HRSA
Health Resources & Services Administration

RAPID

Reporting Assistance and Process Improvement Discussion

Session 2

Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Roadmap for Today

PART 1: Review Action Work

PART 2: Understanding Data Quality

PART 3: Understanding Measure Specifications for UDS Reporting

PART 4: Measure FAQs

PART 5: Action items to complete prior to next session

Session 1, June 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 Governance

SME Session: Workflow Mapping

HRSA Health Center Program

About Us

Let’s take a moment to see what each shared from last session!

Part 1

Review Action Work

Clinical Quality Measure Trends

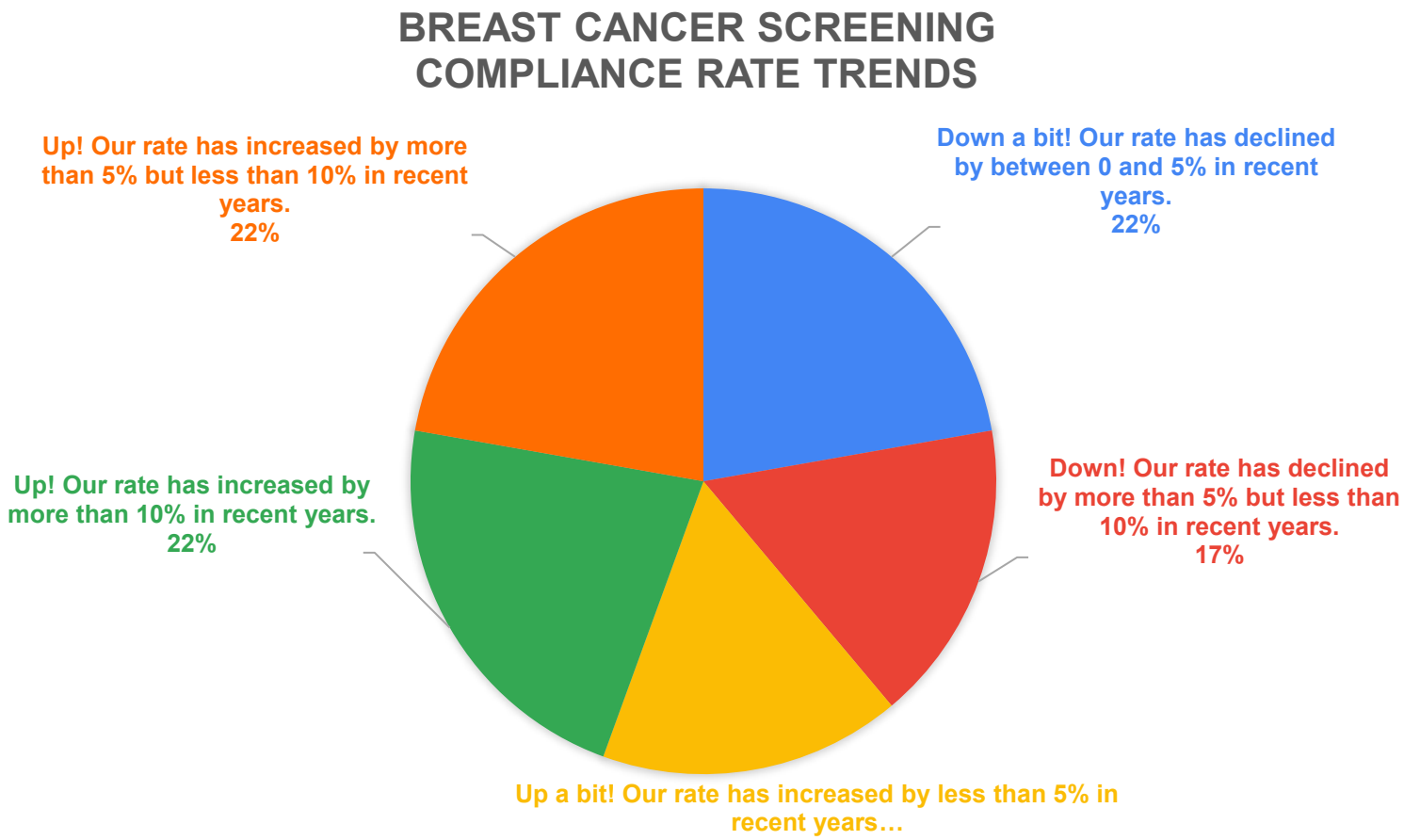
Each health center reviewed their own data.

Clinical Quality Measure Trends

Each health center reviewed their own data across at least three years, and then compared that to state and national trends.

How have the UDS breast cancer screening rates trended for this cohort?

50% of respondents in this cohort report their compliance rate as **BELOW** the 2024 National Average.



The average compliance rate for the 2025 UDS reporting cycle for respondents in this cohort is **52.8%.**

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Five Whys Exercise

Each health center did the Five Whys exercise with their team to better understand potential root causes of less than ideal clinical quality measure outcomes.

