HRSA
Health Resources & Services Administration

RAPID

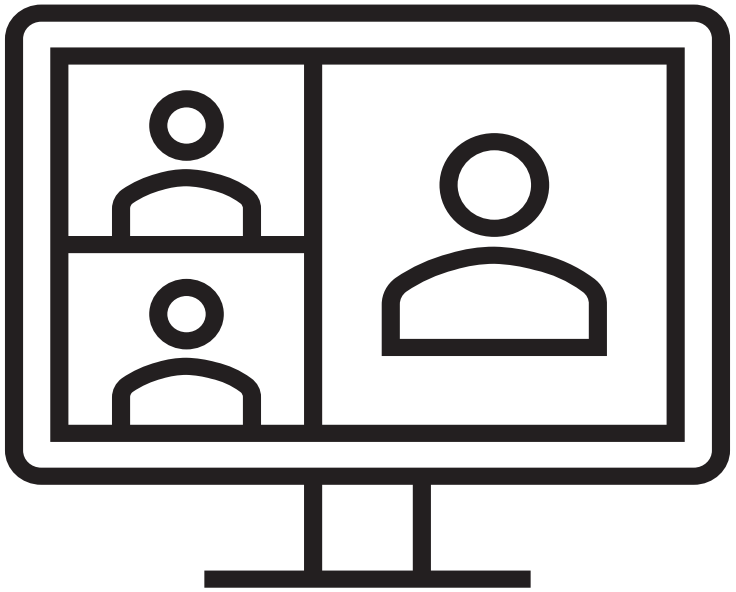
Reporting Assistance and Process Improvement Discussion

Session 1

Vision: Healthy Communities, Healthy People

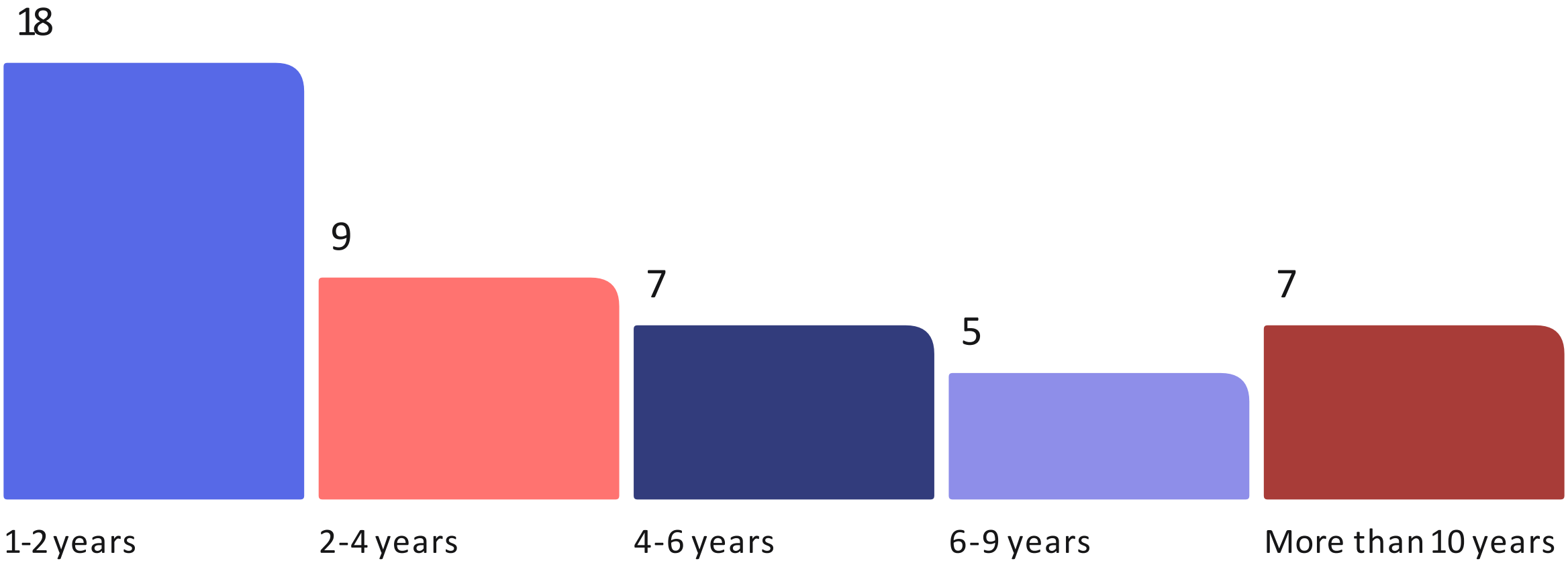
About Us

Let’s take a moment to get to know each other!

