HRSA
Health Resources & Services Administration

RAPID

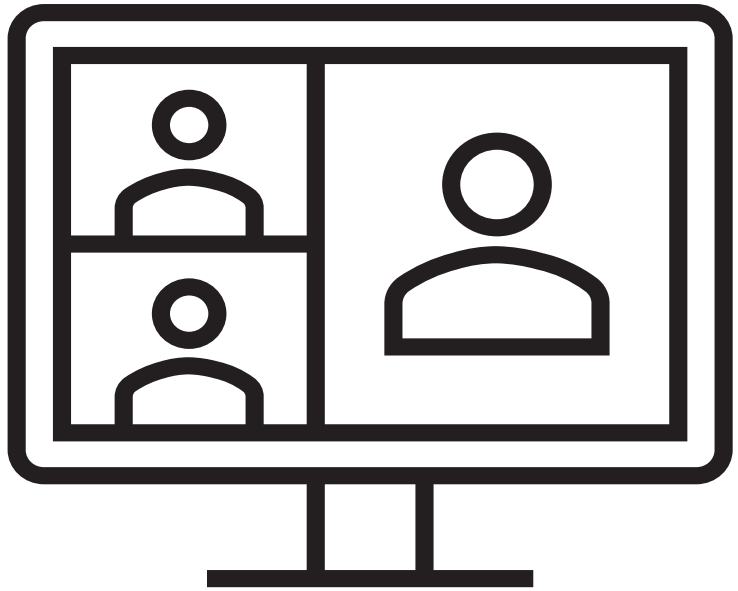
Reporting Assistance and Process Improvement Discussion

