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

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About Us

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

Part 1

Review Action Work

Clinical Quality Measure Trends

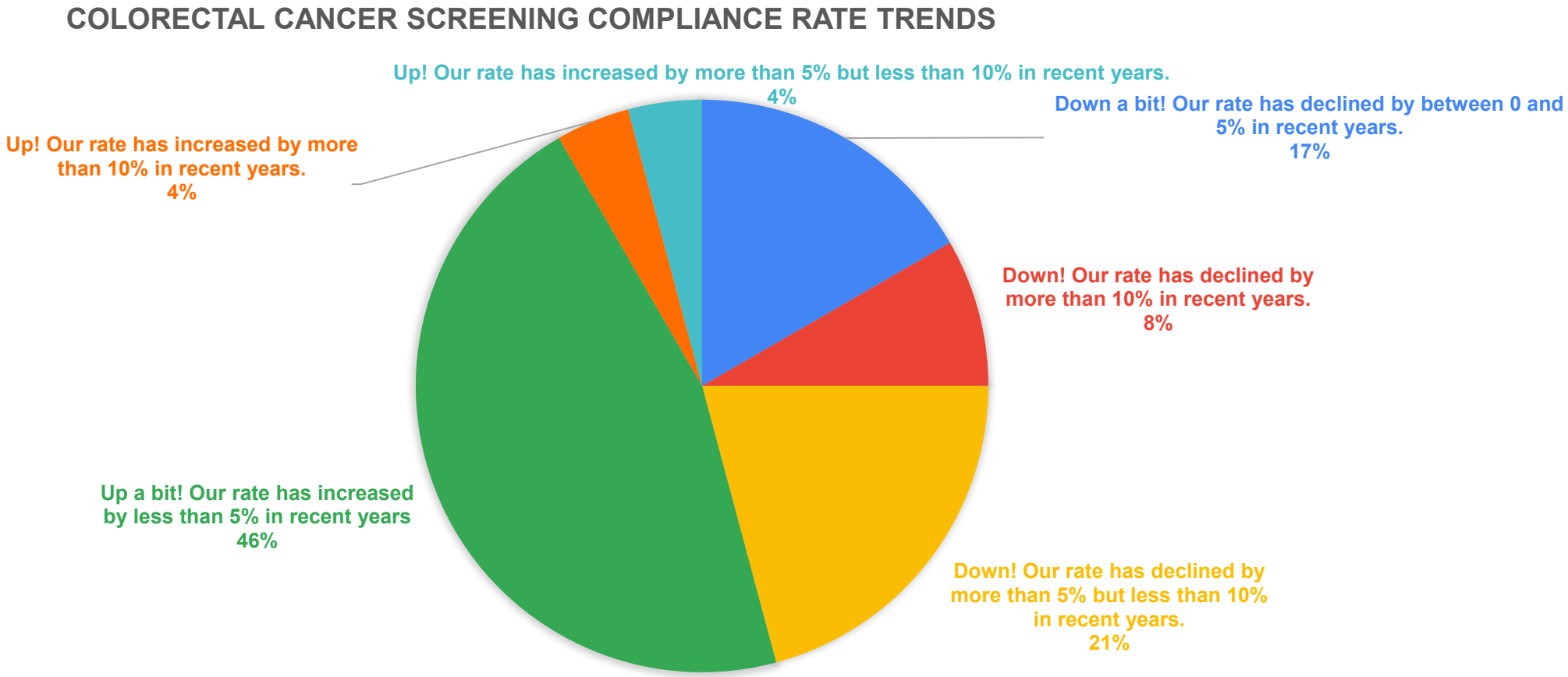
Each health center reviewed their own data.

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 your colorectal cancer screening rates trended for this cohort?

Nearly 80% of respondents in this cohort report their compliance rate as **BELOW** 2024 national avg.



More than 45% of respondents have seen colorectal cancer screening rates **trend DOWN** in recent years.

