HRSA
Health Resources & Services Administration

RAPID

Reporting Assistance and Process Improvement Discussion

Session 2

Vision: Healthy Communities, Healthy People

Roadmap for Today

PART 1:
Introductions

PART 2:
Identify the problem statement

PART 3:
Review 5 year trends

PART 4:
Review additional information available in EHBs

PART 5:
Action items to complete prior to next session

Session 1, June 2024: Understand your Own UDS Reporting

Session 2, July 2024: Understanding your Measure of Focus

Session 3, Aug. 2024: Working Towards Your Goal

Session 4, Sept. 2024: Making and Sustaining Progress on Your Goal

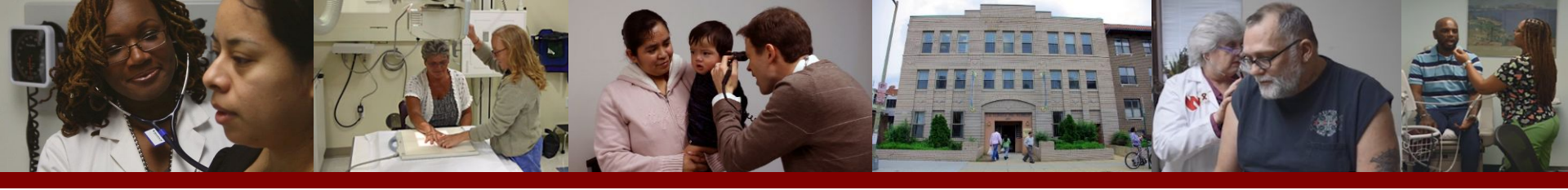
SME Session: Data Strategy

SME Session: Workflow Mapping

HRSA Health Center Program

About Us

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

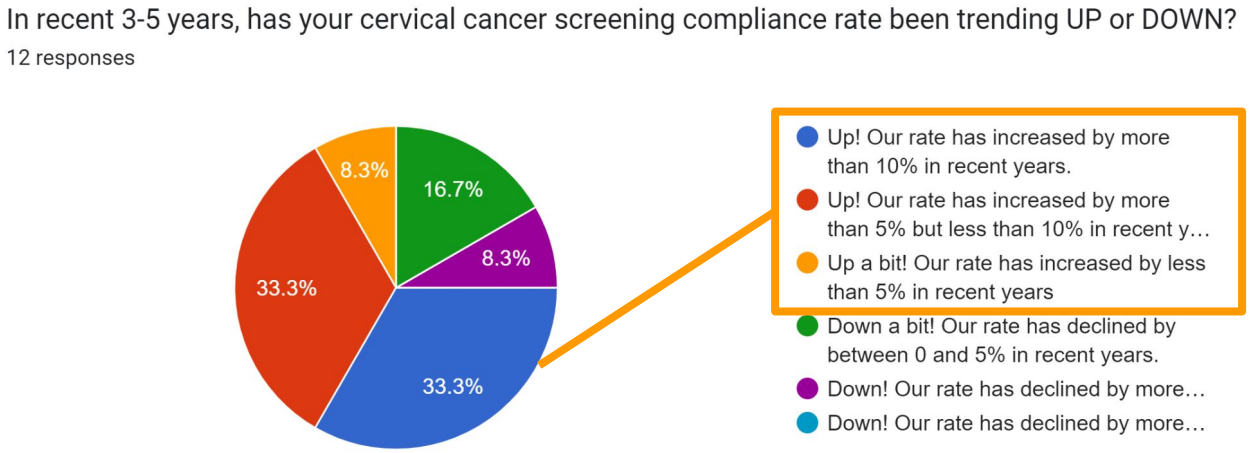


Part 1

Review Action Work

How have your cervical cancer screening rates trended for this cohort?

Most respondents in this cohort have seen an **upward trend**, mostly by more than 5%!



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Problem Statements

Here are three **cervical cancer screening** problem statements.

