



# RAPID

Reporting Assistance and Process  
Improvement Discussion

## Session 1



# About Us

Let's take a moment to get to know each other!  
We'll do **four polls**.



# Motivation for Joining RAPID Breast Cancer Screening

## Most Significant Challenges

**65%** Ensuring consistent and quality data capturing in the EHR.

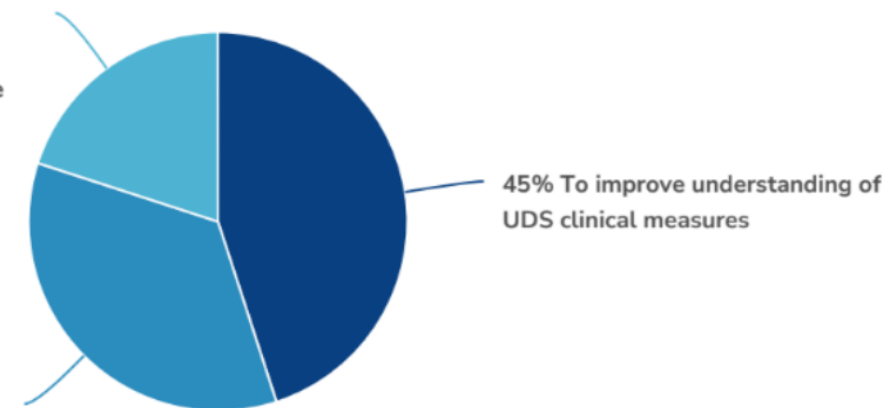
**60%** Conducting outreach for periodic screening or follow-up.

## Key Sources of Information

**75%** UDS Helpline  
**64.7%** eCQI resource center

20% To hear from peers and experts about challenges and opportunities for clinical measure improvement

35% To improve workflows/processes



### Key Team Motivators:

- Seeing improvement percentages.
- Incentives & celebrating milestones.
- Ongoing education.

### Ongoing Parallel Activities:

- **68.4%** Training new providers/team members.
- **36.8%** Re-imagining staff roles.

# Required UDS Reporting

[Health Center Compliance Manual](#) Chapter 18:

The health center has a system in place for overseeing the operations of the Federal award-supported activities to ensure compliance with applicable Federal requirements and for monitoring program performance. Specifically:

- The health center has a system in place to collect and organize data related to the HRSA-approved scope of project, as required to meet HHS reporting requirements, including those data elements for Uniform Data System (UDS) reporting; and
- The health center submits timely, accurate, and complete UDS reports in accordance with HRSA instructions and submits any other required HHS and Health Center Program reports.

Meaning, it is each health center's responsibility to have the capabilities to collect and report the information required.

# Clinical Quality Measures in the UDS

## The Ideal

Measures set a base expectation for patient care, in the form of quality measures are based on US Preventive Services Task Force (USPSTF) or other evidence-based recommendations, across clinics, areas, patient populations, etc. that ideally brings all care toward high quality care.

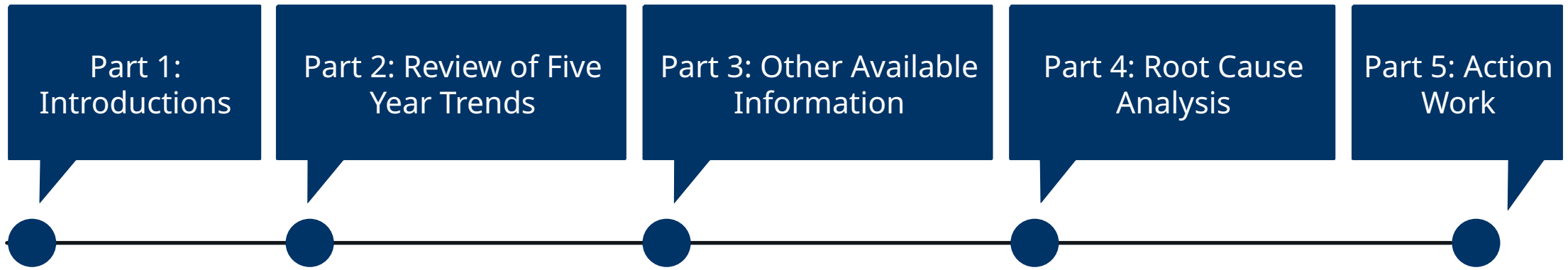


## The Reality

Measures might be more accurately described as measuring the *documentation* of patient care and whether *that documentation* aligns with measures that indicate high value care.

Require work across many levels-- addressing patient hesitation/ barriers, addressing staff hesitation/ barriers, addressing capacity, awareness, and structural barriers for all involved.

