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RAPID

Reporting Assistance and Process Improvement Discussion

Session 3

UDS
Uniform Data System

Roadmap for Today

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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

Agenda

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- **Review July Activities**
  - Data Governance Session
  - Review Action Work from Last Session
- **Peer Sharing**
  - Desired improvements
  - Actions for improvement
  - Tools that are promising for making improvement
- **Selecting Improvement and Setting a Goal**
  - PEST Analysis
  - SMART Goals
  - Action work to complete before our next session

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You joined a SME session focused on Data Governance, which focused on:

- Prioritizing and resourcing data opportunities, centering data stewardship and governance
- The people, processes & technology orchestrated to maximize the value of data to an organization.
- Improve data quality, increase data literacy, maximize data access.

You have completed Action Work:

- Complete first 6 Preparation steps in eCQM Implementation Checklist on eCQI resource center.
- Access measure specifications.
- Review that measure specifications 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.

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Let’s Share

Discussing what you have covered since our last session!

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Data Governance: A Review of SME Session

Why Data Governance?

- To "hard wire" measure improvements for sustainability.
- To build a **data-driven culture** and better adapt to change.
- To address common issues like inconsistent workflows and competing priorities.

The "Triple Aim" of Data Governance

- **Improve Data Quality**: Ensure data is accurate and reliable.
- **Increase Data Literacy**: Help staff read, understand, and communicate with data.
- **Maximize Data Access**: Make data and tools available to all stakeholders.

Key Components

- **Data Stewardship**: A role focused on ensuring data accuracy and completeness within a specific domain.
- **Data Governance Committee**: A decision-making body that allocates resources, sets priorities, and aligns data strategy with the organization's goals.
- **Data Services**: The tactical arm of data governance, staffed with analysts who manage data assets and create actionable reports.

Looking Ahead

- Data is a strategic asset and the "organizational currency".
- We can use data governance to improve UDS measures (and achieve awards hopefully) as well as HEDIS and others.
- Effective data governance is essential for managing new technologies, including the responsible use of AI.

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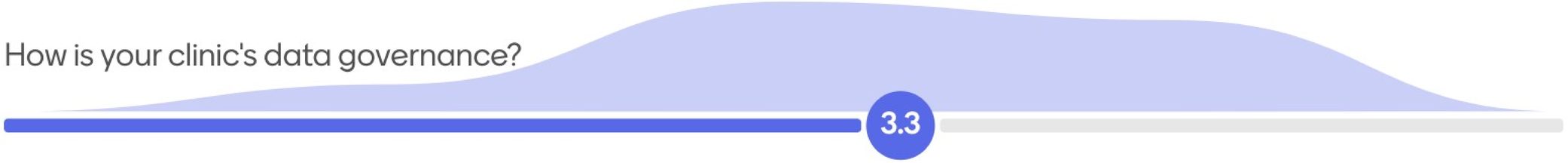
After the session, how would you rate your clinic's data governance?

How is your clinic's data governance?



No data governance to be seen

Impeccable data governance

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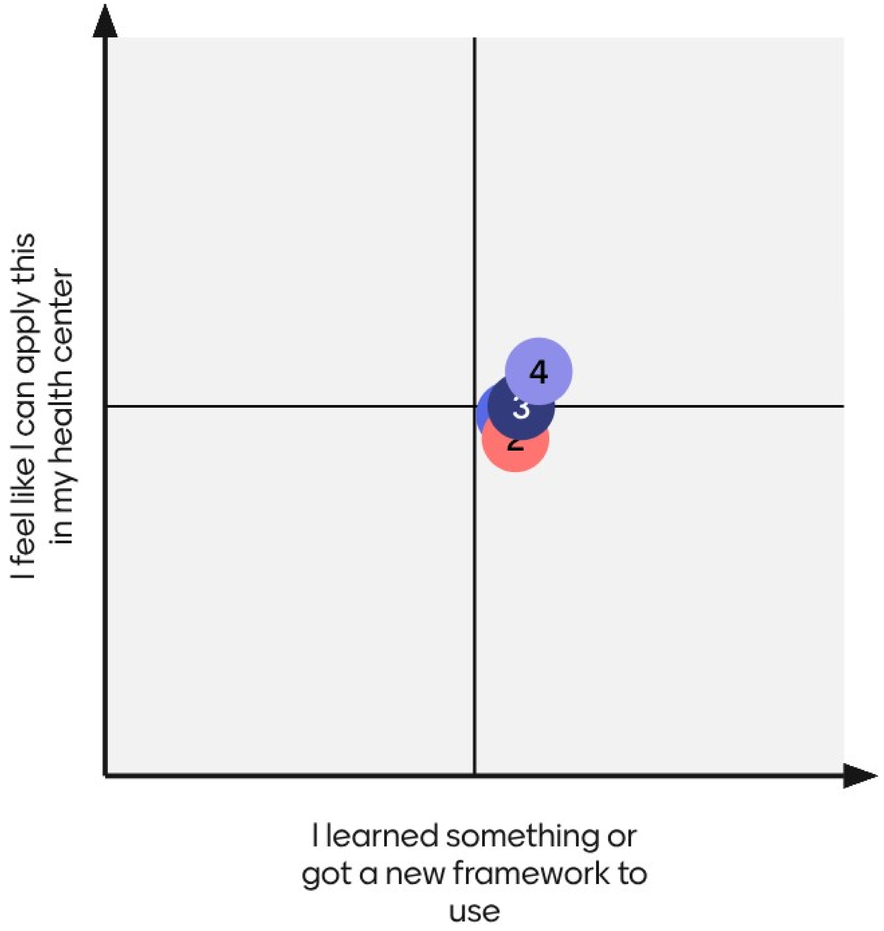
Reflecting on discussions in the Data Governance Session



