



RAPID

Reporting Assistance and Process Improvement Discussion

Subject Matter Expert Session 2: Process Mapping & UDS Measure Lifecycle

Vision: Healthy Communities, Healthy People



SUMMER NOT OVER YET, BUT....

WHAT ARE YOU LOOKING FORWARD TO?



Jerry's Background

Experience:

30+ yrs healthcare QI & data

- Hospital
- 2 health centers, HCCN
- State and national trainings
- Adjunct statistics instructor

RAPID ROADMAP

PART 1:
Review Action
Work

PART 2:
Understanding
Data Quality

PART 3:
Understanding Measure
Specifications for UDS
Reporting

PART 4:
Measure FAQs

complete presentation
session

What approaches
and tools help
ensure sustainable
change?



Your last session

Your final 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

Today!

How can we use
process maps to “hard
wire” RAPID measure
improvements?



AREAS OF IMPROVEMENT IDENTIFIED

Breast Cancer Screening

Provider and Staff Education

- Many of you highlighted this as a key area for improvement.
- Patients receive a lot of information about testing from providers and staff.
- Make provider/staff education a part of your routine training (annual, small group, peer review, etc.)

Access to Care (Outside of your organization)

- Oftentimes patients are referred out for mammograms.
- Build relationships with outside entities to help streamline patient referral process.
- Health Information Exchanges, EHR liaisons, Referral Coordinators, MOUs.

Lack of Clear Workflows

- Established workflows help staff execute their job duties with confidence and efficiency.
- Measure specific workflows are great, but competing priorities exist for many of your staff.
- Where possible, streamline workflows to include as many quality initiatives as possible.

Cervical Cancer Screening

Education/Training

- Training care teams more formally on measure criteria and coding
- Patient education on the importance of screening and low cost options
- Training on workflows to ensure measure criteria is documented appropriately in the EHR

External results

- Improving data collection/forms for capturing outside results to meet measure criteria
- Create workflows for providers to request external results
- Training staff on how to obtain and document results from external providers

Technology

- Ensuring the correct coding is reflected in EHR templates
- Improving documentation workflows in the EHR to based on required data elements
- Explore the use/customization of previsit planning tools or other point of care tools to complete screenings

Colorectal Cancer Screening

Patient Understanding and Engagement

- **Lack of Patient Understanding:** Patients often don't understand the importance of screening for early detection or how to correctly complete at-home tests like FOBT/FIT kits.
- **Inconsistent Education:** The information provided to patients is often inconsistent and confusing, especially when given by different staff members.
- **Poor Patient Follow-up:** There isn't a standardized workflow for following up with patients who don't return their samples, and outreach efforts like phone calls or mailing kits are not consistently used.

Workflow and Staff Gaps

- **Limited Provider Engagement:** Providers don't consistently discuss screening during all relevant patient visits; these conversations are often limited to annual wellness visits.
- **Inadequate Staff Training:** Staff, including Medical Assistants, lack specific, comprehensive training on colorectal cancer screening, leading to fragmented and incomplete patient education.
- **Disjointed Care Coordination:** The organization struggles to track and obtain screening results for patients who receive care from external providers, creating a gap in their health records.

Data and System Challenges

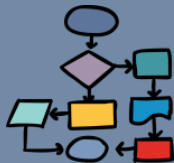
- **Inaccurate Data Mapping:** Data within the EHR system is not correctly mapped, which means screening results are often missing or misreported, leading to inaccurate quality measure scores.
- **EHR Challenges:** The implementation of new EHR systems or a lack of a knowledgeable clinical informatics staff creates difficulties in aligning documentation with measure specs.
- **Limited Data Utilization:** The organization isn't fully utilizing its data to understand how risk scoring works or to stratify patient populations, which could help focus screening efforts more effectively.

Common opportunity:
workflows

OBJECTIVES FOR TODAY'S SESSION



Review approaches and tools that help ensure **sustainable change** with UDS measure improvements.

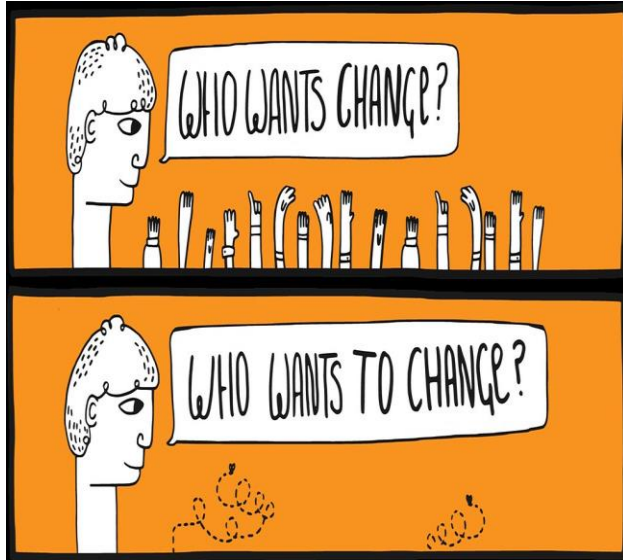


Learn how to use process maps (eCQM and clinic workflows) to assess and improve UDS **measures lifecycle**.



Explore the role of data governance in **monitoring and sustaining** UDS measures lifecycle.

SUSTAINABLE CHANGE - PRINCIPLES



- Leader sponsorship, resource allocation
- Alignment with org strategy
- Engagement of all stakeholders
- Shared understanding of current state
- Consensus on priority opportunities
- Change informed by internal opportunity and leading external practices to stretch
- Effective change process and systematizing changes to “hard wire” improvement

SUSTAINABLE CHANGE – METHODS & TOOLS

Internal assessment: strengths, weaknesses, opportunities

→ *Your RAPID work to date*

External: Evidence-based practices from the field



Degree of change

—Small, rapid changes → PDSA cycles

—Large, systemic changes → Process redesign, HIT implementation, optimization, or replacement



