RAPID

Reporting Assistance and Process Improvement Discussion

Session 2

UDS
Uniform Data System

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 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

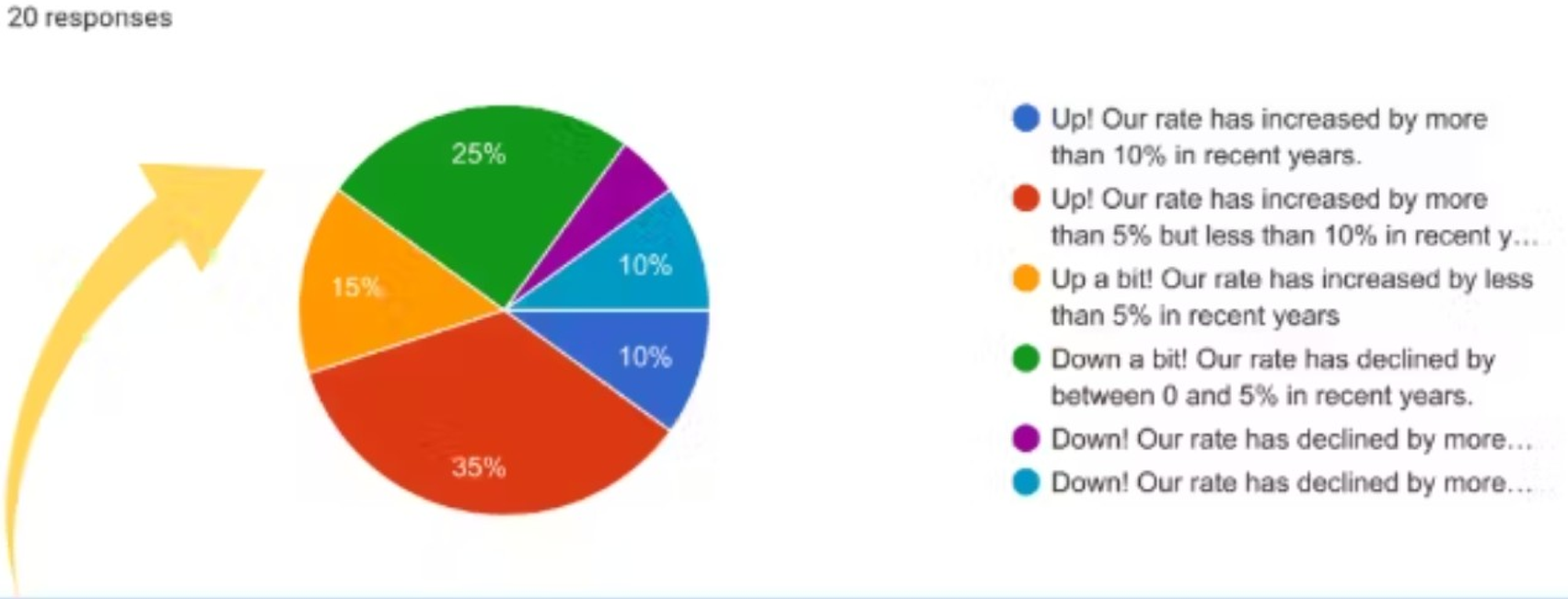
Review Action Work

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 your colorectal cancer screening rates trended for this cohort?

More than **one in five** respondents in this cohort report their compliance rate as **BELOW** 2023 national avg.



About 40% of respondents have seen colorectal cancer screening rates **trend DOWN** in recent years.

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.

Colorectal Cancer Screening
Initial Problems Identified

- **Low Screening Completion:** Many responses indicate that the primary problem is the low completion rate of colorectal cancer screenings.
- **Patient Follow-Through:** A significant issue is patients not returning FIT kits or not following through with testing.
- **Declining Screening Rate:** Some organizations have experienced a decline in their colorectal cancer screening rates.
- **Staff Coordination:** Lack of coordinated effort among staff and providers in addressing care gaps.