1 Data Stewardship

2 Data Governance Committee

3 Data Services Role

4 Data Literacy

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Lessons Learned from Data Governance Session

I think the most difficult piece is manpower at the health center to lead the charge

It's a lot to aspire to!

what topics should we include in the agenda? what is the goal?

making sure that we have a strong leadership in the data governance realm. and listening to them and growing on how we enter and track data.

Only 10% of problems are related to getting records back. We thought it would have been higher.

everyone being on the same page. different clinics have the same mission but don't always work the same. We will need to cater it for each clinic

buy-in from leadership is important

It's not just one person's/department's responsibility. Everyone should be involved.

Lessons Learned from Data Governance Session

Some resistance from management in terms of possibly overwhelming clinic staff with too much information

I believe that it helps the clinic stay on track as having a small group it gets daunting sometimes. This could help the clinic capture the actual work completed

Engaging the team members from different levels to ensure we are on the same page

Too many people want to get into the weeds rather than look at things at a higher level.

Workflow

How to access detailed measure specifications

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How can the data governance information covered be helpful as you continue to work on this measure?

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Review of Action Work

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- Complete first 6 Preparation steps in [eCQM Implementation Checklist on eCQI resource center](#).
- Access measure specifications.
- Review that measure specifications and consider it in relation to the root cause you identified in your Five Whys exercise. Then use this information to come up with some ideas.

Preparation Checklist

1. Sign up for a Unified Medical Language System (UMLS) account to view codes within the value sets in VSAC
2. Sign up for an ONC Project Tracking Jira account to ask technical questions regarding eCQMs
3. Sign up for eCQM page change notifications on the eCQI Resource Center to receive updates on specific eCQMs
4. Review the code system versions used in the eCQM specification for the upcoming reporting/performance year
5. Review the standards, tools, and documents used to support the eCQM specification for the upcoming reporting/performance year
6. Review EHR certification requirements with your vendor/health IT developer

Implementation Checklist

1. Access the appropriate eCQM Annual Update
2. Secure detailed information about each measure
3. Download value sets
4. Prepare to implement the updates by understanding changes to the eCQM
5. Prepare to report the updated eCQMs
6. Report eCQMs
7. Reach out for help

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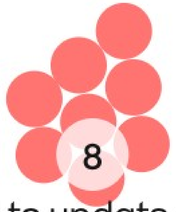
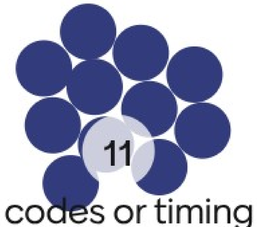
What did you learn from your action work?

How to access detailed measure specifications



That we need to update our processes.



What specific codes or timing are required.

We didn't complete the action work.

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What questions arose from your action work?

1 question
0 upvotes

Reflections from Action Work

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There is a lot of information to wade through! Many logins, lots of information to sift through. Having some experience with it makes it easier to navigate and know where to go.

More specific information about the measure, mostly focused on exclusions. Understanding what the documentation required for these are.

The workflows and references can support conversations with interdisciplinary teams in the health center.