We are a Health Center that serves about 40,000 residents of Brockton, Massachusetts and surrounding areas **trying to** improve the cervical cancer screening rate and patient outcomes our patient population **but** lack of standardized workflows and facilities/hospitals to refer patients have posed as barriers **because** we have provider shortages while the available providers use various clinical practices **which makes us feel** it will take a lot of resources, effort and time to improve the screening rate.

We are a health center in the Tampa Bay area with nine locations that provides over 100 different programs and services **trying to** increase reporting compliance with cervical cancer screening **but** experience challenges getting resulted labs for PAPs inputted into structured data within our EMR **because** many patients receive their cervical cancer screening at outside facilities and results are provided via fax **which makes us feel** frustrated that patients are compliant and is not reflective of our patients compliance with cervical cancer screening**.**

We are a health center that serves the underserved population in Los Angeles County **trying to** increase our cervical cancer rates **but** we have missed opportunities because of lack of warm handoffs between Adult Medicine and Women's Health **which makes us feel** that there is a need for an intervention.

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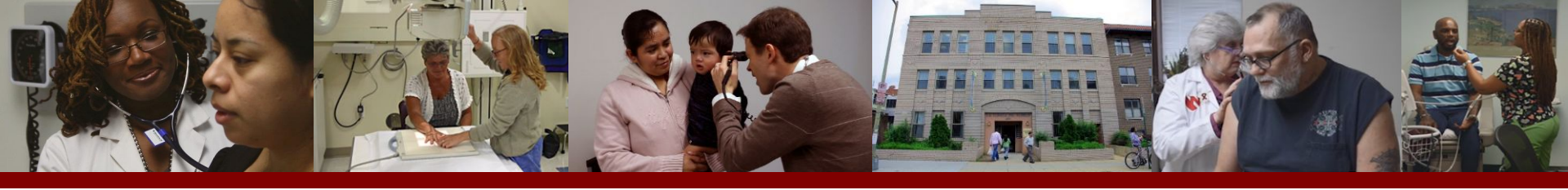
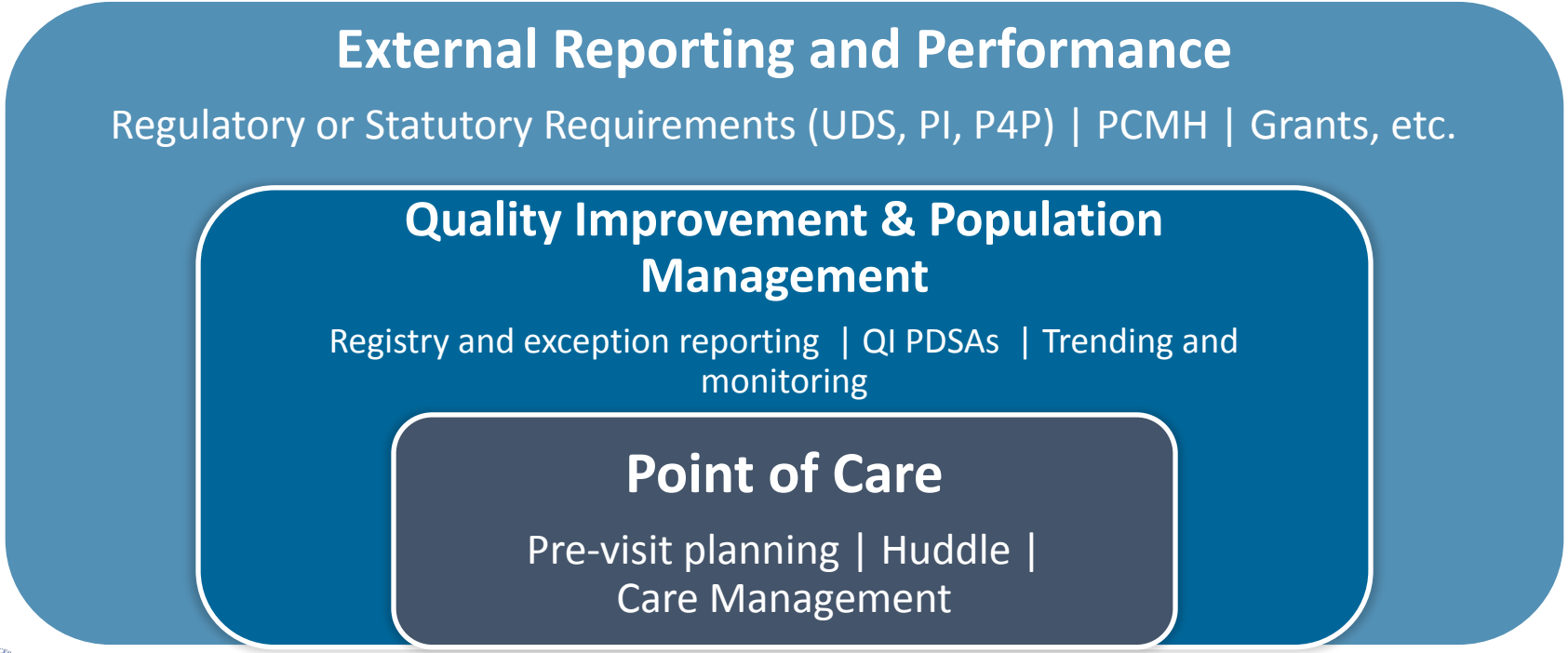