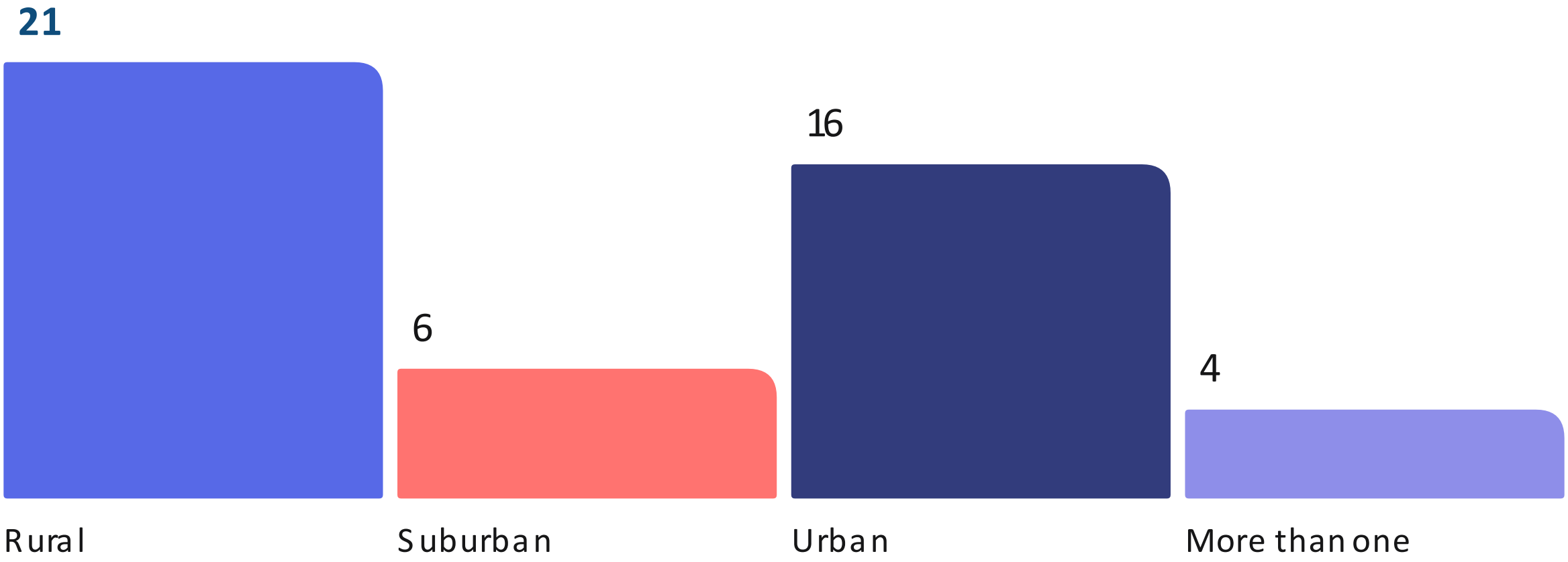


“Hello, we are glad that you are here!”

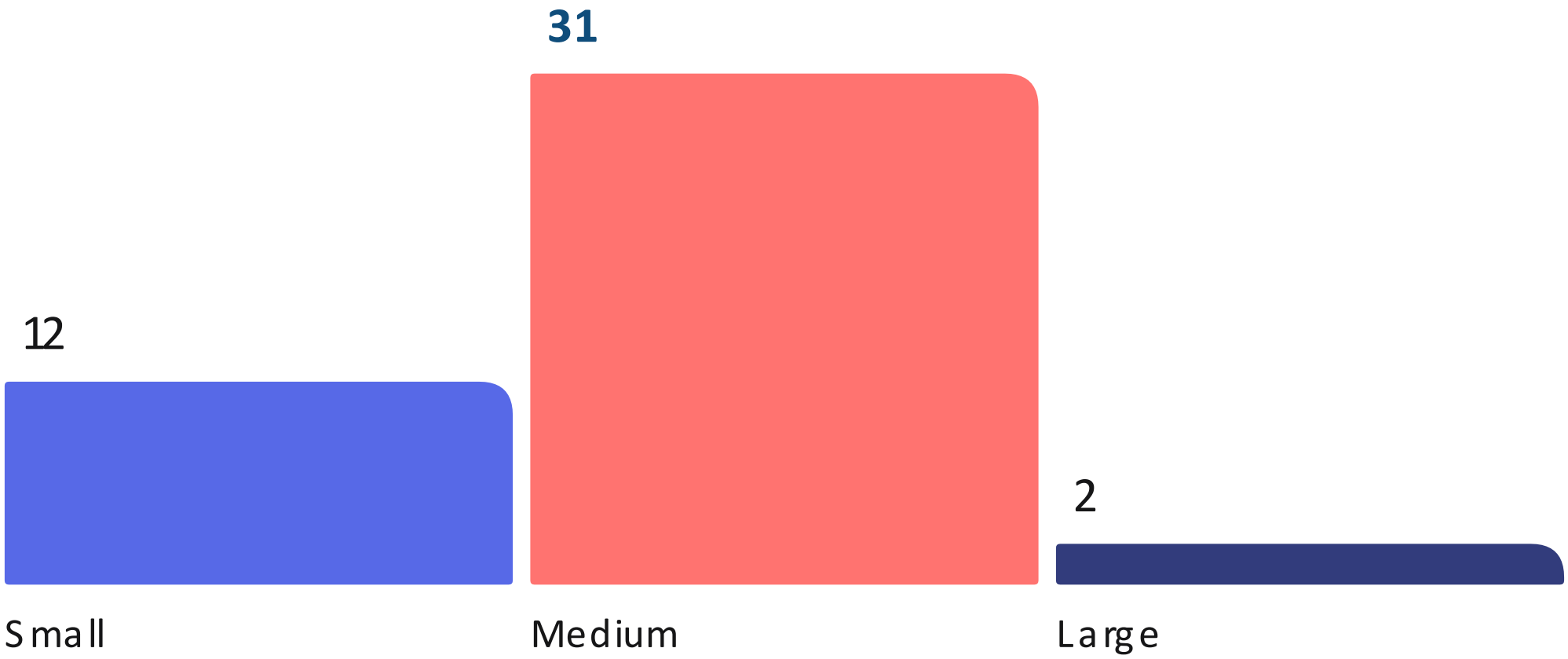
How long have you been with your health center?