Session 1

Vision: Healthy Communities, Healthy People

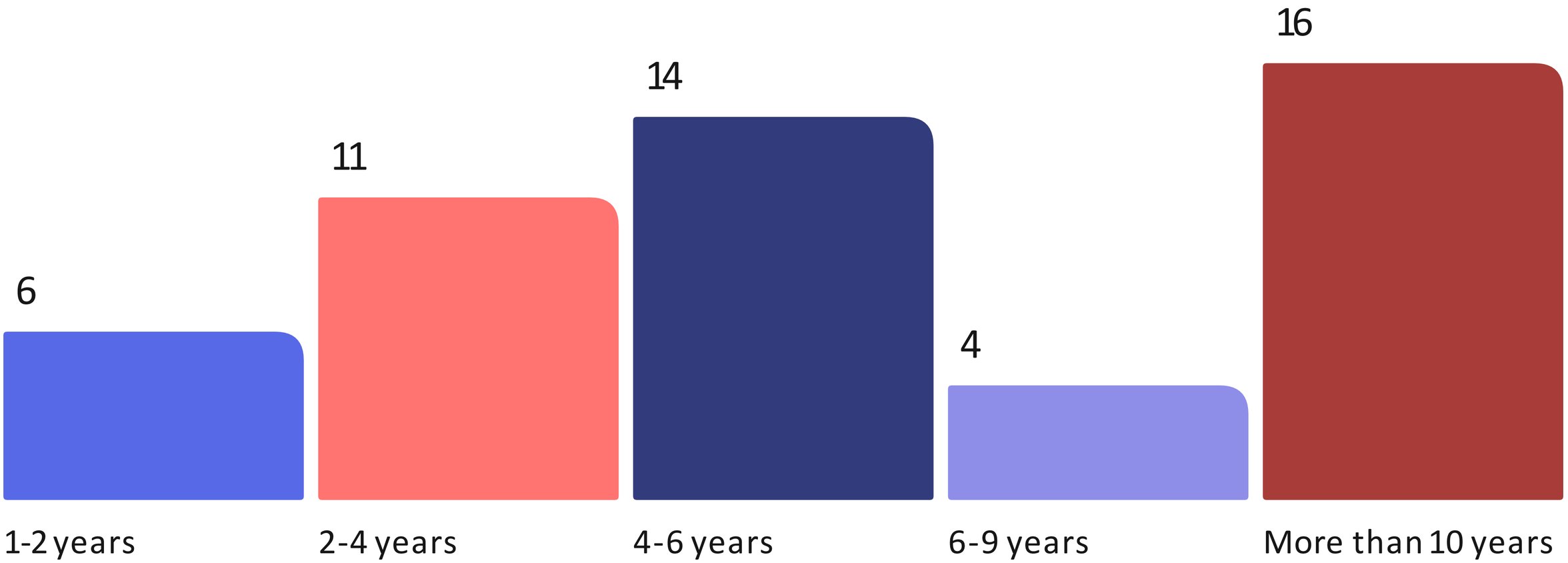
About Us

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

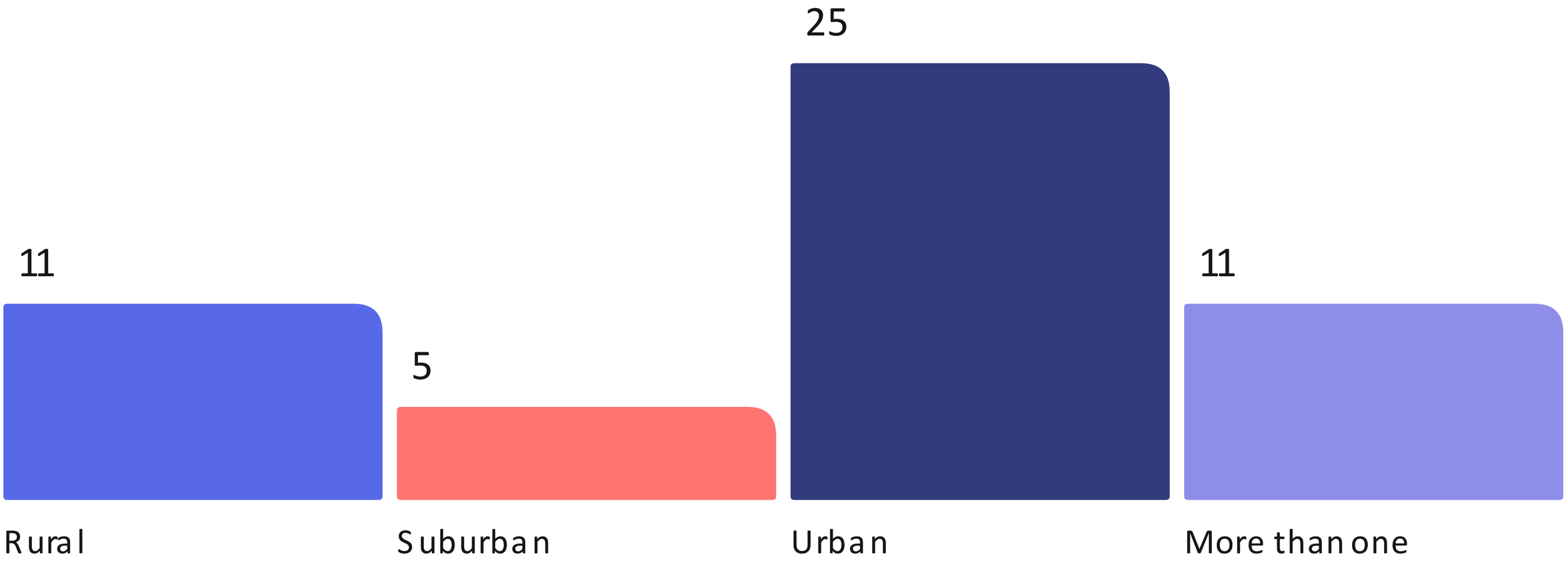


“Hello, we are glad that you are here!”

