



Uniform Data System (UDS) Clinical Tables

Part 3: Chronic Disease Management

October 8, 2020, 1:00–2:30 p.m. (ET)

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Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People



Opening Remarks

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Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



Changes in 2020 Reporting

- Impact of the novel coronavirus disease (COVID-19)
- Telehealth



Agenda

- Review 2020 UDS clinical measures webinar training series
- Review reporting requirements for chronic disease management measures
 - Impact of increased telehealth utilization
- Identify strategies and tips for checking data accuracy
- Address questions and answers



Objectives

- Understand reporting requirements and the impact of telehealth on chronic disease management clinical measures in UDS
- Understand how to evaluate data being reported for accuracy and relationships across tables
- Identify strategies for using data to support high quality care delivery
- Know how to access reporting supports

Tables 6B and 7 Reporting Instructions

- **Electronic Clinical Quality Improvement (eCQI) Resource Center**
 - **Value Set Authority Center (VSAC) Specifications**
 - **Telehealth and Provision of Care**

Tables 6B and 7 Approach to Clinical Measures

- Quantify care provided during the measurement year
- Report on all UDS-listed clinical quality measures (CQMs), if universe criteria is met
- Evaluate patients who had at least one medical visit during the year
- Adhere to definitions and instructions in the [2020 UDS Manual](#)

Measure Description	Description of the quantifiable indicator to be evaluated
Denominator (Universe)	Patients who fit the detailed criteria described for inclusion in the measure
Numerator	Patients included in the denominator whose records meet the standard for the measure
Exclusions/ Exceptions	Patients not to be considered for the measure or included in the denominator
Specification Guidance	Centers for Medicare & Medicaid Services (CMS) measure guidance that assists with understanding and implementing CQMs
UDS Reporting Considerations	BPHC requirements and guidance to be applied to the specific measure, which may differ from or expand on the electronic clinical quality measures (eCQM) specifications



Understanding eCQM Specifications



[eCQI Resource Center](#) is the “one-stop shop” for eCQM resources. Please see specific instructions for use here.

The screenshot shows the eCQI Resource Center website. The header includes the eCQI Resource Center logo, navigation links for eCQMs, Resources, About, and Sign In, and a 'Create an account (preferable)' button. The main content area features a blue sidebar with links to 'Updated eCQMs, Implementation Resources, and Data Elements for 2021 Reporting Now Available', 'Eligible Professional/Clinician', 'Eligible Hospital/CAH', and 'eCQM Telehealth Guidance Now Available'. A callout line points from the 'Eligible Professional/Clinician' link to a text box stating 'Most of the information you will need is in this section'. Another callout line points from the 'Sign In' link to a text box stating 'Create an account (preferable)'.

eCQI
RESOURCE CENTER

eCQMs
Electronic Clinical Quality Measures

Resources
Standards, Tools, & Resources

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eCQI, CDS, FAQs Engage

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Updated eCQMs, Implementation Resources, and Data Elements for 2021 Reporting Now Available

Eligible Professional/Clinician

Eligible Hospital/CAH

eCQM Telehealth Guidance Now Available

Electronic Clinical Quality Improvement (eCQI) Resource Center: The eCQM one-stop shop.

Most of the information you will need is in this section

2020 Performance Period Eligible Professional/Eligible Clinician (EP/EC) Resources

- [eCQM Flows](#): Workflows for each eCQM that is updated annually and downloads as a ZIP file
- [Guide for Reading eCQMs v5.0](#): A guide for stakeholders to understand eCQMs including advice on how to read the various eCQM components
- [eCQM value sets](#): Brings you to the VSAC site where you can search value sets
- Additional resources available on the [EP/EC Resources Page](#)



Tables 6B and 7 Reporting Format

Universe (a)	Number Charts Sampled or Electronic Health Record (EHR) Total <i>[Denominator]</i> (b)	Number That Meet Measurement Standard <i>[Numerator]</i> (c)
Number of patients who fit the detailed criteria described for inclusion in the measure	<p>Number of records from Column A that were reviewed</p> <p>Column B will be one of the following:</p> <ul style="list-style-type: none">• Equal to universe• $\geq 80\%$ of the universe• Random sample of 70 records <p>Exclusions: Patients not to be considered for the measure or included in the denominator</p>	Number of records from Column B that meet the performance standard for the measure

The format of Table 7 details these columns by race and ethnicity.