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Breast Cancer Screening
Initial Problems Identified

EHR and Documentation Gaps

- Missing screening results and reports within the Electronic Health Record (EHR) system
- General documentation and charting issues

Access and Scheduling Barriers

- Lack of access to free screening mammograms
- Geographic and general access barriers, specifically for patients in rural communities
- General scheduling issues

Patient Compliance and Completion

- High rates of eligible patients who don't complete their recommended breast cancer screenings

Clinical Workflow and Provider Follow-Up

- Providers not ordering mammograms or placing standing orders
- Inconsistent referral follow-ups

Breast Cancer Screening
Root Causes Identified

Patient-Related Barriers:

Access to care and living in a rural location

Patient follow through: Patients agree to the screening during an appointment, but later cancel or no-show due to outside circumstances

Unaddressed personal barriers: Barriers like scheduling, transportation, or care coordination that create a challenge for patients

Provider/System-Related Barriers:

Training and knowledge gaps: Staff are not trained adequately to complete the requested tasks, staff do not fully understand the measure and how to complete it

Scheduling limitations: Appointments are scheduled based on when they are available rather than when it is most convenient for the patient

Lack of workflows: Lack of clear and defined clinical workflows

Resource constraints: Limited dedicated resources to ensure screening results are received and documented

Inadequate outreach: Patient engagement and outreach processes are inadequate, resulting in eligible patients being unaware of, delaying, or unable to complete the services

Low motivation: Clinics are not providing enough opportunity and motivation for patients to complete these screenings

Data & Reporting Issues:

EHR and system setups: The EHR system is not set up properly, and there is a lack of automated reminders in the EMR

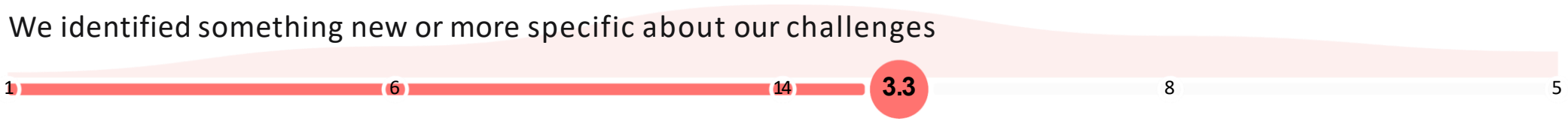
External data sharing: Service providers are not efficiently sharing information and patient records

General documentation: Broad documentation issues and internal miscommunication

External communication: Broader communication issues between external vendors as well as patients

We found this exercise helpful in facilitating conversation with the team

We identified something new or more specific about our challenges



We have something more actionable to focus on as a result

Strongly disagree

Strongly agree

Part 2
Understanding the Scope of Data Quality

Three Layers of Data Use and Quality

Adapted from https://bphc.hrsa.gov/sites/default/files/bphc/qualityimprovement/clinicalquality/presentations/identifying-data-reports-for-qi-slides-ead.pdf

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

Team Role	Responsibilities
Leadership/ Executive	Leadership level sponsor for project; Helps to acquire appropriate resources for program as needed
Population Management Lead	Responsible for oversight of population management and population management programs
Network/ Database Administrator	Provide access to network and EHR systems; Performance and security support
EHR/ Health IT Lead	Identify EHR templates and tables for data element capture including orders, labs, etc.; Review with clinical and QI team
QI Lead	Identify data capture workflows; complete lookup/ mapping; conduct data validation chart audits when needed
Provider and Clinical Representation	Identify data capture workflows; identify PHI data capture location and criteria; support/ provide feedback on data validation and accuracy

Adapted from https://bphc.hrsa.gov/sites/default/files/bphc/qualityimprovement/clinicalquality/presentations/identifying-data-reports-for-qi-slides-ead.pdf

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Targeted, Cross-Functional QI Efforts Have Better Returns

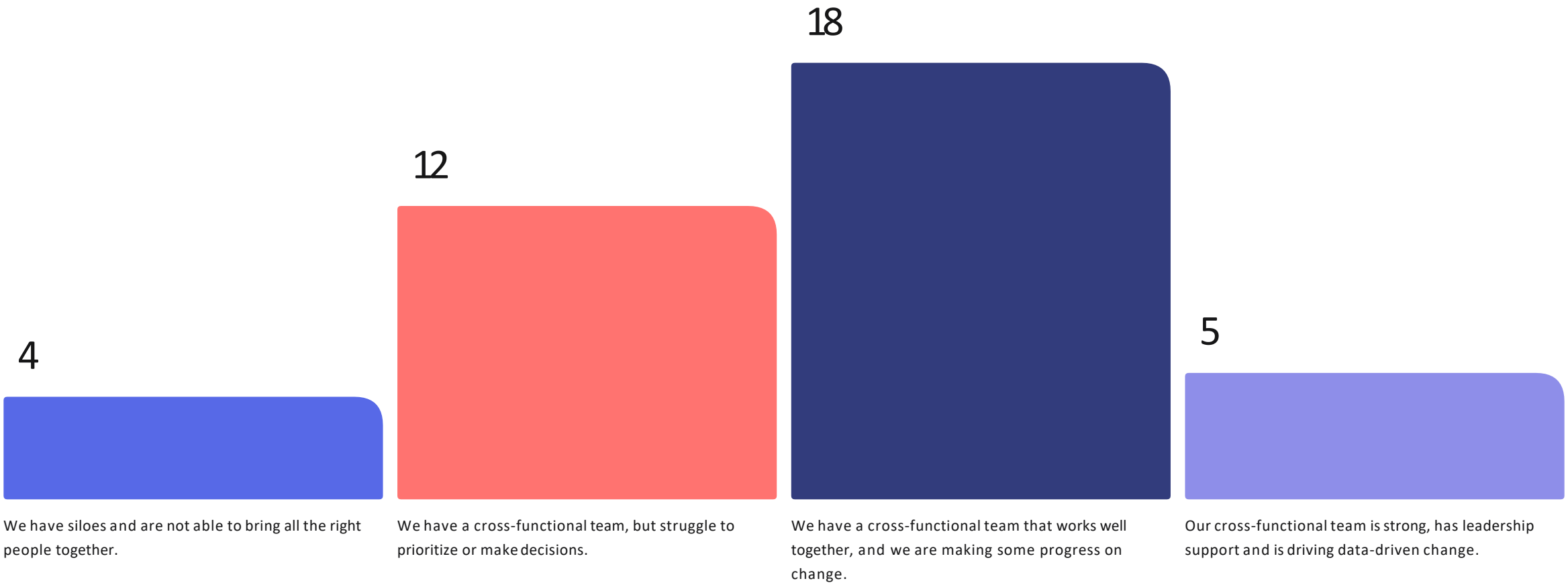
More ‘bang for your buck’

