

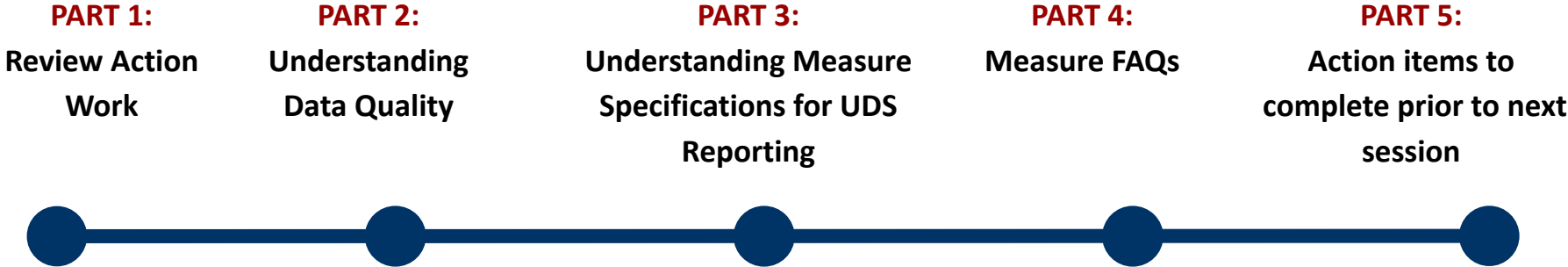
RAPID

Reporting Assistance and Process
Improvement Discussion

Session 2



Roadmap for 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 Governance

SME Session:
Workflow Mapping

About Us

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



Part 1

Review Action Work

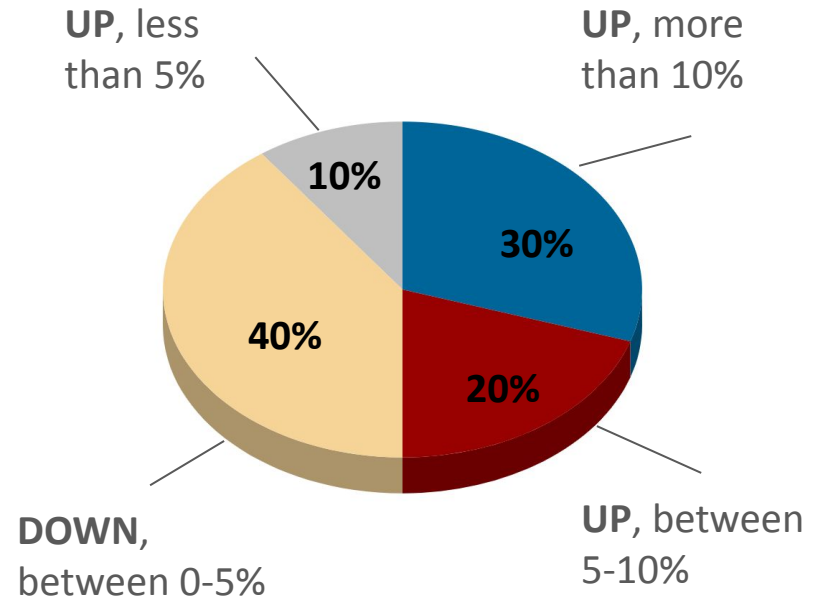
Clinical Quality Measure Trends

Each health center reviewed their own data across at least three years, and then compared that to state and national trends.

How have the UDS breast cancer screening rates trended for this cohort?

70% of respondents in this cohort report their compliance rate as **BELOW** the 2023 National Average.

The average compliance rate for the 2024 UDS reporting cycle for respondents in this cohort is **43.6%**.



Five Whys Exercise

Each health center did the Five Whys exercise with their team to better understand potential root causes of less than ideal clinical quality measure outcomes.

Breast Cancer Screening

Initial Problems Identified

Patient-Related Barriers:

- **Lack of Access**
- **Lack of Follow-up from Patients:** Patients are not consistently following through on scheduling screenings.
- **Financial Constraints:** Cost is a barrier for some patients.
- **Low Health Literacy:** Patients may lack understanding or awareness.

Provider/System-Related Barriers:

Reluctance from Behavioral Health (BH)

Patients/Providers: With the move to all eligible encounters being included in the measure denominator, some health centers identified BH visits and providers as a key challenge.