# Today's Session and Future Session



**TODAY!** Session 1, June 2025:  
Understand your Own UDS Reporting

Session 2, July 2025:  
Understanding your Measure of Focus

Session 3, Aug. 2025: Working Towards Your Goal

Session 4, Sept. 2025: Making and Sustaining Progress on Your Goal

SME Session: Data Strategy

SME Session: Workflow Mapping

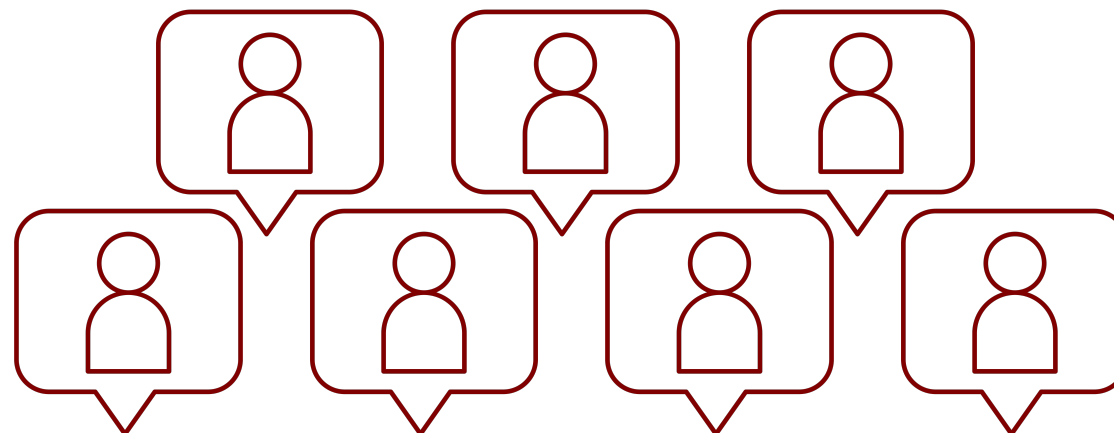
# Breast Cancer Screening

## CMS125v13

Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period [calendar year].

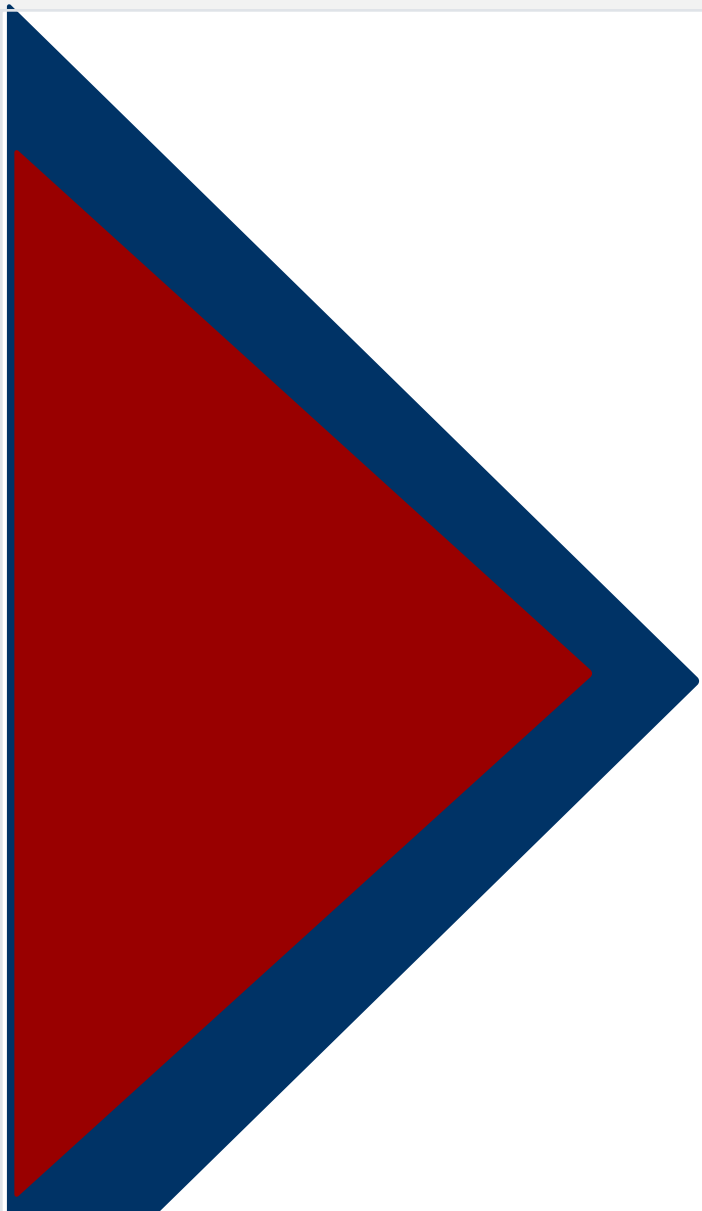
### Numerator

(patients from the universe who meet the measure requirements)