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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Colorectal Cancer Screening
Initial Problems Identified

- **Patient Follow-Through:** A significant issue is patients not returning FIT kits or not following through with testing.
- **Low Screening Completion:** Many responses indicate that the primary problem is the low completion rate of colorectal cancer screenings, including some patients refusing the screening.
- **Patient Awareness/Education:** Asymptomatic patients frequently do not understand the value, importance, or need for screening.
- **Data & Workflow Gaps: A**bsence of standardized processes leading to unscrubbed data, untracked pending orders, and missed Return of Information (ROI) requests.

Colorectal Cancer Screening
Root Causes Identified

Workflow & Tracking

Lack of standardized processes: Inconsistent organizational workflows for identifying eligible patients, ordering screenings, and conducting follow-up

Unclear role ownership: Lack of defined accountability and multidisciplinary coordination across care teams for screening workflows

Tracking and outreach challenges: Struggle with tracking incomplete screenings, obtaining external records, and relying on manual outreach efforts that are difficult to sustain

Patient Education & Engagement Gaps

Knowledge gaps: Patients gaps in understanding of the importance, risks, and benefits of colorectal cancer screening

Instructional barriers: Expectations for education are not always clear, and there is a need for simplified, step-by-step instructions on how to complete FIT cards

.

Fear and anxiety: Patients may delay or skip screenings because they are afraid of receiving an abnormal result or a cancer diagnosis

Clinical Capacity & Time Constraints

Time-limited visits: Short appointments (e.g., 20 minutes) and fragmented continuity of care leave providers with insufficient time to address preventive screenings

Inconsistent clinical flagging: Care team members may not flag eligible patients for the provider to review during the visit

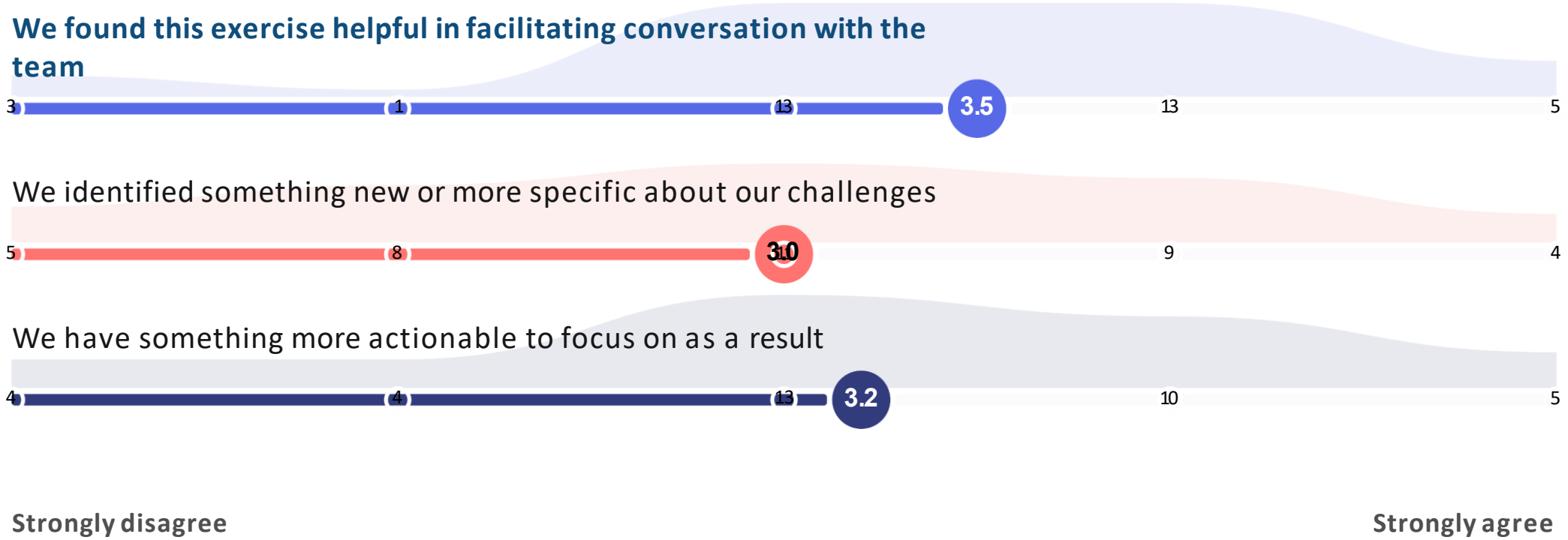
Resource limitations: Staffing shortages, competing operational priorities, and a lack of dedicated resources for population health severely limit follow-up capabilities

