HRSA
Health Resources & Services Administration

RAPID

Reporting Assistance and Process Improvement Discussion

Session 2

Vision: Healthy Communities, Healthy People

Roadmap for Today

PART 1:
Review Action Work

PART 2:
Understanding Data Quality

PART 3:
Understanding UDS data specifications

PART 4:
Measure FAQs

PART 5:
Action items to complete prior to next session

Session 1, June 2022: Understand your Own UDS Reporting

Session 2, July 2022: Understanding your Measure of Focus

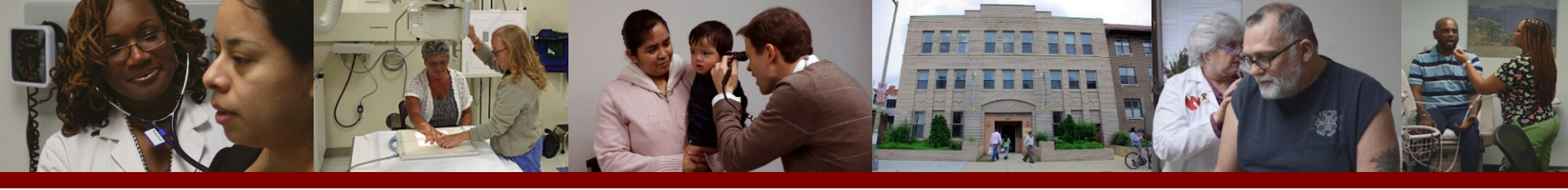
Session 3, Aug. 2022: Working Towards Your Goal

Session 4, Sept. 2022: Making and Sustaining Progress on Your Goal

HRSA Health Center Program

About Us

Let’s take a moment to see what each shared from last session!



Part 1

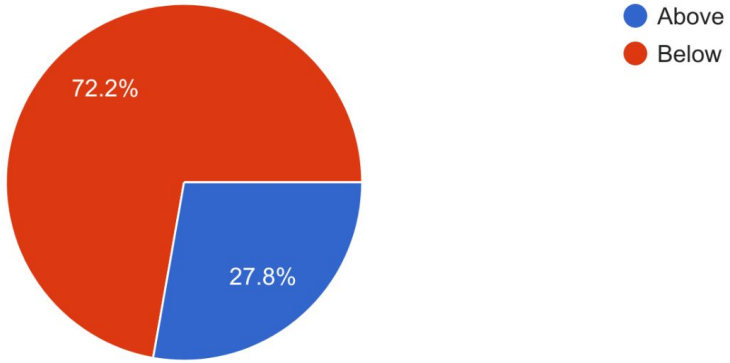
Review Action Work

Where are we now?

More than two thirds were **below** the prior year national average in 2021.

Was your 2021 Colorectal Cancer Screening compliance rate (as reported in the prior question) ABOVE or BELOW the national average for the measure in 2020?

18 responses

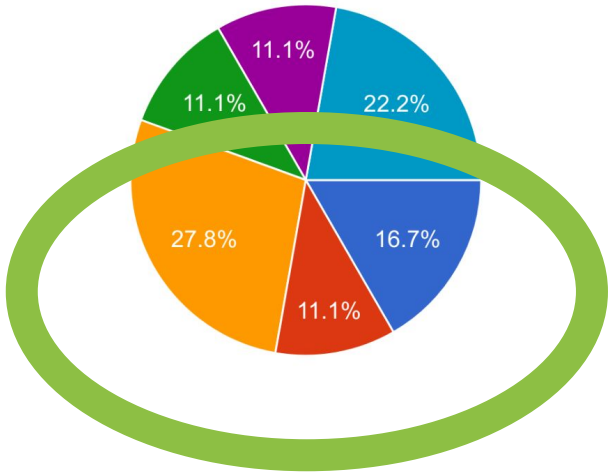


Where are we now?

More than half of you are seeing performance for this measure **trend upwards**, showing improvements!

In recent 3-5 years, has your Colorectal Cancer Screening compliance rate been trending UP or DOWN?

