Uniform Data System (UDS) Clinical Tables Part 2: Maternal Care and Children's Health

September 30, 2020, 1:00–2:30 p.m. (ET)

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Vision: Healthy Communities, Healthy People

Opening Remarks

Daniel Duplantier

Team Lead, Data Production, Data and Evaluation Division
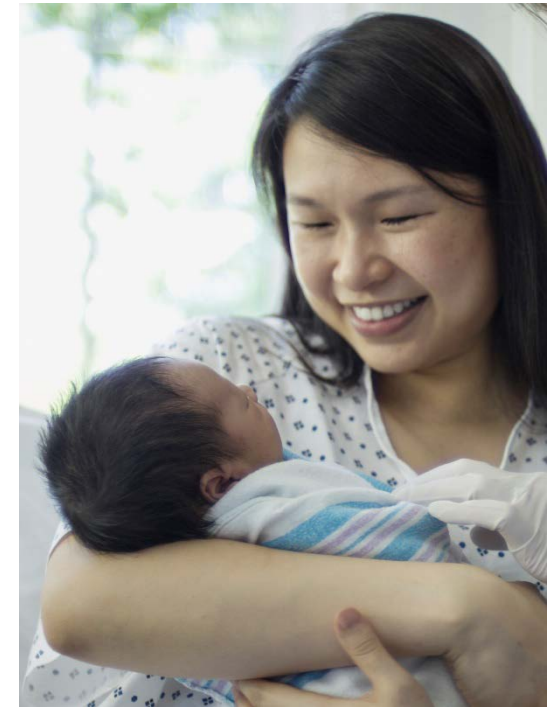
Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Changes in 2020 Reporting

- Novel coronavirus disease (COVID-19)
- Telehealth

Agenda

- Review 2020 UDS clinical measures webinar training series
- Review reporting requirements for maternal, child, and adolescent health measures
  - Impact of increased telehealth utilization
- Identify strategies and tips for checking data accuracy
- Questions and answers

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Objectives

- Understand reporting requirements and the impact of telehealth on maternal, child, and adolescent care UDS clinical measures
- Understand how to evaluate data for accuracy and cross-table relationships
- Identify strategies for assessing quality of care
- Know how to access reporting supports

Table 6B and 7 Reporting Instructions

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

Tables 6B and 7 Approach to Clinical Measures

- Quantify care provided during the measurement year
- Report on all UDS clinical quality measures (CQMs), if universe criteria is met
- Evaluate patients who had at least one medical visit during the year (dental visits for dental sealant measure)
- 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 or numerator
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 measure (eCQM) specifications

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Understanding eCQM Specifications

💡 eCQI Resource Center is the "one-stop shop" for eCQM resources. Please see specific instructions for use here.

Create an account (preferable)

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 [Denominator] (b)	Number That Meet Measurement Standard [Numerator] (c)
Number of patients who fit the detailed criteria described for inclusion in the measure	Number of records from Column A that were reviewed **Exclusions**: Patients not to be considered for the measure or included in the denominator	Number of records from Column B that meet the performance standard for the measure

- Table 6B: only the universe is reported for prenatal care measure (no sample is permitted).
- Table 7 breaks down these columns by race and ethnicity.

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Tables 6B and 7: Reporting Format

Universe (a)	Number Charts Sampled or EHR Total [Denominator] (b)	Number That Meet Measurement Standard [Numerator] (c)
Number of patients who fit the detailed criteria described for inclusion in the measure	Number of records from Column A that were reviewed Column B will be one of the following: • Equal to universe • ≥80% of the universe • Random sample of 70 records **Exclusions:** Patients not to be considered for the measure or included in the denominator	Number of records from Column B that meet the performance standard for the measure

UDS Clinical Quality Measures

Screening and Preventive Care	Maternal Care and Children's Health	Disease Management

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

2020 Clinical Quality Measures Criteria

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Tables 6B and 7—Maternal Care and Children's Health