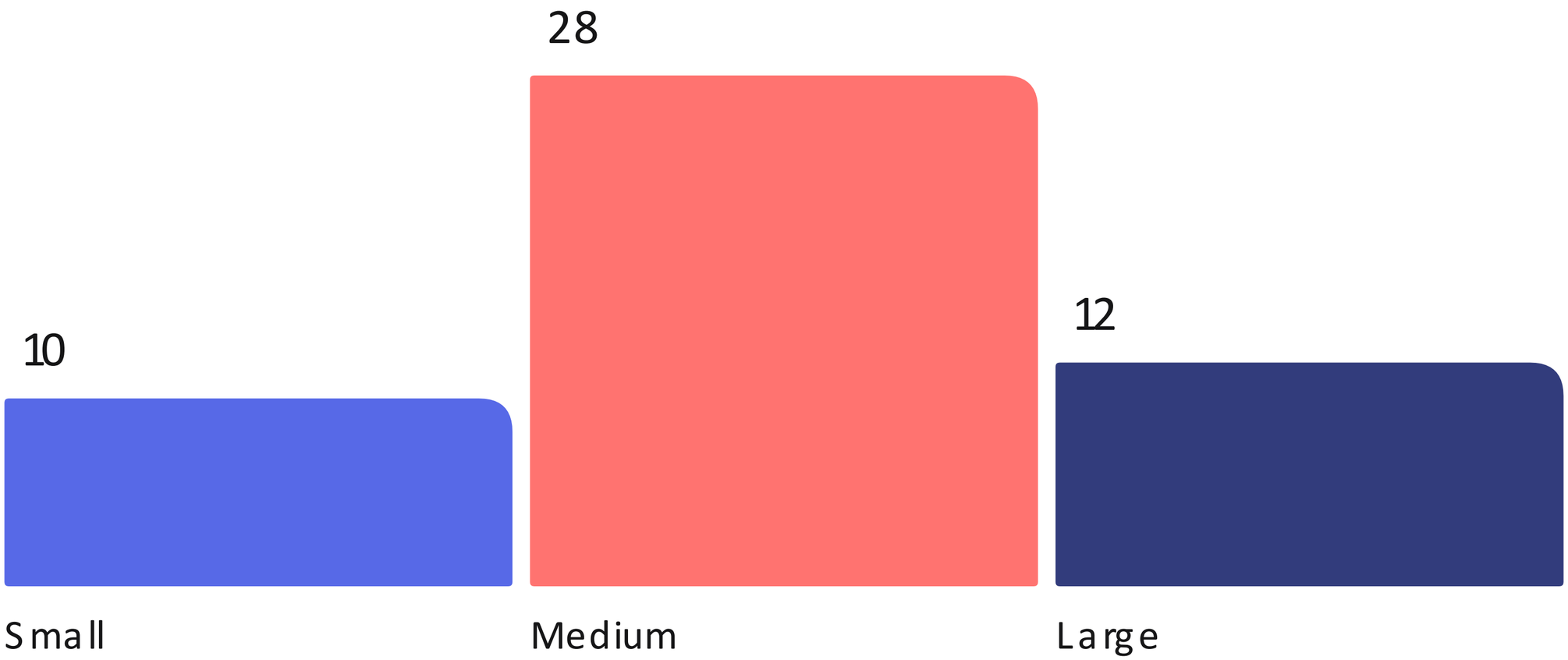
How long have you been with your health center?