18 responses



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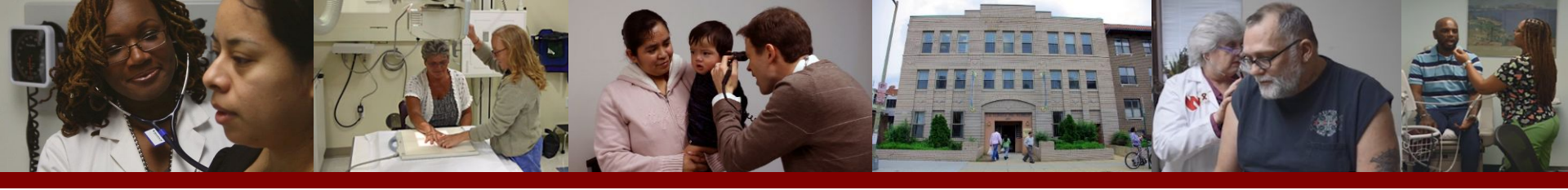
Problem Statements

Here are three problem statements from this group.

Needing to improve on the number of patients who complete CRC and/or improve upon the documentation of CRC in our EMR in order to capture this data at the end of the year.

We are a health center that serves patients in central Florida, predominantly patients who are under served, uninsured, or suffering from homelessness we are **trying to** improve our efforts in our colorectal cancer screenings **but** our turn around in patients following through with their screenings is very low because they lack a support system, education and in some cases transportation **due to** being homeless **which makes us feel** like we need to do more and something different, in order to improve on this measure.

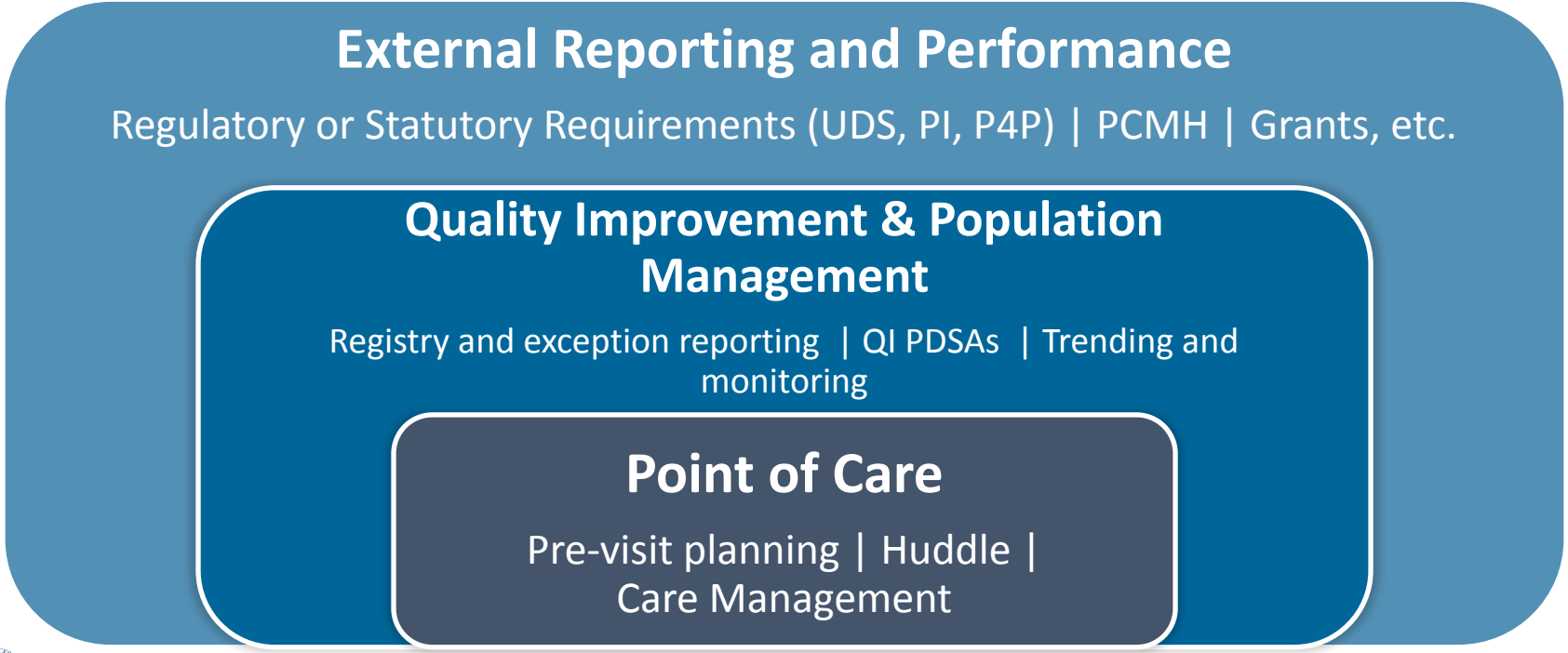
We are a healthcare center that provides care to rural patients and migrant workers **trying to** increase the number of patients complete FIT test and create referral options for patient's who need a diagnostic follow up, **but** patients are reluctant to send back specimens back to clinic or provider of FIT test **because** patients do not have a way to send back FIT test or just refuse to complete FIT test because of pride or uneasy feeling about handling feces.