Define



Measure



Analyze



Improve

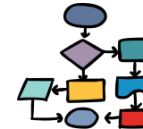


Control

Documents and tools that help **systematize** change

—Policies and procedures, job descriptions, work aids

—*Process and workflow diagrams*

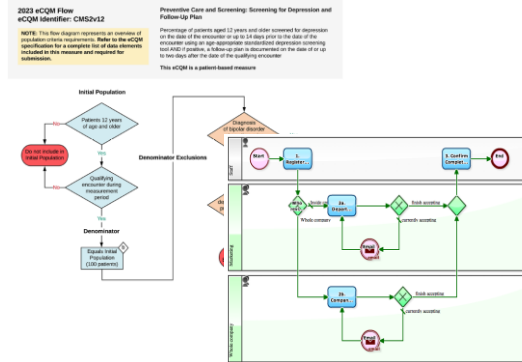


PROCESS-RELATED DOCUMENTS

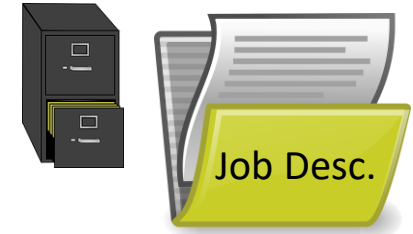
Medical & Patient Care



Processes & Workflows



Sites, Depts, HR



- Evidence-based clinical guidelines
- Standards of care
- Standards of practice

- eCQM flows, specs
- Process Maps
- Workflows

- Job purpose
- Duties and responsibilities
- Qualifications

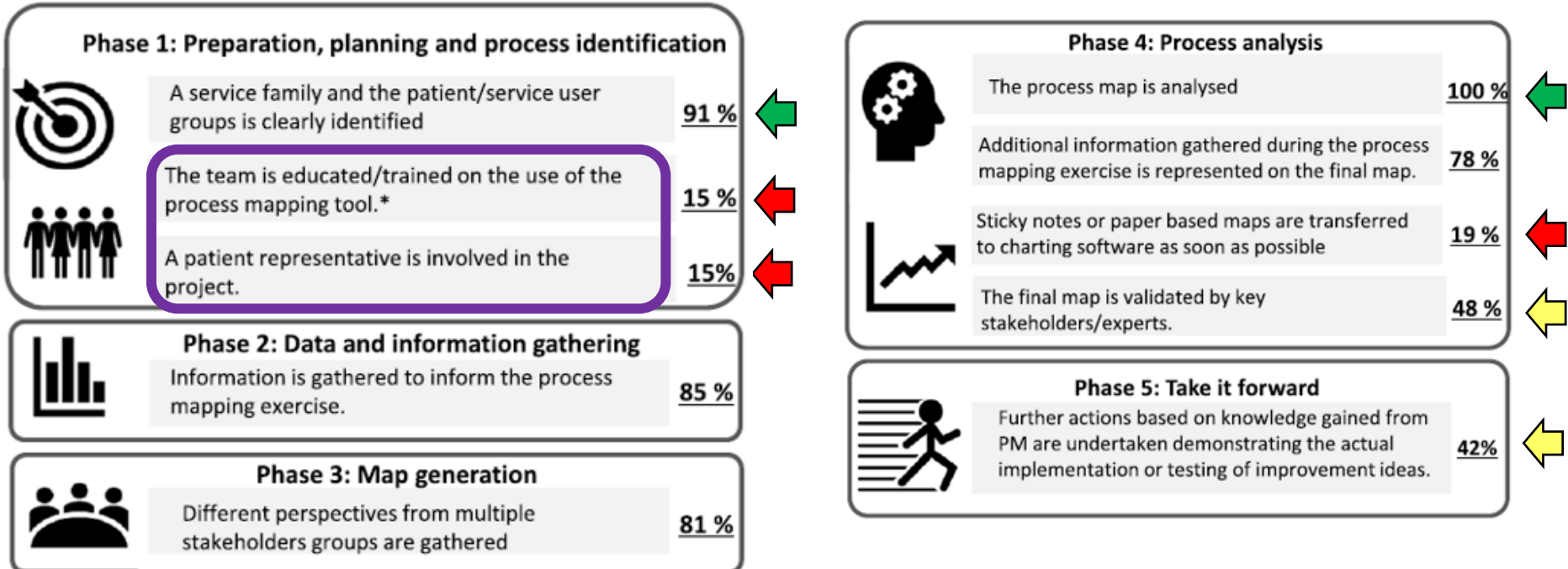
BENEFITS OF PROCESS MAPS & WORKFLOWS

- Visual “diagnostic” perspective that other tools such as policy and procedure or job descriptions may not provide
- Displays the chronology of how staff interact with each other, patients, and technology
- Helps to identify:
 - Bottlenecks, other delays
 - Decision points
 - Hand-offs
 - Duplicate, unnecessary steps
 - **Role ambiguity**
 - **Variation**
 - **EHR/PHM optimization needs**



MAKE BEST USE OF PROCESS MAPS

Findings from a meta analysis: 105 healthcare process studies reviewed

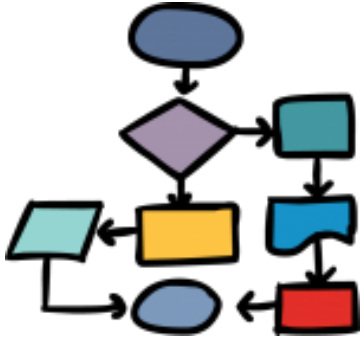




Chat in

**Which UDS measure did you
last update a workflow for?
How long ago?**

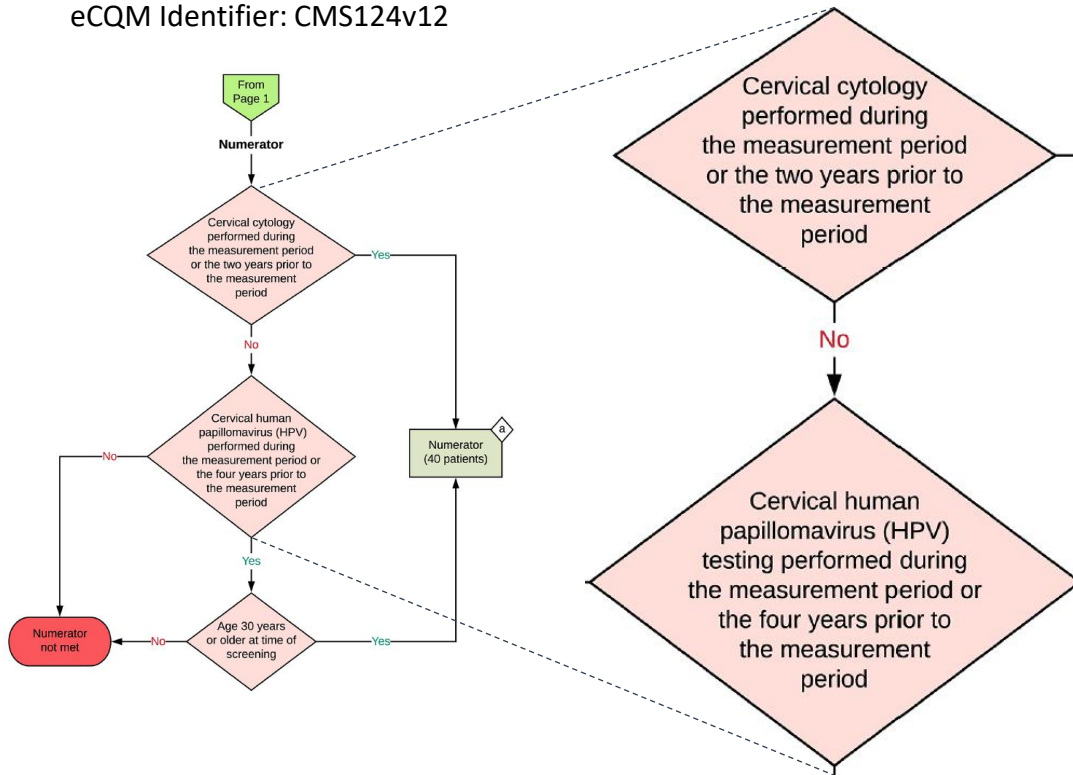
WORKFLOW EXAMPLES



- Cervical Cancer Screening (CCS)
- Breast Cancer Screening (BCS)
- Colorectal Cancer Screening (CRC)