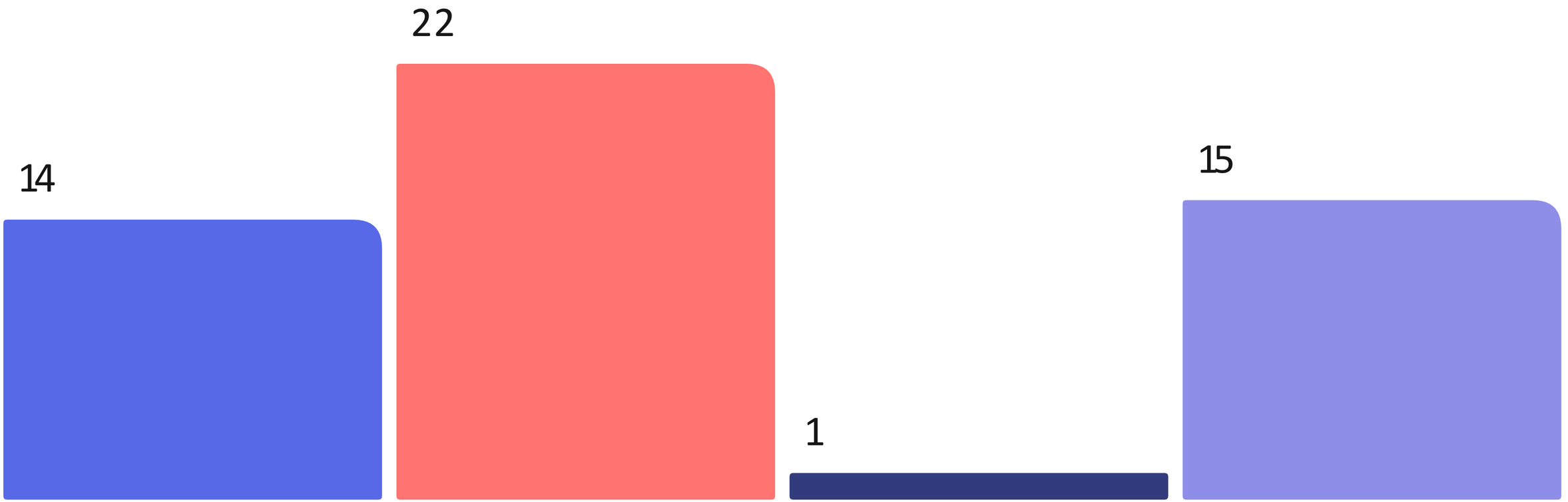
Is your health center in a rural, suburban, or urban area? Or if you would describe your area as something else, tell me in the chat. (select one)



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

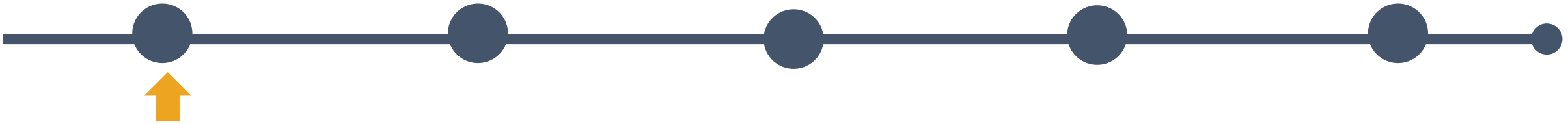
PART 1: Introductions

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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Colorectal Cancer Screening CMS 130v14

Percentage of adults 45-75 years of age who had appropriate screening for colorectal cancer, defined by any one of the following criteria:

- Fecal occult blood test (FOBT) during the - Fecal occult blood test (FOBT) during the measurement period
- Stool DNA (sDNA) with FIT test during the measurement period or the two years prior to the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- CT Colonography during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period

Numerator

(patients from the universe who meet the measure requirements)

Denominator

(all the patients in the universe for the patients)

HRSA Health Center Program

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.