Part 2

Understanding Data Quality

Three Layers of Data Use and Quality



Adapted from
https://bphc.hrsa.gov/sites/default/files/bphc/qualityimprovement/clinicalquality/presentations/identifying-data-reports-for-qi-slides-ead.pdf

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Remember: Data is not an IT or clinical project, it is the CURRENCY OF CHANGE

Team Role	Responsibilities
Leadership/ Executive	Leadership level sponsor for project; Helps to acquire appropriate resources for program as needed
Population Management Lead	Responsible for oversight of population management and population management programs
Network/ Database Administrator	Provide access to network and EHR systems; Performance and security support
EHR/ Health IT Lead	Identify EHR templates and tables for data element capture including orders, labs, etc.; Review with clinical and QI team
QI Lead	Identify data capture workflows; complete lookup/ mapping; conduct data validation chart audits when needed
Provider and Clinical Representation	Identify data capture workflows; identify PHI data capture location and criteria; support/ provide feedback on data validation and accuracy

Adapted from
https://bphc.hrsa.gov/sites/default/files/bphc/qualityimprovement/clinicalquality/presentations/identifying-data-reports-for-qi-slides-ead.pdf

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Targeted, Cross-Functional QI Efforts Have Better Returns

More ‘bang for your buck’

Mindful of people’s limited bandwidth

Builds trust

Ensures that changes will actually be reflected in the measure/ reports/ data

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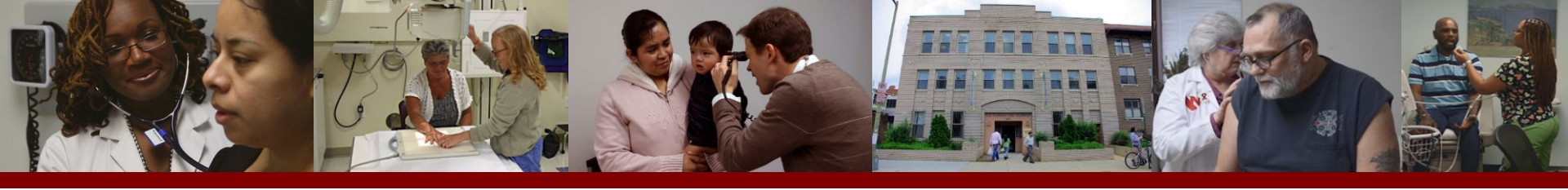
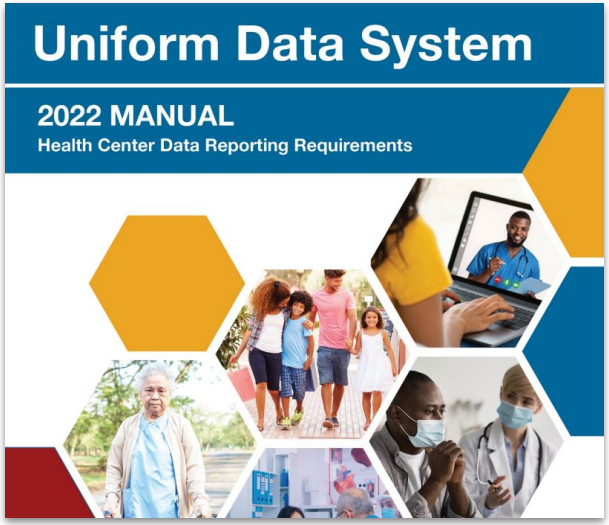


Part 3

Understanding UDS Data Specifications

Getting Started with Clinical Quality Measures:

UDS Specific Guidance



UDS Manual:

- Definitions and instructions specific to the UDS are in the 2022 UDS Manual.
- Clinical quality measures include links to eCQMs as well as UDS specific considerations.
- Remember that UDS measures **limit reporting to patients who had at least one UDS countable medical visit** during the calendar year (dental visits for dental sealant measure).