### Denominator

(all the patients in the universe for the patients)



# Section 2

Review of Five Year Trends



# Reason to Review Reports and Historical Data



**Look at the bigger picture.** Looking at the actual information that HRSA has helps situate your health center's experience and outcomes. Also assists with seeing your own larger trends.



**Goal setting relies on context**, such as illuminating what progress or rate is likely achievable? May be monitoring monthly, but are benchmarks used? Are comparisons made?



**Data is the currency of change.** Standardized, reputable, reliable data is essential to communicating the importance and value of the work being done.

# Many Reports and Insight Available!

Information on data.HRSA.gov and geoncarenavigator.hrsa.gov

Reports in the Electronic Handbooks (EHBs)

data.HRSA.gov

Search  A-Z Index

Find Health Care ▾ Data ▾ Maps ▾ Tools ▾ Topics ▾ Help ▾

Home > Tools > Health Center Program UDS Data > Data Overview



## Health Center Program Uniform Data System (UDS) Data Overview

Each calendar year, HRSA Health Center Program awardees and look-alikes are required to report a core set of information, including data on patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues as part of a standardized reporting system known as the UDS. View the [most recent national program awardee data](#) and [national program look-alike data](#).

### Community Health Quality Recognition (CHQR) Badges

View the [CHQR Dashboard](#) to see if your health center earned a CHQR badge in 2024 for the 2023 Uniform Data System (UDS) reporting period. Also view CHQR badge recipient information on the [Health Center Program UDS Data webpages](#).

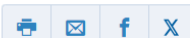
Select: (1) Health Center Program Type (awardee or look-alike); and (2) State/Territory

Select Health Center Program Type

Select State/Territory

Program Awardee Data ▾

Select ▾



The screenshot shows a navigation menu with 'Grants' highlighted. A dropdown menu is open, listing options such as 'Submissions', 'Requests', 'Work on Progress Report', 'Work on Performance Report', 'Work on Noncompeting Progress Reports', and 'Work on Other Submissions'. The 'Work on Performance Report' option is highlighted with an orange box.

HRSA Health Center Data & Reporting Site: <https://data.hrsa.gov/tools/data-reporting/program-data/national>

Health Center Program GeoCare Navigator: <https://geocarenavigator.hrsa.gov/>

Health Center EHBs: EHBs: <https://grants.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx>



# Health Center Program Uniform Data System (UDS) Data

Health Center Program awardees and look-alikes are required to report on a core set of measures each calendar year as defined in the UDS, a standardized reporting system. HRSA uses UDS data to assess the impact and performance of the Health Center Program, and to promote data-driven quality improvement. Explore aggregated UDS data on health center patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues.

**Health center, state, and national profiles.**



## Health Center Program UDS Data

View national, state/territory, and health center UDS data profiles for Health Center Program awardees and look-alikes.

**National view of patient demographics**



## Patient Characteristics Snapshot

View a national summary of UDS data on poverty level, insurance status, and race and ethnicity of patients served by Health Center Program awardees and look-alikes.

**National view of demographics and services by special population grant**



## Special Populations Funded Programs

View UDS data from health centers that receive grant funding to serve special populations through the Health Care for the Homeless, Migrant Health Centers and Public Housing Primary Care programs.

**Comparison between states and territories on key statistics.**



## Data Comparisons

View how one state/territory compares to the national average or to another state/territory on key UDS data points: total number of patients served by service category, target populations, and other patient characteristics.

# Access State and Health Center Data

1. Select **program type**
2. Then select **State/ Territory**
3. Then scroll down and select either [State] **Program Awardee Data** to see the state or continue to scroll down to your health center, and click view data there.

Select Health Center Program Type: Program Awardee Data

Select State/Territory: Idaho

Idaho Program Awardee Data

2023 Program Awardee Data

- Idaho Program Awardee Data
- Idaho Aggregated Health Center Data

2023 Idaho Health Centers

- ADAMS COUNTY HEALTH CENTER INC Council, Idaho
- BENEWAH MEDICAL CENTER Plummer, Idaho
- BOUNDARY REGIONAL COMMUNITY HEALTH CENTER Bonners Ferry, Idaho

# Shows Five Years of Data

## Clinical Data section includes:

- Patients with Medical Conditions
  - Calculated from Table 6A as a % of adult medical patients
- Quality of Care Measures in three areas:
  - Perinatal Health
  - Preventative Health Screening & Services,
  - Chronic Disease Management

Details on the calculations for all of this can be reviewed [here](#).