Cervical Cancer Screening: Areas of potential improvement identified to address root causes

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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

Concrete action step for your health center to move that specific improvement

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Determine the compliance rate for patients who are not our primary care patients and set a goal specific to that group.

Re-align patient panels and review those with provider care team, to ensure they are balanced.

Review staff guidance/ internal measure satisfaction guides and update to align with measure specifications, including exclusions.

Make education more robust and ongoing for staff and patients, addressing specific barriers.

Audit non-compliant patients to ensure that no results are missed due to documentation/ background reporting errors.

Ensure functioning/ mapped interface for results.

What is a first step to taking the actions just discussed?

Determine where the step lands and work with that team to discuss implementation steps

Consistent documentation of external cervical screenings

Determine key drivers and get staff's buy in

determining baseline performance

Education regarding process from the actual procedure to necessary equipment to measure review.

Auditing for missed measures to correct any errors. So, if any found will not be repeated

Identifying the goals we would like to achieve and examining process to ensure they are in place to achieve

Educate staff on how to enter external results correctly so it is recognized as meeting the measure.

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What is a first step to taking the actions just discussed?

Educating staff on measure requirements

Form a working group to explore self pap processes

Referral process standardization

work on patient education

Analyzing some of the data available in our EHR to better understand where we are missing patient reported documentation to improve document retrieval

Explore reporting options in EHR to determine how often the info is being completed and correctly documented.

Planning an all provider meeting to discuss processes on documentation and best practices to implement

Auditing non- compliant patients to identfy acrion items

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What is a first step to taking the actions just discussed?

educating staff on having a result to satisfy measure, not just a date of service

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Action Work before Session 4

Scope the improvement that you will test to improve outcomes on this measure

- Clearly define the improvement you'll try Explain how this improvement addresses the problems laid out in your problem statement and process review.
- Explain how the improvement takes into account the external environment and factors that impact your health center

Draft your SMART Goal

- Your SMART goal will spell out the goal of the improvement outlined (this is more specific than the *overall* goal of improving the measure)
- Tie your SMART goal directly to the initial root cause and potential improvement.

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Get together with your team. Start with the concrete action step identified in your action work before this session and discuss what it would look like to make this improvement.

Scope the improvement into something that can be planned and tested out in about 4-6 weeks.

Work through the SMART Goal worksheet, to fully document the improvement and related goal.

Email your SMART Goal worksheet to UDSrapid@jsi.com.

PEST Analysis

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Policy	Economic	Social	Technological
Forces of relevant political frameworks and influences. This includes legislation, regulatory environment, and more.	Factors related to economic health (e.g., inflation, unemployment, income) and how those impact clinical services related to this clinical quality measure.	Social forces include such aspects as the demographic composition and system of values and beliefs of a society, and how those impact patient and staff's ability and willingness to address clinical measure challenges.	Technological forces and factors such as EHRs and other health IT tools, the cost and availability of support for those, patient and staff willingness to use technologies, and how those serve to support or inhibit ability to meet the measure.

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PEST Impacts on Clinical Measure

Name some impacts of each of the following on this clinical measure. For example:

- What **policy** impacts are supporting or inhibiting progress on this measure?
- What **economic** factors support or inhibit the work on this measure?

Policy	Economic	Social	Technological

SMART Goals

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Specific	Reflects an important dimension of what your organization seeks to accomplish.
Measurable	Includes standards by which reasonable people can agree on whether the coal has been met (by numbers or defined qualities).
Ambitious	Challenging enough that achievement would mean significant progress; a “stretch” for the organization.
Realistic	…but not so challenging as to indicate lack of thought about resources or execution; possible to track and worth the time and energy to do so.
Time-bound	Includes a clear deadline

Why is a SMART goal important?

- Ensures a thoughtful, clear goal tied to the planned change.
- A quality goal can inspire a team, set a clear path forward, and show people how their individual work impacts the bigger picture.

Sample SMART Goal

Increase the **rate of completed cancer screenings** (e.g., mammograms, colonoscopies, Pap tests) for eligible patients within our primary care clinic **from 41% to 55%** over the **next 12 months**.
This will be achieved by implementing a systematic process to identify, contact, and follow up with non-compliant patients.
The goal also includes a **monthly audit of relevant screening documentation and results** for these patients to identify and correct any errors in reporting, ensuring no results are missed.

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Assistance Available

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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

GeoCare Navigator

- Assistance with the online service area mapping tool
- https://geocarenavigator.hrsa.gov/

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Thank You!

Contact:

udshelp330@bphcdata.net or BPHC Contact Form

1-866-837-4357

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