CERVICAL CANCER SCREENING

2024 eCQM Flow
eCQM Identifier: CMS124v12

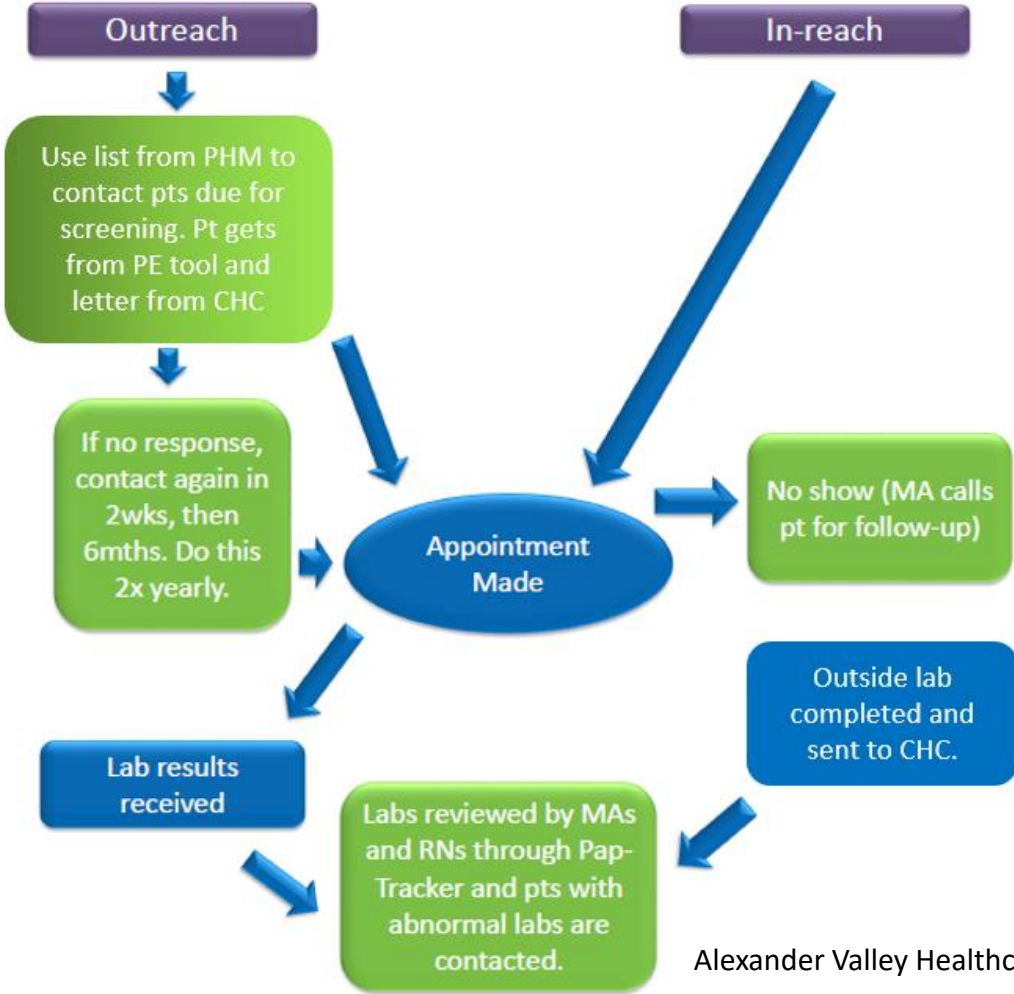


Common challenges

- Patients receive screening outside of health center
- Lack of insurance/access to screening
- Screenings not always documented the same way
- Obtaining reports from external partners - lack standardized workflow identifying roles and responsibilities for this