## UDS Data Five-Year Summary

Age and Race/Ethnicity    Patient Characteristics    Services    Clinical Data    Cost Data

| Clinical Data   | 2019   | 2020   | 2021   | 2022   | 2023   |
|---|--------|--------|--------|--------|--------|
| <b>Preventive Health Screening &amp; Services</b>   |        |        |        |        |        |
| Cervical Cancer Screening <sup>-</sup>  | 53.28% | 47.27% | 50.44% | 50.63% | 50.35% |
| Number of Cervical Cancer Screening Patients <sup>-</sup>   | 23,636 | 21,288 | 23,191 | 23,275 | 25,456 |
| Breast Cancer Screening   |        | 45.23% | 44.59% | 47.87% | 49.89% |
| Number of Female Patients Aged 52 through 74 who had a mammogram to screen for breast cancer                              |        | 10,259 | 10,837 | 11,896 | 13,853 |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents <sup>-</sup>            | 65.52% | 58.18% | 60.97% | 55.63% | 60.85% |
| Number of Children Age 3-17 with Weight Assessment and Counseling for Nutrition and Physical Activity <sup>-</sup>        | 19,466 | 14,011 | 15,350 | 14,406 | 18,967 |
| Body Mass Index (BMI) Screening and Follow-Up Plan <sup>-</sup>   | 72.29% | 60.96% | 54.37% | 48.92% | 54.14% |
| Number of Adult Medical Patients Age 18 and Older with Body Mass Index (BMI) Screening and Follow-Up <sup>-</sup>         | 84,861 | 69,842 | 64,725 | 59,995 | 76,914 |
| Percent Adults Screened for Tobacco Use and Receiving Cessation Intervention <sup>-</sup>                                 | 86.72% | 83.52% | 80.48% | 83.73% | 81.17% |
| Number of Adult Medical Patients Age 18 and Older Screened for Tobacco Use and Received Cessation Counseling <sup>-</sup> | 72,409 | 68,556 | 70,406 | 75,767 | 83,176 |
| Colorectal Cancer Screening <sup>-</sup>  | 46.56% | 42.74% | 44.76% | 45.48% | 44.92% |
| Number of Patients Screened for Colorectal Cancer <sup>-</sup>  | 21,191 | 19,446 | 21,445 | 22,225 | 29,100 |

# Action Item

Access the data profile for both **your state** and **health center** on the [HRSA Health Center Program UDS Data site](#). You'll use that information to answer a couple of questions before Session 2.

# Section 3

Other Available Information  
Available in the EHBs



# Accessing Your Data and Reports in EHBs

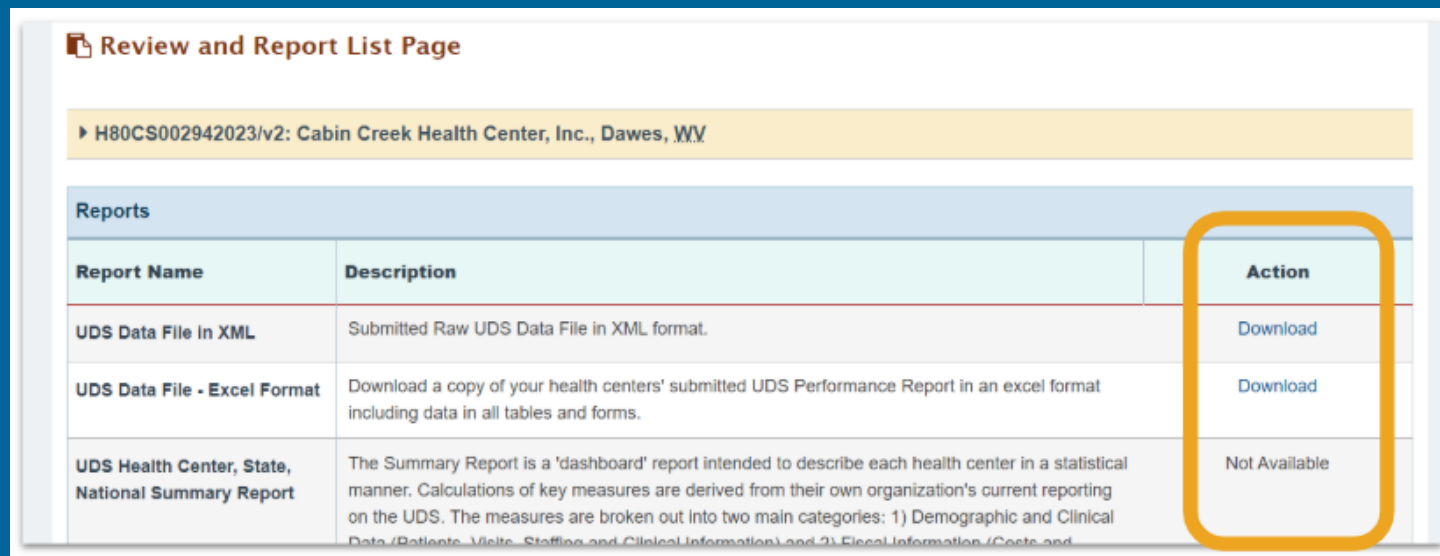
The screenshot illustrates the steps to access performance reports in the EHBs system. It shows the navigation menu, the 'Grants' tab, the 'Submissions' section, and the 'Work on Performance Report' option. Below, a table of performance reports is displayed, with the 'Performance Reports' dropdown menu highlighted.