Part 2

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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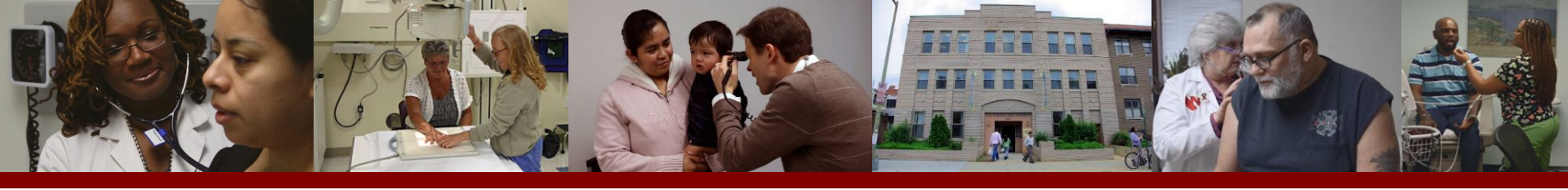
Targeted, Cross-Functional QI Efforts Have Better Returns

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

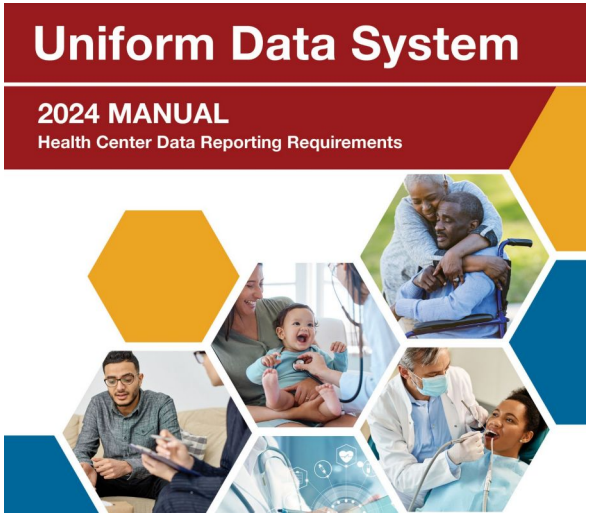


Part 3

Understanding Measure Specifications for UDS Reporting

Getting Started with Clinical Quality Measures:

UDS Specific Guidance



UDS Manual:

- Definitions and instructions specific to the UDS are in the 2024 UDS Manual.
- Clinical quality measures include links to eCQMs as well as UDS specific considerations.
- Remember that UDS clinical quality measures **limit reporting to patients who had at least one UDS countable visit** during the calendar year and **met the denominator specifications** for the measure.
    - Note that the limit to UDS *medical* patients was removed in 2023; measures are now limited only by denominator specifications.

