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

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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SUD Initiation and Engagement
Initial Problems Identified

Confusion Over Measure Definitions and Technical Specifications

- Lack of understanding regarding the new SUD measure, including overall purpose of the new measure or what was required to meet inclusion criteria and compliance
- Unclear definition of a "new" SUD episode, noting uncertainty about how to properly identify initial diagnoses and how to count "poly" substance users
- New measure that was not yet understood by team, which impacted ability to explain the required workflows to their clinical teams

EHR, Documentation, and Workflow Challenges

- Challenges on how the required information was captured and standardized
- Unable to operationalize the measure in the EHR, including how to document a static diagnosis date or map acceptable billing codes
- Lack of clear, standardized documentation workflows for SUD episodes
- staff and providers use of workflows or forgetting how to document interventions in a way that the reports could map accurately

Poor Compliance Rates and Patient Follow-up Barriers Low Scores

- Inability to get patients back into the clinic for required follow-ups within the specific 7-day, 14-day, and 30-day engagement windows
- Social barriers (such as housing instability and transportation issues) that prevent patients from initiating treatment or attending timely follow-up appointments

SUD Initiation and Engagement
Root Causes Identified

Standardized Workflows and Documentation Processes

- Lack of assigned workflows to identify eligible patients, coordinating referrals, and ensuring SUD services are documented within required timeframes
- Lack of embedded processes to prompt scheduling for follow-up appointments before patients leave the clinic, and lack of proactive outreach protocols for patients unlikely to return on their own
- Gap in establishing clear, local documentation standards that translate HRSA requirements into everyday staff workflows.
- Improper charting and not mapping interventions correctly in the EHR leading to missed engagement reporting

Knowledge, Training, and Understanding of the Measure

- Providers and staff lack a clear understanding of the new measure's definitions and how they translate into daily coding and documentation
- Insufficient training on how to use correct qualifying visit codes, leading counselors to use incorrect codes or struggle to document the difference between an ongoing vs. a new SUD episode
- Limitations, due to timing, to thoroughly research the measure's technical details to ensure accurate EHR recording, instead relying on default EHR reports
- SUD diagnosis and treatment is relatively new for health center primary care providers

System Limitations, eCQM Validation, and Scope of Care

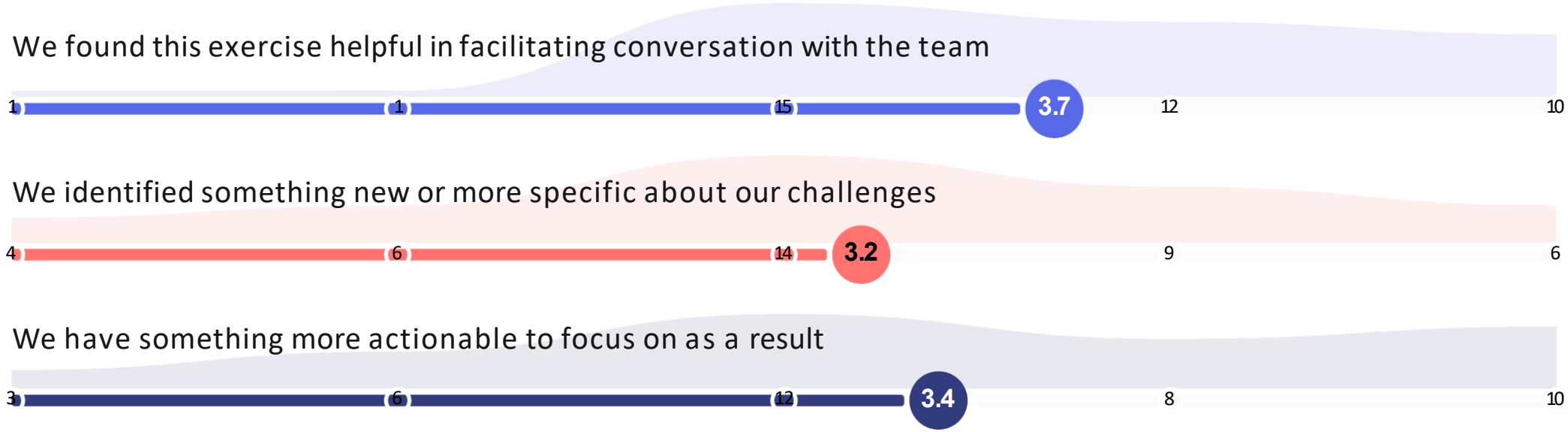
- Limited organizational capacity to implement new SUD workflows, requires extensive EHR customization, testing, and change management
- Incorrect report building and difficulty validating eCQM results against the technical specifications
- Mismatch between the measure and health centers scope of services
- Health system partners/networks that work with health centers do not prioritize the measure, leaving the individual health centers to troubleshoot the system builds