UDS Clinical Quality Measures

Screening and
Preventive Care

Maternal Care and
Children's Health

Chronic Disease
Management

- ✓ Reporting for Tables 6B and 7
- ✓ Avoiding common data errors
- ✓ Assessing the quality of care



2020 Clinical Quality Measures Criteria



Tables 6B and 7—Chronic Disease Management

UDS Table	Measure	CMS Link
6B, Line 17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v3
6B, Line 18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7
6B, Line 20	HIV Linkage to Care	none
6B, Line 21a	Depression Remission at Twelve Months	CMS159v8
7, Columns 2a–2c	Controlling High Blood Pressure	CMS165v8
7, Columns 3a–3f	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v8

Tables 6B

Chronic Disease Management Quality of Care Measures

Chronic Disease Management Quality of Care Measures

- Quality of care measures are “process measures”
- Measures assess current medical patients
 - Do not include patients whose only visits were for dental, mental health, or something other than medical care
- Clinical measures relate to patients of a specific age range
- May require patients to be considered based on active diagnoses or look-back period of completed services
- Telehealth similarities exist across measures

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: CMS347v3

Denominator (universe)

- Patients 21 years of age or older who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), or
- Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia, or
- Patients 40 through 75 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70–189 mg/dL

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: CMS347v3 (Cont.)

Exclusions (Denominator)

- Patients who have a diagnosis of pregnancy
- Patients who are breastfeeding
- Patients who have a diagnosis of rhabdomyolysis
- Patients with adverse effect, allergy, or intolerance to statin medication
- Patients who are receiving palliative care
- Patients with active liver disease, hepatic disease or insufficiency

Exclusions (continued)

- Patients with end-stage renal disease (ESRD)
- Patients 40 through 75 years of age with diabetes whose most recent fasting or direct LDL-C laboratory test result was less than 70 mg/dL and who are not taking statin therapy

Numerator

- Patients who are actively using or who received an order for statin therapy at any point during the measurement period

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: [CMS347v3](#) (Cont.)

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Do we count patients who were provided statin medication samples?	Statin medication samples can be counted as long as they are documented in the patient's current medication list or ordered during the measurement period.
Can we count other medications for cholesterol-lowering to meet this measurement standard?	Only statin therapy meets this measurement standard.
Can we count lifestyle modification coaching for cholesterol-lowering to meet this measurement?	Only a prescription of any statin therapy meets this measurement standard.
Do we include patients who were prescribed medication via telehealth for this measurement?	Yes. Prescription or an order for statin therapy via telehealth meets this measurement standard.
Quality assurance tip	Make sure patients are not counted in the denominator more than once. Some patients may meet more than one criterion. Once they meet one, they are included and do not need to be checked for additional criteria.

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet: CMS164v7

Denominator

- Patients 18 years of age and older with a medical visit during the measurement period who had an acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary intervention (PCI) during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement period

Exclusions (Denominator)

- Patients who had documented use of anticoagulant medications overlapping the measurement period
- Patients who were in hospice care during the measurement period

Numerator

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



Note: The electronic specifications for this measure have not been updated. Follow the [CMS164v7](#) specifications for UDS reporting.

IVD: Use of Aspirin or Another Antiplatelet: [CMS164v7](#)

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Do we include patients who were prescribed or using aspirin?	Yes. In the numerator, include patients who were prescribed, given, or using aspirin or another antiplatelet drug.
What is “overlapping the measurement period”?	This means that the diagnosis must be current/active in 2020, but it could have been diagnosed prior to 2020. Health centers should include in the denominator patients who had a diagnosis of IVD that “overlaps” the measurement period.
Does the patient need to be seen in person to receive a medication order to meet the measurement standard?	No. The provider may prescribe or order aspirin or antiplatelet via a telehealth visit to comply, as long as the order is documented in the patient record.
If a patient is taking aspirin or any antiplatelet and an anticoagulant medication during the measurement year, should we remove them from the denominator?	If a patient has used anticoagulant medications at any point during the year they are excluded.