Mindful of people’s limited bandwidth

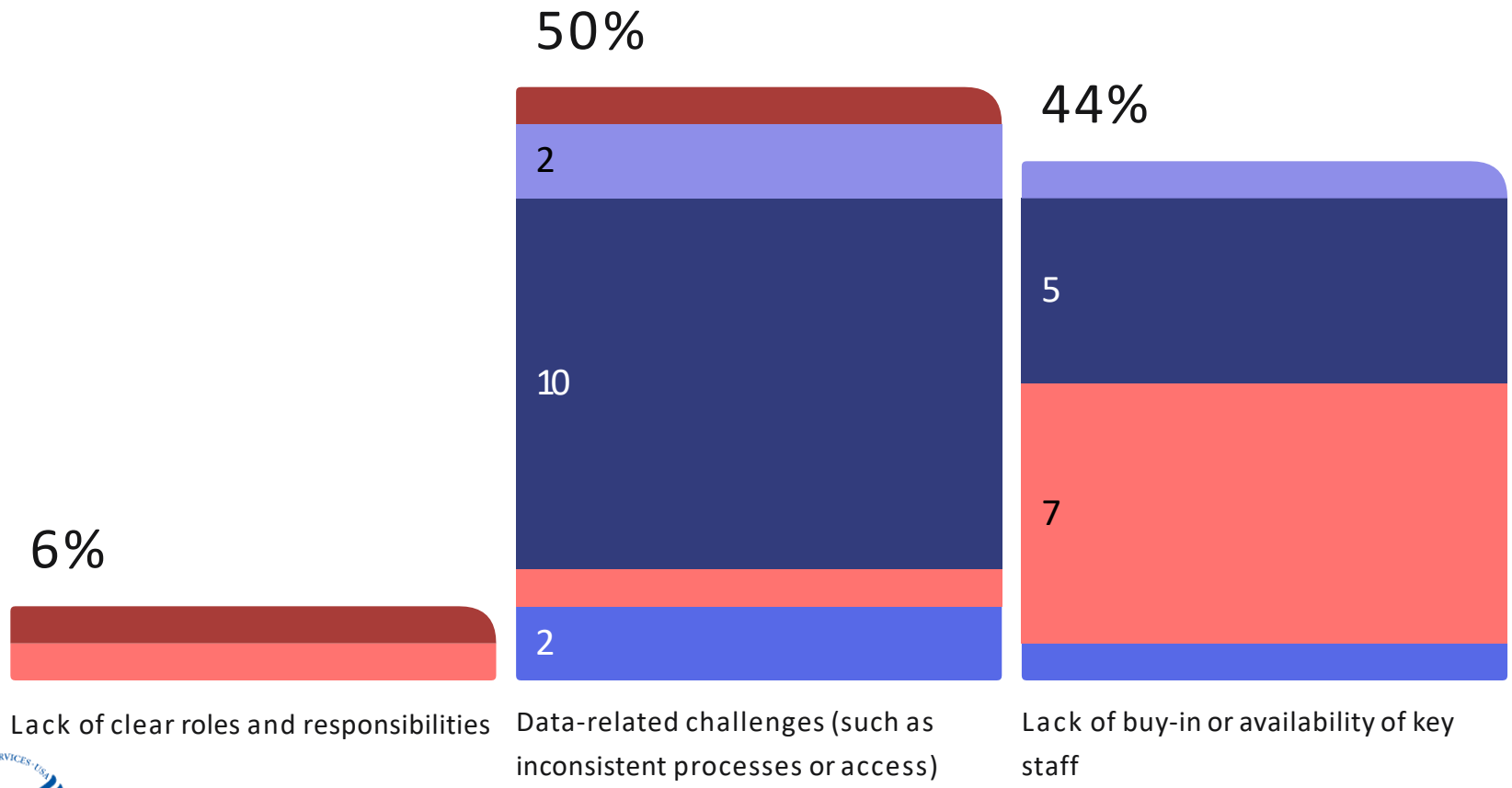
Builds trust

Ensures that changes will actually be reflected in the measure/ reports/ data

What best describes your cross functional team buy-in for UDS improvement?



What has MOST limited progress your cross functional team's progress?



What has supported building your cross-functional team?

ongoing honest communication

Leadership support and Front Line engagement

We lack a team and consistent updates across all staff

Hearing others input, basically looking at things from different perspectives.

Buy in from senior leadership.

communication

Consistent meetings

Training and staffing

What has supported building your cross-functional team?

communication, buy-in

Better buy in across the team. Better understanding of the measures andhow they are calculated

Leadership Support

small group, not making it optional but rather expected as part of the job responsibilities

leadership involvement

Multiple meetings to discuss progress and struggles.

We have a good team and working on a well cross functional team.

Have a centralized population health platform that everyone trusts.

What has supported building your cross-functional team?