Year-over-year changes:

- 2024 Program Assistance Letter (PAL)
- UDS Changes Webinar (Held June 5, 2024)

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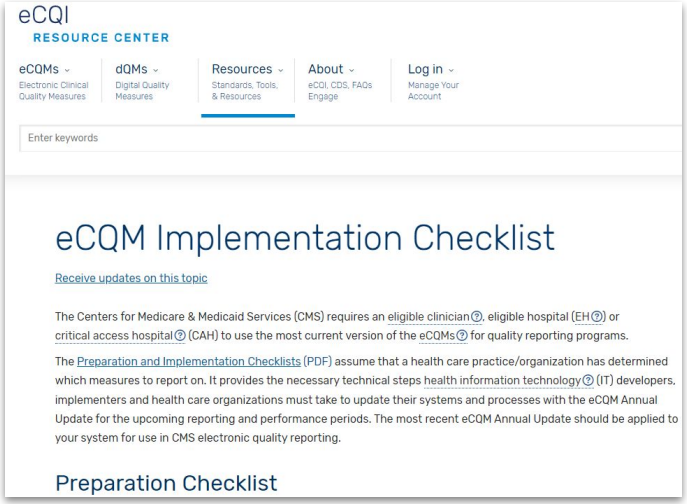
Getting Started with Clinical Quality Measures:

eCQI Resource Center



- eCQM Implementation Checklist
  - 6 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., 2023 to 2024. **This highlights changes year over year.**
  - eCQM Flows: Workflows for each eCQM, updated annually and downloads as a ZIP file.
  - eCQM value sets: Brings you to the VSAC site, where you can search and download value sets.
  - Additional resources on the EC Resources page

Action Item 1

Complete the first 5 steps of the eCQM implementation checklist. Remember, UDS uses Eligible Clinician eCQMs.

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

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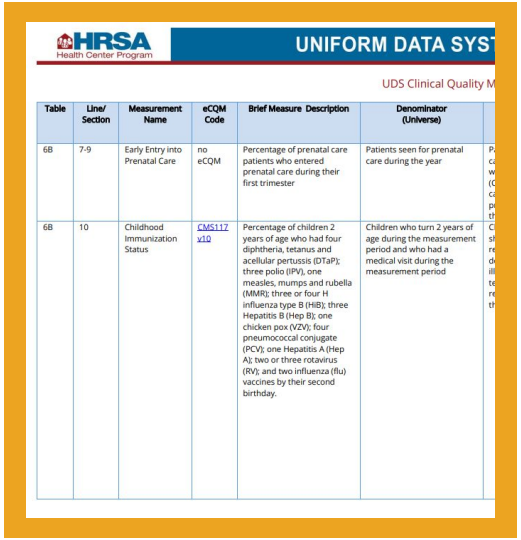
References to Help with Understanding Measures

UDS Clinical Measures Handout (Quick Reference)

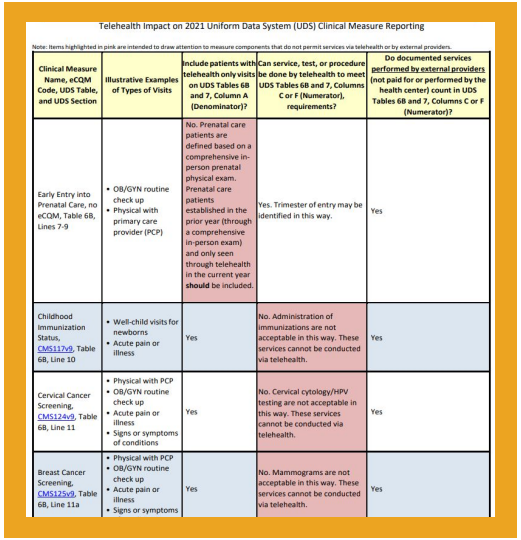


HRSA Health Center Program — UNIFORM DATA SYS

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	P c w (C C p th
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	C st re de ill te th