| Submission Name        | Submission Type     | Organization | Grant # | Tracking # | Reporting Period        | Deadline   | Submitted Date | Status    | Options             |
|------------------------|---------------------|--------------|---------|------------|-------------------------|------------|----------------|-----------|---------------------|
| UDS Performance Report | Performance Reports |              |         |            | 01/01/2021 - 12/31/2021 | 04/22/2022 | 04/22/2022     | Submitted | Performance Reports |
| UDS Performance Report | Performance Reports |              |         |            | 01/01/2020 - 12/31/2020 | 03/30/2021 | 03/30/2021     |           | Performance Reports |
| UDS Performance Report | Performance Reports |              |         |            | 01/01/2019 - 12/31/2019 | 03/25/2020 | 03/25/2020     |           | Performance Reports |

- The UDS is the *Performance Report* for your H80 grant (or LAL grant).
- Hover over **Grants** tab (1), then under *Submissions* click on **Work on Performance Report** (2).
- The next page has the Performance Report (3) for each year.

# Report List in EHBs

- **Download XML or Excel data file:** A data file of finalized calendar year data that can be used for customized review of data
- **These data are:**
  - Used to aggregate your data with that of other health centers to provide state and national snapshots
  - Available to Health Centers and to PCAs, to analyze data for communities and states



Review and Report List Page

▶ H80CS002942023/v2: Cabin Creek Health Center, Inc., Dawes, WV

| Report Name                                       | Description  | Action        |
|---|--|---------------|
| UDS Data File in XML                              | Submitted Raw UDS Data File in XML format.   | Download      |
| UDS Data File - Excel Format                      | Download a copy of your health centers' submitted UDS Performance Report in an excel format including data in all tables and forms.  | Download      |
| UDS Health Center, State, National Summary Report | The Summary Report is a 'dashboard' report intended to describe each health center in a statistical manner. Calculations of key measures are derived from their own organization's current reporting on the UDS. The measures are broken out into two main categories: 1) Demographic and Clinical Data (Patients, Visits, Staffing and Clinical Information) and 2) Fiscal Information (Costs and | Not Available |

Scroll down on this page if you just want to view an individual table in the page itself, the links are towards the bottom.

# Action Item

Access or download your **UDS data** *for the measure of focus on Table 6B*. You will use this to compare to your own prior years as well as state averages, which you'll then use to answer some questions.

# Health Center UDS Data Reports Found in EHBs

## UDS Health Center Trend Report

Compares the health center's performance for 16 key performance measures in three categories:

- Access,
- Quality of Care/ Health Outcomes
- Financial Cost/ Viability)

with national and state averages over a 3 year period.

## UDS Summary Report

Provides a calendar year summary and analysis of health centers' UDS data using measures calculated across tables

Presents data in six categories

- Patients, Visits, Staffing, Quality of Care Indicators/
- Health Outcomes, Costs, and Revenue, and Adjustments

Includes option for comparisons

- Health center compared to state and nation

Formula Guide is available in the EHBs

## UDS State and National Rollup Reports

Structured similarly to the UDS tables

All data elements reported on each of the UDS tables and forms are used

- Patient profile
- Staffing full-time equivalent (FTE), staff tenure, and utilization
- Clinical profile
- Financial profile
- HIT and Other Data Elements forms

Compiles and aggregates annual data: Reported by health centers at national, state, and grant (HCH, MHC, PHPC) levels

Calculates averages (for some tables)