Year-over-year changes:

- Program Assistance Letter (PAL)
- UDS Changes Webinar (typically each May)

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Getting Started with Clinical Quality Measures:

eCQI Resource Center

- eCQM Implementation Checklist
  - 5 Preparation Steps
  - 7 Implementation Steps
- **eCQM supports include:**
  - eCQI Resource Center: On the page for each measure, in the “Measure Information” tab, there is the option to “compare” -- e.g., 2021 to 2022. This highlights changes year over year.
  - eCQM Flows: Workflows for each eCQM, updated annually and downloads as a ZIP file.
  - Technical Release Notes: 2022 Performance Period Electronic Clinical Quality Measures (eCQMs) for EP/ECi
  - eCQM value sets: Brings you to the VSAC site, where you can search value sets
  - Additional resources on the EC Resources page

Action Item 1

Complete the first 5 steps of the eCQM implementation checklist. The link is on the previous slide! Remember, UDS uses Eligible Clinician eCQMs.

https://ecqi.healthit.gov/ecqm-implementation-checklist

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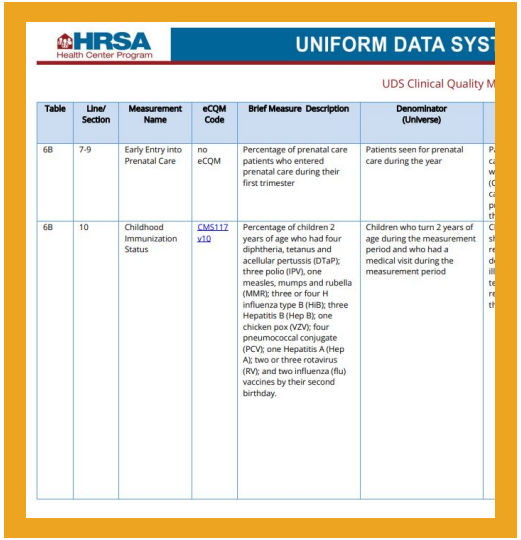
References to Help with Understanding Measures

UDS Clinical Measures Handout (Quick Reference)

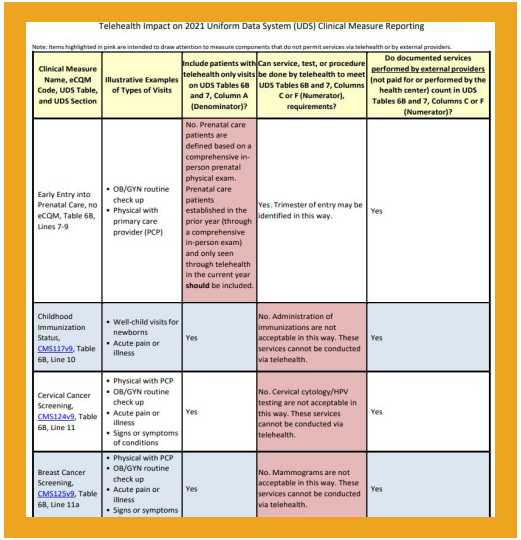


HRSA Health Center Program — UNIFORM DATA SYS

UDS Clinical Quality M

Table	Line/ Section	Measurement Name	eCQM Code	Brief Measure Description	Denominator (Universe)
6B	7-9	Early Entry into Prenatal Care	no eCQM	Percentage of prenatal care patients who entered prenatal care during their first trimester	Patients seen for prenatal care during the year
6B	10	Childhood Immunization Status	CMS117 v10	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); three or four H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period

Telehealth Impacts UDS Clinical Measures

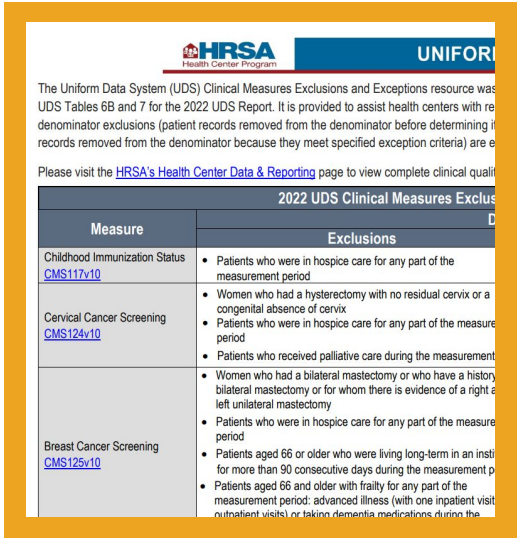


Telehealth Impact on 2021 Uniform Data System (UDS) Clinical Measure Reporting

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)?
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 care patients are defined based on a comprehensive in-person prenatal physical exam. Prenatal care patients established in the prior year (through a comprehensive in-person exam) and only seen through telehealth in the current year **should** be included.	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. These services cannot be conducted via telehealth.	Yes
Breast Cancer Screening, CMS125v8, Table 6B, Line 11a	• Physical with PCP • OB/GYN routine check up • Acute pain or illness • Signs or symptoms	Yes	No. Mammograms are not acceptable in this way. These services cannot be conducted via telehealth.	Yes