Category	UDS Table	Measure	CMS Link
Maternal Care	6B, Line 0	Prenatal Care Provided by Referral Only	none
	6B, Lines 1–6	Age of Prenatal Care Patients	none
	6B, Lines 7–9	Early Entry into Prenatal Care	none
	7, Line 0	HIV-Positive Pregnant Patients	none
	7, Line 2	Deliveries Performed by Health Center's Providers	none
	7, Column 1a	Prenatal Care Patients Who Delivered During the Year	none
	7, Columns 1b–1d	Low Birth Weight	none
Children's Health	6B, Line 10	Childhood Immunization Status	CMS117v8
	6B, Line 12	Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents	CMS155v8
	6B, Line 22	Dental Sealants for Children between 6–9 Years	CMS277v0

Tables 6B and 7

Maternal Care

Maternal Care Requirements

- **Prenatal Care**—The provision of prenatal care provided directly or by referral to patients
- **Deliveries**—The birth outcomes of prenatal care patients

UDS Captures	Prenatal Care Patients	Delivery Outcomes of Prenatal Patients
WHO	Provided in whole or in part by: • Health center • Another provider	Provided by: • Health center • Another provider
WHAT	Report: • Age of prenatal care patient • Trimester of entry	Report: • Patients who delivered • Babies born by birth weight
WHEN	Include patients who began prenatal care: • In the prior year, but did not deliver until the current year • In the current year (regardless if delivered in the current year or will deliver next year)	Include patients who began prenatal care: • In the prior year and delivered in the current year • In the current year and delivered in the current year

Table 6B: Prenatal Care

0	Prenatal Care Provided by Referral Only (Check if Yes)

Section A—Age Categories for Prenatal Care Patients:

Demographic Characteristics of Prenatal Care Patients

Line	Service Category	Number of Patients (a)
1	Less than 15 years	
2	Ages 15–19	
3	Ages 20–24	
4	Ages 25–44	
5	Ages 45 and over	
6	Total Patients (Sum of Lines 1–5)	

- Health centers are expected to provide prenatal care directly or by referral.
- If this care is provided by direct referral *only*, indicate this on Line 0.
  - Tracking of prenatal care and birth outcomes is still required if by referral only.

Table 6B: Early Entry into Prenatal Care

Denominator (universe)
- Patients seen for prenatal care during the year

Numerator
- Patients beginning prenatal care at the health center or with a referral provider (Column A), or with another prenatal provider (Column B), during their first trimester

Section B—Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Patients Having First Visit with Health Center (a)	Patients Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

Trimester Definitions
1st trimester: 0–13 weeks
2nd trimester: 14–27 weeks
3rd trimester: 28+ weeks

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Entry into Prenatal Care

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Do we need to report health center patients who are pregnant but do not receive prenatal care from the health center or referred provider (i.e., they receive prenatal care from a self-selected provider)?	Do not include patients in the UDS prenatal or delivery reporting who selected their own provider for prenatal care.
Is it acceptable to use date of conception for determining trimester?	Determine trimester based on last menstrual period, not conception.
Do we include patients who had a positive pregnancy test only?	No. Prenatal patients are defined based on a comprehensive in-person prenatal physical exam.
How do we count patients whom we referred out to another provider for prenatal care?	If the health center referred the patient out for prenatal care, report the patient as having had their first visit with the health center. Be sure to obtain and report based on the trimester in which the patient was first seen by a provider who initiated prenatal care with a complete prenatal exam.
Quality assurance tip	Create tracking mechanisms to account for prenatal care and delivery activity that crosses years.

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Table 7: Deliveries and Birth Outcomes

- Provide the count of pregnant patients who are HIV-positive on Line 0.
- Include the number of deliveries performed by the health center's clinicians on Line 2.
  - Include regardless of birth outcome.
  - Include health center prenatal care patients and patients not part of the health center's prenatal program.

Line	Description	Patients (a)
0	HIV-Positive Pregnant Patients	
2	Deliveries Performed by Health Center	

Table 7: Low Birth Weight

- Report prenatal patients who delivered during the current year in Column 1a.
- Report birth weight for each baby born in Columns 1b–1d.

Section A: Deliveries and Birth Weight

Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1,5 grams (1b)	Live Births: 1,500–2,499 grams (1c)	Live Births: ≥2,500 grams (1d)

Denominator (universe)

- Babies born during the measurement period to prenatal care patients

Exclusions

- Miscarriages (Lines 1a–1d)
- Stillbirths (Lines 1b–1d)

Numerator

- Babies with a birth weight below normal (under 2,500 grams)

This is a "negative" measure: The higher the number of infants born below normal birth weight, the worse the performance on the measure.