## UDS Health Center Performance Comparison Report

Provides two sets of data

- Quality of care indicators/health outcomes
- Cost of care indicators

Presents several levels of comparisons

- Healthy People 2020 + 2030 goals (where available)
- Averages for various comparison groups
- Percentiles for financial data
- Adjusted quartile ranking per clinical measure

# Sample Health Center Performance Comparison Report

Individual health center performance

Healthy People 2020/ 2030 Goals

Average for comparison groups

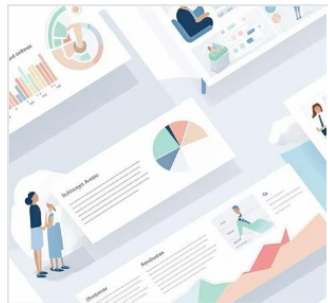
Adjusted Quartile

|  | Health Center | Healthy People 2020 Goals <sup>4</sup> | Healthy People 2030 Goals <sup>6</sup> | Averages |          |         |               |                    |  |  | Health Center Adjusted Quartile <sup>5</sup> |  |
|--|---------------|--|--|----------|----------|---------|---------------|--------------------|--|--|--|--|
|  |               |  |  | CO       | National | Rural   | Size          | Sites <sup>1</sup> | Special population Agricultural Workers <sup>2</sup> | Special population Homeless <sup>3</sup> |  |  |
|  |               |  |  |          |          |         | 10,000-19,999 | 11-15              | Below 25%  | Below 25%                                |  |  |
|  |               |  |  | n = 19   | n = 1373 | n = 568 | n = 405       | n = 201            | n = 1339   | n = 1296                                 |  |  |
| <b>QUALITY OF CARE INDICATORS/HEALTH OUTCOMES*</b>   |               |  |  |          |          |         |               |                    |  |  |  |  |
| <b>Preventive Health Screenings and Services</b>   |               |  |  |          |          |         |               |                    |  |  |  |  |
| Childhood Immunization Status*   | 38.51%        | -                                      | -                                      | 45.44%   | 38.06%   | 36.26%  | 36.98%        | 39.36%             | 37.70%   | 38.04%                                   | 2  |  |
| Cervical Cancer Screening*   | 57.82%        | 93.00%                                 | 84.30%                                 | 57.17%   | 52.95%   | 47.30%  | 51.38%        | 53.95%             | 52.90%   | 53.13%                                   | 2  |  |
| Breast Cancer Screening  | 28.44%        | -                                      | -                                      | 47.21%   | 46.29%   | 46.84%  | 46.48%        | 48.19%             | 46.16%   | 46.36%                                   | 4  |  |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* | 58.63%        | -                                      | -                                      | 71.17%   | 68.72%   | 65.12%  | 67.81%        | 70.44%             | 68.89%   | 68.79%                                   | 3  |  |
| Body Mass Index (BMI) Screening and Follow-Up Plan*  | 72.06%        | -                                      | -                                      | 58.78%   | 61.32%   | 64.30%  | 63.46%        | 64.10%             | 61.21%   | 61.49%                                   | 2  |  |
| Tobacco Use: Screening and Cessation Intervention*   | 68.53%        | -                                      | -                                      | 90.14%   | 82.34%   | 81.81%  | 81.45%        | 84.32%             | 82.21%   | 82.50%                                   | 4  |  |
| Colorectal Cancer Screening*   | 38.26%        | 70.50%                                 | 74.40%                                 | 41.07%   | 41.93%   | 43.08%  | 42.63%        | 43.55%             | 42.14%   | 42.17%                                   | 2  |  |
| HIV Screening  | 20.54%        | -                                      | -                                      | 37.04%   | 38.09%   | 22.05%  | 34.66%        | 38.74%             | 38.45%   | 37.77%                                   | 3  |  |
| Screening for Depression and Follow-Up Plan*   | 63.94%        | -                                      | 13.50%                                 | 71.82%   | 67.42%   | 66.02%  | 66.28%        | 70.37%             | 67.53%   | 67.52%                                   | 3  |  |

# More Information about Adjusted Quartile Ranking (as well as Community Health Quality Recognition Badges)

## Uniform Data System (UDS) data

Program awardees and look-alikes must report on a core set of measures in the UDS each calendar year. The UDS defines each measure. We use this data to assess the Health Center Program. We look at its impact and how it's performing, and how we can improve quality.



### Data overview

[data.hrsa.gov](https://data.hrsa.gov)

Review data profiles and special populations funded programs. Get a snapshot of patient characteristics and compare data between states or territories or to the national average.

### Awardee data

[data.hrsa.gov](https://data.hrsa.gov)

View expanded summaries of UDS tables and five-year national summaries of select UDS data measures aggregated by Health Center Program awardees.