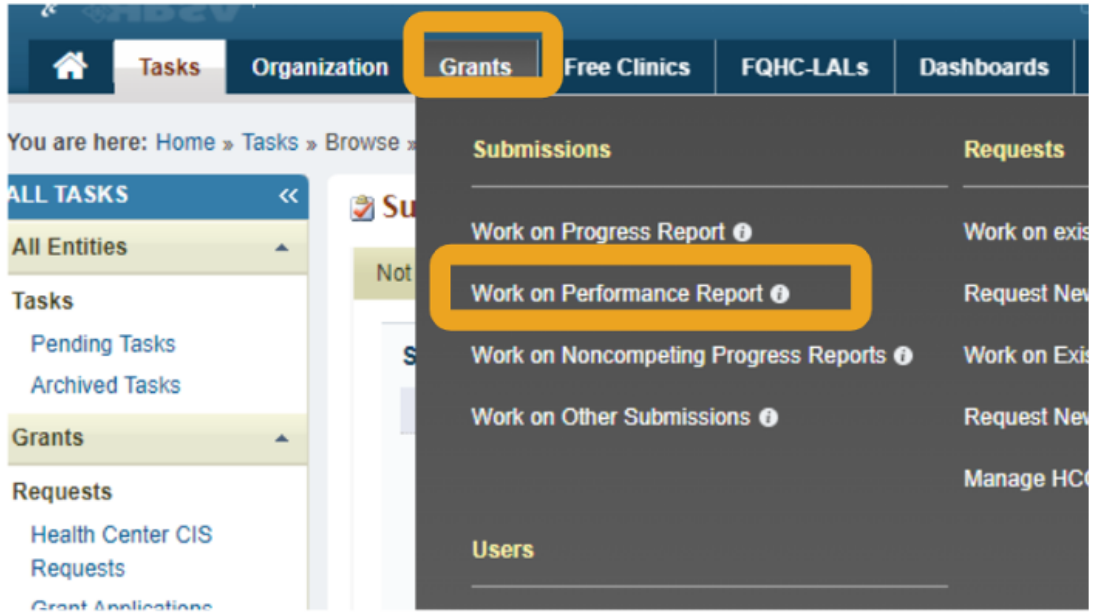
Goal setting relies on context, such as illuminating what progress or rate is likely achievable? May be monitoring monthly, but are benchmarks used? Are comparisons made?

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

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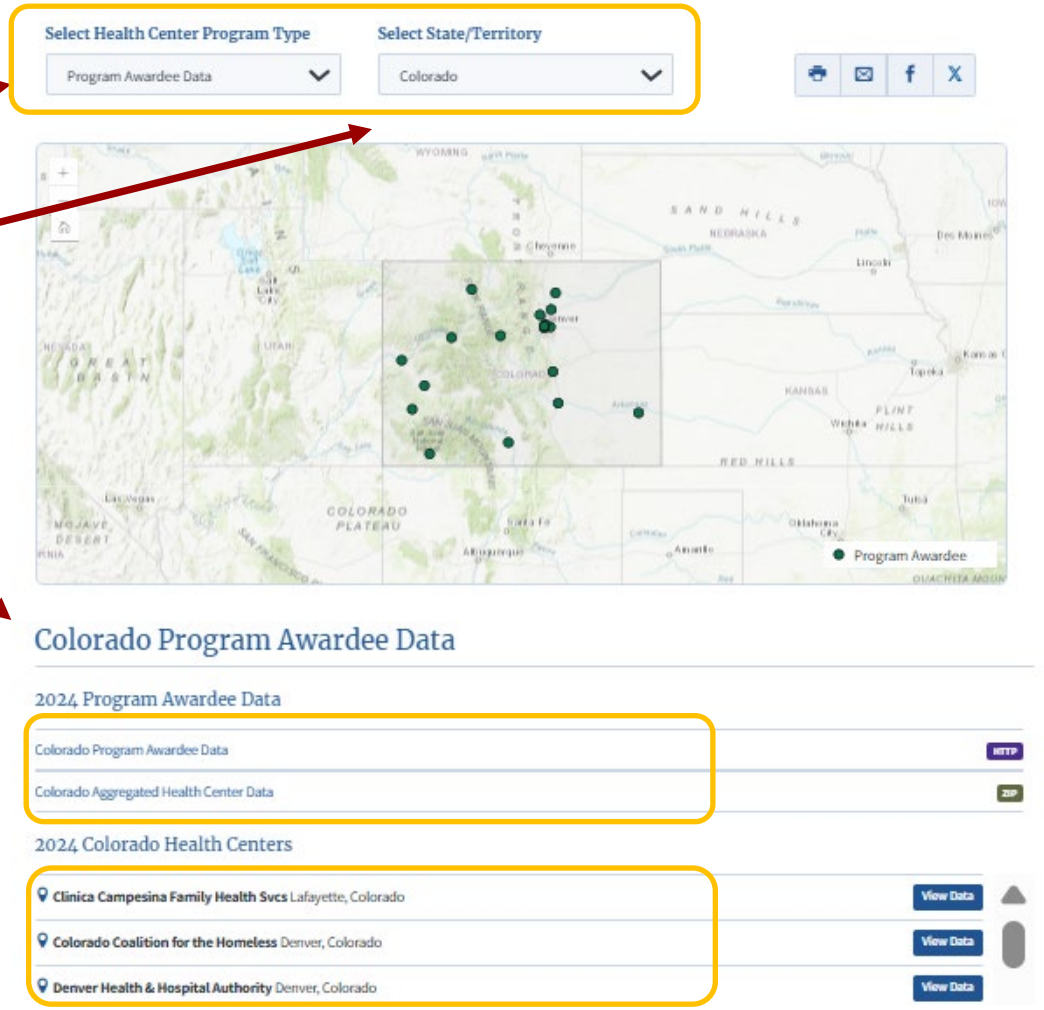
Access State and Health Center Data