Colorectal Cancer Screening
Root Causes Identified

Mentimeter

- **Patient-Related Barriers:** Patients may…
  - not understand the significance of screening
  - perceive the stool collection process as unpleasant
  - not be concerned about their risk
  - perceive affordability as barrier
- **Systemic & Process Issues:**
  - A systematic navigation process for FIT kits may not exist
  - lack of "pick-up from home" options for samples
  - Staff not maximizing tools that highlight care gaps
- **Resource & Outreach Limitations:** There is a lack of funding for tests and insufficient outreach resources (human and technological).
- **Provider Knowledge & Buy-in:** Providers may lack knowledge of alternative screenings or buy-in to address preventative care at any appointment.
- **Competing Priorities:** Other priorities overshadow colorectal cancer screening initiatives.

"Systematic navigation process that helps patients get their FIT kits back doesn't exist in our health system"

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

Part 2

Understanding the Scope of 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

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

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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?

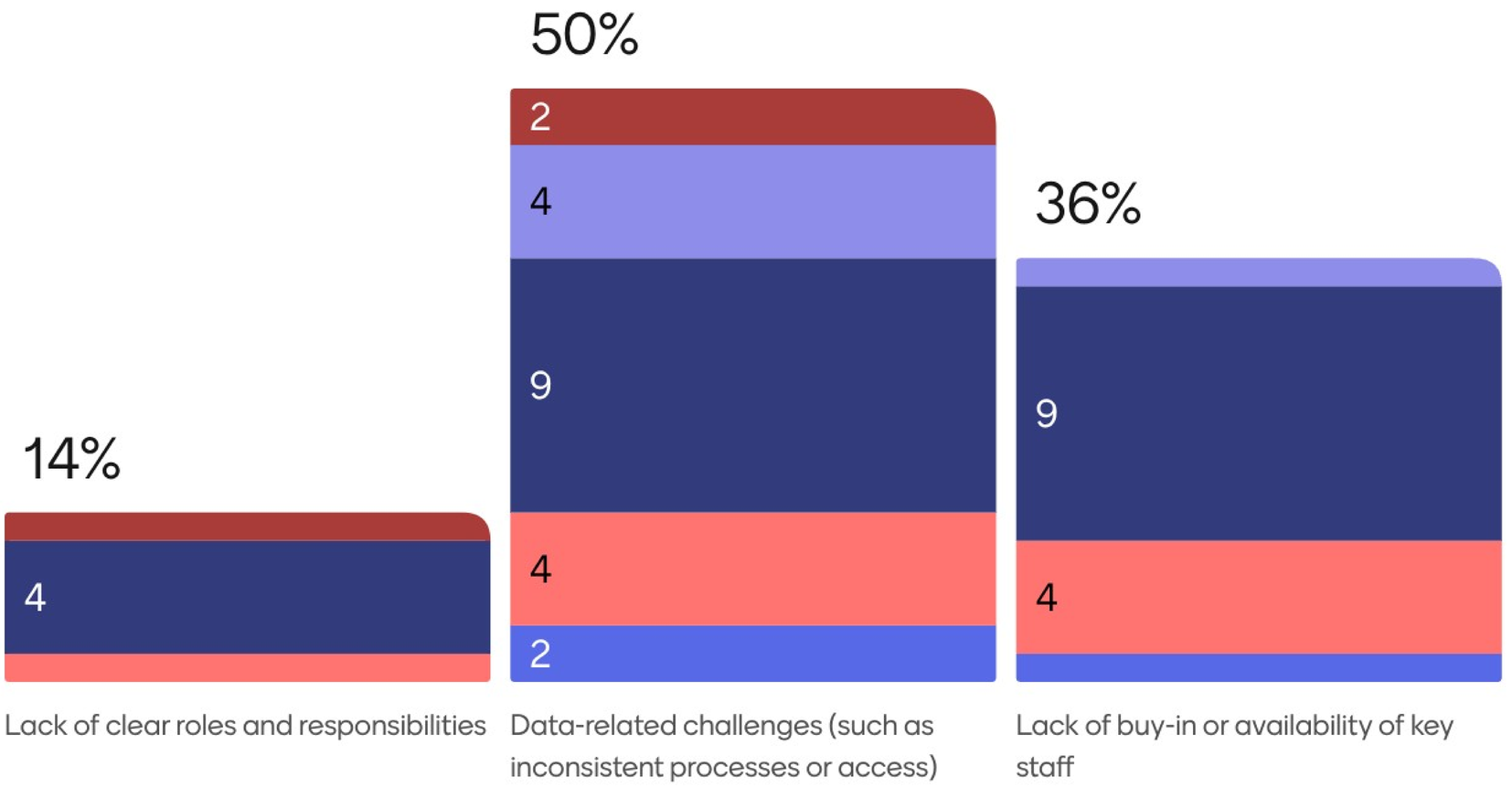
We have siloes and are not able to bring all the right people together.