### Look-alike data

[data.hrsa.gov](https://data.hrsa.gov)

Explore expanded summaries of UDS tables and five-year national summaries of select UDS data measures aggregated by Health Center Program look-alikes.

### Adjusted Quartile Ranking (AQR)

The adjusted quartile ranking assesses health centers' performance in clinical quality measures (CQMs) compared to other health centers with similar patient demographics and organizational characteristics.

### Community Health Quality Recognition

The Community Health Quality Recognition (CHQR) badges recognize Health Center Program awardees and look-alikes that have made notable quality improvement achievements.

The Adjusted Quartile Ranking and CHQR badges are both ways that health centers can understand their UDS data and performance in the context of the broader health center program.

**Are you familiar with these?**



**What are these data and reports useful for?**

# Section 4

Root Cause Analysis



# 5 Whys

**5 Whys** is a simple yet often powerful problem-solving technique used to explore the root cause of a problem by repeatedly asking "why" five times. The purpose is to dig past the surface-level symptoms and identify the underlying cause of an issue.

## Process for Using 5 Whys:

1. **Define the problem:** Clearly state the problem (not what you want, but what the problem is).
2. **Ask "Why?":** Begin by asking why the problem occurred. Record the answer.
3. **Repeat the process:** Continue asking "why" about each previous answer, drilling down further into the cause-and-effect relationships.
4. **Continue until root cause is found:** Keep asking "why" until you've identified a root cause that, if addressed, will prevent the problem from recurring.

## Benefits of using the 5 Whys:

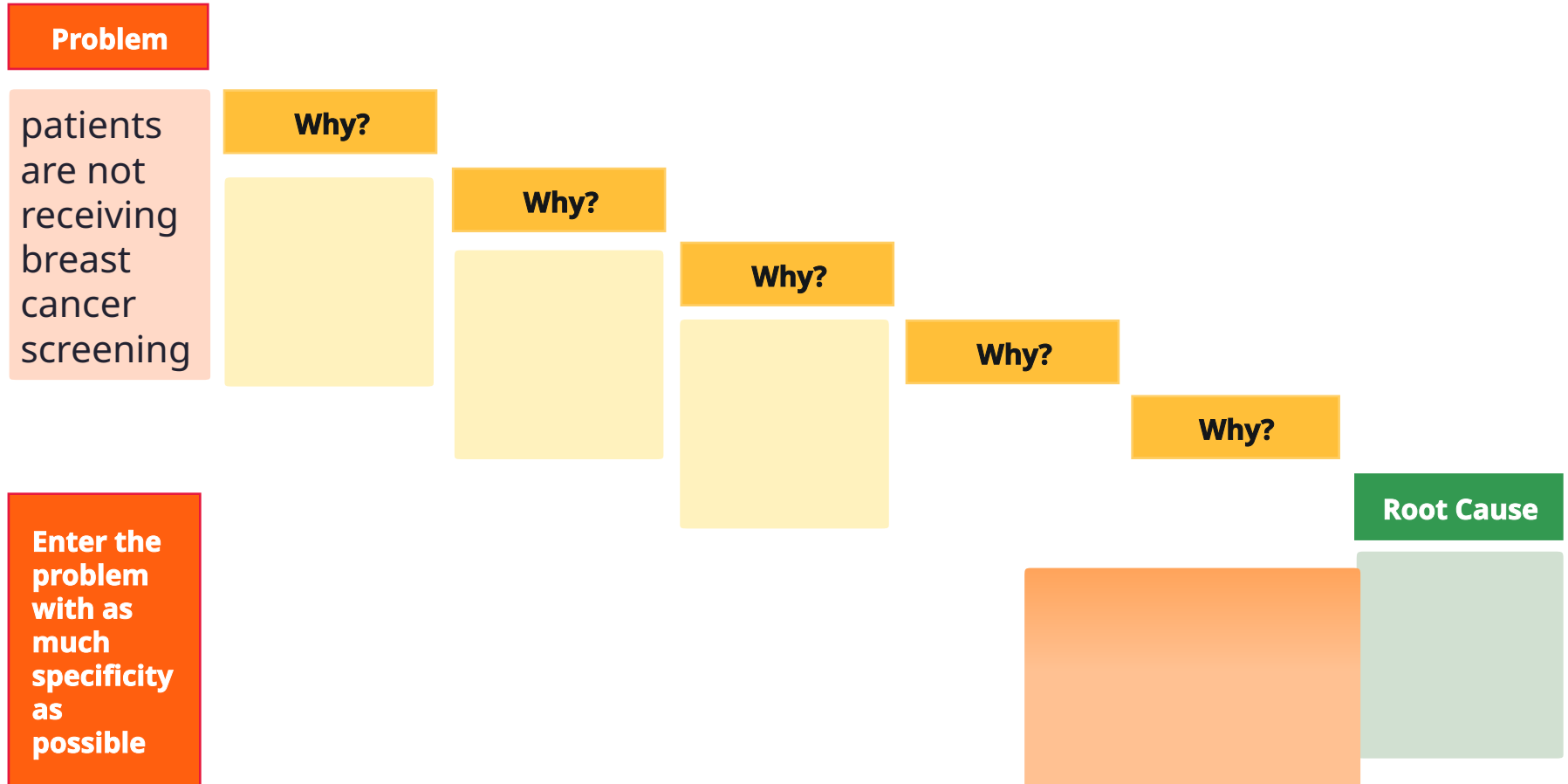
- **Simple and easy to use:** It requires minimal training and can be applied without tons of background information.
- **Focuses on root cause:** Helps identify the fundamental reason for a problem, rather than just addressing symptoms.
- **Promotes team collaboration:** Encourages open discussion and sharing of ideas from differing perspectives.