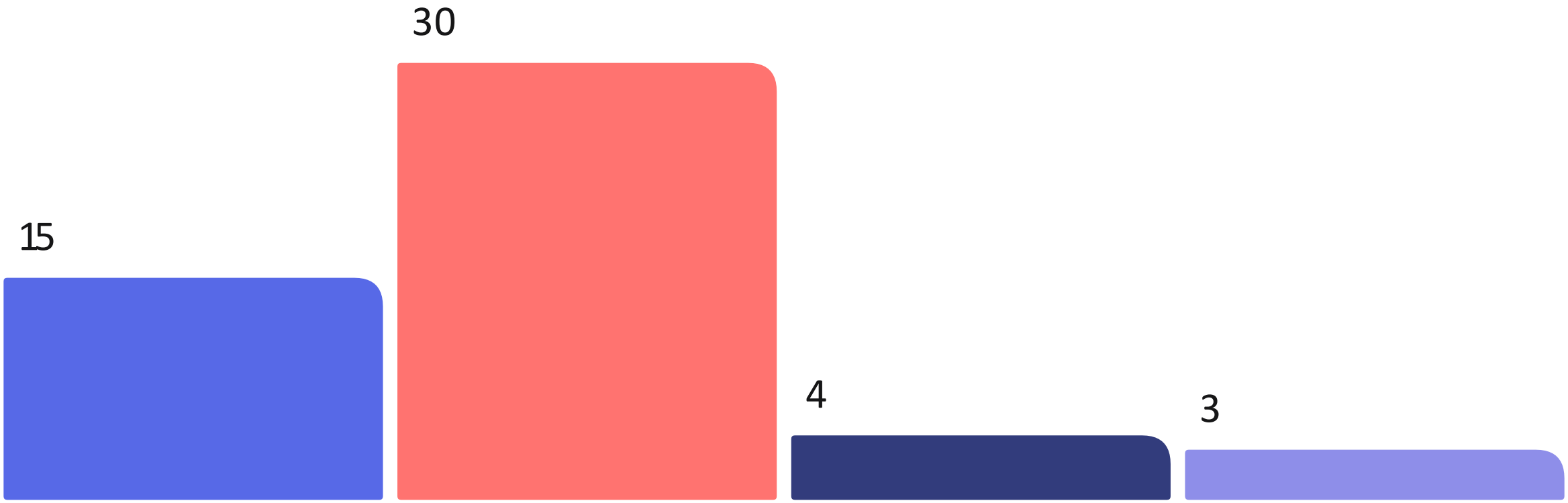
Is your health center in a rural, suburban, or urban area? Or if you would describe your area as something else, tell me in the chat. (select one)



Is your health center small (less than 10K patients), medium (between 10K - 40Kpatients), or large (more then 40K patients)? (select one)



Which of these four following challenges is the *biggest* barrier for your clinical quality measures? (select one)



Patients lack access to needed services because of lack of insurance, transportation, etc.

Staff lack the bandwidth or knowledge to understand the measure and expectations in order to provide and document services that meet it.

Organization lacks referral partners who can provide needed services or supports.

Data systems lack the workflow or transparency to improve documentation in order to achieve improvements in the measure.

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.