HIV Linkage to Care (no eCQM)

Denominator

- Patients first diagnosed with HIV by the health center between December 1 of the prior year through November 30 of the current measurement year and who had at least one medical visit during the measurement period or prior year

Numerator

- Newly diagnosed HIV patients who received treatment within 30 days of diagnosis

Numerator (continued)

- Patients who were newly diagnosed by your health center providers and:
 - had a medical visit with your health center provider who initiated treatment for HIV, or
 - had a visit with a referral resource who initiated treatment for HIV.



Notes: This measure has been revised from 90 days to 30 days for the follow-up treatment.

This measure does not follow the calendar year reporting requirement.

HIV Linkage to Care (no eCQM) (Cont.)

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Do we count patients who only receive a reactive initial HIV test in the universe?	“Patients first diagnosed with HIV” are patients without a previous HIV diagnosis who received a reactive initial HIV test confirmed by a positive supplemental antibody immunoassay HIV test.
Can we count patients who were diagnosed with HIV elsewhere?	This measure captures those diagnosed by the health center. Patients who were diagnosed elsewhere are not included, even if they can provide documentation of the positive test result.
Can treatment for HIV be provided via telehealth for this measure?	Yes. At the discretion of the healthcare and prescribing provider, HIV treatment is acceptable via telehealth.
How do we count patients we refer to another organization for medical treatment?	To count referred patients, the referral loop must closed within the 30 days. The referring provider must receive documented confirmation that the patient completed the visit with the provider they were referred to.
Quality assurance tip	Modify your health information technology (HIT)/EHR to record newly identified HIV patients or keep track in a separate system. There are no ICD-10-CM or CPT codes to identify newly diagnosed HIV patients.

Depression Remission at Twelve Months: CMS159v8

Denominator (universe)

- Patients aged 12 years and older with a diagnosis of major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) or PHQ-9 modified for teens (PHQ-9M) score greater than 9 during the index event between November 1, 2018, through October 31, 2019, and at least one medical visit during the measurement period

Exclusions (Denominator)

- Patients with a diagnosis of bipolar disorder, personality disorder, schizophrenia, psychotic disorder, or pervasive developmental disorder

Exclusions (continued)

- Patients who:
 - Died
 - Received hospice or palliative care services
 - Were permanent nursing home residents

Numerator

- Patients who achieved remission at 12 months as demonstrated by the most recent 12-month (+/- 60 days) PHQ-9 or PHQ-9M score of less than 5

Depression Remission at Twelve Months: CMS159v8

(Cont.)

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Can we include patients who were screened using a PHQ-9 and PHQ-9M prior to their office visit?	Yes, as long as the screening occurred no longer than 7 days prior to the office visit, including the day of the visit.
Can we use a screening tool besides the PHQ-9 for the Depression Remission measurement?	No. Performance for Depression Remission at Twelve Months must be evaluated using a PHQ-9 or PHQ-9M.
How do we count patients who completed multiple PHQ-9 or PHQ-9M assessments during the measurement period?	The most recent PHQ-9 or PHQ-9M score less than five obtained +/- 60 days of the twelfth month meets the measurement standard. Values obtained prior to or after this period are not counted as numerator compliant.
Can patients be assessed for depression remission via telehealth?	Yes. Identification of remission achieved in 12 months (+/-60 days) is permissible as part of a telehealth visit.
Quality assurance tip	If the health center has a PHQ for adolescents, verify it is the PHQ-9M which is the nine-question, adolescent version. It is possible that the PHQ-9M has been mislabeled as PHQ modified for adolescents (PHQ-A). The PHQ-A is an 80+ item questionnaire.