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

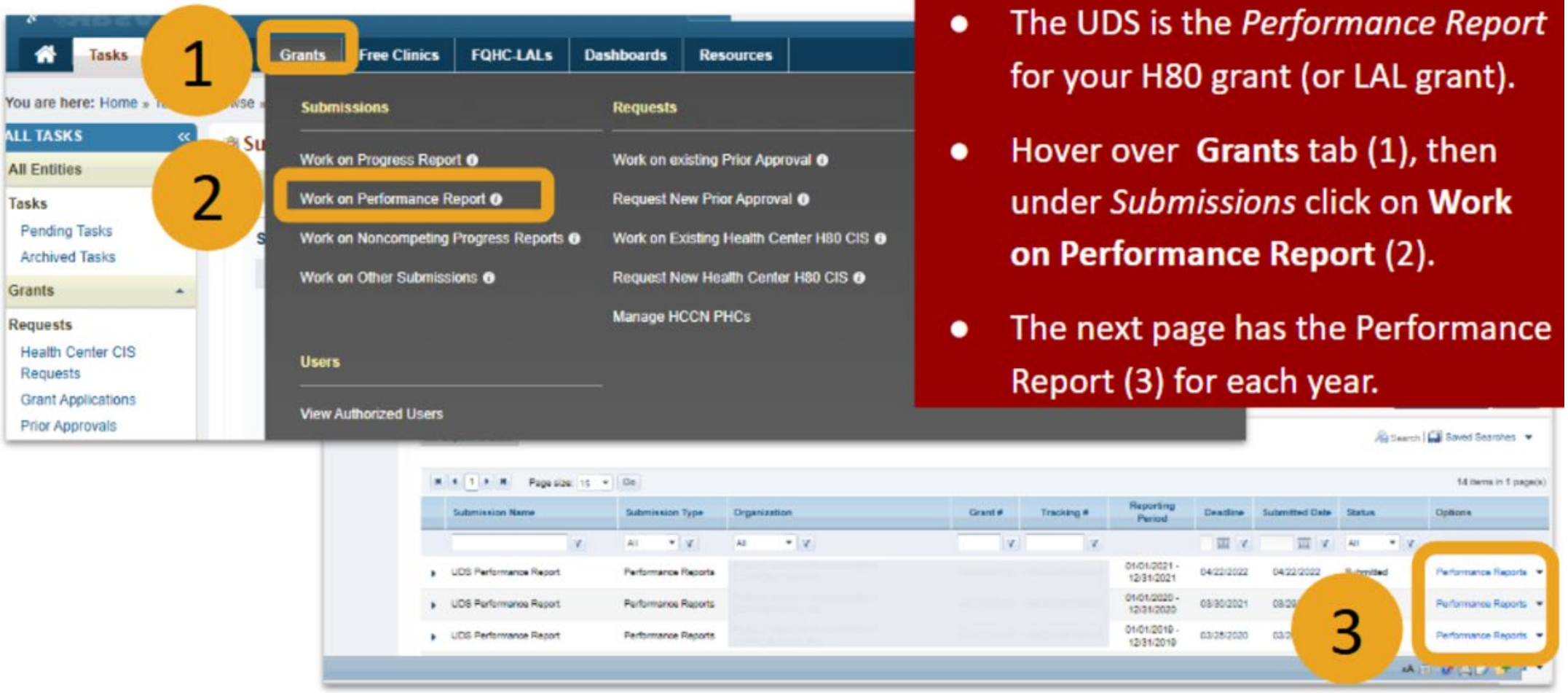
Action Item

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



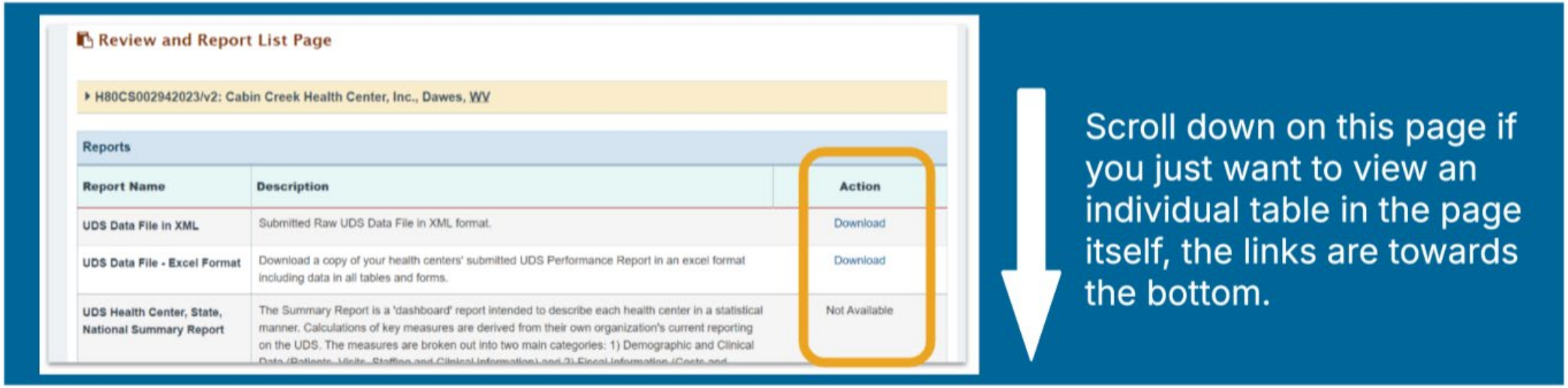
- The UDS is the *Performance Report* for your H80 grant (or LAL grant).
- Hover over **Grants** tab (1), then under *Submissions* click on **Work on Performance Report** (2).
- The next page has the Performance Report (3) for each year.

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?

Staff communication

Comparing to other health centers around us to compare and plan strategically

Peer Reviews

All new tothis

Patient care and safety

staff communication and collaboration

guide formeasures needed to focus on

Give an idea how we can compare to others in our state.

What are these data and reports useful for?

Outreach Focus

Comparison to other local and state FQHCs. Reach out to those who are gold standard.

benchmarking

Identifying biggest gaps to build PIPs, setting QI benchmarks

Monthly reporting for leadership

Communication

Improve patient education

Data validation

What are these data and reports useful for?

To track and trend our organization's improvements and compare state and national averages.

benchmarking and validation

To know what are our rates for the UDS measures. Once we know, we can compare with where we want to be (goal). Benchmarking.

Guide to compare or data validation

Accountability

staff workflow improvements

Benchmarking

Staff communication and encouragement

What are these data and reports useful for?

It is good for all types of quality improvement and better staff understanding.

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.

MENTI- 5 Whys

Why did (or does) this problem occur?