Provider Education Deficiencies:

- Lack of education from providers to patients.
- Lack of staff education on the importance or process of mammograms.

Underutilization of Resources: Provider or care teams are not fully utilizing available resources to help patients get mammograms.

Data & Reporting Issues:

Inconsistent Data

Reconciliation:

Mammogram completion data is not consistently updated in the Electronic Health Record (EHR).

Reporting Challenges:

Stated generally but probably encompasses difficulties in accurate tracking.

Breast Cancer Screening

Root Causes Identified

Patient-Related Barriers:

The **lack of access to screening providers for uninsured patients**, exacerbated by the fact some health centers **not offering the service on-site** due to resource constraints. Being in a **rural area** in some cases limits services, and for an already challenged population, screening may not be a priority.

Patient knowledge is another critical factor; many patients lack understanding about the **importance of early detection**. This is compounded by a **lack of consistent communication** and **referral challenges** such as that patients aren't always informed that partner agencies will contact them for scheduling.

Provider/System-Related Barriers:

there's a clear need for **enhanced training** for both providers and staff. This includes ensuring a **clear understanding of guidelines and workflow responsibilities**, as well as providing **group and one-on-one training on quality measures** and necessary documentation. A key challenge is that **providers aren't consistently ordering** mammograms, and **referrals aren't always clearly communicated**.

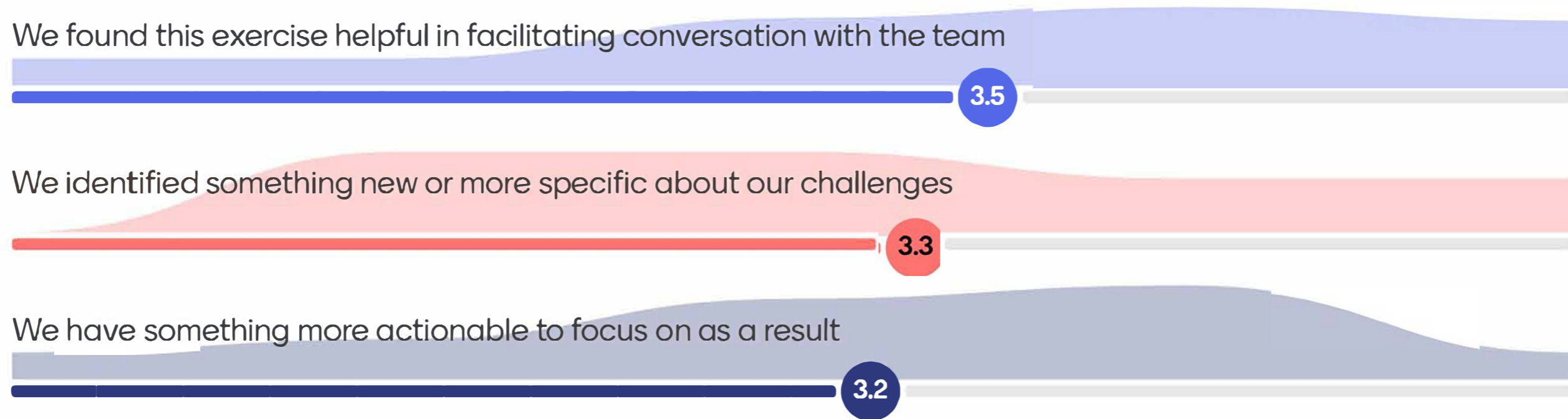
Behavioral Health (BH) providers and their teams, in particular, **lack confidence** in discussing breast cancer screening and making effective referrals, especially since a recent measure change included their patients in the screening denominator.

Data & Reporting Issues:

Finally, **organizational and data-related issues** contribute to the problem. There are **conflicting priorities** within the organization regarding quality measures, and a **lack of a concrete workflow for reconciling information from outside sources** leads to incomplete data.

This **lack of comprehensive data** ultimately hinders the development of a proper patient navigation or communication program.

Reflecting on your team's **FIVE WHYS** exercise ...



Not at all

Completely agree

Part 2

Understanding the Scope of Data Quality

Three Layers of Data Use and Quality

External Reporting and Performance

Regulatory or Statutory Requirements (UDS, PI, P4P) | PCMH | Grants, etc.