Patient-Level Social Barriers

- Initiation and engagement may be impacted by patient-level social barriers, including homelessness, housing instability, limited transportation, unreliable phone connectivity, and the social stigma associated with substance use disorder

Resource and Staffing Constraints

- Lack of funding necessary to hire the additional staff required to manage follow-ups


We found this exercise helpful in facilitating conversation with the team
1
1
15
3.7
12
10
We identified something new or more specific about our challenges
4
6
14
3.2
9
6
We have something more actionable to focus on as a result
3
6
12
3.4
8
10
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

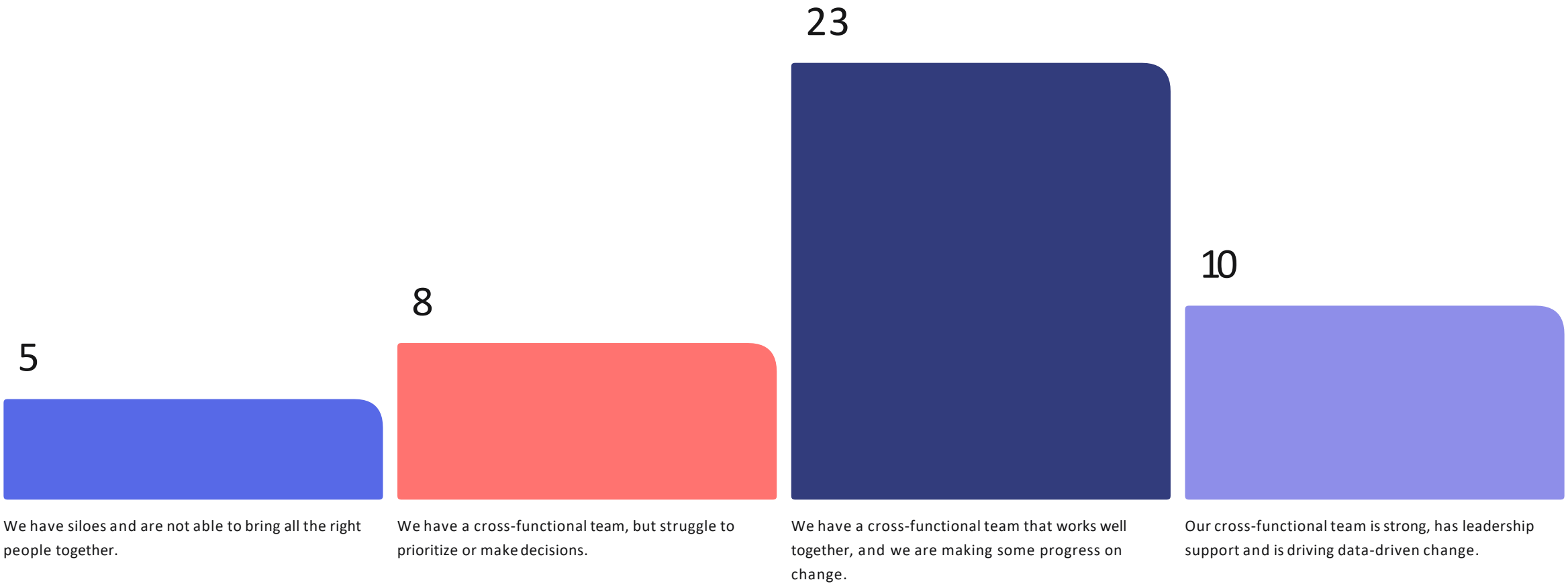
More ‘bang for your buck’