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?



Lack of clear roles and responsibilities

Data-related challenges (such as inconsistent processes or access)

Lack of buy-in or availability of key staff

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?

Good leadership that looks at the overall picture.

Regular meetings where data is discussed and scorecards are sent out

Monthly quality meetings with key stakeholders in the process from admin to clinical staff

Targeted QI projects for quick improvements.

Transparency and staff feedback

Great, supportive leadership that's always willing to come to the table together and figure something out

Being more transparent with data and comparisons. Providers can see where they stack up.

Clear and open communication from QI Team specially through monthly QI Meeting

What has supported building your cross-functional team?

- huddles
- Prioritizing measures
- Our rates increased significantly when we had a dedicated, multi-disciplinary team meeting regularly to address this.
- Team members that are invested in improving quality of care.
- Have the Epiccare link interfaced with. NextGen.
- Building urgency in the problem at hand
- Senior Leadership supporting added consulting support to carve out time to focus on developing a work plan and executing.
- Structured Quality and Compliance meetings addressing these issues

What has supported building your cross-functional team?

A new CMO and an amazing Quality Coordinator with several EHR updates

We have a new Leadership Team (CEO, Ops, Quality) who are working to update roles and build a team so that everyone has a specific function and know what their responsibilities are.

New Leadership that understood the importance of data driven information

Having clear quality team with specific roles. Our new CMO is focused on quality and data. And we have done a overhaul on workflows and data integrity through azara

Data transparency

We moved our QIQA meetings back to in person meetings in order to build collaboration. Meeting in person has been valuable to being engaged together as a team to focus on initiatives.

We became more data driven with the new EHR. Key leaders participate. We have a monthly data meetings.

We meet monthly and provide quarterly feedback to our providers.

What has supported building your cross-functional team?

Regular meetings/huddles

Open communication from leadership.

Leadership driving engagement amongst all departments / transparency on all facets of actionable deliverables

Varied and specific roles to facilitate communication between admin and clinical staff and address certain measures

Regular contact between clinical staff and EHR Team to review workflows and changes.

Having quarterly meetings and having focused quality measures

I am the new Dir of QRM and am in the process of developing a cross functional team