Exclusions and Exceptions for UDS CQMs



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The Uniform Data System (UDS) Clinical Measures Exclusions and Exceptions resource was
UDS Tables 6B and 7 for the 2022 UDS Report. It is provided to assist health centers with re
denominator exclusions (patient records removed from the denominator before determining i
records removed from the denominator because they meet specified exception criteria) are e

Please visit the HRSA's Health Center Data & Reporting page to view complete clinical quali

2022 UDS Clinical Measures Exclus

Measure	Exclusions
Childhood Immunization Status CMS117v10	• Patients who were in hospice care for any part of the measurement period
Cervical Cancer Screening CMS124v10	• Women who had a hysterectomy with no residual cervix or a congenital absence of cervix • Patients who were in hospice care for any part of the measure period • Patients who received palliative care during the measurement
Breast Cancer Screening CMS125v10	• Women who had a bilateral mastectomy or who have a history bilateral mastectomy or for whom there is evidence of a right a left unilateral mastectomy • Patients who were in hospice care for any part of the measure period • Patients aged 66 or older who were living long-term in an insti for more than 90 consecutive days during the measurement p • Patients aged 66 and older with frailty for any part of the measurement period: advanced illness (with one inpatient visit outpatient visits) or taking dementia medications during the

All available on https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/clinical-care

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What does this look like in practice?

In the Clinic

How do you operationalize measure updates in your clinical workflows?

In the Data

How do you operationalize measure updates in your EHR/ health IT systems?

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Accessing Full eCQM Specifications

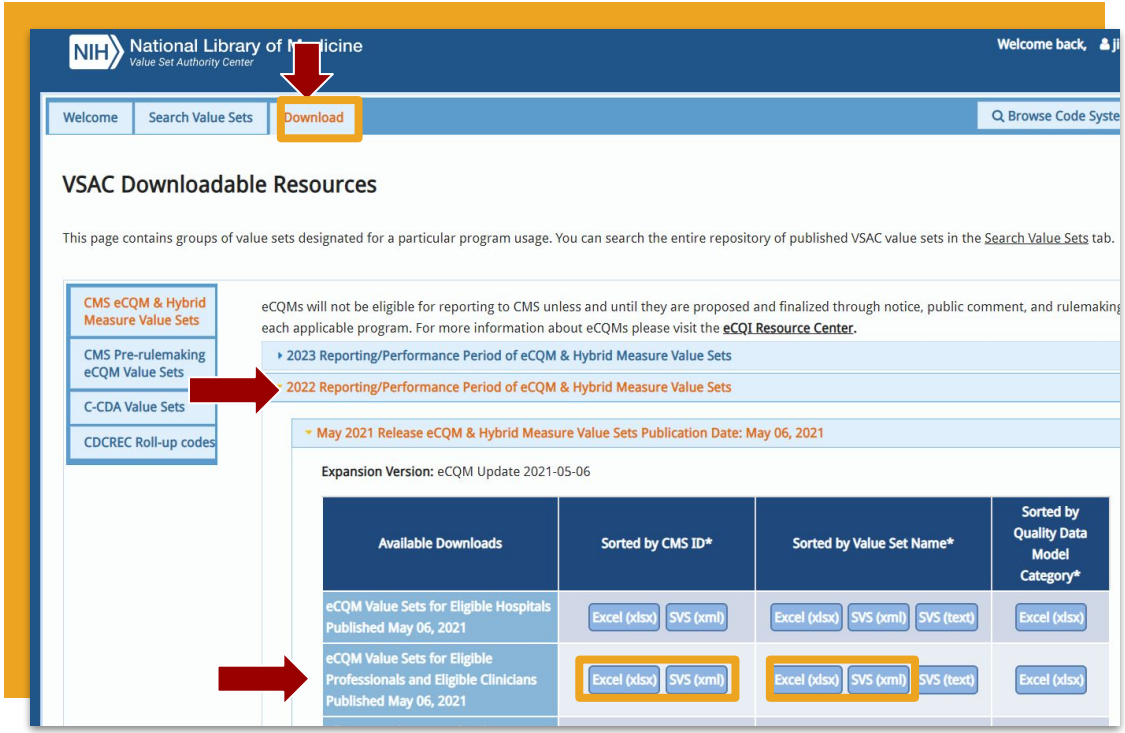
Available to all at https://vimeo.com/635520357