Mindful of people’s limited bandwidth

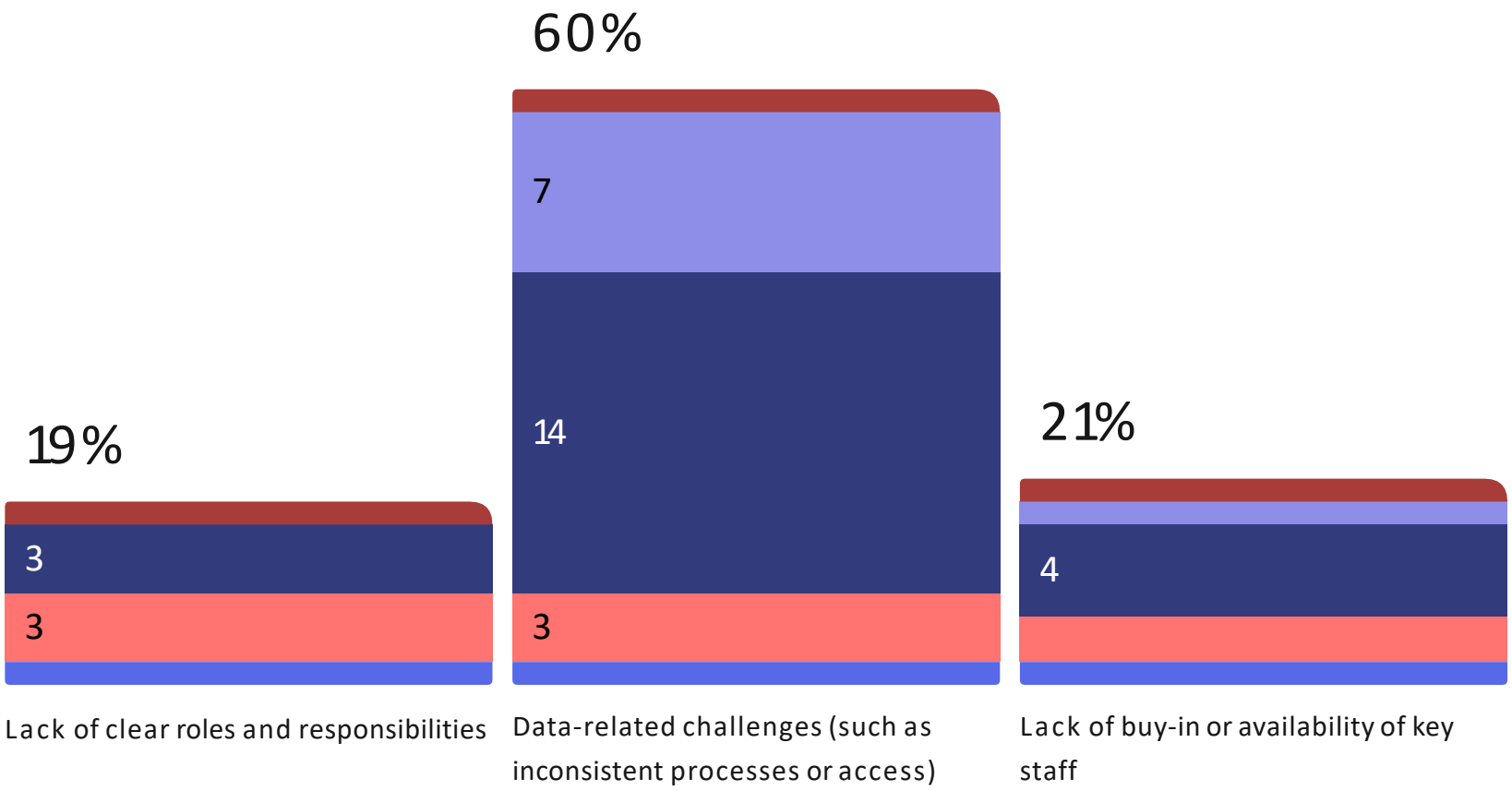
Builds trust

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?



Segment

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

- We have siloes and are not able to bring all the right peopletogether.
- We have a cross-functional team, but struggle to prioritize or make decisions.
- We have a cross-functional team that works well together, and we are making some progresson change.
- Our cross-functional team is strong, has leadership support and is driving data-driven change.
- Unknown

What has supported building your cross-functional team?

Leadership support and intentionality

Role definition and Intentional planning

Making time to meet specifically for quality improvement, training, and problem solving

Monthly meeting with required attendance

Leadership

clear role clarity and communication

Quality improvement is a shared priority!

We already had an OBAT team that was cross-functional.

What has supported building your cross-functional team?

By-In from other members of the team

Admin buy-in

sharing data; train/re-train; bonuses for performance

it already existed but is still growing

leadership support and defined roles

Common goals - all realizing how they contribute to the common goal or objective.

Leadership support

New hire and change of process and flows

What has supported building your cross-functional team?

Lack of processes and identification of this by executive

Data and report writing tools in and outside of the EHR

Intentional inter-departmental communication

Leadership when they are focused

Team buy in with data and accountability

Meetings to touch base

Buy in from the CMO and leadership

Sincere buy-in and engagement from executive team whose leadership and influence flows downstream with feedback flowing upstream.

What has supported building your cross-functional team?

Integration of key players

It was being built when I joined. Management buy in and support has been huge in helping develop this.

Buy in from P O C team.