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**

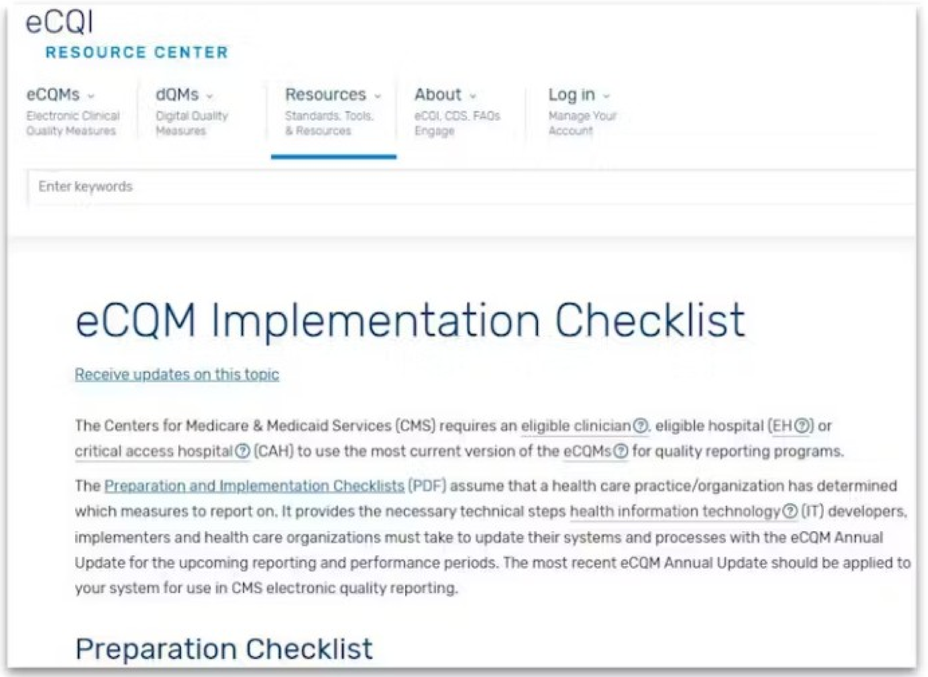
UDS Manual:

- Definitions and instructions specific to the UDS are in the 2025 UDS Manual.
- Clinical quality measures include links to eCQMs 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 eCQM 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**