Accessing Codes for All Measures

Download all codes from the VSAC site:
Once logged in, go to Download Tab → 2022 Reporting → eCQM Value Sets for Eligible Clinicians

Two download options:

- ➔ Download Excel **Sorted by CMS ID** to get the full set for each measure-- you'll match the CMS # from the Manual to the CMS # on the Tabs of the downloaded spreadsheet. There are more measures in the spreadsheet then there are in the UDS.
- ➔ Download Excel Sorted by **Value Set Name** to find codes for just certain value sets (remember, value sets are the defined components of each measure).



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Discussion Question

What can be done with these codes once you have downloaded them?

Why is it helpful to have them?

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eCQM Flow

Each eCQM has a process flow map which can be found in the eCQM resources tab of the EC eCQM home page.

Part 4

Measure FAQs

Hypertension Measure FAQs

How do we determine active diagnosis? What are the CPT codes?

Include patients who have an active diagnosis of essential hypertension even if their medical visits during the year were unrelated to the 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 calendar year is considered "active."

For 2022 UDS reporting, the measure aligns with CMS165v10 and the value set for the measure should be referred to. This page of the measure eCQM lists the data elements (e.g.,diagnosis essential hypertension) and from there health centers can locate the data elements' value sets and export them from the VSAC site.

Colorectal Cancer Screening Measure FAQs

What is acceptable for self-reporting of procedures and studies? How should this be documented?

According to the guidance section of CMS130v10 eCQM, **procedures** as well as **diagnostic studies** can be self-report, and if so, should be recorded in "Procedure, Performed" template or "Diagnostic Study, Performed". So, in summary, for this specific measure:

- **Tests** *cannot* be self-reported. Additionally, lab tests (FOBT and FIT-DNA) performed elsewhere must be confirmed by documentation in the chart: either a copy of test results or correspondence between the clinic and performing lab/clinician showing results.
- **Procedures**, which are generally colonoscopies and flexible sigmoidoscopies, can be self-reported. Must be recorded in the patient's record as described above.
- **CT colonography** (diagnostic study) can be self-reported. Must be recorded in the patient's record as described above.

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Colorectal Cancer Screening Measure FAQs

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- **CT colonography** (diagnostic study) can be self-reported. Must be recorded in the patient's record as described above.

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Colorectal Cancer Screening Measure FAQs

Does a cologuard test count for this measure? Does FIT count for the numerator, not FIT-DNA?

The Colorectal Cancer Screening measure numerator criteria is patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal occult blood test (FOBT) during the measurement period
- Fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to measurement period
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
- Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
- Colonoscopy during the measurement period or the 9 years prior to the measurement period

For 2022 UDS reporting, the measure aligns with CMS130v10 so you'll refer to value sets for the measure there. This page of the measure lists the data elements (e.g., Laboratory Test, Performed: Fecal Occult Blood Test (FOBT)) and from there health centers can locate the data elements' value sets and export them from the VSAC website.

If the test that you are inquiring about aligns with the value set for the measure, it would meet the criteria

Colorectal Cancer Screening Measure FAQs

Will the age criteria change from 50 to 45 (to reflect recently updated recommendations)?

For the measures that align with an eCQM, the measure criteria (including specifications) are determined by a measure steward. For each measure, the measure steward provides information on the rationale and clinical recommendations.

For example, for 2022 UDS reporting, the Colorectal Screening Measure aligns with CMS130v10. In the CMS130v10 specifications the measure steward provides additional information such as rationale and a clinical recommendation statement. For now, no change!

If your providers would like to recommend changes to specific eCQM requirements being collected in the UDS, please contact the measure steward through the ONC Issue Tracking System to submit recommendations to existing eCQM logic.

