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 Measure Specifications for UDS Reporting

PART 4:
Measure FAQs

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

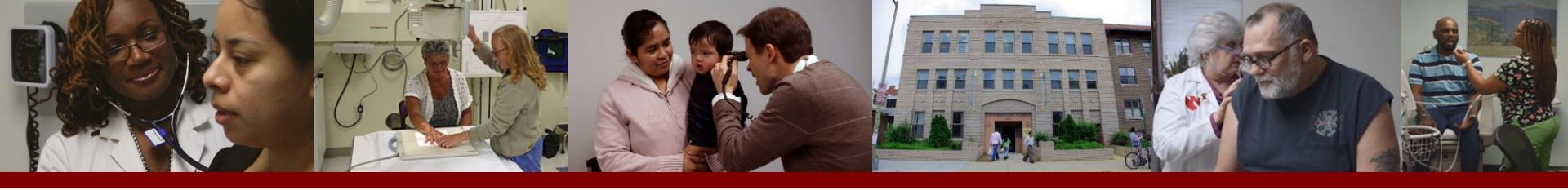
SME Session: Data Governance

SME Session: Workflow Mapping

HRSA Health Center Program

About Us

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



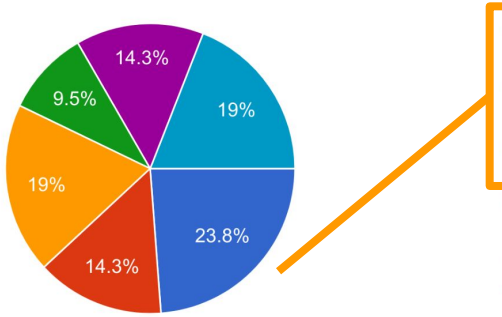
Part 1

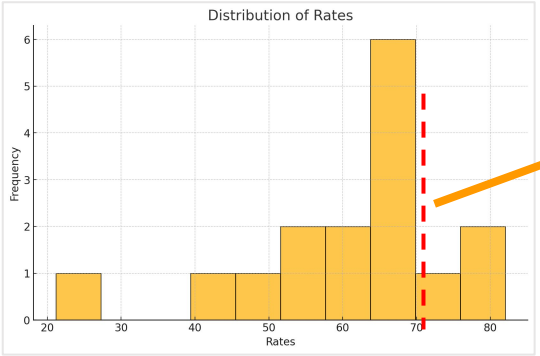
Review Action Work

Depression screening and follow up rates have increased!

Most in this cohort have seen **improvement** in recent years!

Though more than two thirds are **below** the national average.





National average is 70.02%, indicated by the red line.

This chart shows the distribution of rates reported in this cohort.

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Problem Statements

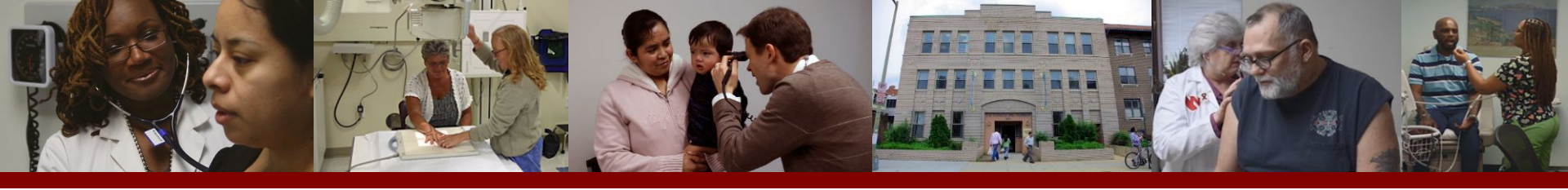
Here are two **depression screening and follow up** problem statements.

WE ARE A health center that serves Primary Care with a large volume of Behavioral Health patients, **TRYING TO** capture the depression screenings and the follow up documentation **BUT** the f/u documentation is not being captured in an area that satisfies the measure, **WHICH MAKES US FEEL** that we need a process improvement to solve the problem.