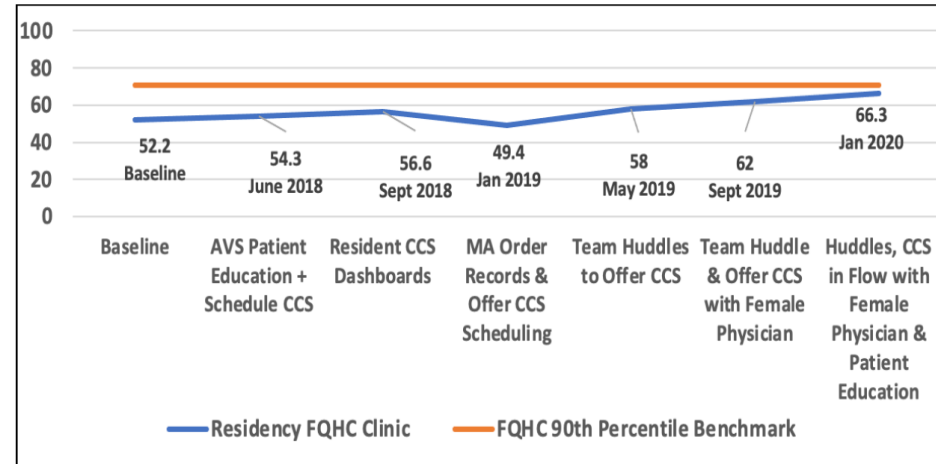
CCS Workflow

- Outreach perspective



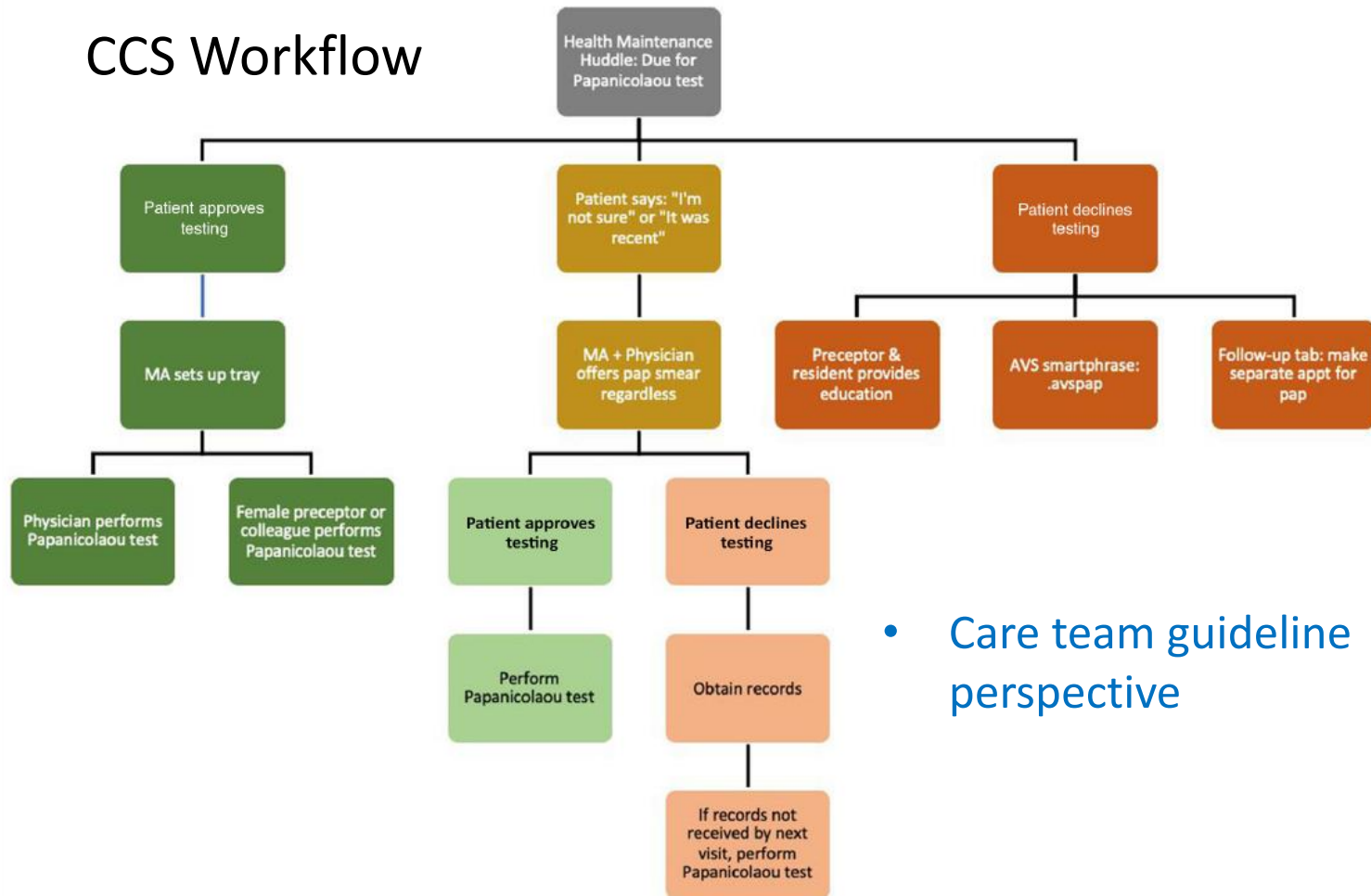
IMPROVING CCS RATES AT AN URBAN FQHC

- Need to slowly refine clinical processes and workflows
 - ✓ Involve all staff and providers as change agents
- Practical interventions
 - ✓ Providing early CCS to all eligible women if outside records not immediately available
 - ✓ Having CCS planned and offered in advance to reduce clinic cycle time
 - ✓ Having a female physician available if requested by a patient
 - ✓ Providing adequate patient education



- Barriers: Poor understanding of CCS by patient and fear or embarrassment about the exam
- Results: Improved from **52%** to **66%** through 6 PDSA cycles

CCS Workflow



- Care team guideline perspective

NEW-ISH: CCS / HPV SELF-COLLECTED TESTING

Cervical Cancer FAQs: Question 2

Does self-swab testing count towards the numerator for this measure?

The method of collection is not specified in the eCQM specifications. HPV tests that are documented using the codes specified in the value set meet the numerator criteria. This question was captured in Jira [here in February 2025](#), and received guidance that "Self-reporting is acceptable given that HPV Test report is documented in an EHR, approved for entry by the provider, using any of the codes found in the value set "HPV Test" (OID: 2.16.840.1.113883.3.464.1003.110.12.1059), has a non-null result, and is performed within the required timeframe."

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.

Under-screening is multifactorial

- Belief that screening is not needed
- Lack of insurance/access to screening
- Socio-economic
- Cultural barriers – race/ethnicity and gender identify especially

FQHC in Hawaii research

- Participants provided HPV vaginal self-collection kit including verbal, written, and pictorial instructions
- MA guides patient to private bathroom for sample collection; Patient returns tube sample to MA
- Specimens processed by clinic staff within 1 hour of collection
- Most described the self-collection process as very easy or easy
- Knowledge of HPV and cervical cancer prevalence was low

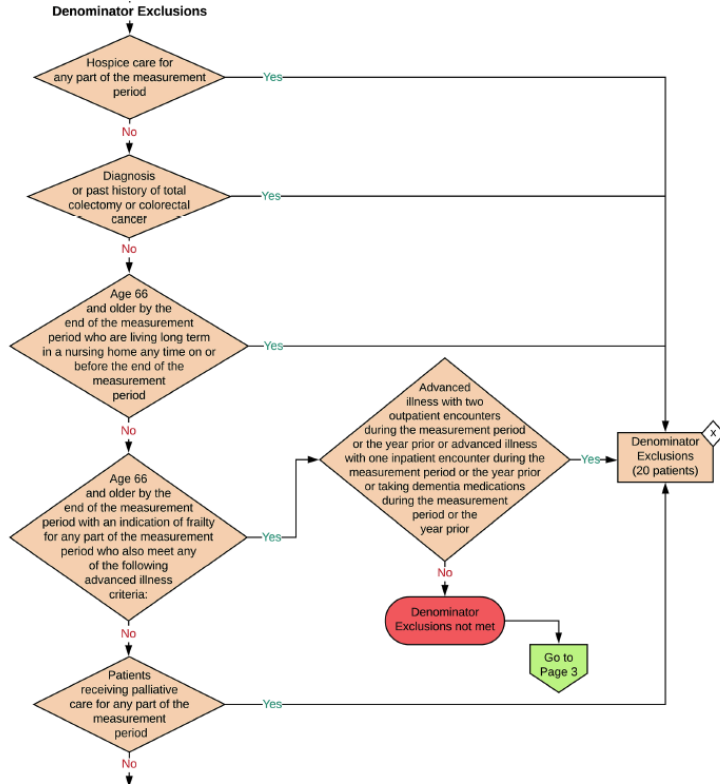
Workflow will help!

Ung et al, Self-Collected Swabs for Primary HPV Screening in an Underscreened Population in Hawaii. J Low Genit Tract Dis. 2025

COLORECTAL CANCER SCREENING

2023 eCQM Flow
eCQM Identifier: CMS130v11

Exclusions



Guidelines

1 year

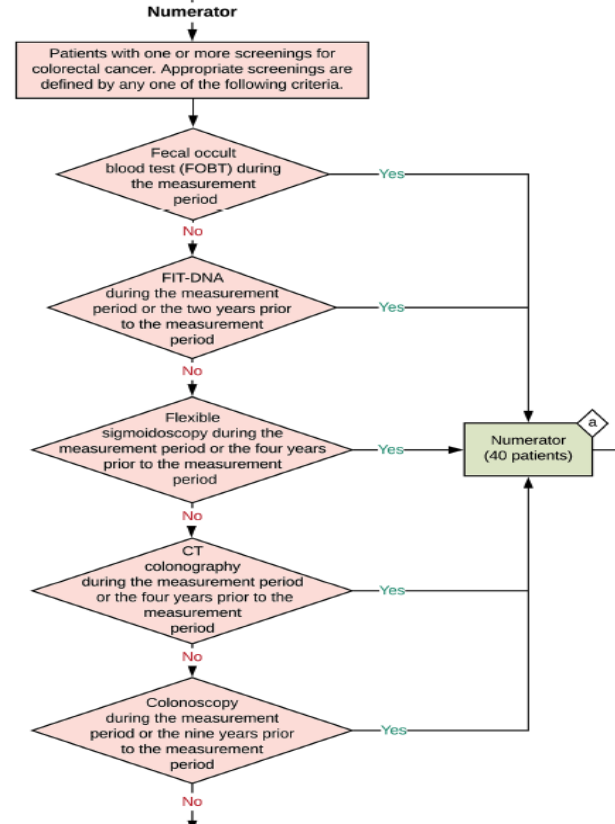
3 years

5 years

5 years

10 years

Numerator



SIMPLE WORKFLOWS WORK

WORKFLOW

To get the population two reports were run a) A Relevant report and/or b) The Relevant Pre-visit Planning report that would indicate if the patient were due or overdue for colon cancer screening.

Administrative/Front Desk/QI Staff/Care Team mailed or handed out the FIT Kit. The Fit Kit was not modified.