Quality Improvement & Population Management

Registry and exception reporting | QI PDSAs | Trending and monitoring

Point of Care

Pre-visit planning | Huddle | Care Management

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

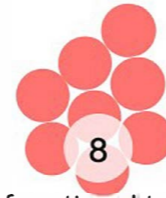
Adapted from

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

What best describes your cross functional team buy-in for UDS improvement?



We have siloes and are not able to bring all the right people together.



We have a cross-functional team, but struggle to prioritize or make decisions.

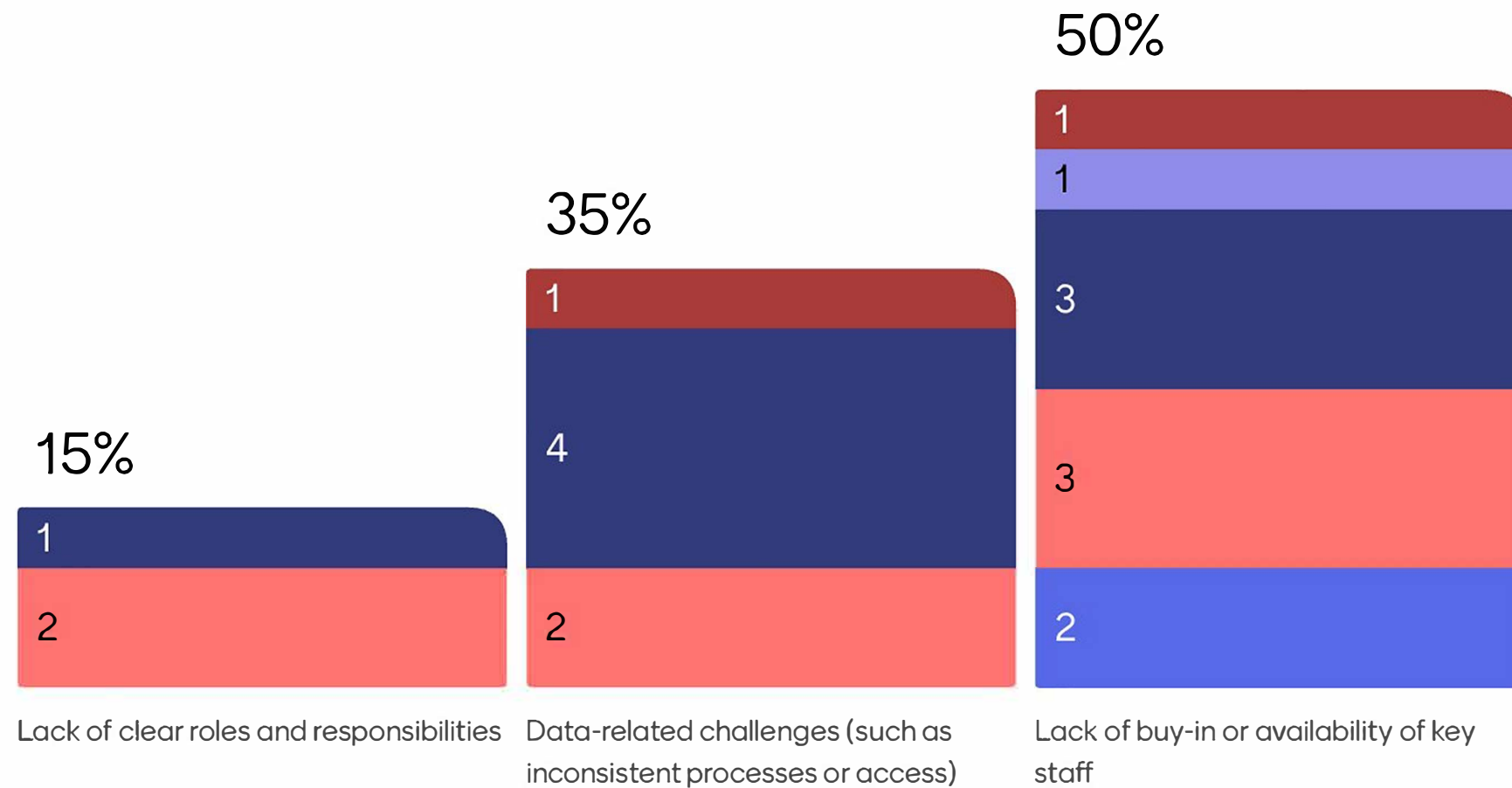


We have a cross-functional team that works well together, and we are making some progress on change.