HRSA Health Center Program

Roadmap for RAPID

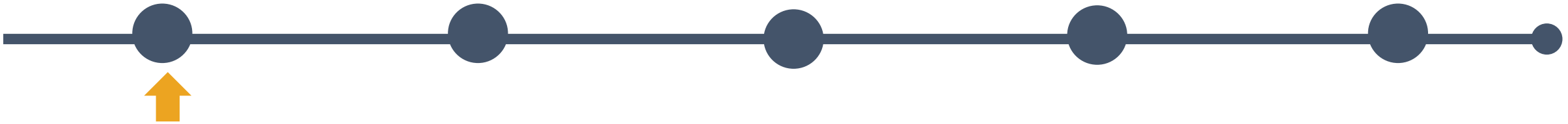
PART 1: Introductions

PART 2: Review of Five Year Trends

PART 3: Other Available Information

PART 4: Root Cause Analysis

PART 5: Action Work



Session 1, June 2026: Understand your Own UDS Reporting

Session 2, July 2026: Understanding your Measure of Focus

Session 3, Aug. 2026: Working Towards Your Goal

Session 4, Sept. 2026: Making and Sustaining Progress on Your Goal

SME Session: Data Strategy

SME Session: Workflow Mapping

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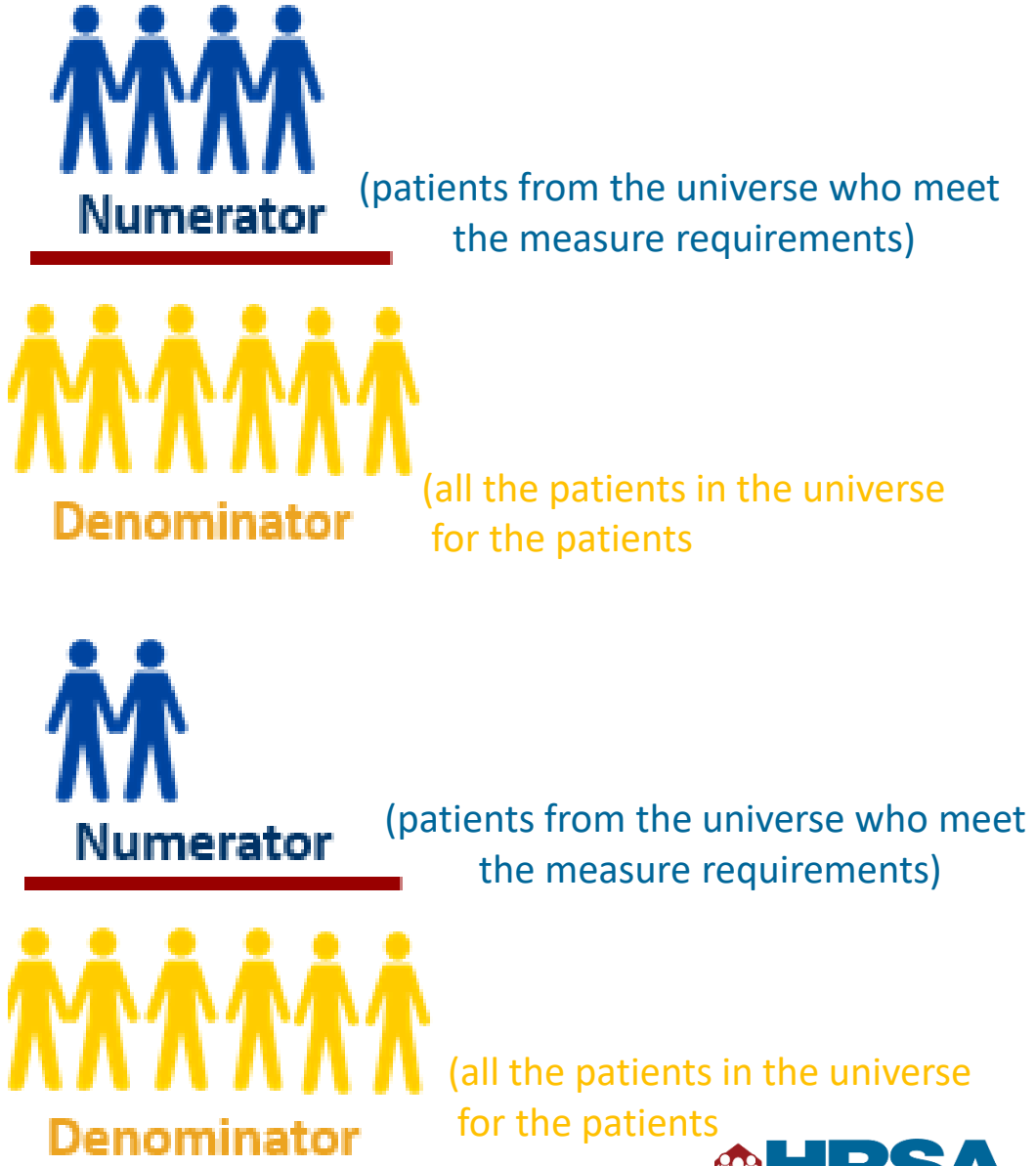
Initiation and Engagement of Substance Use Disorder Treatment CMS137v14

Percentage of patients 13 years of age and older with a new substance use disorder (SUD) episode who received the following (Two rates are reported):

a. Percentage of patients who initiated treatment, including either an intervention or medication for the treatment of SUD, within 14 days of the new SUD episode.

b. Percentage of patients who engaged in ongoing treatment, including two additional interventions or medication treatment events for SUD, or one long-acting medication event for the treatment of SUD, within 34 days of the initiation.



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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.

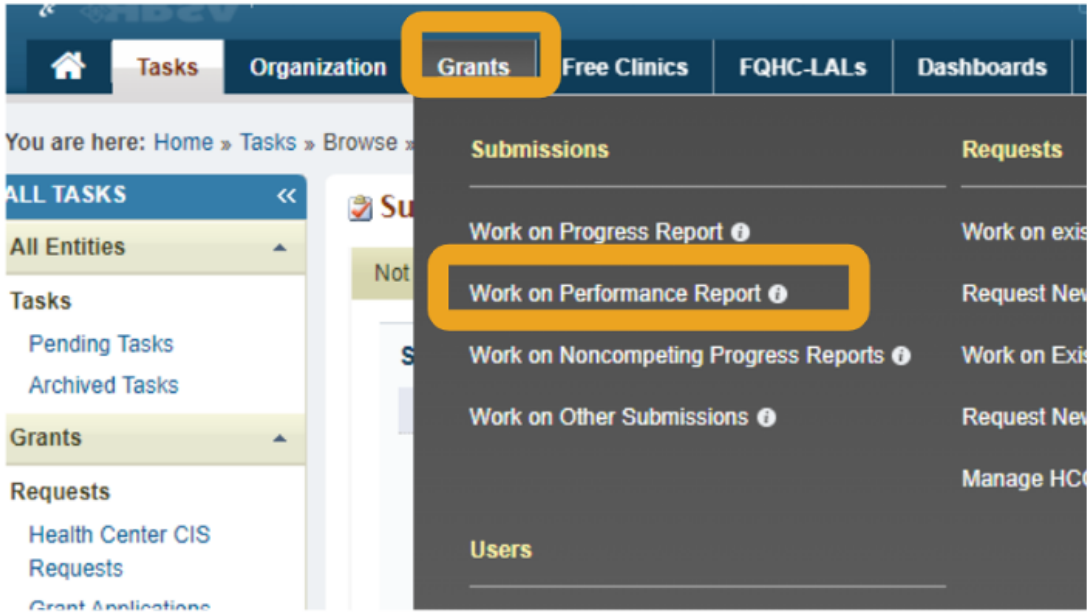
Goal setting relies on context, such as illuminating what progress or rate is likely achievable? May be monitoring monthly, but are benchmarks used? Are comparisons made?