Deliveries and Birth Outcomes

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Will patients included in prenatal care (Table 6B, Line 6), deliveries (Table 7, Column 1a), and birth outcomes (Table 7, Columns 1b–1d) be equal?	No. In a typical prenatal program, about half of the women will have delivered during the reporting year (calculated by dividing Table 7, Line 1, Column 1a by Table 6B, Line 6, Column A). For example, a patient gives birth to twins during the year. You would count the mother on Table 6B, Line 6, and on Table 7, Column 1a. The babies would be separately reported by birthweight on Table 7, Columns 1b–1d. Prenatal Women ≠ Deliveries ≠ Birth Outcomes
Do we need to report on patients transferred out of our prenatal care program to another provider?	The health center is responsible for tracking delivery outcomes of patients who transferred out of the health center's prenatal program or had their delivery performed elsewhere.
Quality assurance tips	• Establish relationships with area prenatal and delivery providers to receive delivery outcomes of prenatal care patients who transferred to another provider. • Review birth outcomes with overall patient population demographics (i.e., race/ethnicity).

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Table 6B

Children's Health

Childhood Immunization Status: CMS117v8

Denominator (universe)

- Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period

Exclusions

- Patients who were in hospice care during the measurement period

Numerator

- Children who have evidence showing they received recommended vaccines, had documented history of the illness, seropositive test result, or had an allergic reaction to the vaccine by their second birthday

Childhood Immunization Status: CMS117v8

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Do we need to assess a patient that was first seen the year they turned 2, but only after their birthday?	Include children who turned 2 during the measurement year in the assessment regardless of when they were seen for medical care. Specifically, include them if the medical visit occurred before or after they turned 2.
If the only time we saw a 2-year-old during the measurement year was to administer a vaccination, are they included?	Do not include children here or anywhere on the UDS if they only received a vaccination and never received other services.
Quality assurance tips	- Use immunization registries to fill out patient records. - Assess patient records for evidence of vaccinations; vaccinations do not need to be those administered at a well-child visit only. - If a patient was seen via telehealth, determine if the record shows evidence of vaccine completion or if the patient will need to be seen in person in order to complete the immunization series.

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CQM Spotlight: Childhood Immunization Status

Telehealth spotlight measure:

- Check-ups may be completed via telehealth, but immunizations may not.
- If immunizations are not complete, ask parents to schedule in-person well-child appointments and explain the steps you've taken to keep families safe from COVID-19.

Many kids fell behind on their routine vaccines during COVID-19.

> Let parents know it's time to catch-up on recommended vaccines.

#CatchUpGetAhead   Learn more at Vaccines.gov/catch-up

vaccines.gov
your best shot at good health

New "Catch-Up to Get Ahead" Campaign

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Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: CMS155v8

Denominator (universe)

- Patients 3 through 16 years of age with at least one outpatient medical visit during the measurement period

Exclusions

- Patients who had a diagnosis of pregnancy during the measurement period
- Patients who were in hospice care during the measurement period

Numerator

- Children and adolescents who have had:
  - ✓ their BMI percentile (not just BMI or height and weight) recorded during the measurement period *and*
  - ✓ counseling for nutrition during the measurement period *and*
  - ✓ counseling for physical activity during the measurement period

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents: CMS155v8

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
We provided counseling for nutrition and physical activity, but we were unable to assess the child's weight and height. Can this still count as meeting the measurement standard?	The patient must have all three numerator components completed in order to meet the measurement standard.
Can a patient self-report height and weight as part of a telehealth visit?	No. Height and weight are to be captured using a standardized, set process for consistency. This component of the service must be done in-person. Counseling for physical activity and nutrition may be provided via telehealth.
Do documented services performed by an external provider (not paid for or performed by the health center) count as meeting the measurement standard?	This measure requires that the height, weight, and counseling for physical activity and nutrition be performed by health center staff or paid for by the health center.
Tables 3A and 6B comparison	Table 3A includes patients' age as of June 30 and seen for any reportable visit; Table 6B includes age as of the start of the measurement year and patients seen for medical care, while factoring out exclusions. Note: Tables 3A and 6B apply different age criteria.