Personal follow-up was made to the patient if a result had not been recorded within 2-weeks of distributing the kit. Patients were given options to either mail the kit back or drop it off at the Quest Diagnostic Lab or the Quest Hub (lab within the health center).

When the 3-month period was up results were tallied up counting the encounters.

Who
What
When
How

#DoThePoo

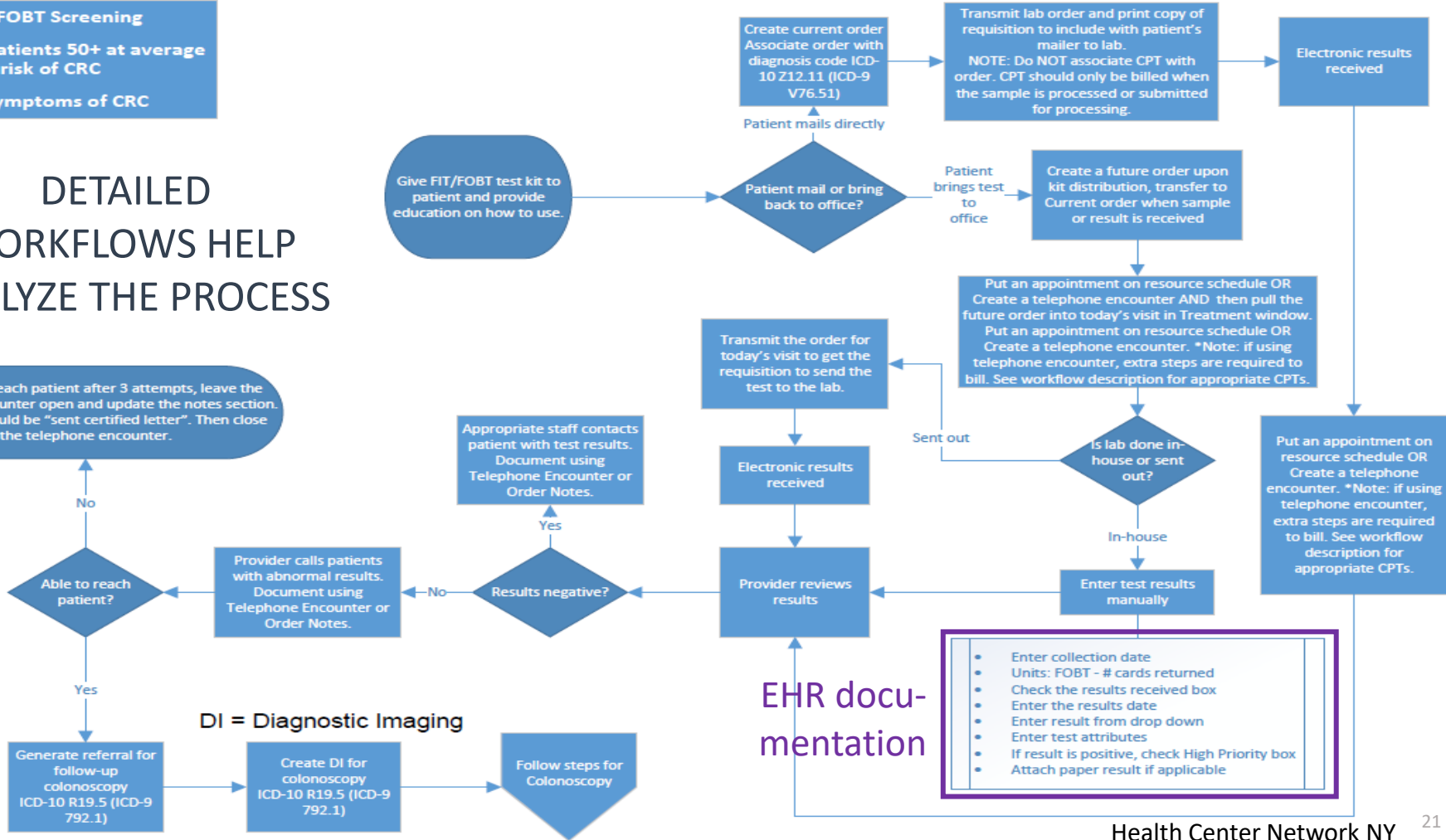


Keep it fun

DETAILED WORKFLOWS HELP ANALYZE THE PROCESS

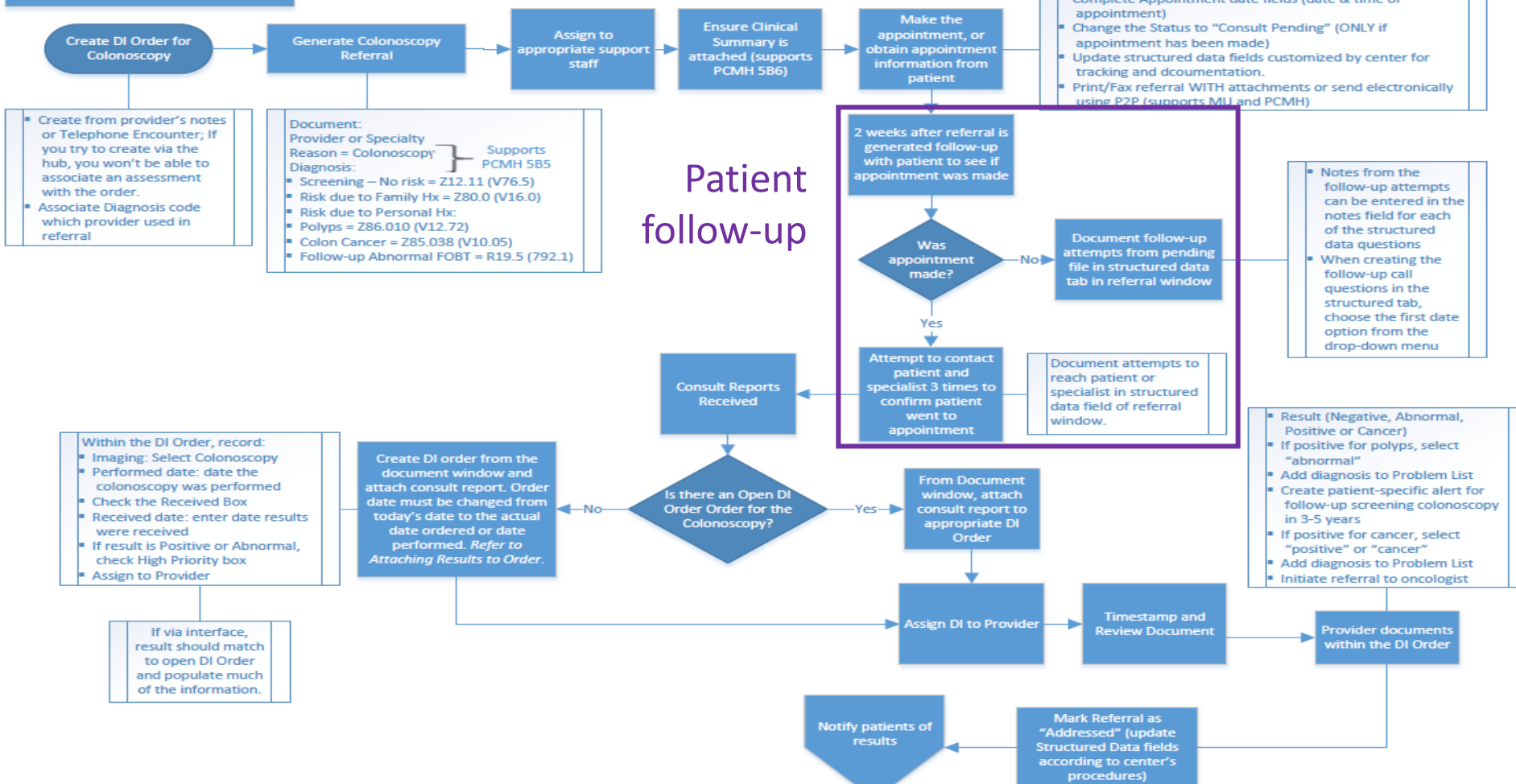
FIT/FOBT Screening
Assumes patients 50+ at average risk of CRC
No symptoms of CRC