Buy in from all parties involved

Communication and structured meetings

Feedback from frontline staff

buy in

Team works well together and everyone is very responsive to answering questions

Adding QI goals to the provider evaluation- to aid buy in

Sr. Leadership and Provider Support

Clear communication between admin and med staff

What has supported building your cross-functional team?

Making sure everyone has the date updates, and communication through-out our teams.

We are working on learning our individual roles as well as working on communication, good leadership suppport

Communication

Sharing information and communicating what is required and best practice

consistent/repetitive training

Setting up a Value Based Care Committee at the org level with senior leadership sponsor

Commitments from stakeholders

Helps when clinical people are willing to assist non-clinical people to create useable reports to assist in reaching goals

Part 3

Understanding Measure Specifications for UDS Reporting

Getting Started with Clinical Quality Measures:

UDS Specific Guidance

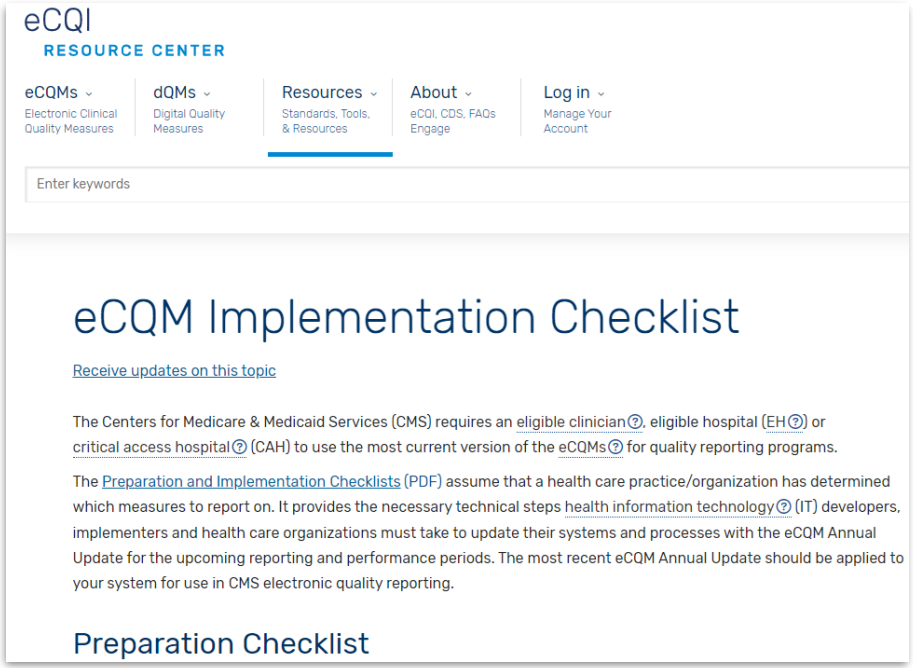
UDS Manual:
Definitions and instructions specific to the UDS are in the UDS Manual. The **2026 UDS Manual** will be available at https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance

- Clinical quality measures include links to eCQMs as well as UDS specific considerations.
- Remember that UDS clinical quality measures **include patients who had at least one UDS countable visit** during the calendar year ***and*** **met the denominator specifications** for the measure.
    - Note that the limit to UDS *medical* patients was removed in 2023; measures are reported according to eCQM denominator specifications. This was noted as challenge in the Five Whys!

Year-over-year changes:

- 2026 UDS Proposed Program Assistance Letter (PAL)
- Upcoming UDS Changes Webinar (July 2026). Additional information will be available at https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/reporting-training-schedule

Getting Started with Clinical Quality Measures: **eCQI Resource Center**



- **eCQM Implementation Checklist**
  - 6 Preparation Steps
  - 7 Implementation Steps
- **eCQM supports include:**
  - eCQI Resource Center: On the page for each measure, in the “Measure Information” tab, there is the option to “compare” -- e.g., 2026 to 2025. **This highlights changes year over year.**
  - eCQM Flows: Workflows for each eCQM, updated annually and downloads as a ZIP file.
  - eCQM value sets: Brings you to the VSAC site, where you can search and download value sets.
  - Additional resources on the EC Resources page