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Dental Sealants for Children between 6–9 Years: CMS277v0

Denominator (universe)

- Children 6 through 9 years of age with an oral assessment or comprehensive or periodic oral evaluation *dental* visit who are at moderate to high risk for caries in the measurement period

Exclusions

- Children for whom all first permanent molars are non-sealable (i.e., molars are either decayed, filled, currently sealed, or un-erupted/missing)

Numerator

- Children who received a sealant on a permanent first molar tooth during the measurement period

Dental Sealants for Children between 6–9 Years: CMS277v0

Notable Clarifications, Tips, or FAQs	Solution or Recommendation
Does there need to be evidence of all permanent first molars being sealed in order to meet the measurement standard?	The intent is to measure whether a child received a sealant on at least one of the four permanent first molars.
Dental practices were closed to non-emergency-related care for nearly half the year. Can any adjustments be made in reporting this measure?	There are no adjustments to the reporting requirements. It is understood that there may be a reduced universe and/or compliance. Document the situation clearly in the UDS Report.
Quality assurance tips	Use American Dental Association codes to document caries risk level determined through an assessment.

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Telehealth Impacts on 2020 UDS Clinical Measures

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

Telehealth Impacts on 2020 UDS Clinical Measures

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 Tables 6B and 7, Column A, Denominator?	Can service, test, or procedure be done by telehealth to meet 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 Tables 6B and 7, Columns C or F, Numerator?
Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9	• OB/GYN routine check up • Physical with primary care provider (PCP)	No. Prenatal patients are defined based on a comprehensive in-person prenatal physical exam.	Yes. Trimester of entry may be identified in this way.	Yes
Childhood Immunization Status, CMS117v8, Table 6B, Line 10	• Well-child visits for newborns • Acute pain or illness	Yes	No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Cervical Cancer Screening, CMS124v8, Table 6B, Line 11	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms of conditions	Yes	No. Cervical cytology/HPV testing are not acceptable in this way.	Yes

Resource: *Telehealth Impacts on 2020 UDS Clinical Measures*

Provision of Care

- UDS clinical measures require completion of services to meet measurement standards (numerators).
- Not all measures require that the health center itself provide the service directly.
  - For some, documented services performed by external providers (not paid for or performed by the health center) are acceptable.

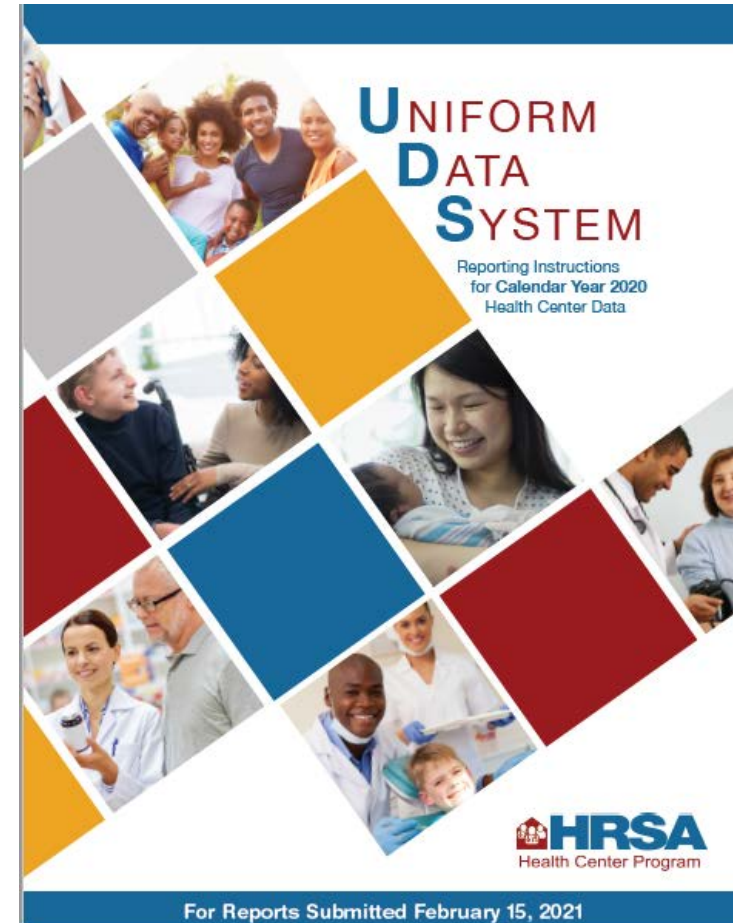| UDS Clinical Measures	Do documented services performed by external providers (not paid for or performed by the health center) count in the numerator?
Early Entry into Prenatal Care	Yes.
Childhood Immunization Status	Yes.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	No. Height, weight, and counseling for physical activity and nutrition are to be performed by health center staff.
Dental Sealants for Children between 6–9 Years	Yes.
Low Birth Weight	Yes.