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 geoncareavigator.hrsa.gov

Reports in the Electronic Handbooks (EHBs)



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

HRSA Health Center Program

Health center **national** profiles

NATIONAL DATA SUMMARY

Health Center Program Awardee UDS Data

Access one- and five-year data summaries, including the full 2024 National Report.

View National Level Data →

STATE AND TERRITORY DATA SUMMARY

State and Territory UDS Data

Filter by Health Center Program Type (Awardee or Look-alike) to access one- and five-year data summaries.

View State or Territory Level Data →

Health center **state and territory** profiles

National Health Center Program UDS Data Resources

Explore UDS data on health center patient characteristics, services provided, clinical processes, health outcomes and more.

National view of demographics and s ervices by **special population grant**

Look-Alike **national** profiles

National Health Center Program Look-Alike UDS Data

View expanded summaries of UDS tables and a summary of key UDS data measures over the last five years.

Special Medically Underserved Populations

View UDS data from Health Centers that have received grant funding to serve statutorily-defined special medically underserved populations.

Patient Characteristics Snapshot

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

National view of patient demo graphics

Comparison between states and territories on key statistics

Data Comparisons

View how a state or territory compares with the national average and with other states across key data points, including patients served by service category, target populations, and patient characteristics.

Hypertension Control Dashboard

View 5-year trends of hypertension (high blood pressure) control in HRSA-funded health centers.

Community Health Quality Recognition (CHQR) Badges

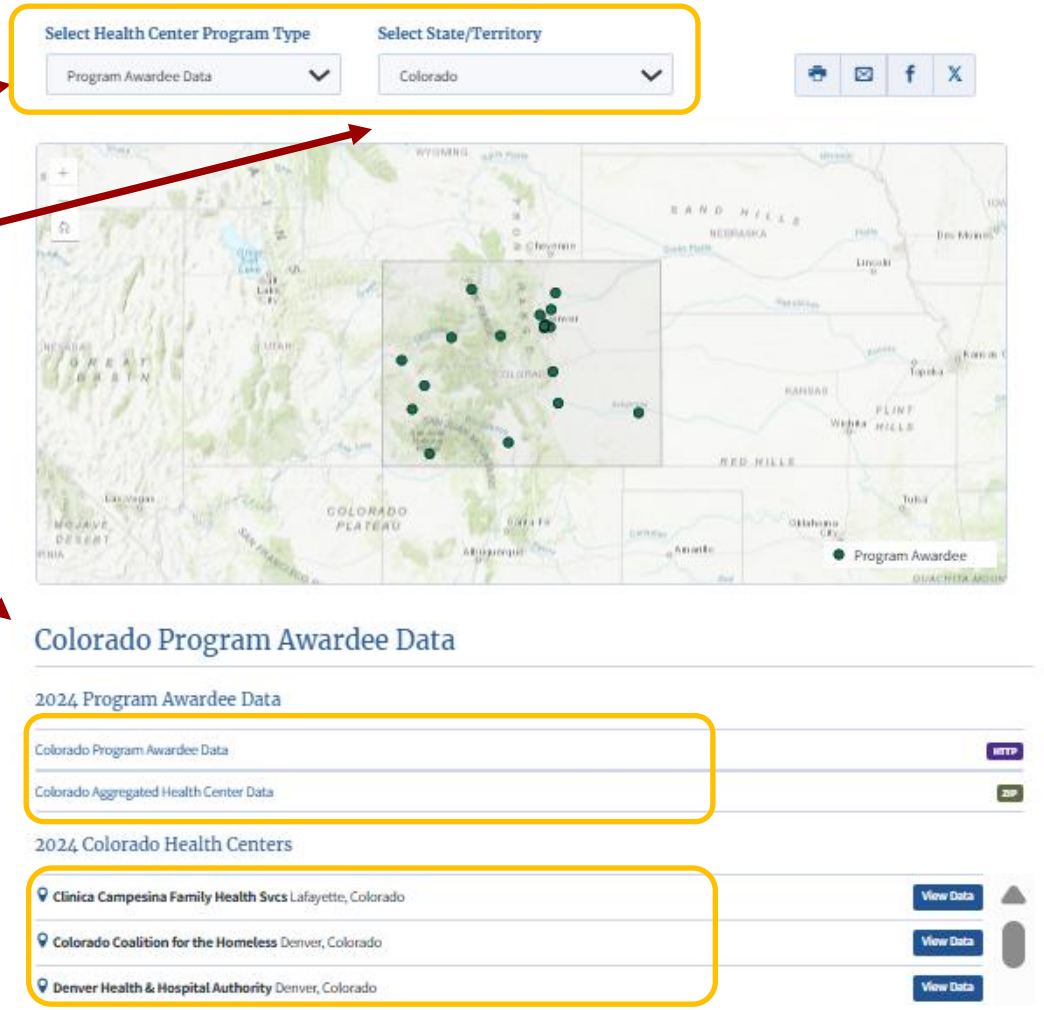
View CHQR badges which recognize Health Center Program awardees and look-alikes (LALs) for notable quality improvement achievements.

CHQR information by state and health center

HRSA Health Center Program

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.



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

Select five-year national summaries of awardee data: Age and Race/Ethnicity, Patient Characteristics, Services, Clinical, and Cost.