Telehealth Impacts UDS Clinical Measures

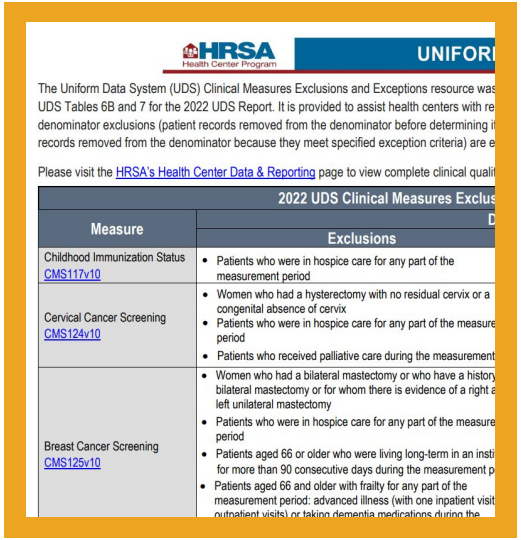


Telehealth Impact on 2021 Uniform Data System (UDS) Clinical Measure Reporting

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, CMS125v9, 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	D 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

These handouts synthesize key information from the eCQMs and will be updated for 2023 reporting over the summer.
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

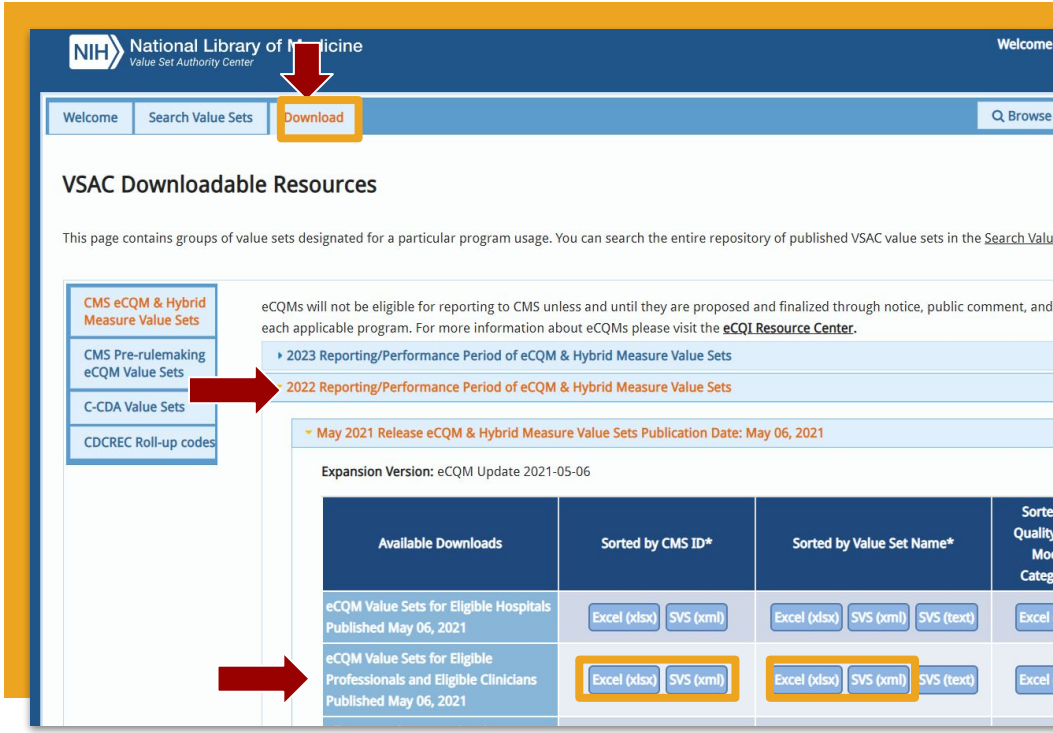
Available to all at https://vimeo.com/635520357

Accessing Codes for All Measures

Download all codes from the VSAC site: Once logged in, go to Download Tab → 2024 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).