- **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

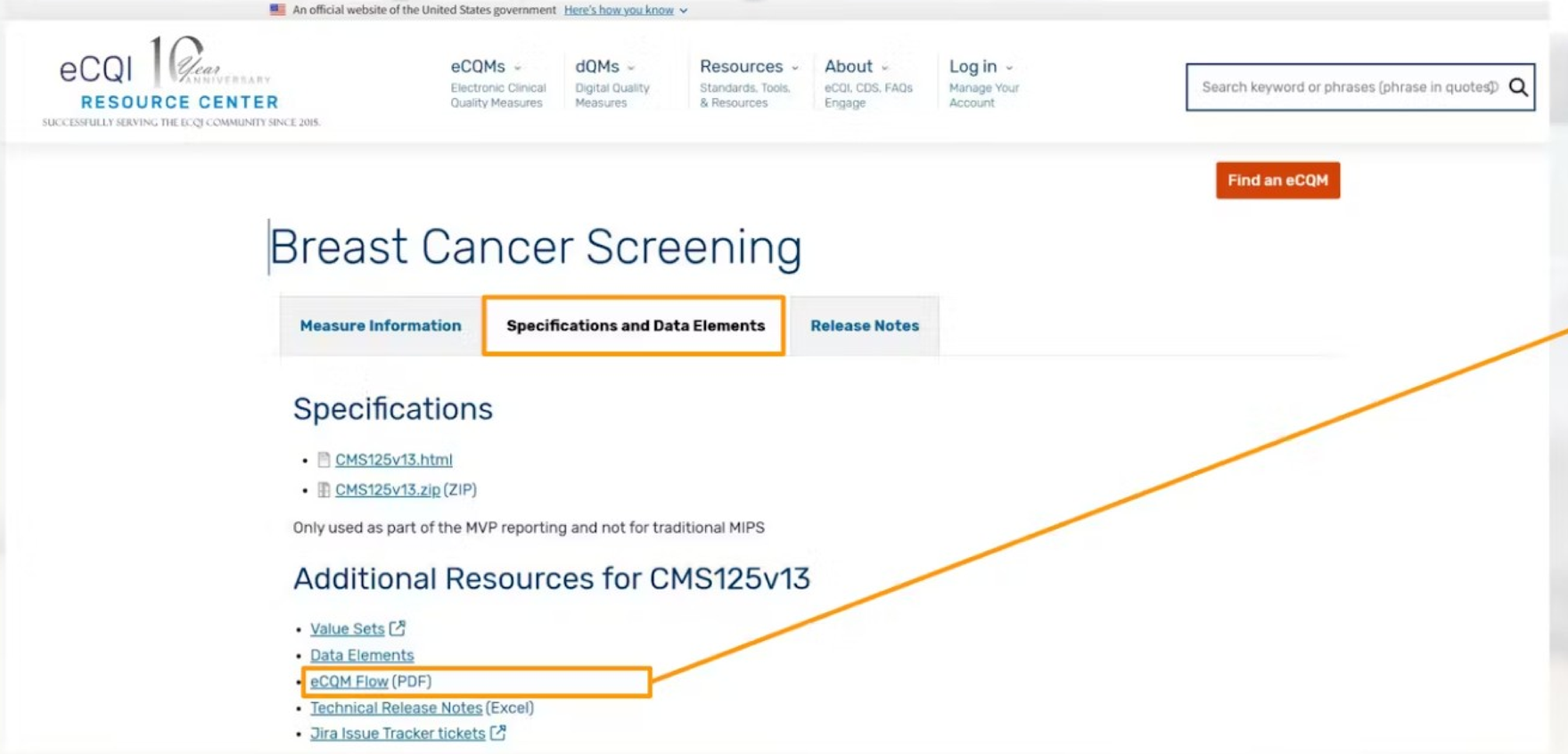
Action Item 1

Review the first 5 steps of the eCQM implementation checklist.

Remember, UDS uses Eligible *Clinician* eCQMs.

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

eCQM Flow



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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

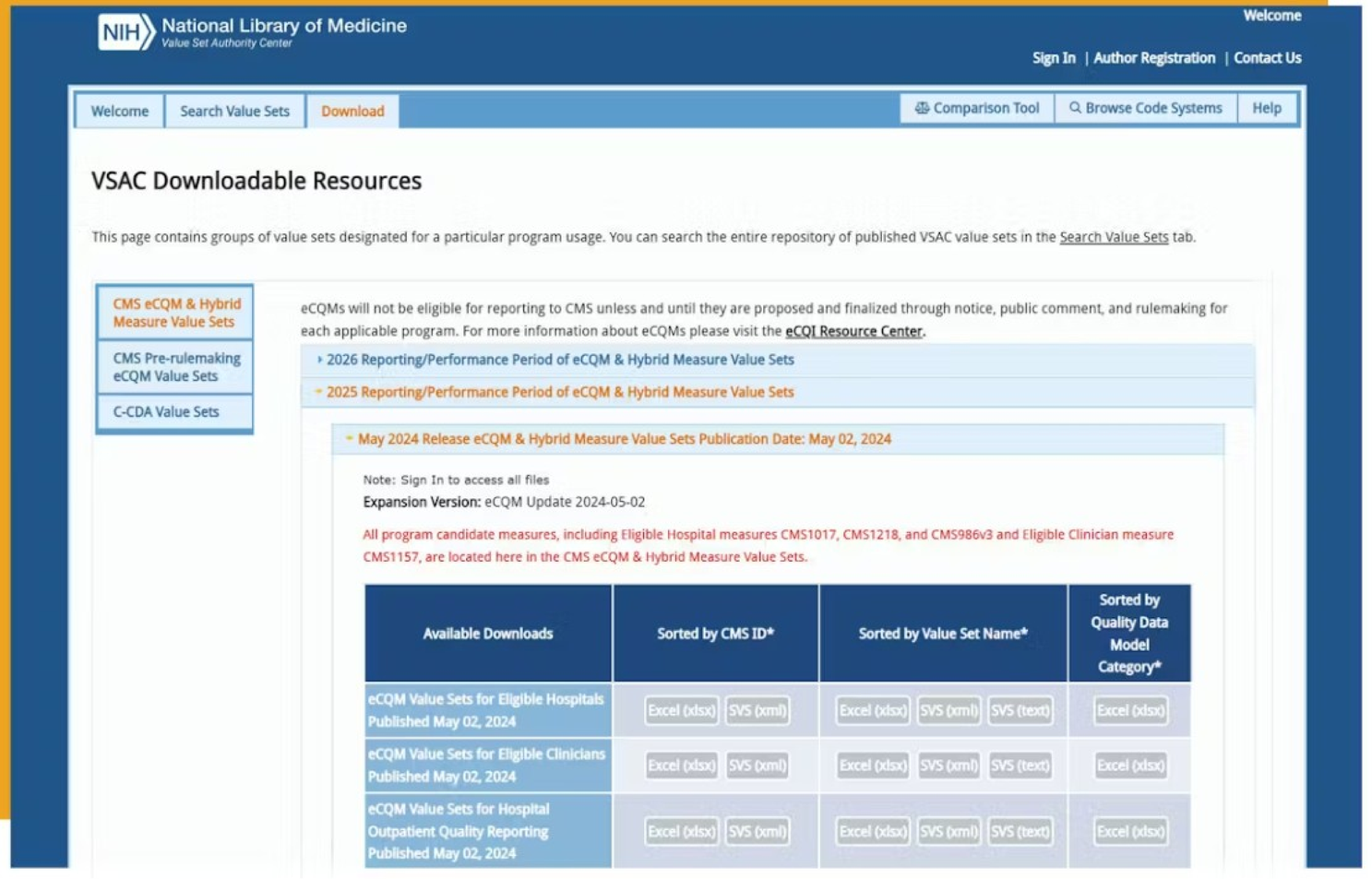
Available to all at
https://vimeo.com/635520357