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

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
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents*	65.13%	68.72%	69.81%	71.50%	72.57%
Number of Children Age 3-17 with Weight Assessment and Counseling for Nutrition and Physical Activity*	3,032,670	3,602,381	3,824,381	4,351,097	4,573,353
Body Mass Index (BMI) Screening and Follow-Up Plan*	65.72%	61.32%	61.04%	67.13%	67.63%
Number of Adult Medical Patients Age 18 and Older with Body Mass Index (BMI) Screening and Follow-Up*	10,118,632	9,823,612	9,960,541	11,734,256	12,355,556
Percent Adults Screened for Tobacco Use and Receiving Cessation Intervention*	83.43%	82.34%	84.60%	84.90%	84.24%
Number of Adult Medical Patients Age 12 and Older Screened for Tobacco Use and Received Cessation Counseling*	10,085,837	10,747,935	11,228,127	12,172,683	13,876,552
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

HRSA Health Center Program

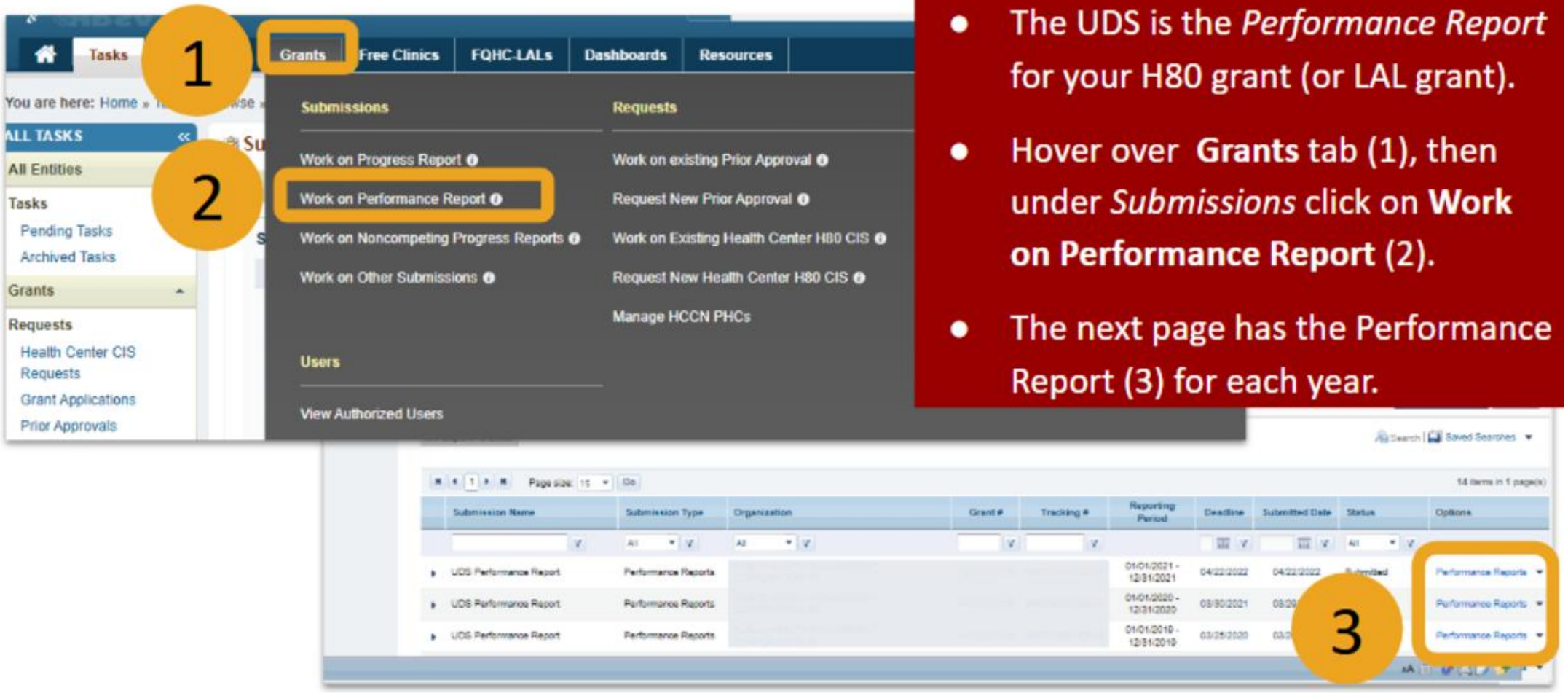
Action Item

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



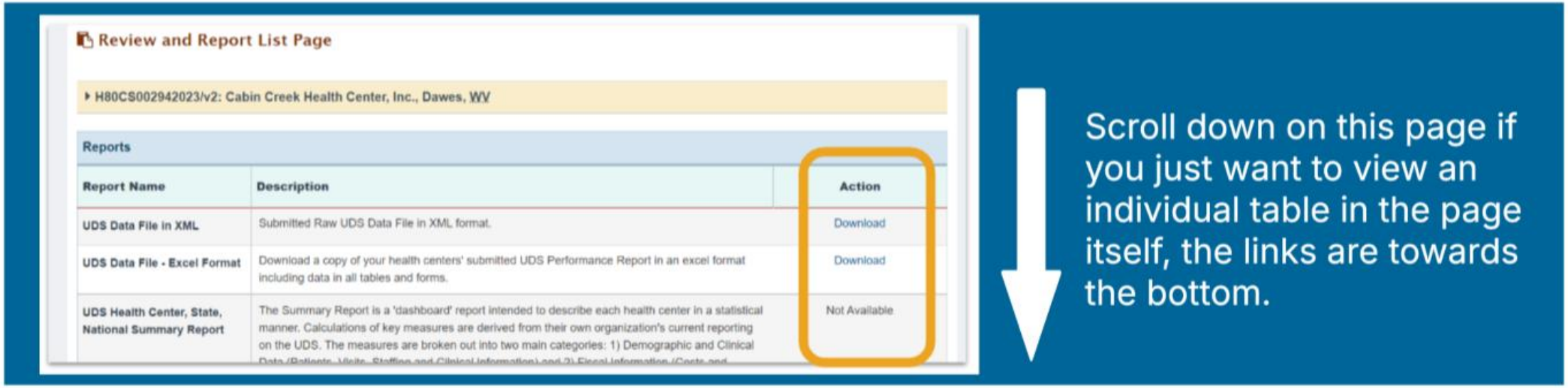
- The UDS is the *Performance Report* for your H80 grant (or LAL grant).
- Hover over **Grants** tab (1), then under *Submissions* click on **Work on Performance Report** (2).
- The next page has the Performance Report (3) for each year.