Our cross-functional team is strong, has leadership support and is driving data-driven change.

What has MOST limited progress your cross functional team's progress?



Segment

What best describes your cross functional team buy-in for UDS improvement?

- We have siloes and are not able to bring all the right people together.
- We have a cross-functional team, but struggle to prioritize or make decisions.
- We have a cross-functional team that works well together, and we are making some progress on change.
- Our cross-functional team is strong, has leadership support and is driving data-driven change.
- Unknown

What has supported building your cross-functional team?

clearly defined gap coordinator position

Provider lead team with report writer with nursing background.

We have various backgrounds and strengths....along with a gap coordinator :)

Across the board buy in to Quality. Leadership, managers, teams, billing etc.

Utilizing content experts, allowing diversity of thought and ideas. Identifying champions across the organization. Central point of monitoring.

Chronic care management staff keeping close eye on clinical measures

This isn't the sauce I would recommend because it's tough but have the same leader across teams has lent consistency in message and expectations that is essential for success.

Pre Visit planning team members and Clinical members that are doing the work

What has supported building your cross-functional team?

Starting with the question, "do we have a standard?" and having a structured process for Lean Project work (key stakeholders, process mapping events, operations leaders).

corroborate more with Chronic Care Dept

Keeping up with clinical measures

Strong quality team with regular interaction with provider teams. Transparent performance reports broken down by team.

I feel like it has a lot to do with staff in different departments that support QI initiatives and open to change/improvement

Targeted, Cross-Functional QI Efforts Have Better Returns



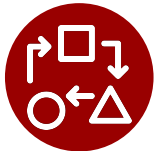
More 'bang for your buck'



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

Uniform Data System

2025 MANUAL

Health Center Data Reporting Requirements



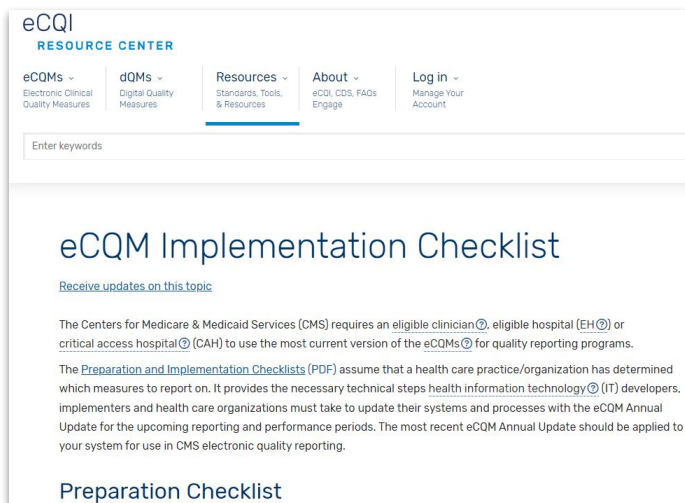
UDS Manual:

- Definitions and instructions specific to the UDS are in the [2025 UDS Manual](#).
- Clinical quality measures include links to eQMs as well as UDS specific considerations.
- Remember that UDS clinical quality measures **include 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 reported according to eQm denominator specifications. This was noted as challenge in the Five Whys!

Year-over-year changes:

- [2025 Program Assistance Letter \(PAL\)](#)
- [UDS Changes Webinar](#) (Held June 26, 2025)

Getting Started with Clinical Quality Measures: eCQI Resource Center



The screenshot shows the eCQI Resource Center website. At the top, there is a navigation menu with links for eCQMs, dQMs, Resources, About, and Log In. Below the menu is a search bar labeled 'Enter keywords'. The main content area features the title 'eCQM Implementation Checklist' and a link to 'Receive updates on this topic'. The text below explains that CMS requires eligible clinicians, hospitals, or CAHs to use the most current version of eCQMs for quality reporting. It also mentions that the 'Preparation and Implementation Checklists (PDF)' assume a health care practice/organization has determined which measures to report on and provides technical steps for IT developers, implementers, and health care organizations to update their systems and processes with the eCQM Annual Update for the upcoming reporting and performance periods. The most recent eCQM Annual Update should be applied to the system for use in CMS electronic quality reporting. At the bottom of the screenshot, the text 'Preparation Checklist' is visible.