WE ARE a health center that provides medical, dental and behavioral health services to adults and children without regard to income in an urban area…**TRYING TO** improve clinical documentation and coding practices related to the depression screening and follow up UDS measure **BUT** barriers such as inconsistent patient screening, documentation and coding practices due to lack of standardized EMR workflows and provider/staff training persists **WHICH MAKES US FEEL** frustrated.

Themes across this group's problem statements:

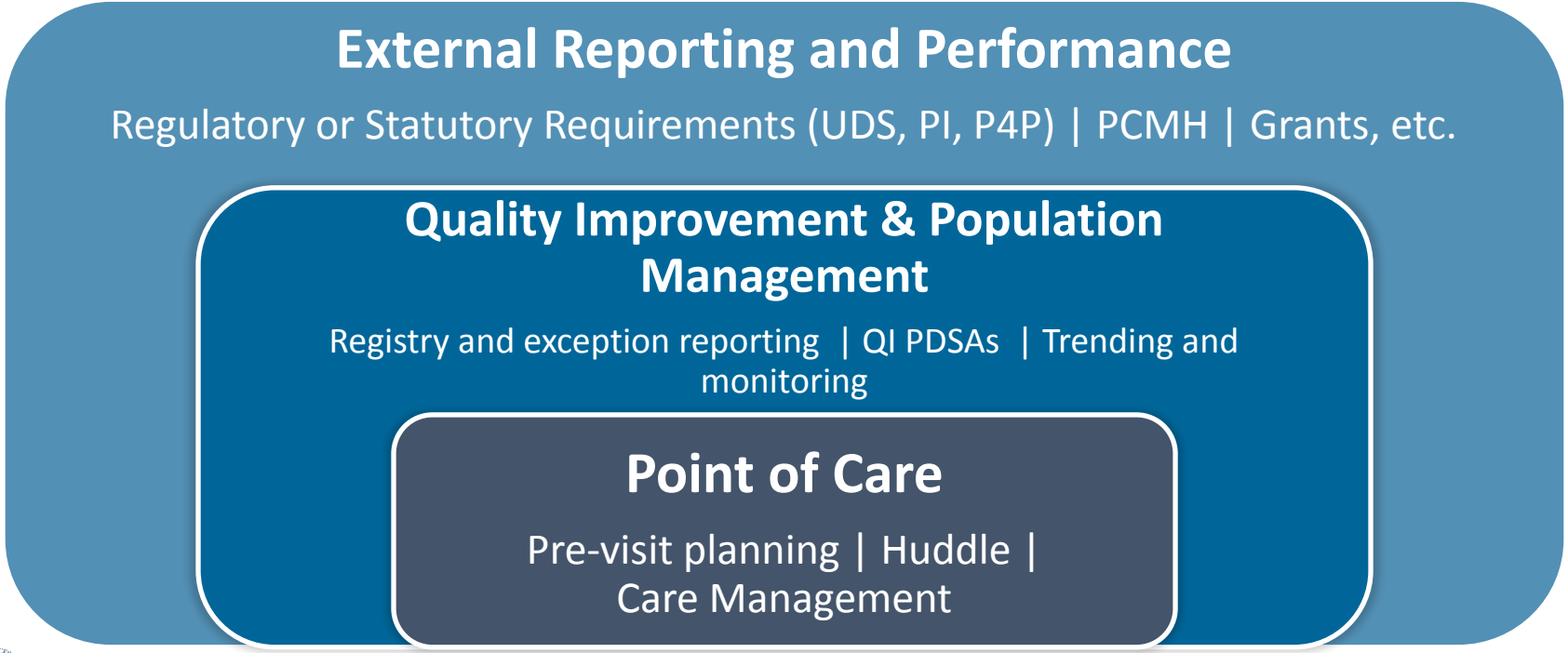
- Documentation
- Workflow variation
- Stigma/ trauma
- BH Coordination
- Referring to **Remission** Measure, not **Screening**