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



Quick Reference Sheet (QRS) for Accessing Standard Reports: https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/qrs-accessing-standard-reports.pdf

HRSA Health Center Program

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	UDS Summary Report	UDS State and National Rollup Reports	UDS Health Center Performance Comparison 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.	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	Structured similarly to the UDS tables All data elements reported on e ach 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 center at national, state, and grant (HCH, MHC, PHPC) levels Calculates averages (for some tables)	Provides two sets of data • Quality of care indicators/he alth outcomes • Cost of care indicators Presents several levels of comp arisons • Healthy People 2020 + 2030 goals (where available) • Averages for various comparison groups • Percentiles for financial data • Adjusted quartile ranking per clinical measure

HRSA Health Center Program

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[4]	Healthy People 2030 Goals[6]	Averages							Health Center Adjusted Quartile[5]
				CO	National	Rural	Size	Sites[1]	Special population Agricultural Workers[2]	Special population Homeless[3]	
							10,000-19,999	11-15	Below 25%	Below 25%	
				n = 19	n = 1373	n = 568	n = 405	n = 201	n = 1339	n = 1296	
QUALITY OF CARE INDICATORS/HEALTH OUTCOMES*											
Preventive Health Screenings and Services											
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

HRSA Health Center Program

What are these data and reports useful for?

I have not used any yet

Trending against state and all of US

Setting reasonable goals and benchmarking

Comparing similarly-sized CHC's data to see if our data is comparable.

yes, and to benchmark how we compare to our peers

Have not accessed them as we just reported for the first time this year.

I've not used them

We use the state and local averages to help adjust our goals each year.

What are these data and reports useful for?

planning projects and proving or disproving trends

Benchmarking

We use our own data reports out of our EMR that give us the same data

Benchmarking

Quartile ranking and we would love to see the actual quartile values available

Benchmarking; Board Education; Checking for anomalies which would need further investigation

tracking health center performance over time and in comparison with national / state benchmarks.

To see which diseases are occurring often and what needs to be addressed

What are these data and reports useful for?

QI meetings, Board Meetings, Sharing performance with the entire org. making goals, PDSA

I have not used them yet.

Sharing with the other members of the overall Quality and Operations teams. Helping create goals.

QI projects, Board reports

Not personally but we have our QI team that would access them.

We have used the National Data and State level data through our PCA to help with our benchmarking

Allows us to compare with other health center and set appropriate goals

to provide insight on quality of treatment.

What are these data and reports useful for?

comparative analysis to others and impact on area

Seeing which partner health centers may be good to reach out to (within state)

setting targets and benchmarks, looking at long term trends (ie immunizations)

Needs assessments, goal setting

Yes board reports use benchmarks

setting goals

Goals/objs for grants

Setting goals for the year

What are these data and reports useful for?

grant funding

I have not used any of these reports yet but I look forward to comparing our data to other peers.

strategic planning

Also Board Reporting

Shorten Gap of Care for patients, setting goals for clinic

complex

What are these data and reports useful for?

Section 4

Root Cause Analysis

The 5 Whys

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

Process for Using 5 Whys:

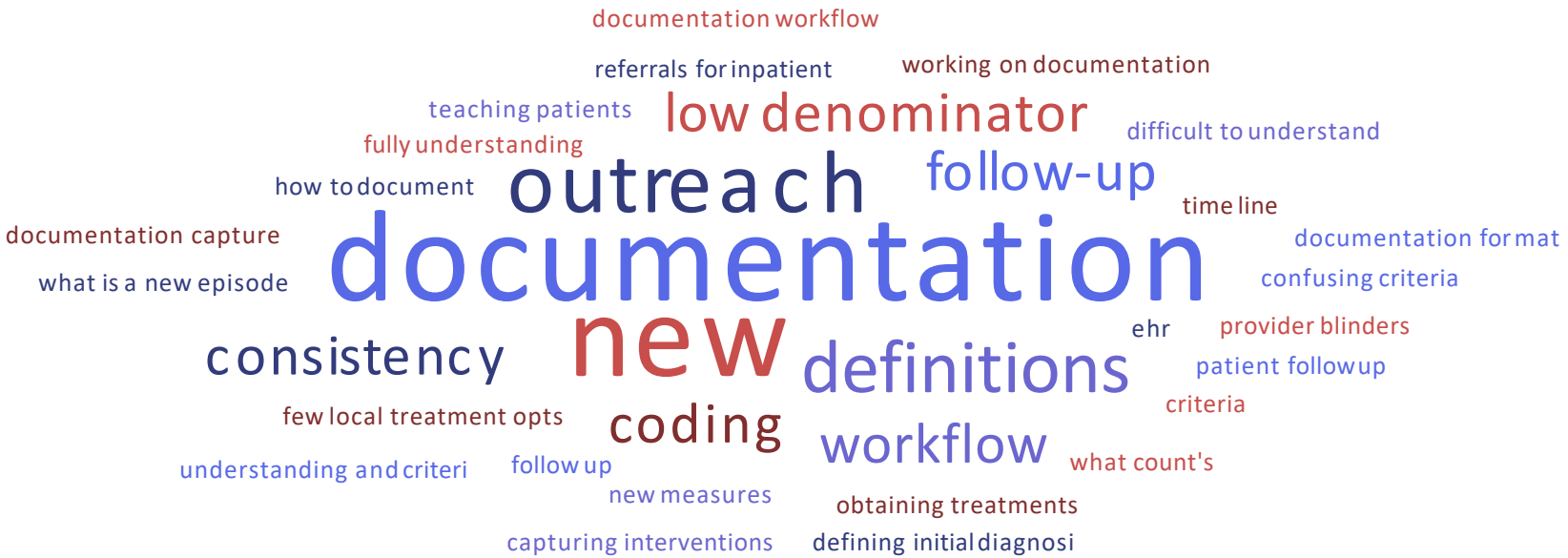
1. **Define the problem:** Clearly state the problem (not what you want, but what the problem is).
2. **Ask "Why?":** Begin by asking why the problem occurred. Record the answer.
3. **Repeat the process:** Continue asking "why" about each previous answer, drilling down further into the cause-and-effect 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.