QI team- Working to deepen engagement between service lines

A dedicated base team

Part 3

Understanding Measure Specifications for UDS Reporting

Getting Started with Clinical Quality Measures:

UDS Specific Guidance

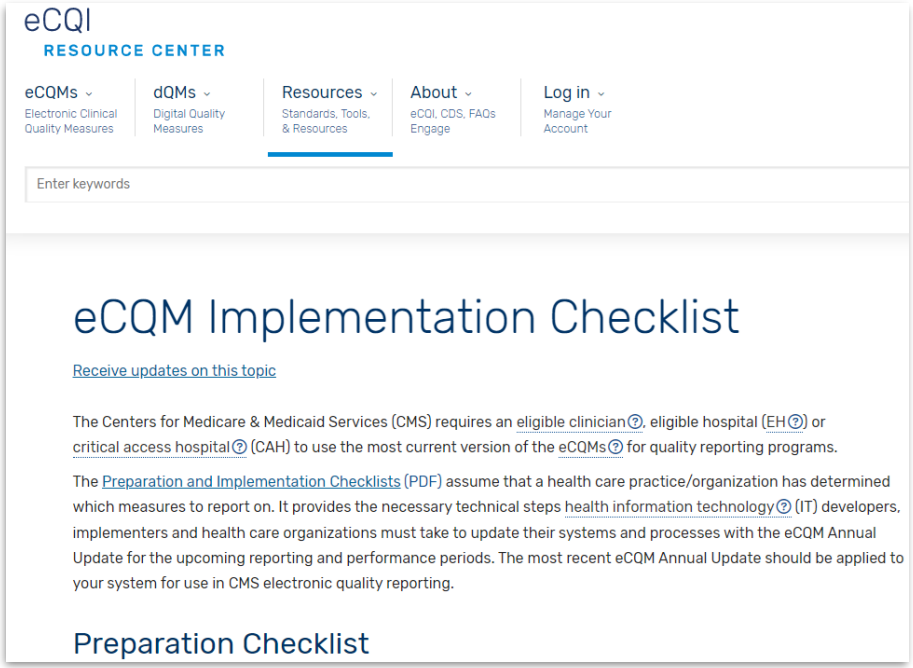
UDS Manual:
Definitions and instructions specific to the UDS are in the UDS Manual. The **2026 UDS Manual** will be available at https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance

- 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

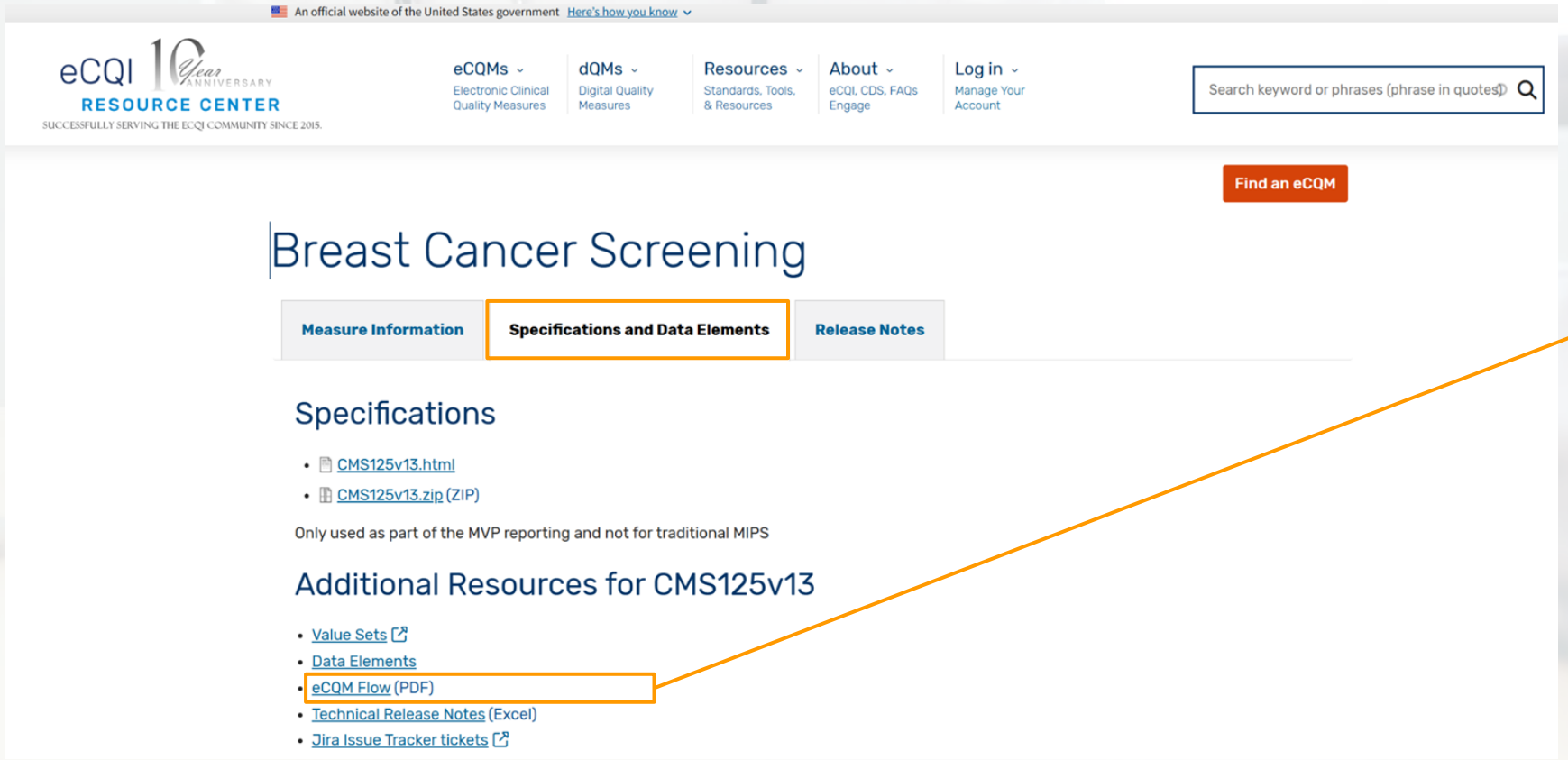
Action Item 1

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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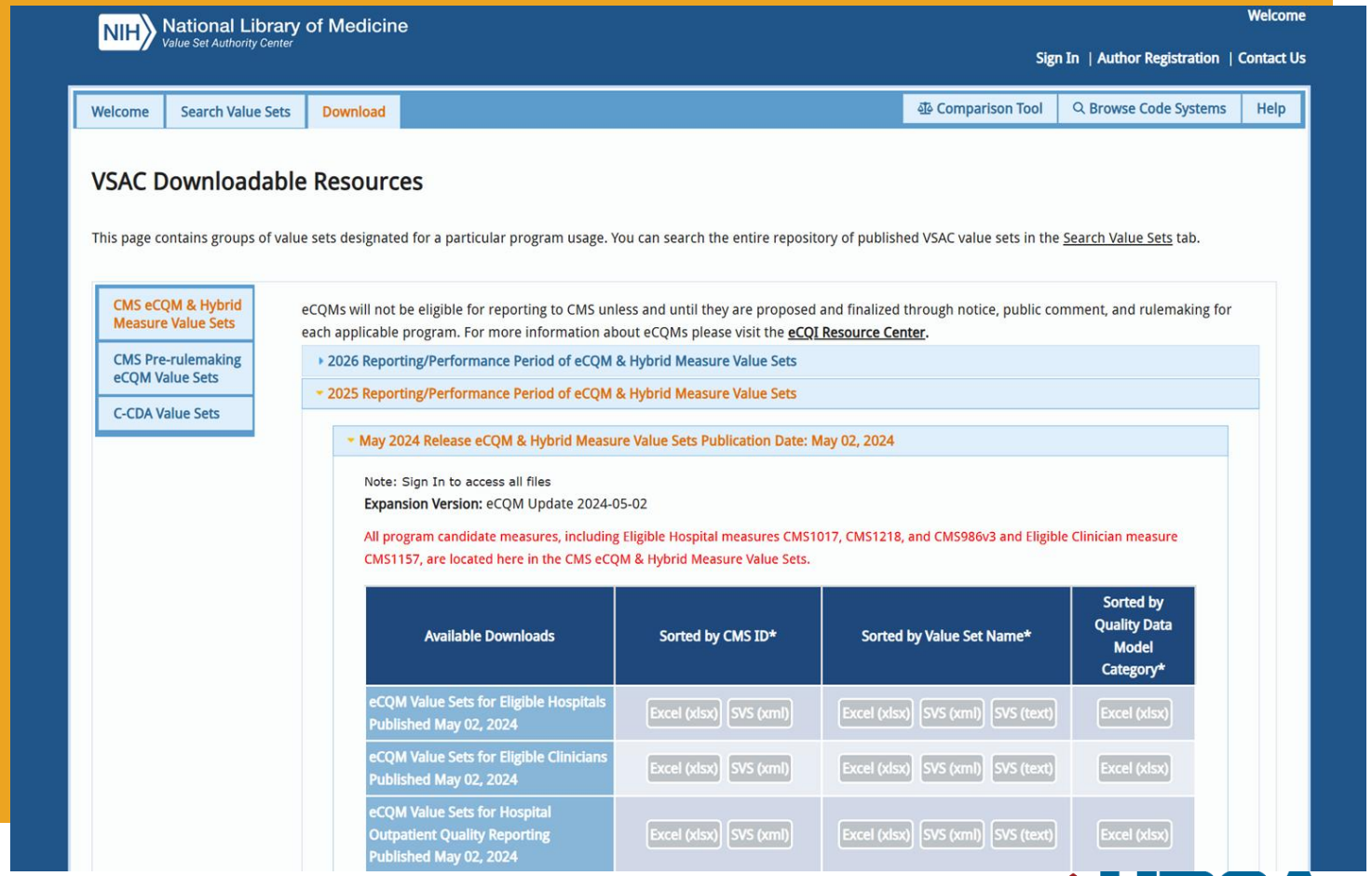
Accessing Codes for All Measures