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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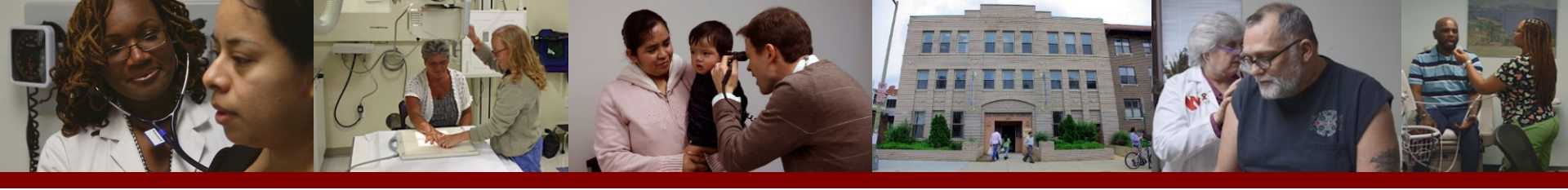
Targeted, Cross-Functional QI Efforts Have Better Returns

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

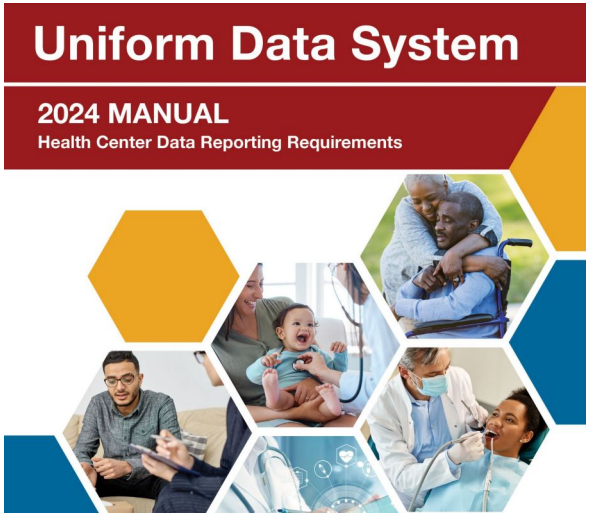


Part 3

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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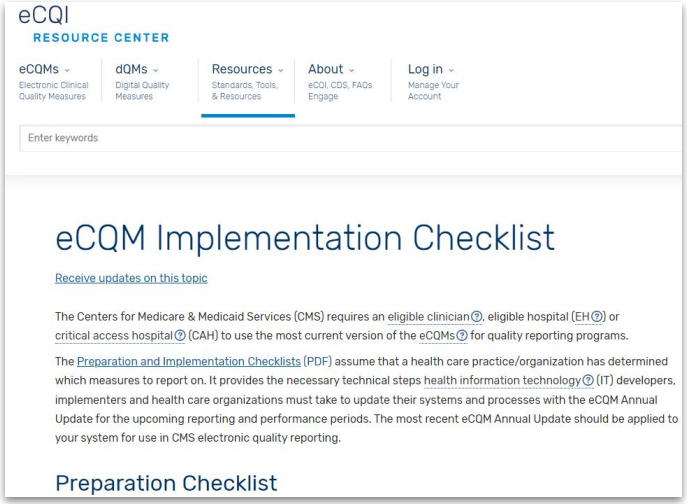
Getting Started with Clinical Quality Measures:

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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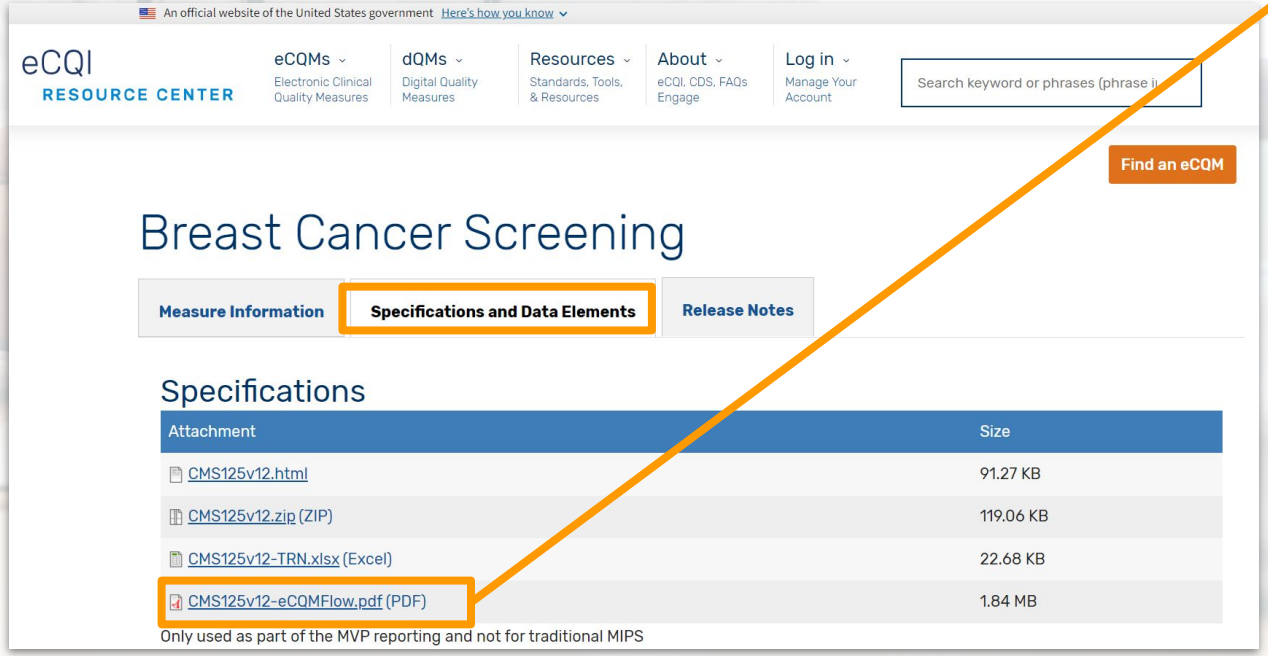
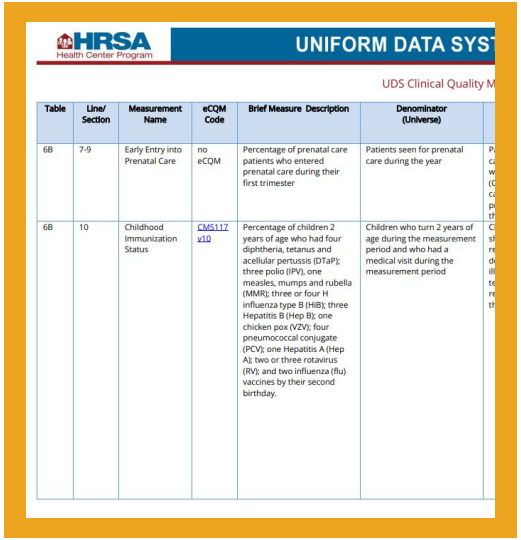
eCQM Flow



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.

References to Help with Understanding Measures

UDS Clinical Measures Handout (Quick Reference)



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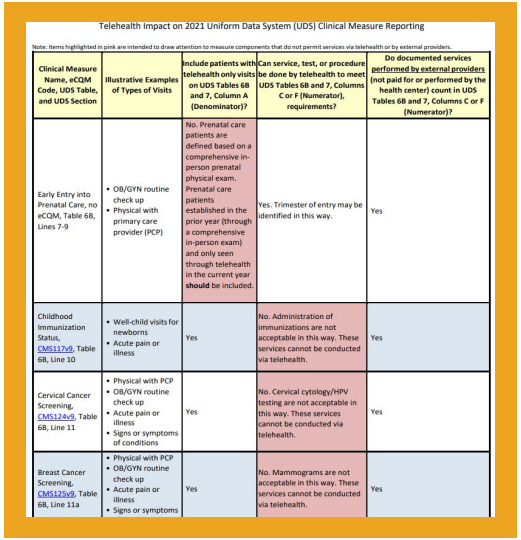
UDS Clinical Quality M

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

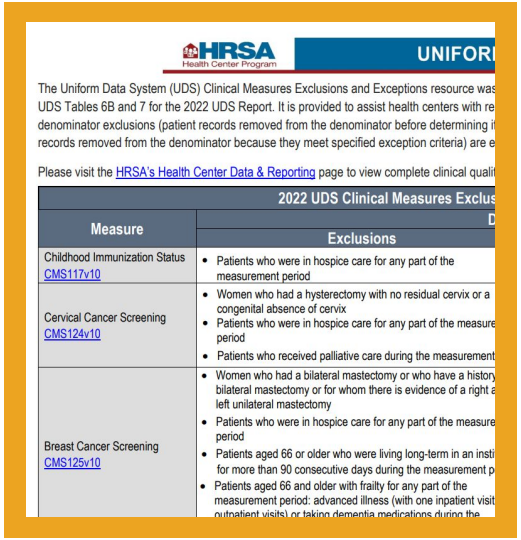


Telehealth Impact on 2021 Uniform Data System (UDS) Clinical Measure Reporting

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, 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	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 2024 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?