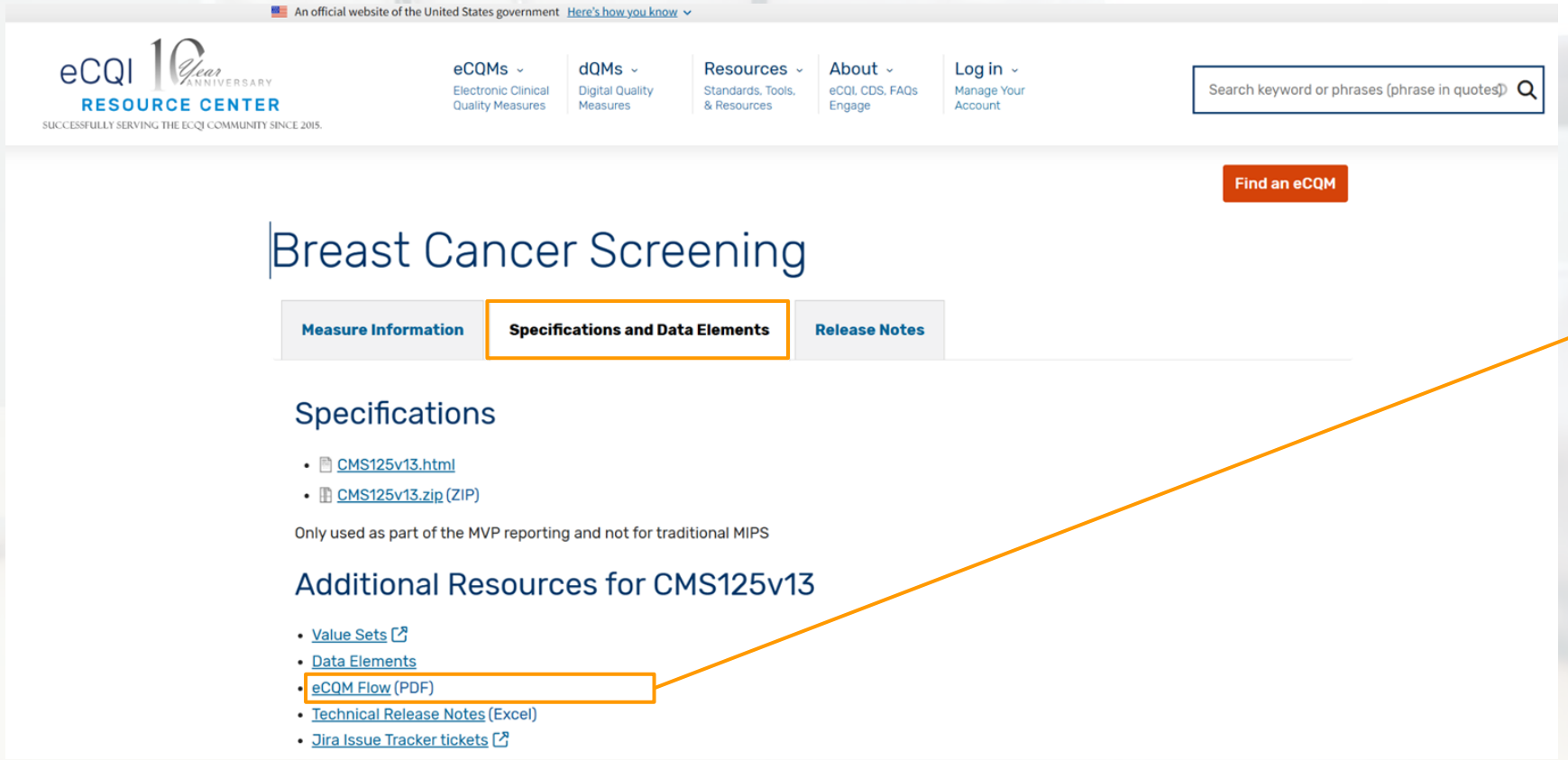
Action Item 1

Review the first 5 steps of the eCQM implementation checklist.

Remember, UDS uses Eligible *Clinician* eCQMs.

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

eCQM Flow



Each eCQM has a process flow map which can be found in the *Specifications and Data Elements* tab, under the *Additional Resources…* heading.

There are many UDS Clinical Care TA resources available!

Available on clinical care page of TA Site; they are updated annually. Most will be updated in summer/fall.

These include:

- UDS Clinical Measures Exclusions and Exceptions
- UDS Clinical Quality Measures and Healthy People 2030 Objectives and Benchmarks
- UDS Clinical Quality Measures (CQM) Criteria
- eCQM Encounter Code Guide

Note that these **summarize information from the specifications**-- they are not separate information!

What does this look like in practice?

In the Clinic

How do you operationalize measure updates in your clinical workflows?

In the Data

How do you operationalize measure updates in your EHR/ health IT systems?

Accessing Full eCQM Specifications

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

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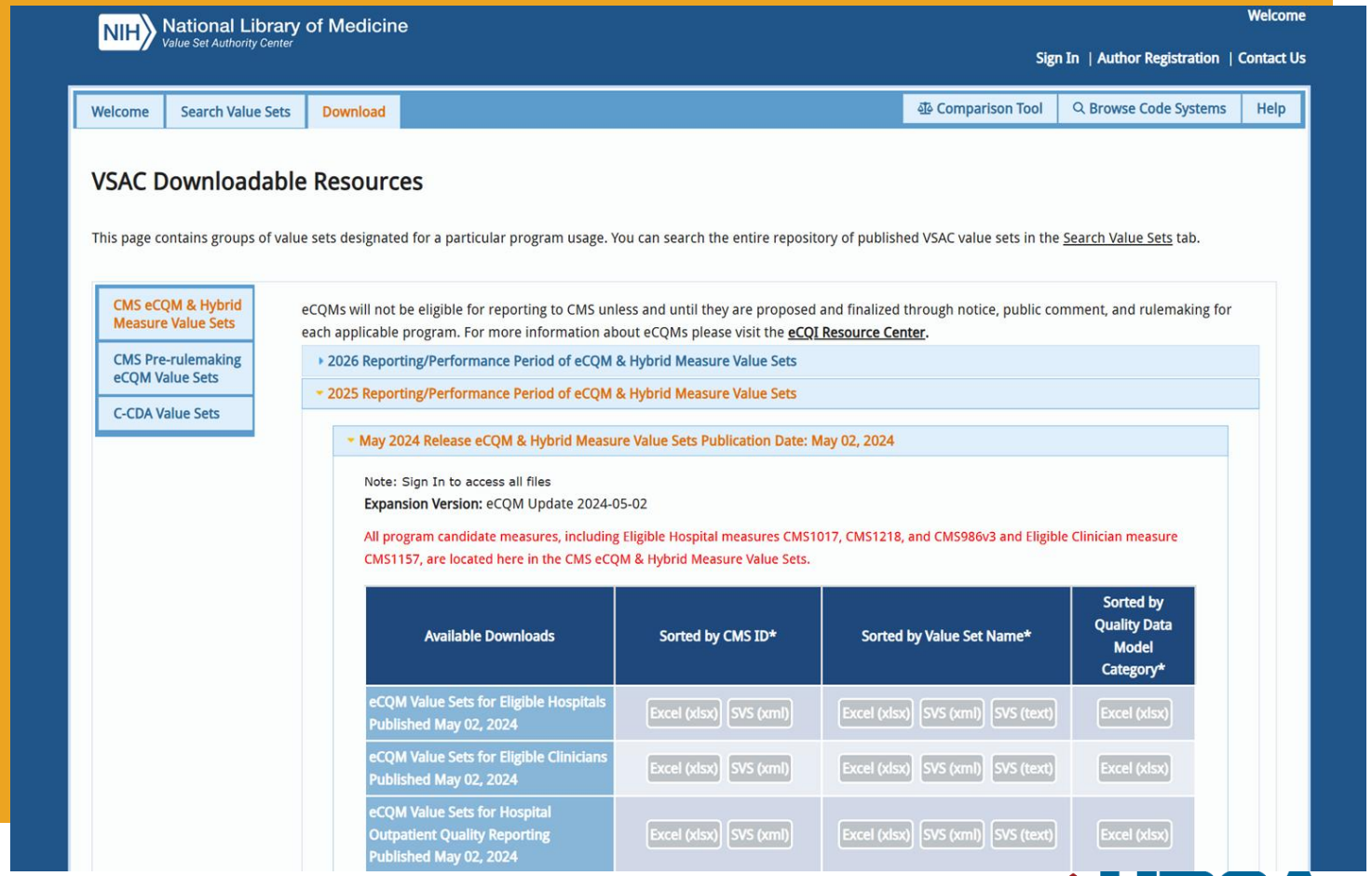
Accessing Codes for All Measures