- [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., 2024 to 2025. **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

Review the first 5 steps of the eCQM implementation checklist.

Remember, UDS uses Eligible *Clinician* eCQMs.

eCQM Flow

🇺🇸 An official website of the United States government [Here's how you know](#) ▾

eCQI **10**
ANNIVERSARY
RESOURCE CENTER

SUCCESSFULLY SERVING THE ECQI COMMUNITY SINCE 2015.

eCQMs ▾

Electronic Clinical
Quality Measures

dQMs ▾

Digital Quality
Measures

Resources ▾

Standards, Tools,
& Resources

About ▾

eCQI, CDS, FAQs
& Engage

Log in ▾

Manage Your
Account

Search keyword or phrases (phrase in quotes) 🔍

Find an eCQM

Breast Cancer Screening

Measure Information

Specifications and Data Elements

Release Notes

Specifications

- [CMS125v13.html](#)
- [CMS125v13.zip \(ZIP\)](#)

Only used as part of the MVP reporting and not for traditional MIPS

Additional Resources for CMS125v13

- [Value Sets](#) [↗](#)
- [Data Elements](#)
- [eCQM Flow \(PDF\)](#)
- [Technical Release Notes \(Excel\)](#)
- [Jira Issue Tracker tickets](#) [↗](#)

Each eCQM has a process flow map which can be found in the *Specifications and Data Elements* tab, under the *Additional Resources...* heading.

There are many UDS Clinical Care TA resources available!

Available on [clinical care page of TA Site](#); they are updated annually. Most will be updated in summer/fall.

These include:

- UDS Clinical Measures Exclusions and Exceptions
- UDS Clinical Quality Measures and Healthy People 2030 Objectives and Benchmarks
- UDS Clinical Quality Measures (CQM) Criteria
- eCQM Encounter Code Guide

Note that these **summarize information from the specifications**-- they are not separate information!

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 → 2025 Reporting → eCQM Value Sets for Eligible Clinicians

Two download options:

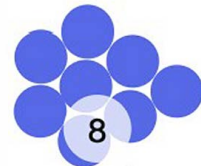
- Download Excel **Sorted by CMS ID** to get the full set for each measure-- you'll match the CMS # from the Manual to the CMS # on the Tabs of the downloaded spreadsheet. There are more measures in the spreadsheet than there are in the UDS.
- Download Excel Sorted by **Value Set Name** to find codes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

The screenshot shows the National Library of Medicine Value Set Authority Center website. The 'Download' tab is active, and the 'VSAC Downloadable Resources' section is displayed. The page contains groups of value sets designated for a particular program usage. The '2025 Reporting/Performance Period of eCQM & Hybrid Measure Value Sets' section is expanded, showing the 'May 2024 Release eCQM & Hybrid Measure Value Sets Publication Date: May 02, 2024'. A table lists available downloads for eCQM Value Sets for Eligible Hospitals, Eligible Clinicians, and Hospital Outpatient Quality Reporting, published May 02, 2024. The table provides download options for Excel (xlsx), SVS (xml), and SVS (text), and is sorted by Quality Data Model Category.

Available Downloads	Sorted by CMS ID*	Sorted by Value Set Name*	Sorted by Quality Data Model Category*
eCQM Value Sets for Eligible Hospitals Published May 02, 2024	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Eligible Clinicians Published May 02, 2024	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)
eCQM Value Sets for Hospital Outpatient Quality Reporting Published May 02, 2024	Excel (xlsx) SVS (xml)	Excel (xlsx) SVS (xml) SVS (text)	Excel (xlsx)

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

How familiar are you with the sites to access measure specifications?



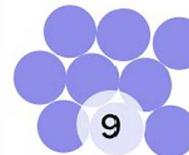
Very familiar, we access this information every year



Somewhat familiar, we know it exists and have accessed the information at least once.



We are aware of it, but haven't accessed the specifications in depth.



I am newly learning about these!

Action Item 2

Access the measure specifications from the eCQI Resource Center and download the codes from the VSAC site for this measure (or get as far in that process as you can!)