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
  - UDS Training Website (fact sheets, clinical measures handout, telehealth impact on clinical measures, and more)
  - Annual state-based trainings

UNIFORM DATA SYSTEM

Reporting Instructions for Calendar Year 2020 Health Center Data

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For Reports Submitted February 15, 2021

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 electronic health record (EHR) vendor to verify that the system is reporting and capturing data elements according to reporting instructions.
- Address edits in the EHBs by correcting the data or explaining data flags or discrepancies.

Understanding Reported UDS Data

Related Measure	Edit Explanation	What Does This Mean?	Explain the Data
Prenatal care vs. deliveries	High delivery rate	Large % of patients in prenatal program delivered during the year	1. Compare Tables 6B and 7. Did you add patients to the prenatal count who began care last year but delivered this year? 2. Was there a change or interruption in the prenatal program? 3. Did you include more than one patient delivering for twins (when she should only be counted once)?
Childhood immunization	Low universe in question	Fewer children included in immunization universe than expected	1. Are larger numbers of children in this age group seen for care other than medical? 2. Have you applied the age criteria differently on Tables 3A and 6B? 3. Did you include patients for whom you only performed a well-child visit or provided primary care?

Report Submission 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 • Work with your assigned UDS reviewer
March 31	All corrected submissions must be finalized • 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.

Using Available UDS Data and Reports

- Standard reports and publicly available UDS data:
  - Health Center Trend Report (sample below)
  - Summary Report
  - Health Center Performance Comparison Report
  - Rollup Reports
  - Health Center Program Data (rollup data, comparison data, health center profile data)

	2017	2018	2019	2018–2019 Change	2018–2019 %	2017–2019 Change	2017–2019 %
Perinatal Health							
Access to Prenatal Care (first prenatal visit in 1st trimester)	70.93%	71.01%	72.43%	1.41%	1.99%	1.50%	2.12%
Low Birth Weight (Live birth < 2,500 grams)	7.44%	7.45%	5.65%	1.80%	24.17%	1.79%	24.02%

Priority Areas

- Maternal health
  - [How We Improve Maternal Health](#)
- Obesity
  - [Healthy Weight, Healthy People, Healthy Communities](#)

Resources, Questions, and Answers

Available Assistance

- Technical assistance materials are available online:
  - HRSA website
  - UDS training website
  - UDS Modernization Initiative webpage
- Year-round telephone and email support line for UDS reporting questions and use of UDS data: 866-837-4357
- HRSA Contact Center for EHBs account access and roles: 877-464-4772, Option 3
- Health Center Program support for EHBs system issues: 877-464-4772, Option 1
- UDS Report and preliminary reporting environment access (in EHBs)
- Office of the National Coordinator for Health Information Technology (ONC) Issue Tracking System (OITS) Jira project eCQM Issue Tracker:
  - Sign up for an OITS account
  - Post questions in the eCQM Issue Tracker

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)
  - UDS Clinical Tables Part 3: Disease Management. Thursday, October 8, 1:00–2:30 p.m. ET.
  - 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 and UDS training websites)
  - 2020 UDS Changes Webinar
  - Quality Improvement Award Technical Assistance
  - Reporting Visits in the UDS
  - UDS Clinical Tables Part 1: Screening and Preventive Care

Thank You!

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