Download all codes from the VSAC site: Once logged in, go to Download Tab → 2026 Reporting → eCQM Value Sets for Eligible Clinicians

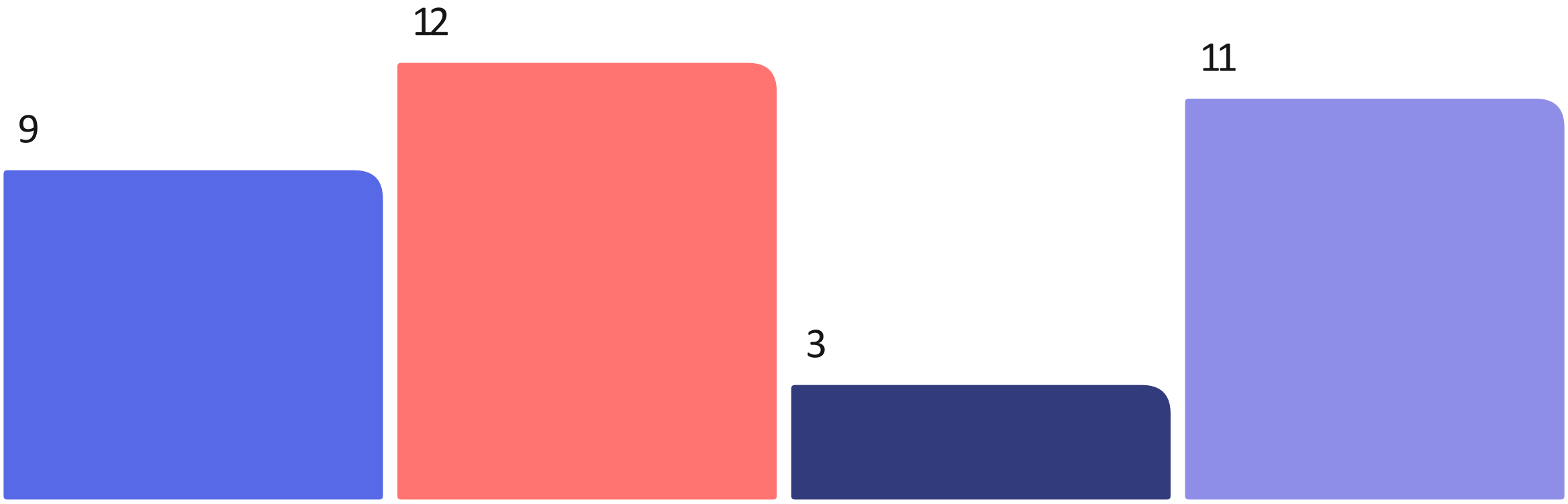
Two download options:

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



Video demonstrating process: https://hiteqcenter.org/Resources/HITEQ-Resources/accessing-value-set-codes-for-clinical-quality-measures

How familiar are you with the sites to access measure specifications?



Action Item 2

Access the measure specifications from the eCQI Resource Center and download the codes from the VSAC site for this measure (or get as far in that process as you can!)

Part 4
Measure FAQs

Breast Cancer FAQs: Question 1

Breast Cancer Screening is now recommended for women starting at age 40, which is reflected in the 2026 eCQM (v14). Why is v13 still being used for UDS?

The UDS clinical measures align with each year's annual update of the measure specifications by each of the measure stewards. **For CY2025, the measure value sets were published in May 2024 and follow v13 for the breast cancer screening measure.** The CY2026 UDS breast cancer screening measure will align with v14.

Source: UDS Changes Webinar, June 26

Breast Cancer FAQs: Question 2

Some patients have their mammogram done at a different location other than the health center.

Some of those groups will send electronically through a CCDA that the patient had the mammogram done but the health center only receives a CPT/SNOMED/LOINC code in the background message that is sent with the CCDA (Clinical Summary). Can we count those in our eCQM if we don't have the actual report in our system?