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:

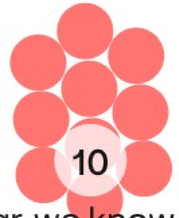
- ➔ Download Excel **Sorted by CMS ID** to get the full set for each measure-- you'll match the CMS # from the Manual to the CMS # on the Tabs of the downloaded spreadsheet. There are more measures in the spreadsheet then there are in the UDS.
- ➔ Download Excel Sorted by **Value Set Name** to find codes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



Video demonstrating process: https://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

Colorectal Cancer FAQs: Question 1

Could you please clarify whether a patient who is seen by a behavioral health provider but does not visit a primary care provider within our health system is included in the denominator for clinical measures? Specially colorectal cancer screening

Any visit at the health center in the year coded with one of the 77 codes within the 7 value sets below makes the patient eligible for the Colorectal Cancer Screening measure (and they will be included in the denominator if they meet the other criteria and don't meet any exclusion criteria).

1. Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
2. Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
3. Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)
4. Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)
5. Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)
6. Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)
7. Virtual Encounter (2.16.840.1.113883.3.464.1003.101.12.1089)

Colorectal Cancer FAQs: Question 2

What do we do when patients refuse to get screening tests, such as colonoscopies. performed in [order for it not to count against the health center]?

- Patient refusal is not an exclusion or exception for this measure, so unfortunately, the patient is still in the numerator and the denominator.
- There are other tests that count towards this measure, not just colonoscopies. Some health centers have better luck with at-home tests that don't have the same referral barriers or may bring up less concerns for the patient.

Key Considerations to Meet Measure

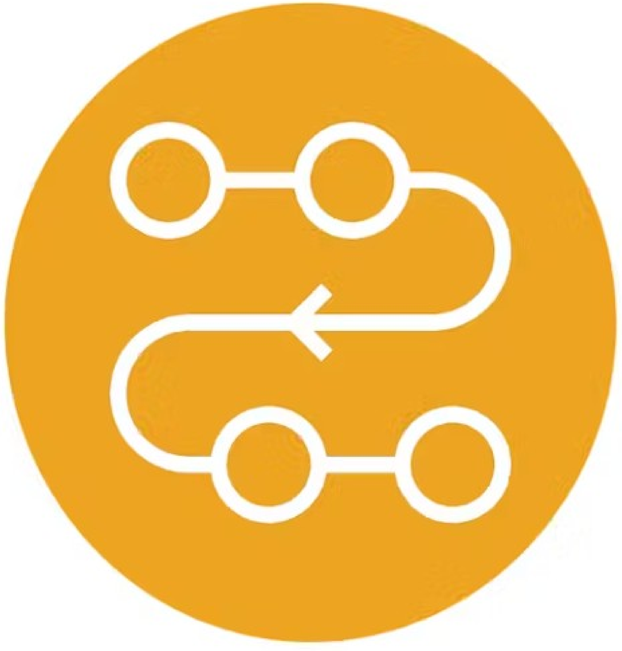
- Ensure that screenings are attached to relevant visits.
- Maintain/ update the problem list regularly.