# 5 Whys

## How it works

Analyze and understand the root cause of a problem or issue.

- 1 Define the problem clearly
- 2 Ask 'Why' the problem happened and repeat the steps multiple times
- 3 Identify the root cause and take steps to address



Open this link and we will do this together: [https://zoom.us/wb/doc/8Ycv1mWQSIeHZ](https://zoom.us/jb/doc/8Ycv1mWQSIeHZ)

# 5 Whys



# Keys to Consider with 5 Whys

- There may be branches (e.g., the first why is likely to generate various responses).
- You may choose to stick to one branch or follow them all in order to build out a better understanding of all the underlying factors.
- Be sure to push to deeper reasons with each step, including digging into the health center role at each step.
- Try to go to 5 Whys (even if three feels like enough).

# Action Item

Do the FIVE WHYS exercise with your team, getting as specific as you can with the problem and why *for your health center* , and capture the results. You will use this to answer some questions between sessions.

# Section 5

Action Work Before our  
Next Session



## **Action Work after each RAPID Session**

- You will do and submit action work after each session.
- The action work is intended to encourage reflection on the application of the session's contents in your own health center.
- This action work will build across the sessions, to move you towards a plan for improvement.

## **COMPLETE the Following Action Items Before the Next Session**



**Pull your reports to see your recent performance and trends**

Log into the EHB to access recent data and reports.

Visit the Health Center Program Uniform Data System (UDS) Data Overview for national, state, and health center trends.



Conduct a **Root Cause Analysis, using the Five Whys**

**framework** with your team, and reflect on the results of that exercise and what they mean for the measure of focus.

**You will submit your Action Work via Google Form before the next Session.**

## **SUBMIT the Following Action Items Before the Next Session**

Complete  
**FIVE**  
Question  
Google  
Form

- Select your health center.
- Select the measure we're working on.
- Share your performance on our measure of focus.
- Share whether your current rate is **above** or **below** the national average.
- Share whether you have been **trending** up or down and by how much.
- Share the results of your Five Whys exercise.

**You will submit your Action Work via Google Form before the next Session.**

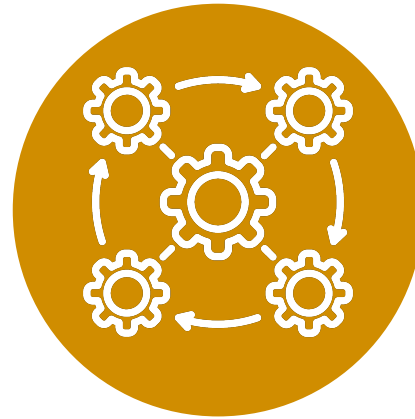
# Accessing UDS Data and Reports

- Reports and information accessible only to health centers:  
Through EHBs using your secure log-in.
- BPHC Training Website: <https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance>
  - Tools and resources to assist in UDS reporting, including training modules, fact sheets, UDS Manual, Webinar schedule, etc.
- Publicly available UDS data: On HRSA website
  - National Data
  - State Rollups and Profiles
    - Remember, you can access your health center data by selecting your state then scrolling down to find your health center and clicking View Data
  - Comparison Data Views
- Service area data: Through GeoCare Navigator

# Plan for the Next Session



Review measure in detail, deep diving into the specifications for our measure of focus.



Review FAQs for our measure, discuss the answers and how additional information can be found.



Mapping your current process to identify opportunities for improvement.