Video demonstrating process: https://hitecenter.org/Resources/HITEQ-Resources/accessing-value-set-codes-for-clinical-quality-measures

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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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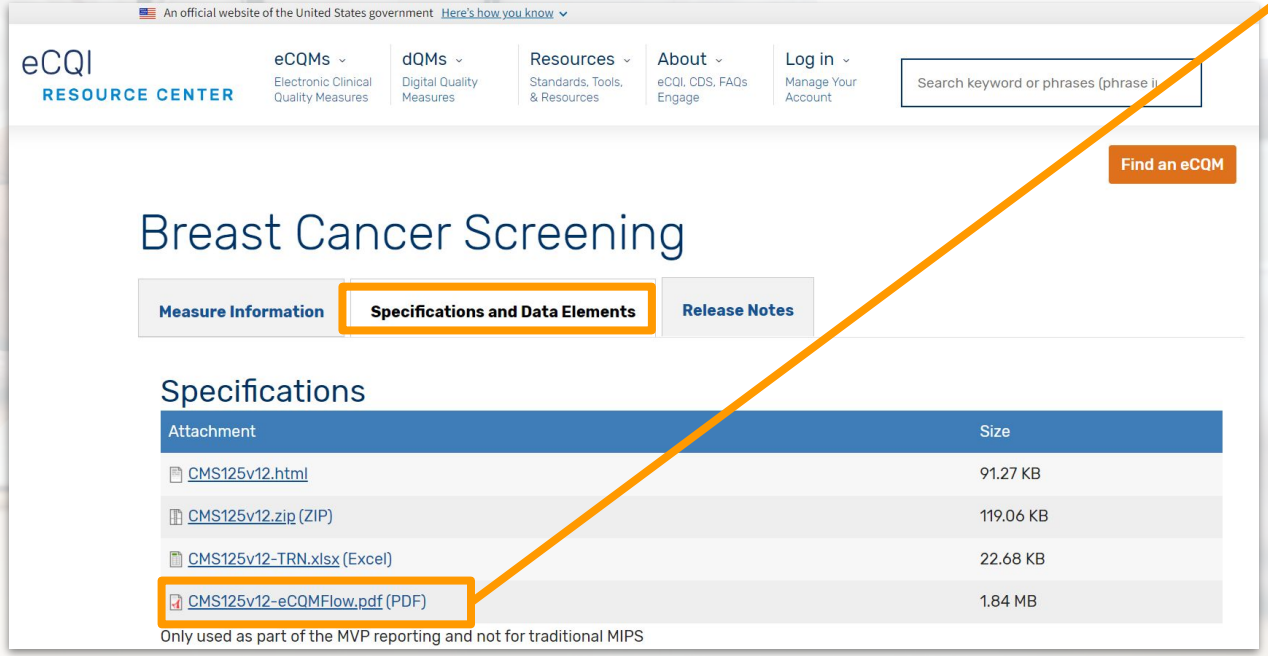
eCQM Flow



Each eCQM has a process flow map which can be found in the *Specifications and Data Elements* tab, under the *Attachment* header toward the top.

Part 4

Measure FAQs

Cervical Cancer Screening Measure FAQs

There appears to be a discrepancy on the age range for the cervical cancer screening measure on the HRSA website under the quality of care measures. The general description says women aged 21-64, but the numerator outlines women aged 24-64. Which is correct?

This measure looks at the percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed within the last 3 years
- Women age 30-64 who had cervical human papillomavirus (HPV) testing performed within the last 5 years

According to the measure specifications, the initial patient population being assessed for inclusion in the denominator are those who turn 24 by the end of the year (by the end of 2024). Then the specifications for numerator look back three years (back to age 21)

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Cervical Cancer Screening Measure FAQs

Currently, the measure does not include a LOINC value set of Pap tests with HPV reflex. There is also no mention of counting these tests in the CQL code for numerator. These labs are ordered most often compared to an independent Pap or HPV test.