Part 4

Measure FAQs

Breast Cancer FAQs: Question 1

Breast Cancer Screening is now recommended for women starting at age 40, which is reflected in the 2026 eCQM (v14). Why is v13 still being used for UDS?

The UDS clinical measures align with each year's annual update of the measure specifications by each of the measure stewards. **For CY2025, the measure value sets were published in May 2024 and follow v13 for the breast cancer screening measure.** The CY2026 UDS breast cancer screening measure will align with v14.

Source: UDS Changes Webinar, June 26

Breast Cancer FAQs: Question 2

Some patients have their mammogram done at a different location other than the health center.

Some of those groups will send electronically through a CCDa that the patient had the mammogram done but the health center only receives a CPT/SNOMED/LOINC code in the background message that is sent with the CCDa (Clinical Summary). Can we count those in our eCQM if we don't have the actual report in our system?

- The measure logic does not require mammograms to be tied to a specific encounter.
- For the numerator criteria, the measure identifies at least one documented mammogram in structured EHR fields, ensuring that it was performed within the required time frame and documented via QDM datatype "Diagnostic Study, Performed" using a code from the "Mammography" value set (2.16.840.1.113883.3.464.1003.108.12.1018).
- The mammogram(s) can be performed any time between October 1 two years prior to the measurement period to the end of the measurement period.
- So, as long as the information received meets the specifications and is available in the EHR such that it can be used, it counts.

Key Considerations to Meet Measure



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



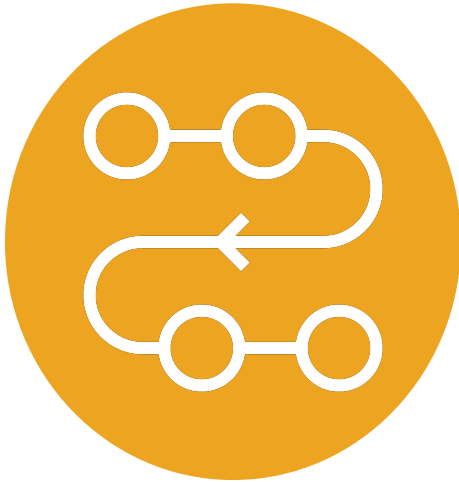
- Document onset date(s) when required, such as for diagnoses.
- Document surgical history (e.g., hysterectomy or mastectomy) or other history accurately in your system.



- 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://oncprojecttracking.healthit.gov/support/projects/CQM/summary>

<https://oncprojecttracking.healthit.gov/support/projects/EKI/summary>

<https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/technical-assistance-contacts>

We understand!

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

Hard

- Extra work for staff
- Often having to chase after information
- EHRs often are not terribly conducive to some of the details.

Why else?

Important

- It's the only way to truly know who has or has not gotten the needed screenings or outcomes.
- Ensures better accuracy
- Numbers reported accurately reflect both your work and your patients

Why else?

Achieving our goals!

Part 5

Action Items Before Next Session

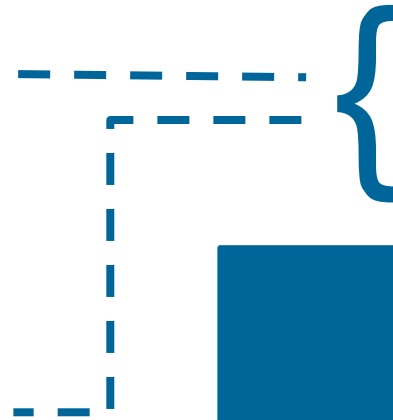
Closing the Gap from Where We Are *And Where We Want to Be*



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



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



Action items before next session

After doing the first five steps in the eCQM implementation checklist, access specifications and codes for the measure.

Review that measure information and consider it in relation to the **root cause you identified** in your Five Whys exercise.

Identify **one specific area or component that could be improved to address the root cause you identified**, that aligns with the measure specifications.

Identify **one action step for your health center to move that specific improvement forward**. No need to do it yet!

Peer Learning Session with Subject Matter Expert:

Data Governance | July 30th | 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 SMART goal based on five whys, root cause, specifications, 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>

Thank You!

Contact:



udshelp330@bphcdata.net or [BPHC Contact Form](#)



1-866-837-4357