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

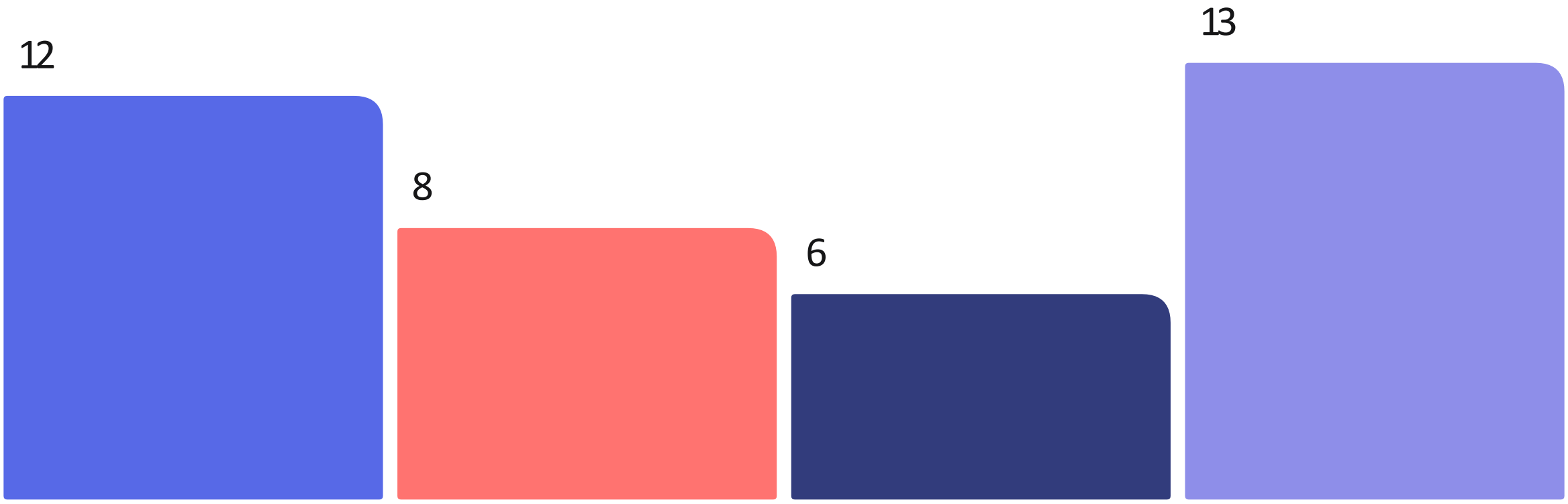
Two download options:

- ➔ 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

Initiation and Engagement of Substance Use Disorder Treatment FAQs: Question 1

Does the 60-day window in which there is no prior SUD diagnosis apply to all SUD diagnoses or just the same one?

Example: A patient has a SUD episode in January 2026 for opioid abuse with intoxication delirium (FII.121) but then in mid-February (less than 60 days) has a SUD episode of alcohol abuse (FI0.10). Is alcohol abuse considered a new SUD episode since it's different, or is it not considered a new episode since it's been less than 60 days since the opioid abuse episode?

Answer: "SUD diagnosis" applies to all diagnoses. So, in this example only the Jan 26 opioid abuse would make the patient eligible for the denominator.

Initiation and Engagement of Substance Use Disorder Treatment FAQs: Question 2

Mentimeter

If a patient is on an SUD medication but has a new SUD episode (meets 60-day criteria) are they eligible for the measure again?