- The measure logic does not require mammograms to be tied to a specific encounter.
- For the numerator criteria, the measure identifies at least one documented mammogram in structured EHR fields, ensuring that it was performed within the required time frame and documented via QDM datatype "Diagnostic Study, Performed" using a code from the "Mammography" value set (2.16.840.1.113883.3.464.1003.108.12.1018).
- The mammogram(s) can be performed any time between October 1 two years prior to the measurement period to the end of the measurement period.
- So, as long as the information received meets the specifications and is available in the EHR such that it can be used, it counts.

Key Considerations to Meet Measure

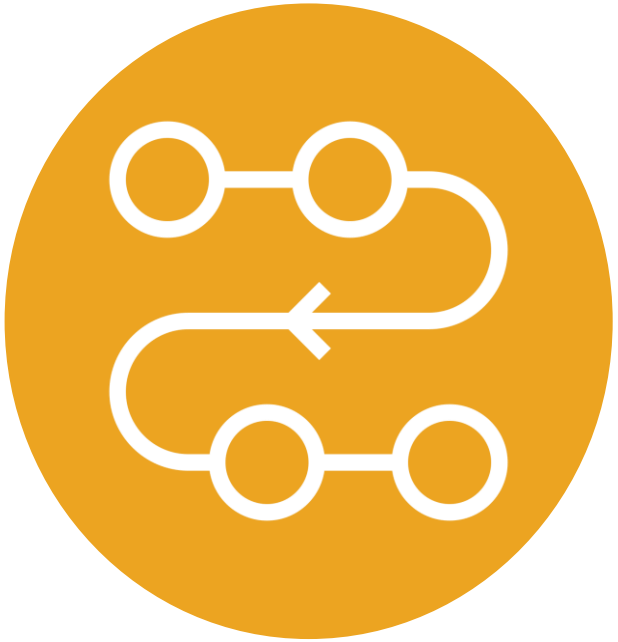
- Ensure that screenings are attached to relevant visits.
- Maintain/ update the problem list regularly.

- Document onset date(s) when required, such as for diagnoses.
- Document surgical history (e.g., hysterectomy or mastectomy) or other history accurately in your system.

- Appropriately identify eligible visits.

References for Measure FAQs

ONC Project Tracking Jira



eCQM Known Issues Tracker (part of ONC tracking)

UDS Changes Webinar and Helplines

Access each with these links:
https://oncprojectracking.healthit.gov/support/projects/CQM/summary
https://oncprojectracking.healthit.gov/support/projects/EKI/summary
https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance/technical-assistance-contacts

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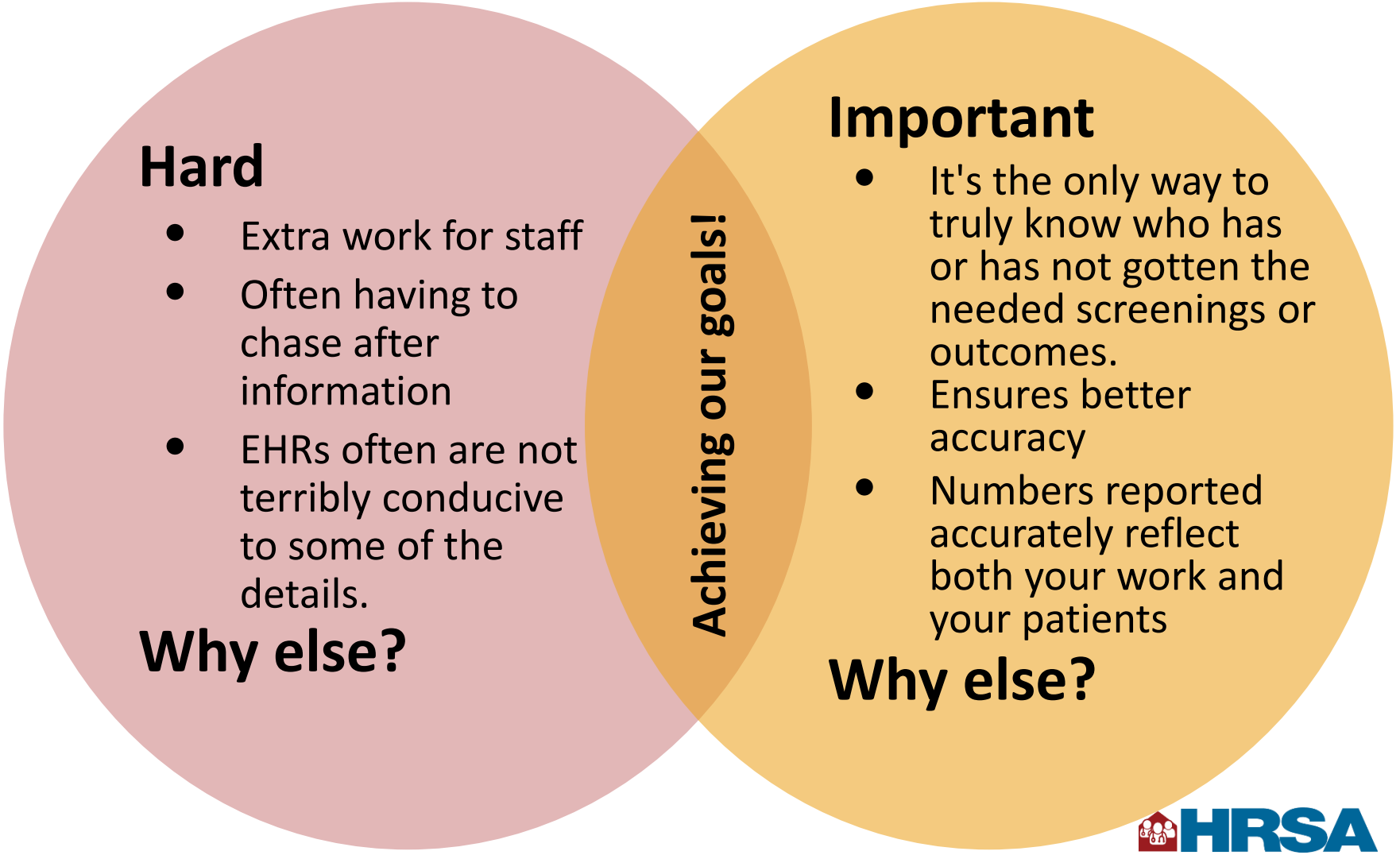
We understand!