- 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



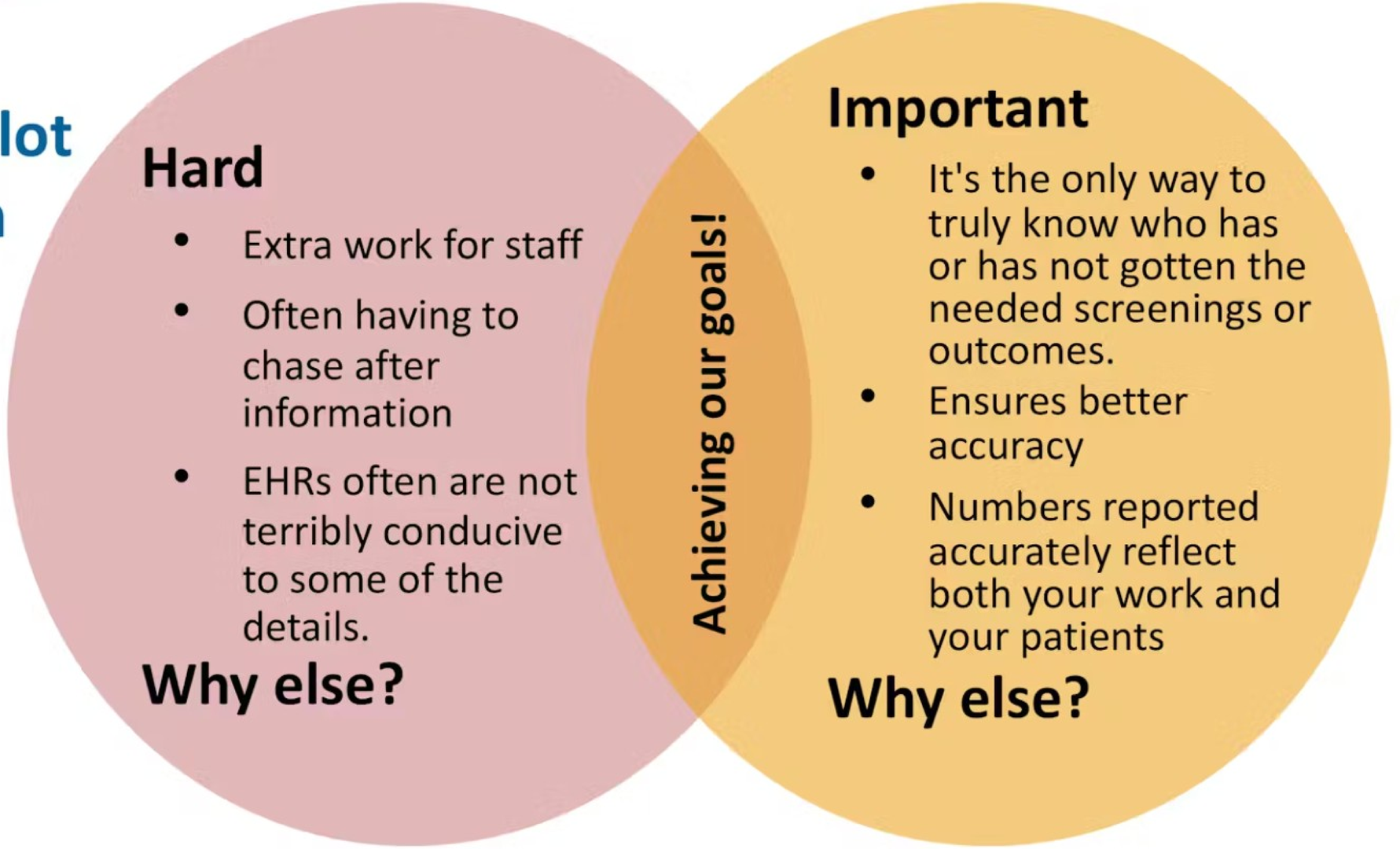
eCQM Known Issues Tracker (part of ONC tracking)