Table 7

Chronic Disease Management Health Outcome and Disparities Measures

Chronic Disease Management Health Outcome and Disparities Measures

- Assesses current medical patients
 - Does not include patients whose only visits were for dental, mental health, or something other than medical care
- Clinical measures relate to patients of a specific age range
- Measures may require patients to be considered based on active diagnoses or look-back period of completed services
- Patients who report their race but not their ethnicity are assumed to be non-Hispanic
- Patients whose race and ethnicity are not known are reported as “Unreported/Refused to Report Race and Ethnicity”
- Telehealth similarities exist across measures

Controlling High Blood Pressure: CMS165v8

Denominator (universe)

- Patients 18 through 84 years of age who had a diagnosis of essential hypertension overlapping the measurement period with a medical visit during the measurement period

Exclusions (Denominator)

- Patients with evidence of ESRD, dialysis, or renal transplant before or during the measurement period
 - Patients with a diagnosis of pregnancy during the measurement period
 - Patients who were in hospice care during the measurement period

Exclusions (continued)

- Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period
- Patients aged 66 and older with advanced illness and frailty

Numerator

- Patients whose most recent blood pressure is adequately controlled (systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg) during the measurement period



Controlling High Blood Pressure: CMS165v8 (Cont.)

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Do we include blood pressure readings reported to us by the patient?	No. Only blood pressure readings at a qualified encounter are to be performed, paid for, or approved by a health center provider or provider delegate or done by a remote monitoring device.
How do we determine an “active diagnosis”?	Patient health records frequently contain a “problem list,” a list of “active diagnoses,” or lists by other names. Any diagnosis on the list for part or all of the measurement year is considered “active.”
Quality assurance tip	Review data against overall patient population mix (i.e., race/ethnicity). Review crude prevalence rates by dividing number with hypertension by race and ethnicity in Table 7 by total patients of same race and ethnicity in Table 3B.

Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%): CMS122v8

Denominator (universe)

- Patients 18 through 74 years of age with diabetes with a medical visit during the measurement period

Exclusions (Denominator)

- Patients who were in hospice care during the measurement period
- Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period
- Patients aged 66 and older with advanced illness and frailty

Numerator

- Patients whose most recent HbA1c level performed during the measurement year was greater than 9.0 percent or patients who had no test conducted during the measurement period



Note: This is a “negative” measure. To demonstrate quality of care for this measure, the health center wants to show a lower number of adult patients with diabetes who have poor diabetes control.

Diabetes: HbA1c Poor Control (>9%): CMS122v8

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Do we count patients with diabetes who did not have an HbA1c test performed at their medical visit during the measurement year?	Yes. These patients are part of the assessment and should be included in the denominator and numerator. The numerator includes patients whose most recent HbA1c level is greater than 9 percent, whose most recent HbA1c result is missing, and for whom no HbA1c tests were performed or documented.
Do we include patients with diabetes who are referred to a non–health center provider for treatment?	The health center is expected to have the current lab test results in its records, even if the treatment has been referred to a non–health center provider.
Is the health center required to have the HbA1c test results in patient charts?	If the health center does not perform the test, contact the provider who performed the test. Documentation can be brought in by the patient, sent by fax or mail, or obtained by other appropriate ways.
Quality assurance tip	Compare data on Tables 6A and 7. Table 6A, Line 9 should not be higher than Table 7, Line i, Column 3a, unless the health center saw diabetic patients during the year that they did not diagnose.

Telehealth Impacts on 2020 UDS Clinical Measures

Telehealth Impacts on 2020 UDS Clinical Measures

- Telehealth as it relates to UDS clinical measure reporting
- [CMS telehealth guidance for eCQMs](#)