People think it's gross

Transportation issues

Clear communication on what to do next-only a guess

Lack of education on importance of testing/ uncomfortability

They forget.

Patient don’t want to handle with stool. We provide gloves. But we offer gift cards so that has helped a lot

They don’t see the value or importance of returning the kit.

Not enough urgency from the patient

Why did (or does) this problem occur?

Patient's do not feel like reading the instructions on how to complete so they don't do it

lack of patient understanding or transportation.

Lack of education

Takes time out of there life to return it.

Adherence (general)

transportation issues

Forgetting, not wanting to process specimen.

transportation, forget

Why did (or does) this problem occur?

Provider doesn't really mention the importance

Patients don't want to do it. Also if there is a positive then insurance won't cover the colonoscopy.

Pt does not want to be tasked with a step- they want everything one and done in office (just like blood)

Lack of education on how to use the KIT we offer instructions in Spanish also and still unsure on how to use.

return late, unable to read the instructions

Most patients do not understand how easy it is, but depending if they receive in house fit or mailed in kit- they let it expire or go too long before sending it back and losing it

Lack of education.

Multiple steps forscreening (that relies heavily on the patient) and then diagnostic.

Why did (or does) this problem occur?

It's inconvenient because they have to do series of steps/things to get one result they are afraid of

Inability to follow through due to fear of results, costs, use.

Tell me more about why this is happening?

they are more focused on basic needs

They leave the appointment and drop the kit off in their house. Lost.

Patients really don’t understand how important it actually is to prevent.

Seen as too technical so they would rather not

Risk of knowing

follow through and follow up from staff to patient with clear guidance.

they don't want to do one more thing for their health or they don't believe that this test is really a necessity

Lack of education—staff are rushed to get through appointments and cannot take much time for explanation or questions.

Tell me more about why this is happening?

Not as straightforward to complete like pap Smears.

The patients probably believe that since they do not have history they aren’t as worried about it

They don’t want to know the result

overwhelmed by other things

Truthfully we don't know. (Haven't asked, surveyed, etc.)

There is little education publicly as to why it is needed and the rise of colorectal cancer. And people do not trust the information that isout.

lack of staff time explaining in more detail the importance.

theyre used to the health center doing everything, so since they have control dont think it's as important

Tell me more about why this is happening?

Not really understanding the importance of it, risk of knowing,

Our IT is unable to get results to interface electronically into our EHR

out of site out of mind unless having active issues

Patients don't feel like they are at risk

Lack Of: Fool-Proof Video Instructions with Importance/Risk

Dealing with other health issues first

Everyone is dealing with their own issues...adding one more thing feels like a burden

not answering cologuard phone calls due to work obligations on not calling in their preferred language

Tell me more about why this is happening?

they are more compliant when done before leaving- but then they do not want to leave a stool sample. Time is also a factor to do this

Why is this happening? What is the reason?

Fear & Busy. Lack of support to follow-through.

Some may be scared due to medical costs

Patient not understanding, or not having the family support to help understand once at home

Patients being overwhelmed when life is lifing and push it aside.

Lack of priority. This is not a concern at this time so they can postpone it until they actually need it or start feeling sick

Shortage of GI, low reimbursement compared to other payers (Medicare, commercial/Exchange). Ultimately no single payer system (on GI availability).

One more thing they would have to worry about if they have a positive result

They thinks it is not important

Why is this happening? What is the reason?

Staff don’t have adequate time to explain the significance and collection details.

Putting other obligations first

culture differences

time needed to complete

Not seen as a priority item

Not having a clear understanding on how to perform, even with having in preferred language.

competing priorities

fear if messing up the collection

Why is this happening? What is the reason?

Prioritizing multiple needed tests

Fear of knowing. Harder to ignore after knowledge exists. Abnormal result creates stress and vulnerability, and likely dependency on others for support. Loss of personal control.

Need more public awareness for preventive practices

We do not have any FTE dedicated to manually reviewing charts and working quality gaps

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.

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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.