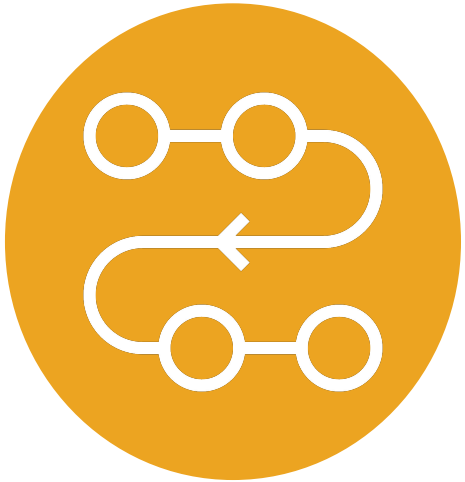
Jira ticket response states that the measure counts a Pap Test with or without any type of HPV test. The measure requires a cervical cytology or HPV test via QDM datatype "Laboratory Test, Performed" using any codes from the value set "HPV Test"(2.16.840.1.113883.3.464.1003.110.12.1059) or "Pap Test" (2.16.840.1.113883.3.464.1003.108.12.1017), and requires a non-null test result using QDM attribute "Result". A non-null result can be interpreted as a result that is present in the electronic record in which any entry is acceptable; no specific value or code is required. To meet the numerator criteria for a HPV test, **health centers should use the related value sets (e.g., LOINC codes). Equivalent services can be mapped to the measure's value set. If mapping is done, you should maintain documentation in case of a CMS audit.**

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 (e.g., hysterectomy or mastectomy) or other history accurately in your system.
- Appropriately identify eligible visits.
  - Remember almost all measures define the specific types of visits (e.g., certain visit codes) that count toward the denominator.

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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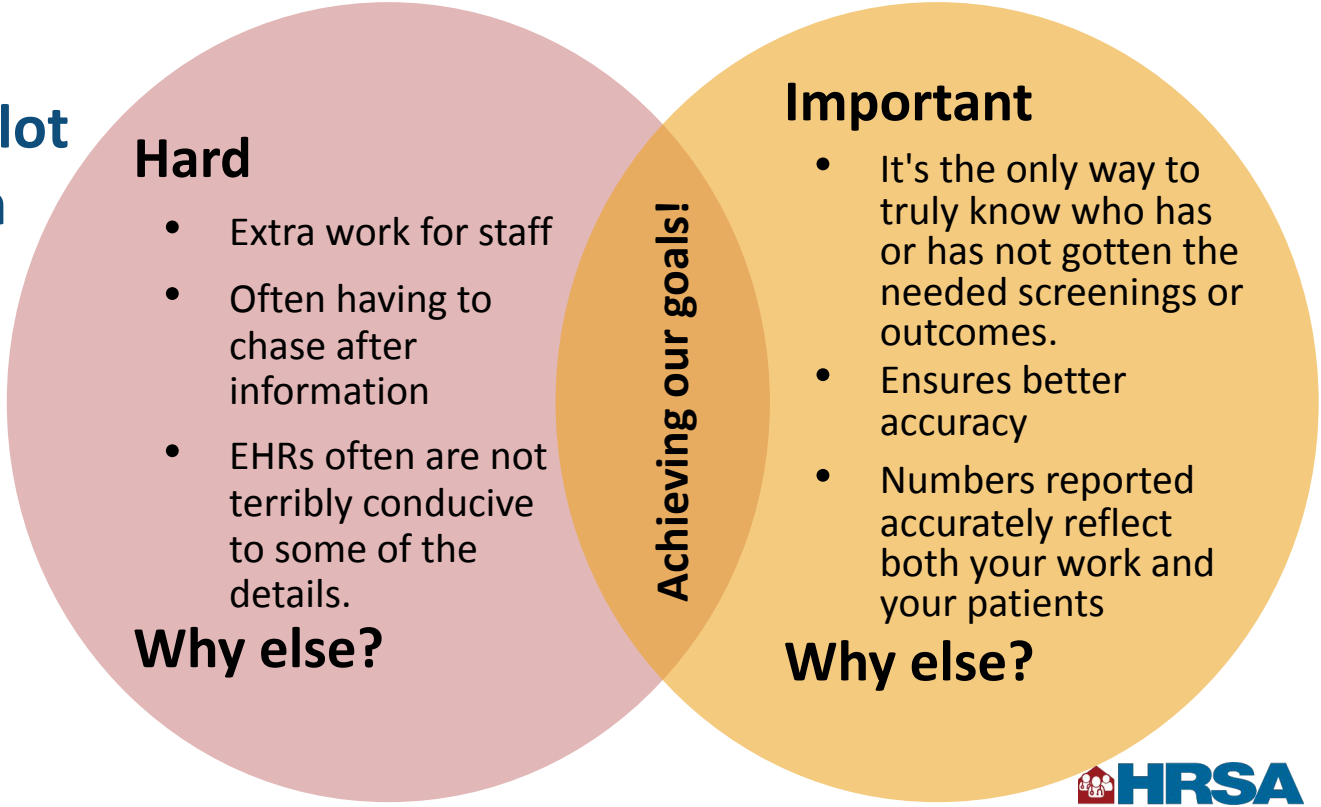
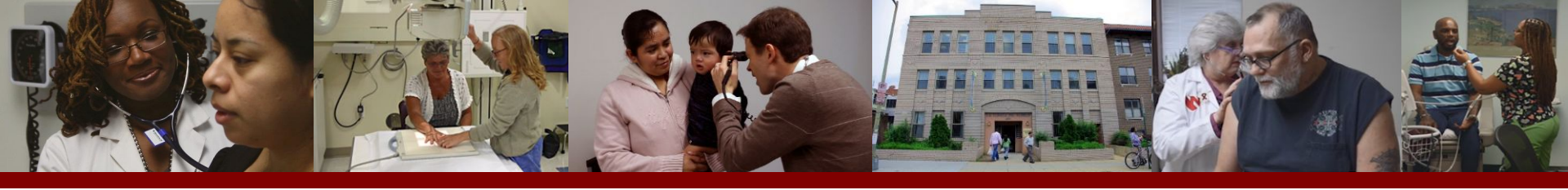
We understand!