UDS Changes Webinar and Helplines

Access each with these links:
https://oncprojectracking.healthit.gov/support/projects/CQM/summary
https://oncprojectracking.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!



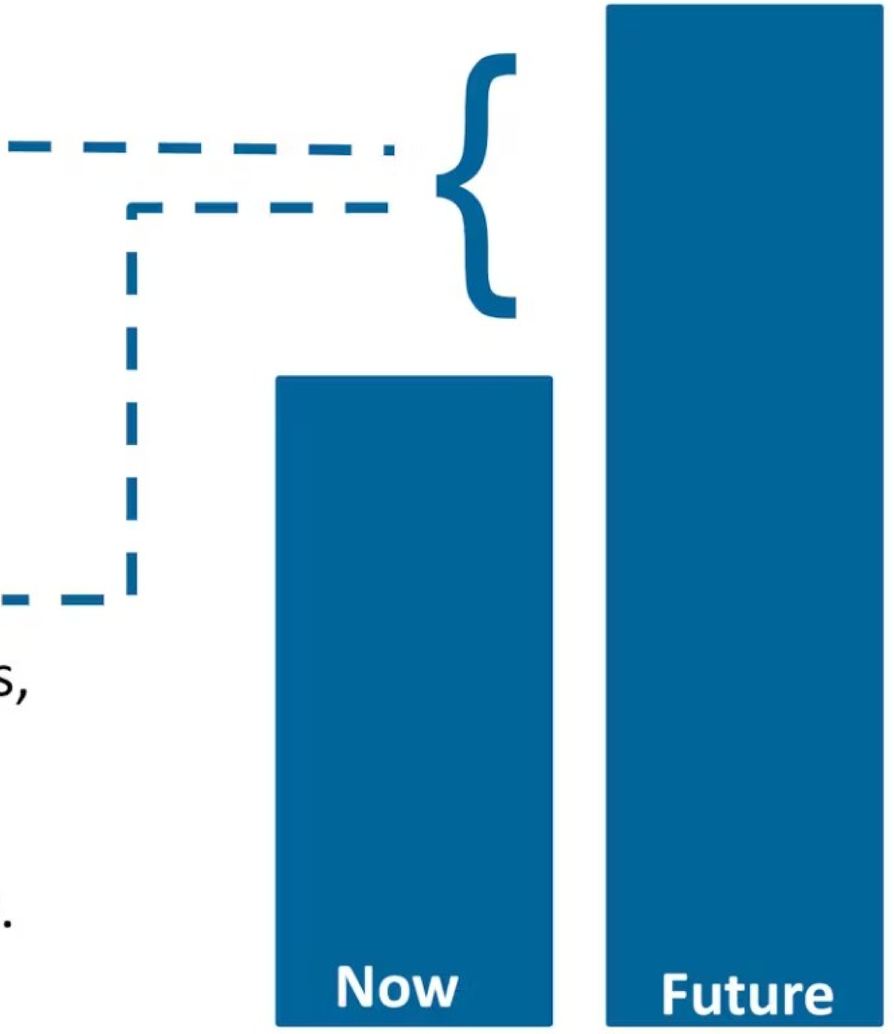
Part 5

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

UDS
Uniform Data System