Accessing Full eCQM Specifications

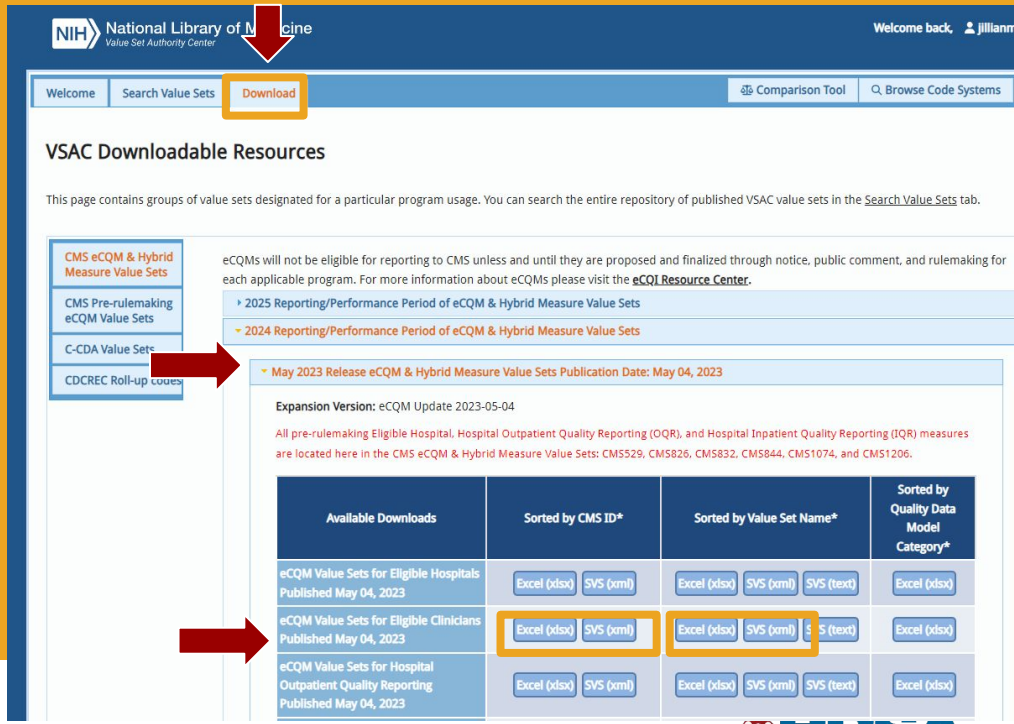
Available to all at https://vimeo.com/635520357

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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Part 4

Measure FAQs

Depression Screening and Follow Up Measure FAQs

A patient has an eligible visit in 2024 and is screened and **diagnosed with depression**. The patient comes in for a second eligible visit later in 2024. Is that patient now excluded from the measure because they have a depression diagnosis *prior to the most recent eligible visit*?

From the Measure Steward, received in 2021: **An active diagnosis which begins *prior to any eligible encounter* should result in an exclusion.** As a patient-based measure, prior screenings (or lack of screenings) are no longer appropriate/ relevant to this quality measure if patient is diagnosed with depression or bipolar disorder and has an eligible encounter with the clinician.

However, **in 2024 the prior diagnosis of depression was removed as an exclusion. This is a known issue that will be resolved next year.**

In the meantime, the measure steward has provided the following guidance:

> For patients with depression that are advised to continue their depression care plan, clinicians can consider mapping to the following codes: SNOMED CT 410234004 (Management of mental health treatment (procedure)) or SNOMED CT 410232000 (Mental health treatment assessment (procedure)). These codes are found in the Follow Up for Adolescent Depression (2.16.840.1.113883.3.526.3.1569) and Follow Up for Adult Depression (2.16.840.1.113883.3.526.3.1568) value sets. See issue EKI-22 on the ONC eCQM Known Issues Dashboard for details.