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





Part 5

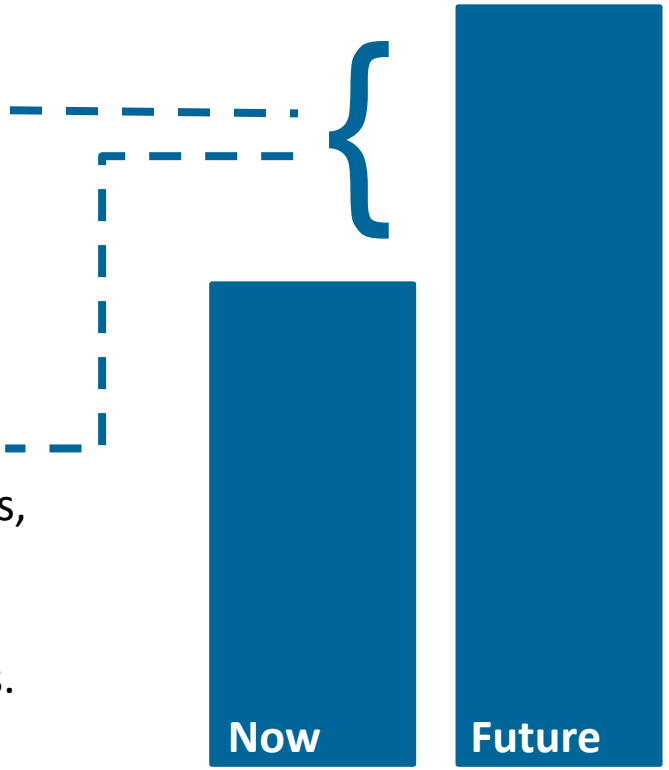
Action Items before Next Session

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 implementing measure specifications.



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Action items before next session

After completing the first steps in the eCQM 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 component where patient records ARE meeting the measure specifications** (where you can say, this is definitely not a problem that is impacting performance on the measure).

Identify **one specific component where the patient records are NOT meeting the measure specifications** (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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Peer Learning Session with Subject Matter Expert: Data Governance | July 24th | 2-3pm ET

Provide overview on the fundamentals of data governance and how to apply them in the improvement efforts.

Ensure the respective RAPID measure work is sustained via data governance prioritization, oversight, and resource allocation to “hard wire” improvements

Next Cohort 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