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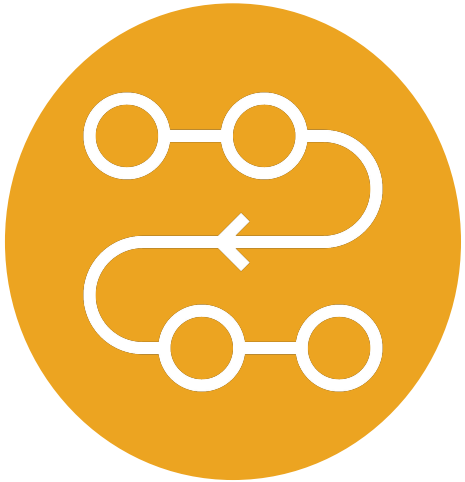
Key Considerations to Meet Measure Requirements

- Maintain/ update the problem list regularly.
- Document onset date(s) when required, such as for diagnoses.
- Document surgical history or other history (like historical or outside immunizations).
- Appropriately identify the “type” of visits.
  - Remember almost all measures require the the patient have a UDS-countable medical visit in order to be included.
  - Ensuring that providers and visit types are set up correctly in your system is important.

References for Measure FAQs

ONC Project Tracking Jira



eCQM Known Issues Tracker (part of ONC tracking)

UDS Changes Webinar and Helplines

Access each with these links: https://oncprojectracking.healthit.gov/support/projects/CQM/summary; https://oncprojectracking.healthit.gov/support/projects/EKI/summary; and https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/technical-assistance-contacts

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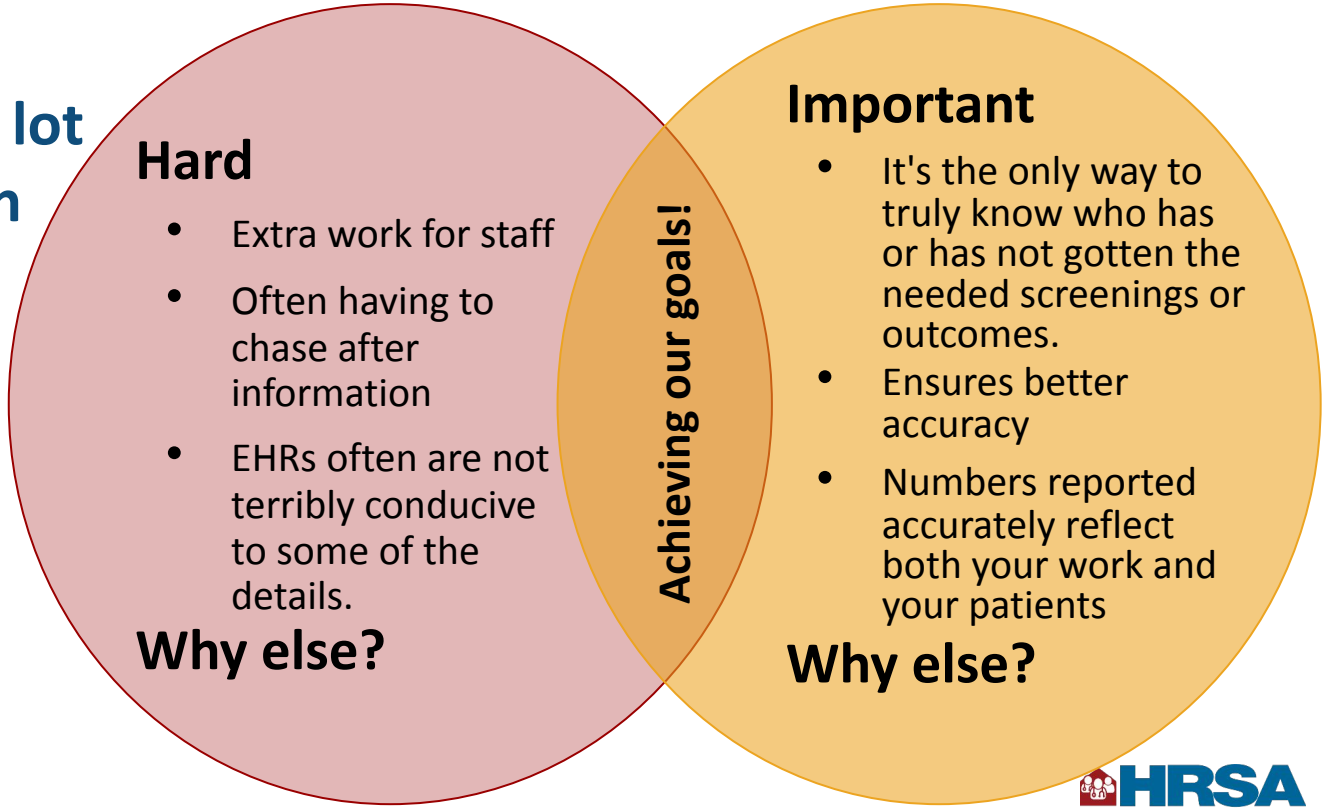
We understand!