If unable to reach patient after 3 attempts, leave the telephone encounter open and update the notes section. Last entry should be "sent certified letter". Then close the telephone encounter.



- EHR documentation**
- Enter collection date
 - Units: FOBT - # cards returned
 - Check the results received box
 - Enter the results date
 - Enter result from drop down
 - Enter test attributes
 - If result is positive, check High Priority box
 - Attach paper result if applicable

Colonoscopy (Screening or Follow-Up)

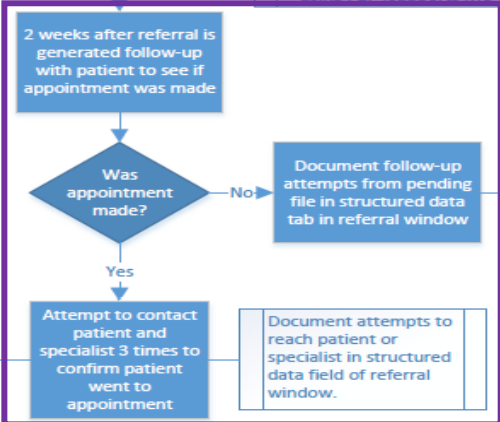


Patient follow-up

- Create from provider's notes or Telephone Encounter; if you try to create via the hub, you won't be able to associate an assessment with the order.
- Associate Diagnosis code which provider used in referral

- Document:
Provider or Specialty Reason = Colonoscopy
Diagnosis:
Screening - No risk = Z12.11 (V76.5)
Risk due to Family Hx = Z80.0 (V16.0)
Risk due to Personal Hx:
Polyps = Z86.010 (V12.72)
Colon Cancer = Z85.038 (V10.05)
Follow-up Abnormal FOBT = R19.5 (792.1)
- Supports PCMH 5B5

- Complete Appointment date fields (date & time of appointment)
- Change the Status to "Consult Pending" (ONLY if appointment has been made)
- Update structured data fields customized by center for tracking and documentation.
- Print/Fax referral WITH attachments or send electronically using R2P (supports MU and PCMH)



- Notes from the follow-up attempts can be entered in the notes field for each of the structured data questions
- When creating the follow-up call questions in the structured tab, choose the first date option from the drop-down menu

- Within the DI Order, record:
- Imaging: Select Colonoscopy
 - Performed date: date the colonoscopy was performed
 - Check the Received Box
 - Received date: enter date results were received
 - If result is Positive or Abnormal, check High Priority box
 - Assign to Provider

If via interface, result should match to open DI Order and populate much of the information.

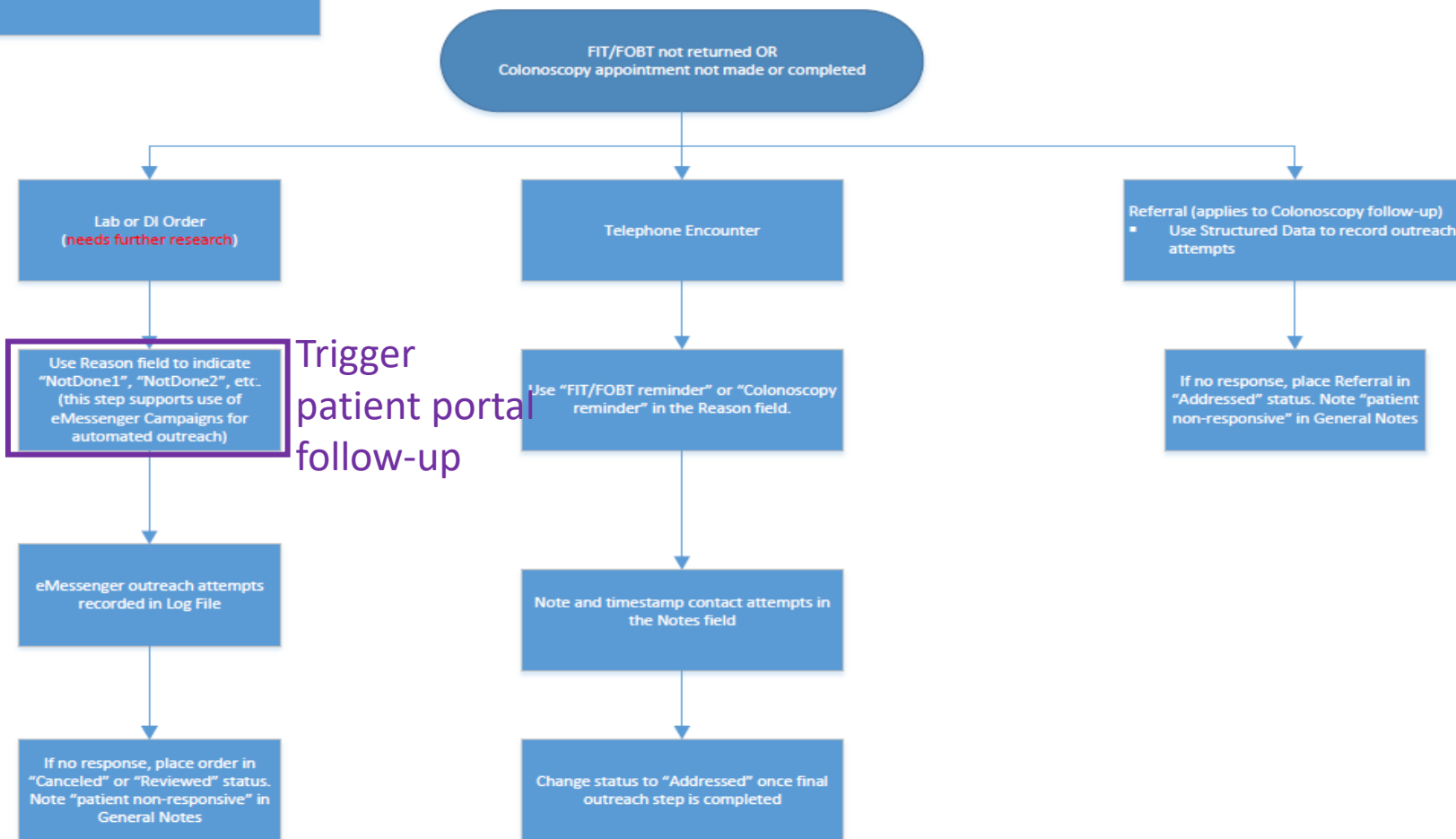
Create DI order from the document window and attach consult report. Order date must be changed from today's date to the actual date ordered or date performed. Refer to Attaching Results to Order.