Example: A patient has a SUD episode in early December 2025 and prescribed Buprenorphine. While still in treatment with Bup (meaning an active prescription in their chart), they have a new SUD episode in February 2026 (greater than 60 days from the episode in Dec 2025) this year's reporting intake period. Does that Feb 2026 episode not count for denominator inclusion since they are already on treatment for the previous episode even though it was initially prescribed (but still active) greater than 60 days.In this specific scenario I believe the Feb 2026 episode does count and the patient should be included in the denominator since it is 60 days since the other diagnosis in Dec of 2025.

Initiation and Engagement of Substance Use Disorder Treatment FAQs: Question 3

Mentimeter

How should patients with an SUD diagnosis who are not receiving SUD treatment from our organization, but from an outside facility, be handled for UDS reporting?

These patients are counted as eligible for the measure denominator. In order to meet the satisfaction criteria for the numerator your organization would need to get confirmation of initiation and then engagement in treatment from the external provider. In order for the outside data to be entered it would need to be entered into your system in a structured way.

An example from another health center is they create one referral for each of the two required treatment dates (one for initiation and two for engagement)

Key Considerations to Meet Measure

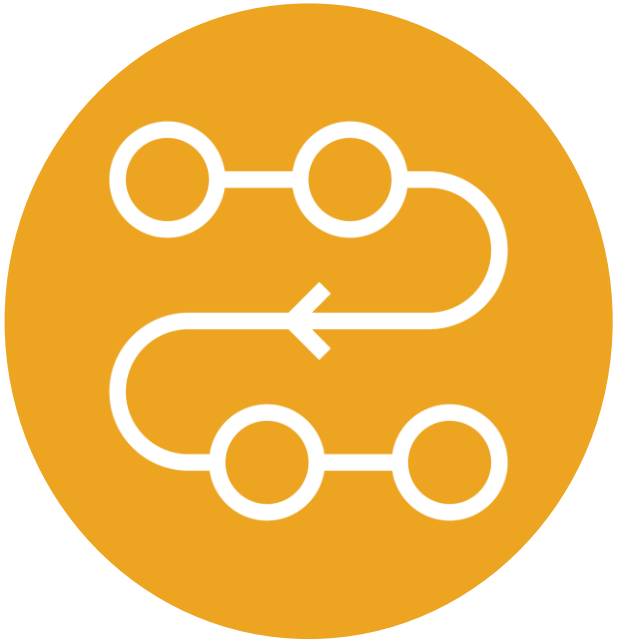
- Ensure that screenings are attached to relevant visits.
- Maintain/ update the problem list regularly.

- 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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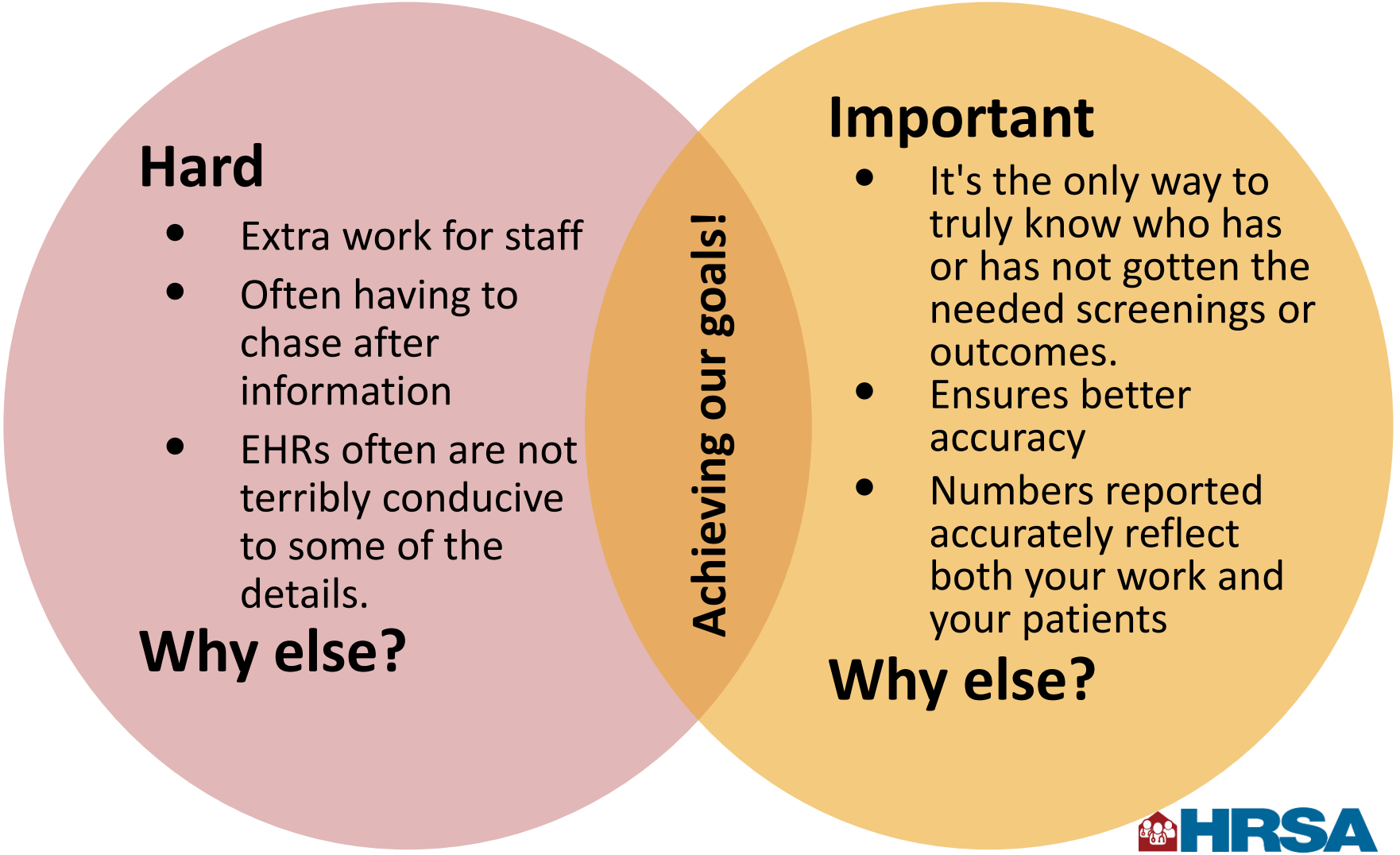
We understand!