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

Clinical Measure Name, eCQM Code, UDS Table, and UDS Section	Illustrative Examples of Types of Visits	Include patients with telehealth only visits on UDS Tables 6B and 7, Column A (Denominator)?	Can service, test, or procedure be done by telehealth to meet UDS Tables 6B and 7, Columns C or F (Numerator), requirements?	Do documented services performed by external providers (not paid for or performed by the health center) count in UDS Tables 6B and 7, Columns C or F (Numerator)?
Depression Remission at Twelve Months, CMS159v8 , Table 6B, Line 21a	<ul style="list-style-type: none"> • Physical with PCP or specialist • Acute pain or illness • Care for chronic condition 	Yes	Yes. Identification of remission achieved is acceptable in this way.	Yes
Controlling High Blood Pressure, CMS165v8 , Table 7, Section B	<ul style="list-style-type: none"> • Physical with PCP or specialist • Acute pain or illness • Care for chronic condition 	Yes	<div>No. Patient self-report blood pressure is not acceptable in this way.</div> <div>Yes. Blood pressure through remote monitoring device only is acceptable in this way.</div>	Yes. Blood pressure taken at a qualified encounter is to be performed, paid for, or approved by a health center provider or provider delegate or done by a remote monitoring device.
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9 percent), CMS122v8 , Table 7, Section C	<ul style="list-style-type: none"> • Physical with PCP or specialist • Acute pain or illness • Care for chronic condition 	Yes	No. HbA1c lab test is not acceptable in this way. These services cannot be conducted via telehealth.	Yes. HbA1c is to be performed, paid for, or approved by a health center provider or provider delegate.

[Telehealth Impacts on 2020 UDS Clinical Measures](#)



Telehealth Spotlight

- Statin therapy and IVD via telehealth:
 - Both measures are satisfied through prescribing medication via telehealth
 - Compare compliance rates with 2019 UDS data for your health center
 - ✓ If prescribing via telehealth, the health center should not expect a major drop in the compliance rate from last year (unless other factors impacted compliance)
 - Establish systems for patients to use pharmacy delivery to ensure continued access to medications

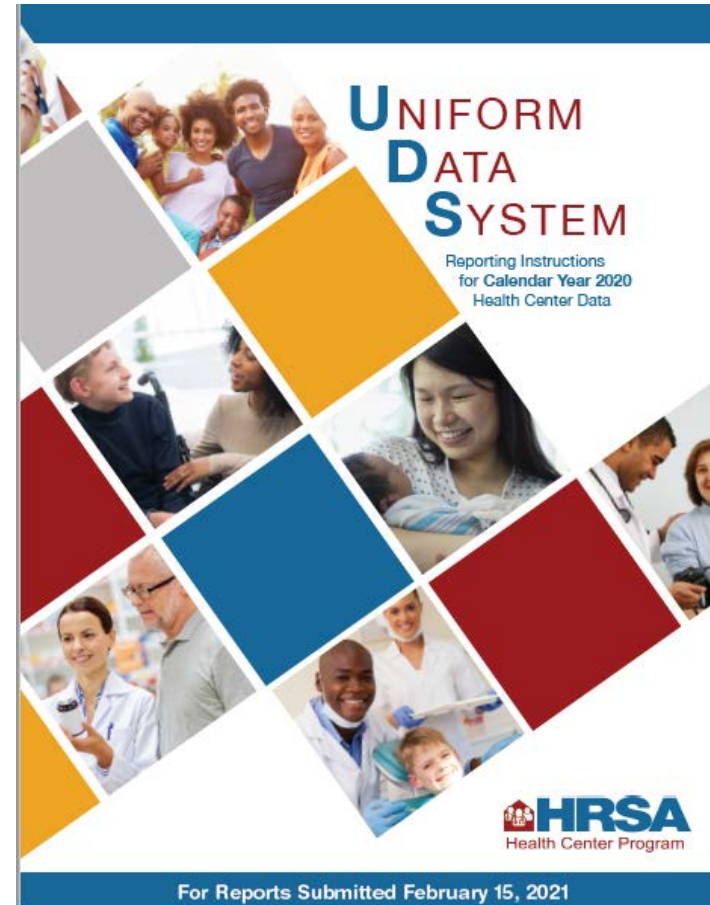


Strategies for Successful Reporting



Read and Follow the UDS Manual

- Adhere to definitions and instructions in the [2020 UDS Manual](#).
- Other supports include:
 - eCQI Resource Center, USHIK
 - UDS Training Website (fact sheets, clinical measures handout, and more)
 - Annual state-based trainings



Understanding Reported UDS Data

- Tables are interrelated
 - Check data trends and relationships across tables
 - Communicate with UDS data preparation and review team.
- Review issues raised during last year's and current year's review.
- Communicate with your EHR vendor to verify system is reporting and capturing data elements according to reporting instructions.
- Address edits in the EHBs by correcting or providing meaningful explanations that both demonstrate your understanding and explain why data are unusual.
- Investigate and address issues raised during current year review.