- Result (Negative, Abnormal, Positive or Cancer)
- If positive for polyps, select "abnormal"
- Add diagnosis to Problem List
- Create patient-specific alert for follow-up screening colonoscopy in 3-5 years
- If positive for cancer, select "positive" or "cancer"
- Add diagnosis to Problem List
- Initiate referral to oncologist

Notify patients of results

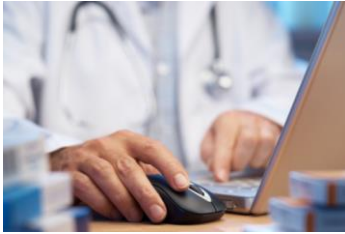
Mark Referral as "Addressed" (update Structured Data fields according to center's procedures)

Documenting follow-up Outreach for Incomplete Tests



Trigger patient portal follow-up

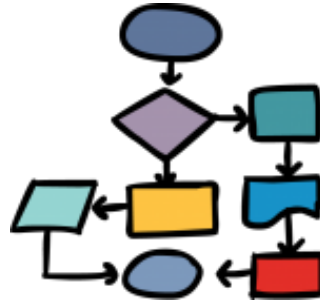
WORKFLOW “SUPPORTING PROPS”



HIT enabled – EHR, PHM, PE tools

- Care maintenance alerts
- Protocols to flag patients due for services
- Reminder calls, text messages

Due: Immunization: Tdap
Protocol: Due for CRC Screening
Protocol: Due for Pap
Protocol: Due for SHA



Patient centered

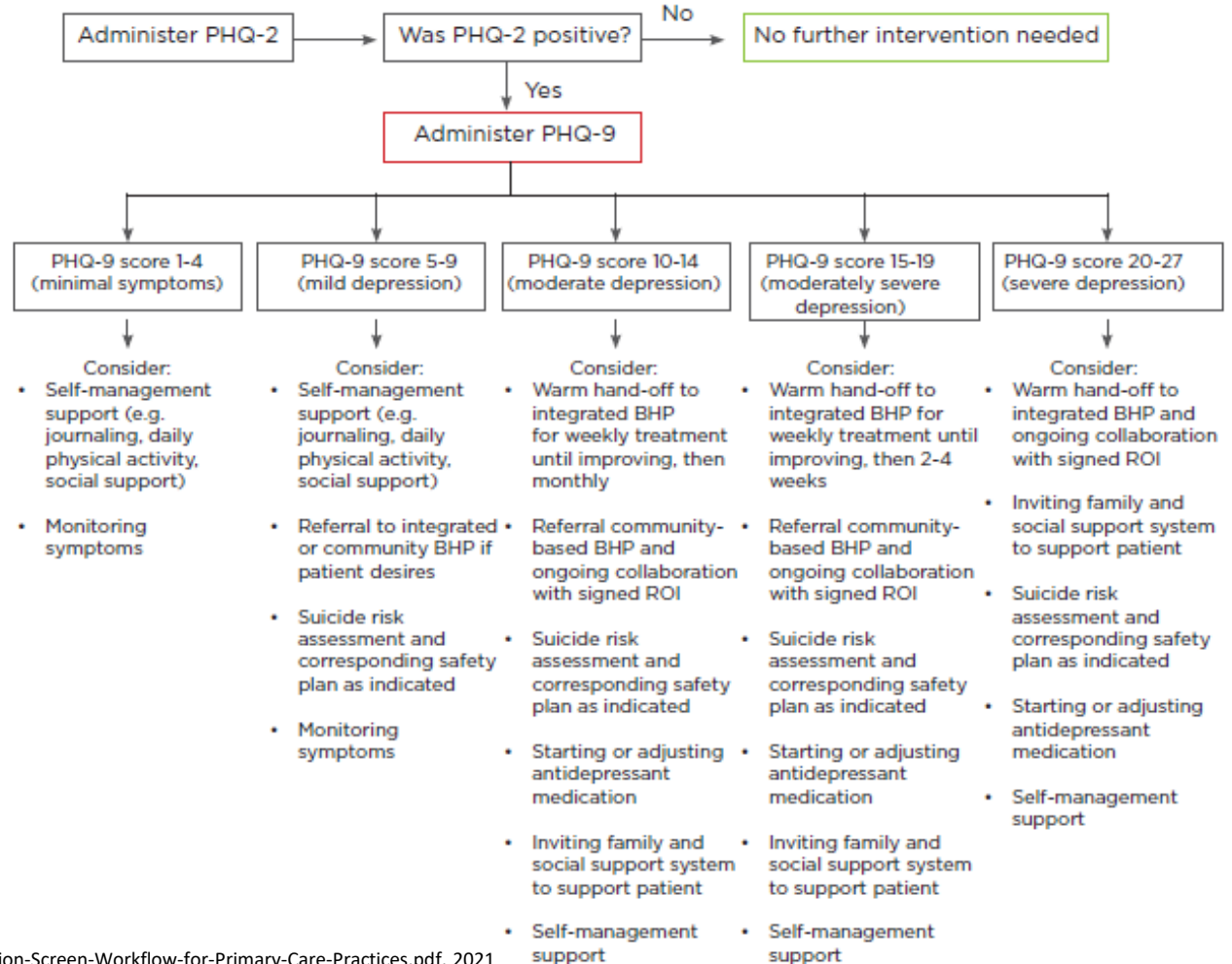
- Clear, simple instructions
- “Poop on Demand” where patient can use clinic restroom



Accessibility

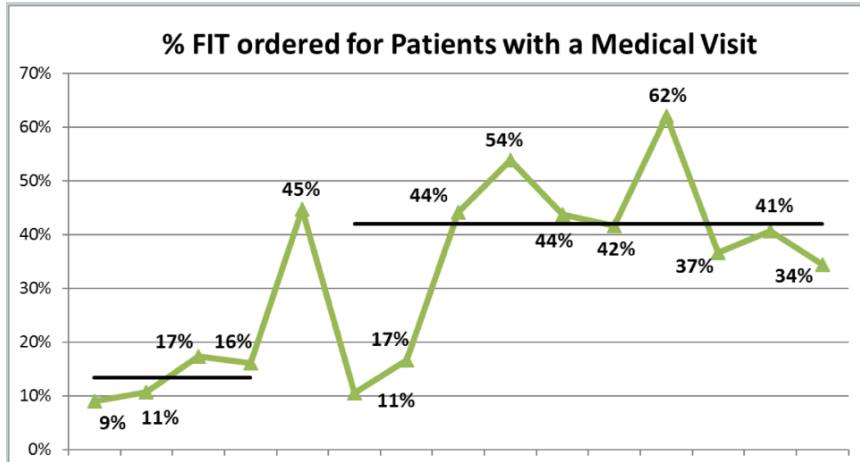
- Health fairs
- Transport coordination
- Test collection box in lab