All of this information is a lot to wade through and to translate to your clinic's processes!



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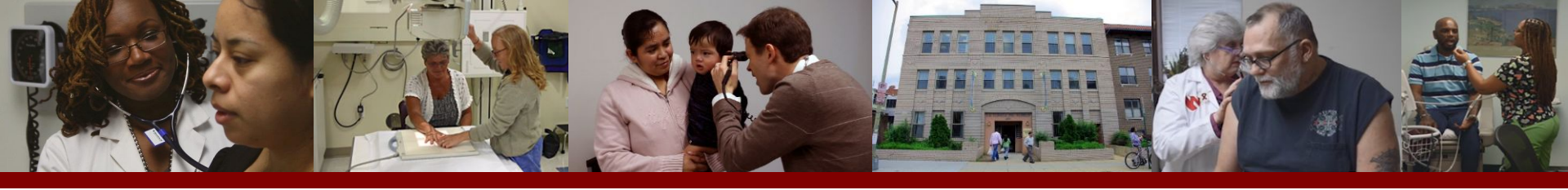


Part 5

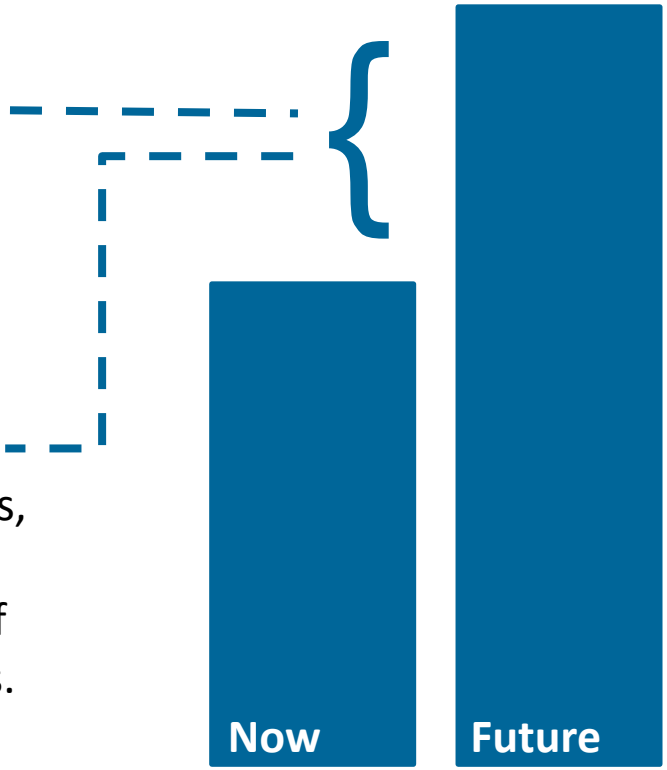
Action Items before Next Session

Closing the Gap from Where We Are

And Where We Want to Be

Some portion may be addressed through patient-facing changes or improvement in care.

Some portion may be addressed through addressing other issues, such as understanding and implementation of measure specifications.



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Action items before next session

After completing the first steps in the implementation checklist, access specifications and codes for the measure.

Conduct review of your own processes and documentation compared to measure specifications we've looked at.

Identify **one specific area where patient records ARE meeting the measure** (where you can say, this is definitely not a problem that is impacting performance on the measure).

Identify **one specific area where the patient records are NOT meeting the measure** (where you can say, this probably IS a problem that is impacting performance on the measure)

Note: You don't need to solve this or even describe how you are going to solve this yet!

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Next Session: Session 3 Working Towards Your Goal

Review the insights you found from your review of your processes.

Analyzing the broader environment driving your clinical quality measure performance.

Establishing a SMARTIE goal based on problem statement and opportunity for improvement.

Assistance Available

UDS Support Center

- Assistance with UDS reporting content questions
- 866-UDS-HELP (866-837-4357)
- udshelp330@bphcdata.net

HRSA Call Center

- Assistance with EHBs account and user access questions
- 877-Go4-HRSA (877-464-4772), Option 3
- http://www.hrsa.gov/about/contact/ehbhelp.aspx

Health Center Program Support

- Assistance with EHBs electronic reporting or EHB account issues
- 877-464-4772, Option 1
- http://www.hrsa.gov/about/contact/bphc.aspx

UDS Mapper

- Assistance with the online service area mapping tool
- http://www.udsmapper.org/contact-us.cfm