. Whereas on Table 5, a dental patient is only ever counted once in that service category.

Cross-Table Issues

You should also pay special attention to the information reported across Tables 6A, 6B, and 7. Since you'll be reporting on some of the same health care indicators on these tables, the numbers are closely related. Let me give you some information that might help you when considering this data in your UDS Report.

- First, know that although some of the individual diagnosis or service lines on Table 6A are **related to** some of the Quality of Care Indicators you will be reporting on Table 6B - they are **not identical** and, so, there is no direct relationship.
- Also, you will be reporting the number of patients with hypertension or diabetes on both Tables 6A and 7. So, you'll want to look there as well. But, there are slight differences! For example, the criteria for inclusion on each table are slightly different between Table 6A and Table 7 - so, again, the numbers won't match, but they should relate to each other. The numbers you'll report on Table 7 will usually be lower than those you'll report on Table 6A.

How will you remember all of this? Well, information about these, and other, cross-table considerations are included on the "Quick Fact Sheets" for each of the UDS tables. You can access the fact sheets by clicking on the RESOURCES button in the upper right corner of your screen.

OK, so now that we've given you an overview of where to look for the differences, let me see if I can give you specific examples that might help to understand this better.

Tables 6A and 7: Hypertension

Let's move on to measures reported on Tables 6A and Table 7 that *do* have a relationship, starting with Hypertension. On Table 6A, you will report all medical patients who have a documented diagnosis of hypertension (on Line 11). On Table 7, you will also report medical patients diagnosed with hypertension (in Section B), but on Table 7 you will only include medical patients who meet the following criteria:

- Were age 18 to 85 years as of the measurement year, and
- Were first diagnosed by the health center as hypertensive at some point before June 30th of the measurement year, and
- Have had at least one medical visit during the reporting year for any reportable visit, and
- Do *not* meet the *exclusion* criteria of: being a pregnant patient, a patient with end-stage renal disease, a patient on dialysis, or a patient who had a renal transplant.

So as you can see, there are different criteria for reporting medical patients with hypertension on Tables 6A and 7. We would therefore not expect the numbers of patients reported to be the same.

In this example, the North Side Health Center reported:

- 7,718 hypertensive patients (Line 11) on Table 6A; and
- 7,237 hypertensive patients (Line i) on Table 7.

Given the different selection criteria for each of these tables, and the generally more restrictive inclusion criteria for patients reported in Table 7, these data as reported appear reasonable.

Tables 6A and Table 7: Diabetes

The second indicator with a similar relationship between Tables 6A and 7 is diabetes. On Table 6A, you will report all medical patients who have a documented diagnosis of diabetes (on Line 9). On Table 7, you will also report about medical patients diagnosed with diabetes (in Section C), but on Table 7 you will only include medical patients who meet the following criteria:

- Were age 18 to 75 years as of the measurement year, and
- Had a diagnosis of Type I or Type II diabetes, and
- Have had at least one medical visit during the reporting year for any reportable visit, and
- Do *not* meet the *exclusion* criteria of: having a diagnosis of

  gestational diabetes, steroid-induced diabetes, or other secondary diabetes diagnosis due to another condition

So again, as you can see, there are different criteria for reporting medical patients with diabetes on both Tables 6A and 7. We would therefore not expect the numbers of patients reported to be the same.

In this example, the North Side Health Center reported:

- 4,169 diabetic patients (Line 9) on Table 6A; and
- 4,029 diabetic patients (Line i) on Table 7.

Again, given the criteria for each of these tables, and the generally more restrictive inclusion criteria for patients reported in Table 7, these data as reported appear reasonable.

Look out for these common problems!

Let me 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 6A.

When completing this table, be sure to:

- Report all diagnoses and services documented for each visit. Remember, a single visit may be counted on more than one diagnostic or service line - once for each diagnosis or service that was documented for the visit.
- Only count a visit once on each service line, regardless of the number of services provided during the visit. So if someone receives 5 fillings, the visit will only count once as a Restorative Service (on Line 32) - not 5 times. However, if there were 5 different visits for those fillings - all 5 would be counted individually.
- Count a patient only once per diagnostic or service line. A patient can only be counted once on each line, even if they have multiple visits for a single diagnosis or service.

Congratulations!

Congratulations! You've completed the training on Table 6A!

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 & Additional Resources

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

Now that you have completed the Table 6A training - 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 also choose to continue to learn more about the very next table that appears in the UDS Report, Table 6B: Quality of Care Measures. Just click on the "Continue to the next UDS Table" button on this screen to join that session.