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

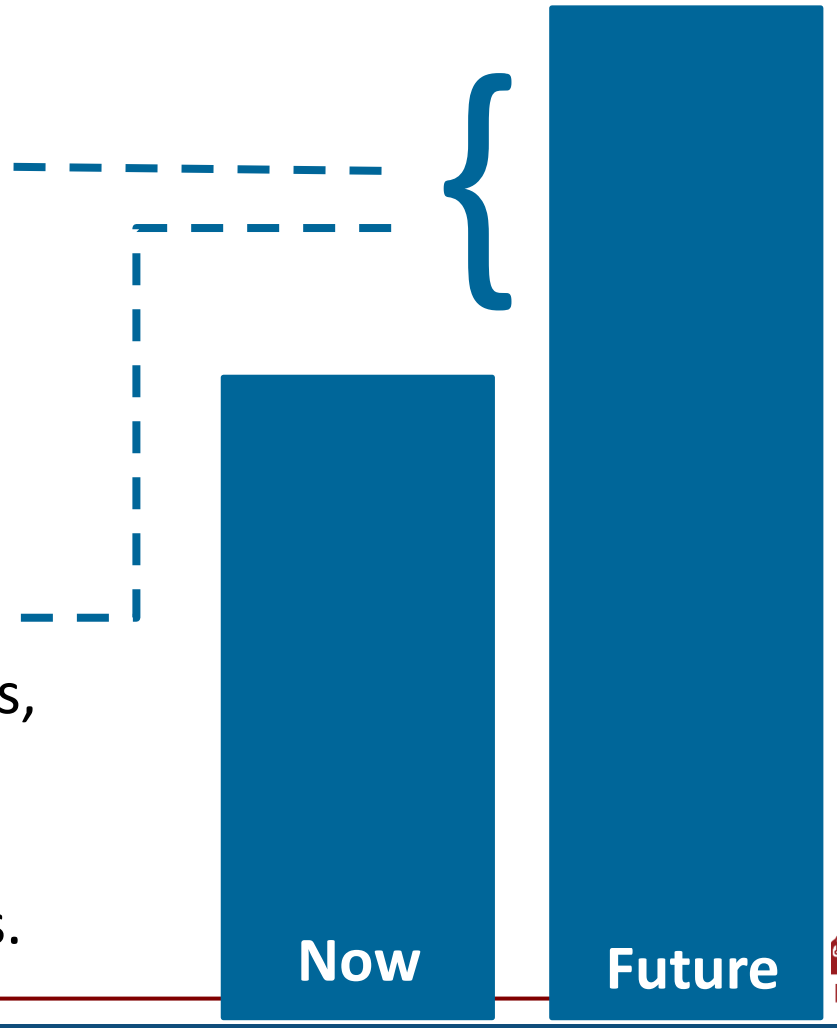


Part 5
Action Items Before Next Session

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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www.HRSA.gov

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