WORK/JOB AIDES SUPPLEMENT WORKFLOWS

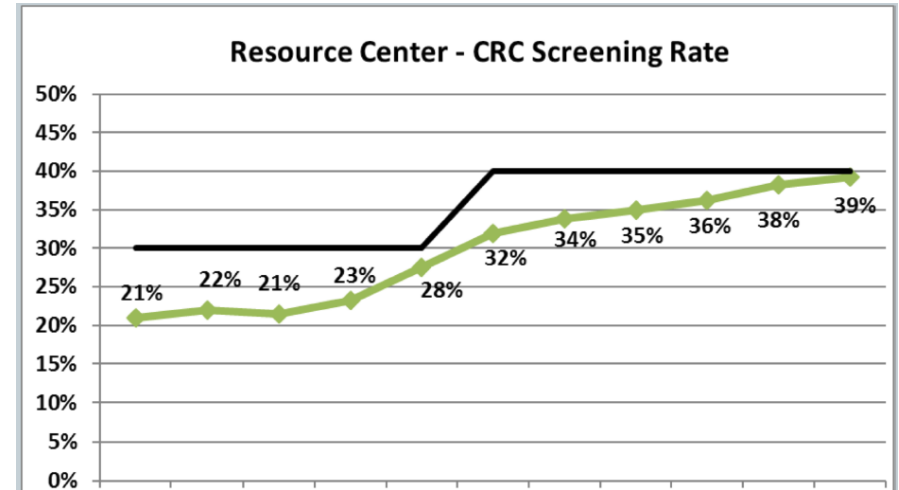


MONITOR IMPACT

Process



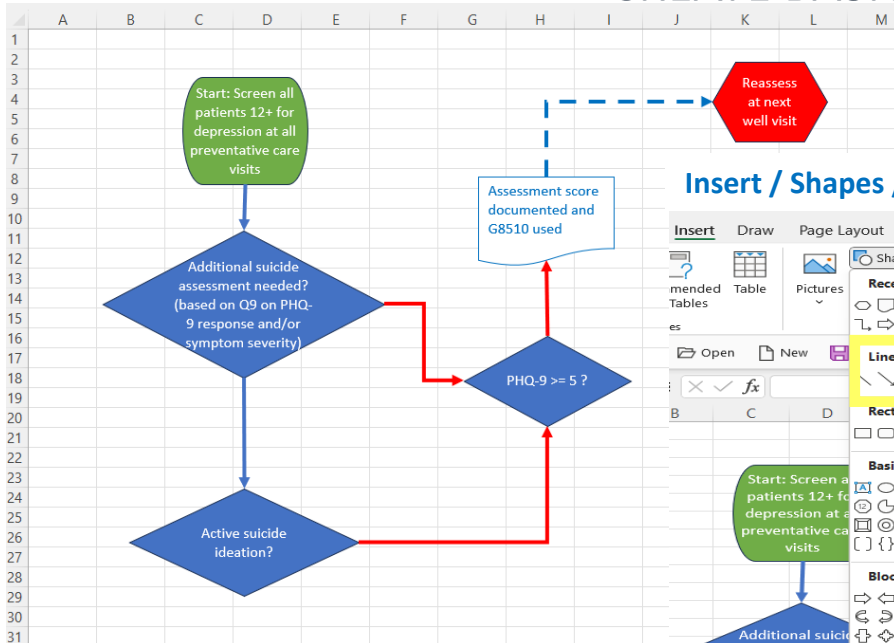
Outcome



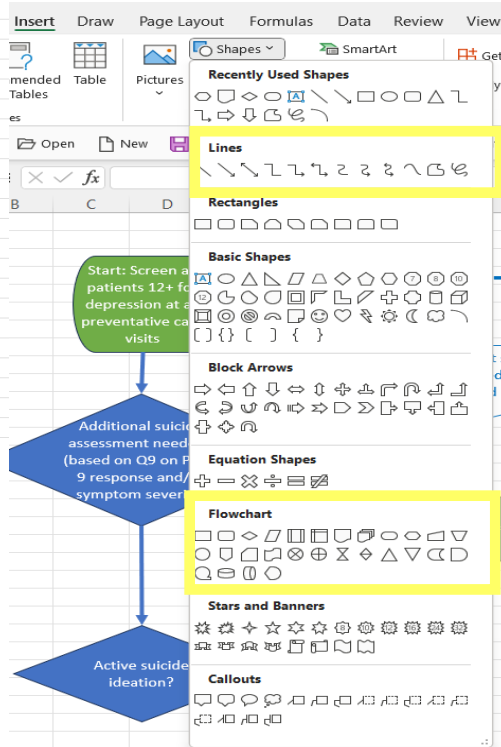
Compare against UDS National (or state)

Clinical Data	2020	2021	2022	2023	2024
Preventive Health Screening & Services					
Cervical Cancer Screening [±]	51.00%	52.95%	53.99%	54.96%	55.37%
Number of Patients Screened for Cervical Cancer [±]	3,807,992	4,025,004	4,084,322	4,278,162	4,431,850
Breast Cancer Screening	45.34%	46.29%	50.28%	52.40%	53.96%
Number of Patients Screened for Breast Cancer	1,438,426	1,557,112	1,719,755	1,851,976	1,966,405
Colorectal Cancer Screening [±]	40.09%	41.93%	42.82%	41.10%	42.71%
Number of Patients Screened for Colorectal Cancer [±]	2,448,976	2,680,583	2,769,337	3,306,873	3,617,246

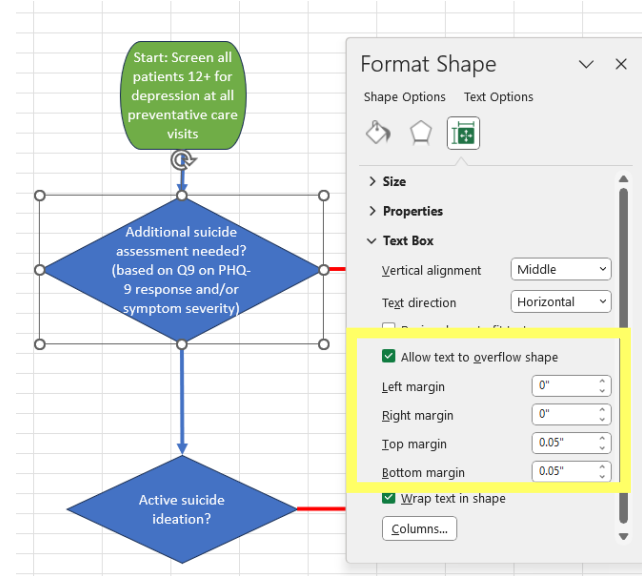
CREATE BASIC WORKFLOWS IN EXCEL



Insert / Shapes / Flowchart & Lines



[Select shape] / [add text]
[Select shape] / [right click] / Format Shape
[Select "Allow text to overflow" and reduce margins to 0]





**What tool(s) do you
use for process maps
and workflows?**

ROLE OF DATA GOVERNANCE WITH WORKFLOWS



Data Stewardship

- Experts (or passionate staff) that monitor data quality and help advance data literacy and data use.

Support operationalizing measure updates in clinical workflows



Data Governance

- Forum where data management-related decisions are made, priorities are set, resources are allocated, and impact is monitored.

Prioritize measure focus and allocate resources to operationalize measure updates



Data Services

- Staff or team that analyze and manage data for the organization including making data and reports accessible and presented in an actionable way relevant to staff role.

Support measure updates in EHR, PHM, data viz systems



QUESTIONS

Send to:
jerry.lassa@datamatt3rs.com

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/ehb_help.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>