All of this information is a lot to wade through and to translate to your clinic's processes!

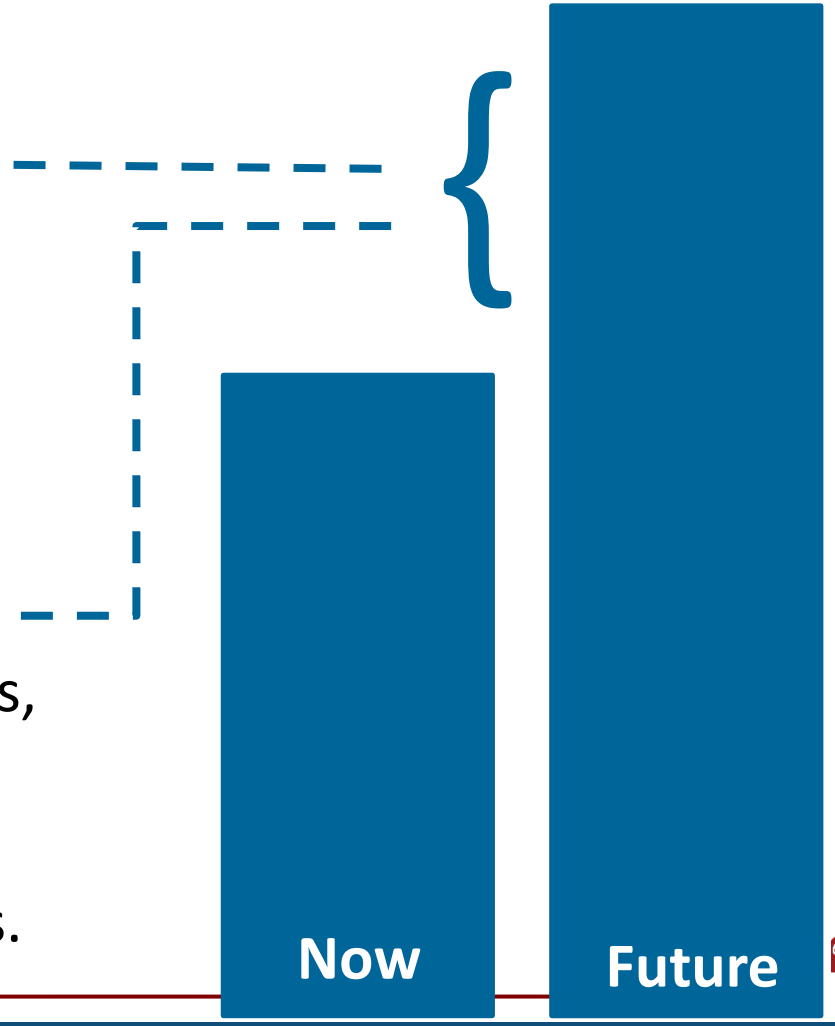


Part 5
Action Items Before Next Session

Closing the Gap from Where We Are
And Where We Want to Be

Some portion may be addressed through patient-facing changes or improvement in care processes.

Some portion may be addressed through addressing other issues, such as understanding and implementing measure specifications.



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Action items before next session

After doing the first five steps in the eCQM implementation checklist, access specifications and codes for the measure.

Review that measure information and consider it in relation to the **root cause you identified** in your Five Whys exercise.

Identify **one specific area or component that could be improved to address the root cause you identified**, that aligns with the measure specifications.

Identify **one action step for your health center to move that specific improvement forward.** No need to do it yet!

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Peer Learning Session with Subject Matter Expert:
Data Governance | July 22nd | 2-3pm ET

Provide overview on the fundamentals of data governance and how to apply them in the improvement efforts.

Ensure the respective RAPID measure work is sustained via data governance prioritization, oversight, and resource allocation to “hard wire” improvements

Next Cohort Session:
Session 3 Working Towards Your Goal

Review the insights you found from your review of your processes.

Analyzing the broader environment driving your clinical quality measure performance.

Establishing a SMART goal based on five whys, root cause, specifications, and opportunity for improvement.

Assistance Available

UDS Support Center

- Assistance with UDS reporting content questions
- 866-UDS-HELP (866-837-4357)
- udshelp330@bphcdata.net

HRSA Call Center

- Assistance with EHBs account and user access questions
- 877-Go4-HRSA (877-464-4772), Option 3
- http://www.hrsa.gov/about/contact/ehbhelp.aspx

Health Center Program Support

- Assistance with EHBs electronic reporting or EHB account issues
- 877-464-4772, Option 1
- http://www.hrsa.gov/about/contact/bphc.aspx

GeoCare Navigator

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

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