Mentimeter

What is the greatest challenge or problem for your health center with this UDS measure?



Why did (or does) this problem occur?

Added measure without explanation first.

new measure

Staff education

Not understanding the measure

No standardization

lack of standardization and awareness of best practice

EHR is hard to navigate to satisfy

EHR and rural population does not mix

Why did (or does) this problem occur?

not sure how UDS measure want's to define this measure yet

We do not have enough Counseling Staff to get patient's in within the appropriate timeframe.

diagnosis date not static

Added measure without educating

New measure without introduction first

been trained that if don't see don't have to deal with it

Documentation has to be pulled into a report somehow

No standardize documentation

Why did (or does) this problem occur?

time during visit

Lack of education on measure

Mid-year adds!

Lack of education on measure

staff education and communication

No clear definition of new episode

Outdated EHR

EHR is not clear with documentation expectations

Why did (or does) this problem occur?

It's difficult to get standardization across an organization/buy in from providers

definition is unclear

each appointment is counting as a new episode, probably a coding issue

Staff not familiar with the new measure criteria

the measure is more complex than stated

the definition of "episode"

Patients being treated by an outside source and providers just charting substance abuse for informational purposes

Workflow complexity and time available

Why did (or does) this problem occur?

Data set and real life patients don't align

new measure to understanding and documenting appropriately

not clear expectations

Visits may not be documented correctly to track

Not roping in all of the people that may actually impact the measure

communication between leadership to provider

turnover

Tell me more about why this is happening?

lack of communication and focus on this measure

all staff unclear

Shortage of staff to complete the Counseling visits

Communication and engagement between departments.

Unclear ourselves

the measure seems to assume that treatment is happening on site

looking for UDS to more clearly define

Rural population does not like to enter data

Tell me more about why this is happening?

Staff turnover

Who all counts and is responsible for the measure: BH, psychiatry, medical....

misalignment between guidance to providers and what system is counting

One service line might document in one place and another service line will document in another field.

New measure, need more clarification on measure and coding

We do not treat all substance abuse. Only alcohol abuse w naltrexone. Providers code co morbid substance abuse

because it is new and we have not spent the appropriate time deep diving on this measure.

It's difficult for me to answer provider questions

Tell me more about why this is happening?

Unclear how this measure shows up practically

We have many patients being treated by outside providers, our providers are not familiar with how to code patients that aren't a new episode.

unclear communication/training in staff

The measure craiteria and data set doesn't give clear definitions.

Not roping in all of the people that may impact the measure

cultural diversity of patient population and therefore concern that may hit a taboo

One employee responsible for UDS data collection with no clear training/educatiin re new measure

Lack of communication with how the visits are setup in order to track the data easily

Tell me more about why this is happening?

staff turnover/shortage

we use OCHIN SQL reports, have to try to understand their understanding of the measure

lack of buy-in from staff that are already taxed

Follow-Up needs to improve

Unclear training

Additional work to document

Not sure where or what to document in EHR

Too many clicks

Tell me more about why this is happening?

unclear on steps to take

Who is responsible for this measure

Still a lot of clarity needed and every situations are so different

Why is this happening? What is the reason?

lack of education on the measure

Funding

Cannot get a clear answer even after immense research.

New measure, need clarity

New measure

we have to dedicate and take time to learn and clarify

New staff, new measure without clarity

The measure is new. UDS is still primarily clinical data and that is what we have set up for our QI improvement, moving into other departments is taking time.

Why is this happening? What is the reason?

Different Service Line modules.

Measures are complicated

The measurement is new. We don't have a low denominator.

new measure. new workflow to establish.

All of the above. I need clarification on the measure.

We need more guidance and clarity on coding.

New staff and needing education on measure

C la rity

Why is this happening? What is the reason?

We need a clear definition on what triggers a "new episode" and how to properly code for this

New workflows

EHR support isn't 100% on measure either

measure wasn't fully tested

Process was developed to make it easy for teams instead of accurate documenting

previous workflow new measure mismatch

Measure is poorly designed for data collection beyond claims data, which doesn't work for our patients becasue a lot of the services will occur outside the health center.

Lack of awareness of the full process/workflow and people involved by the people who track data

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 ord er 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.

HRSA Health Center Program

SUBMIT the Following Action Items Before the Next Session

Complete the 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.

HRSA Health Center Program

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 fond your health ce nter 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.