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Depression Screening + Follow Up Measure FAQs

What counts as follow up for this measure? Medications? Referrals to behavioral health? Completed referral?

The follow-up plan must still be provided for and discussed with the patient during the qualifying encounter used to evaluate the numerator. However, documentation of the follow-up plan can occur up to two calendar days after the qualifying encounter, in accordance with the policies of an eligible clinician or provider's practice.

The follow-up plan must be **related to a positive depression screening**, for example: "Patient referred for psychiatric evaluation due to positive depression screening."

Examples of a follow-up plan include but are not limited to:

- **Referral to a provider or program for further evaluation for depression**, e.g., referral to a psychiatrist, psychiatric nurse practitioner, psychologist, clinical social worker, mental health counselor, or other mental health service such as family or group therapy, support group, depression management program, or other service for treatment of depression
- **Other interventions designed to treat depression** such as behavioral health evaluation, psychotherapy, pharmacological interventions, or additional treatment options.

Any follow-up documentation must be aligned with specifications and value sets.

Key Considerations to Meet Measure Requirements

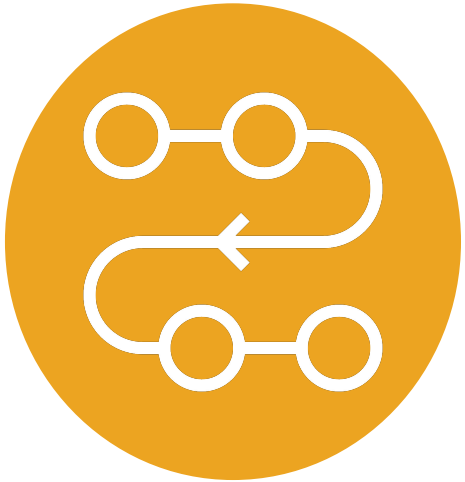
- Ensure that screenings are attached to relevant visits.
- Maintain/ update the problem list regularly.

- 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.