Understanding Reported UDS Data (Cont.)

Related Measure	Edit Explanation	What Does This Mean?	Explain the Data
Diabetes	Race and ethnicity data	More patients listed on Table 7 for a certain race and ethnicity than patients in the same category for Table 3B	<ol style="list-style-type: none"> 1. Have you verified that patient race and ethnicity reported on Tables 3B and 7 are coming from the same source? 2. Have you reviewed the data in Tables 3B and 7 to make sure it is aligned with the health center's patient population?
Hypertension	Low universe in question	Fewer patients included in hypertension universe than expected	<ol style="list-style-type: none"> 1. Have you included patients with a diagnosis of hypertension <i>overlapping the measurement period</i>? 2. Have you applied the age criteria differently on Tables 3A and 6B? 3. Are a large number of adults seen for care other than medical?

Reporting Timeline

Date	UDS Report Stage
October 2020	Preliminary Reporting Environment (PRE) open, offline reporting tools available
January 1, 2021	UDS Report available in EHBs
February 15	Due date
February 15 – March 31	Review period <ul style="list-style-type: none">• Work with your assigned UDS reviewer
March 31	All corrected submissions must be finalized <ul style="list-style-type: none">• No further changes made after this date

- Completely
- Accurately
- On time
 - Do not submit incomplete reports
 - Addressing every edit with “will revise in review” or similar is not a sufficient explanation

Priority Areas

- Integrated Behavioral Health
 - [Behavioral Health and Primary Care Integration](#)
- HIV Linkage to Care
 - [Ending the HIV Epidemic](#)
- Hypertension
 - [Million Hearts](#)
- Diabetes Quality Improvement (QI) Initiative
 - [HRSA Diabetes QI Initiative](#)



Resources, Questions, and Answers



UDS Support

- [2020 UDS Reporting Instructions](#)
- [UDS Training Website](#)
- [BPHC UDS Resources](#)

Ongoing UDS content-related questions can
be addressed to
udshelp330@bphcdata.net
Or 866-UDS-HELP.

For other questions, consult the [UDS
Training Website Contact Us Resources](#).



Resources for Clinical Measures

- [eCQI Resource Center](#)
- [Clinical Quality Measures](#)
- [National Quality Forum](#)
- [Healthy People 2020](#)
- [Healthy People 2030](#)
- [Adjusted Quartile Ranking](#)
- [Health Information Technology, Evaluation, and Quality Center \(HITEQ\)](#)
- [Million Hearts](#)
- [U.S. Preventive Services Task Force](#)
- [CDC National Center for Health Statistics State Facts](#)
- [Quality Improvement Awards](#)
- [Quality Payment Program](#)
- [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#)
- [FY2021 SAC Performance Measures Crosswalk](#)



Webinars

- Upcoming Webinars (registration links available at the [UDS training](#) website)
 - Reporting UDS Financial and Operational Tables. Thursday, October 22, 1:00–2:30 p.m. ET.
 - Using Comparison Performance Metrics from Tables 8A, 9D, and 9E. Wednesday, October 28, 1:00–2:30 p.m. ET.
 - COVID-19 Office Hour. Monday, November 2, 1:00–2:00 p.m. ET.
 - UDS for BHW. Thursday, November 12, 1:00–3:00 p.m. ET.
- Past Webinars (archived on [BPHC UDS Reporting Resources](#) website)
 - Quality Improvement Awards Technical Assistance Webinar
 - Reporting Visits in the UDS
 - UDS Clinical Tables Part 1: Screening and Preventive Care
 - UDS Clinical Tables Part 2: Maternal Care and Children's Health



Thank You!

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