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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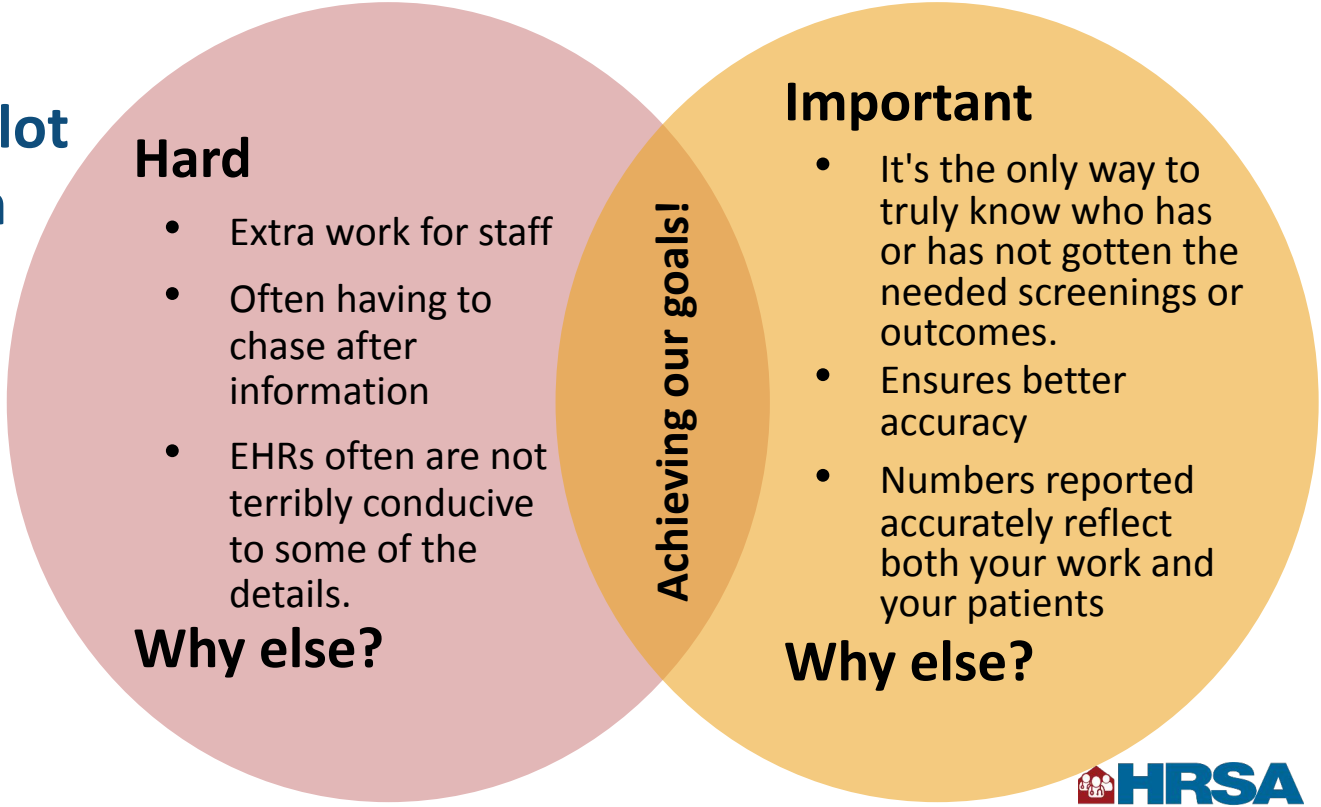
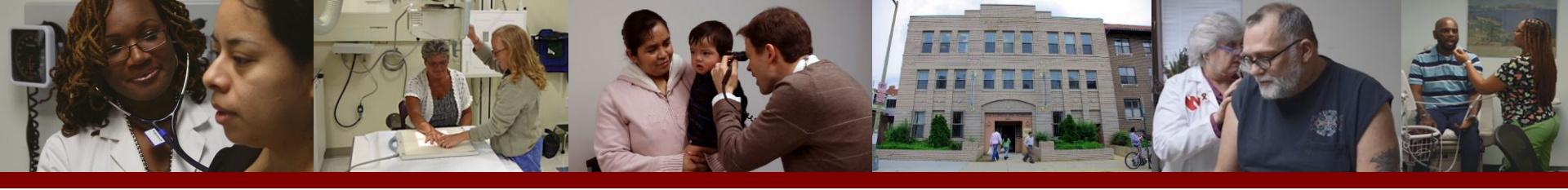
We understand!

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





Part 5

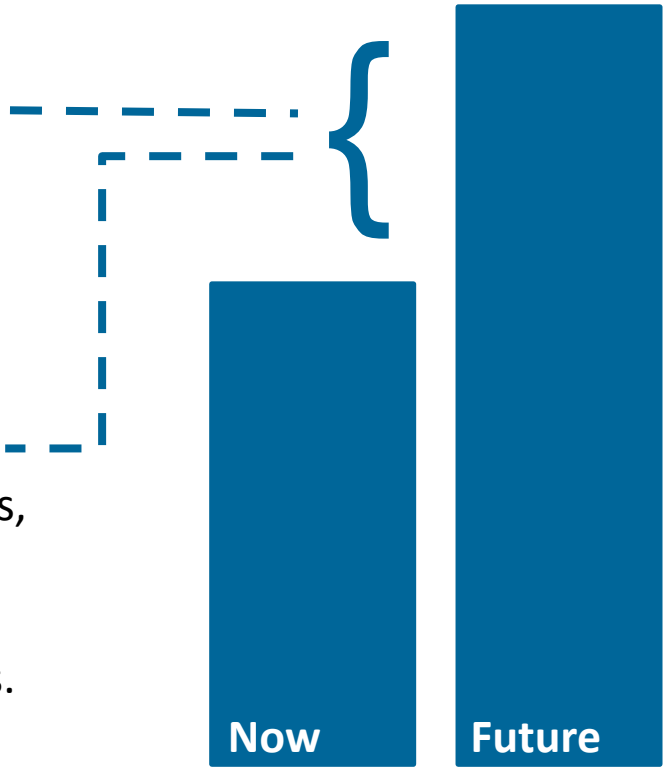
Action Items before Next Session

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