Health-related & Logistical Barriers

Logistical hurdles: Patient transportation limitations and low health literacy

Financial concerns: Uninsured or underinsured patients worry about the out-of-pocket costs associated with follow-up testing or treatment if they receive a positive FIT result

Lack of awareness regarding assistance: Patients often do not know that financial assistance or insurance coverage is available for preventive screenings


We found this exercise helpful in facilitating conversation with the team
3
1
13
3.5
13
5
We identified something new or more specific about our challenges
5
8
3.0
9
4
We have something more actionable to focus on as a result
4
4
13
3.2
10
5
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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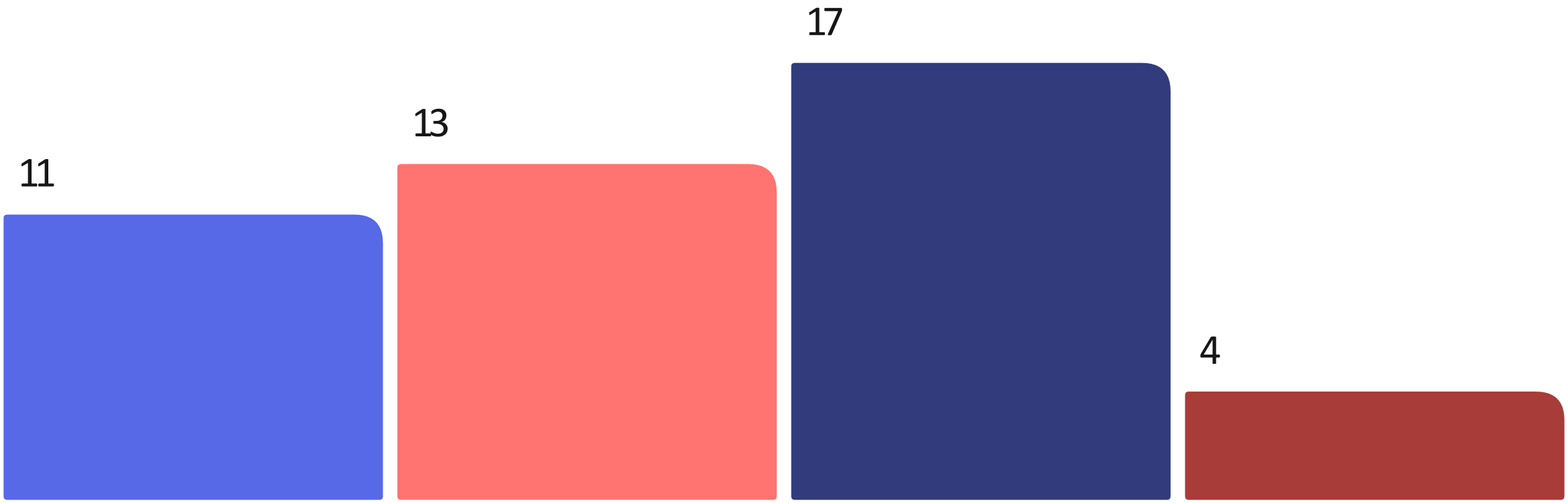
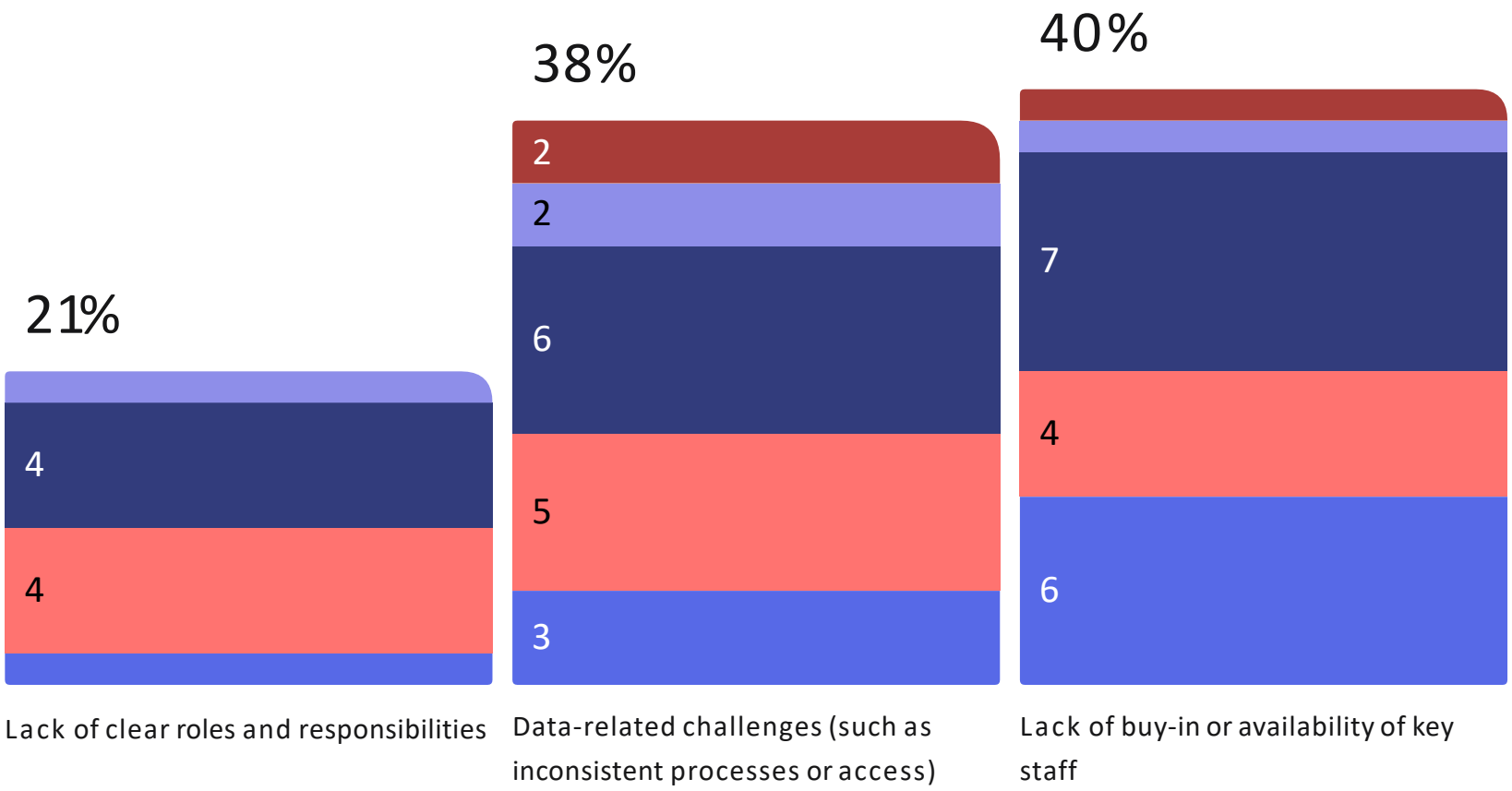
What best describes your cross functional team buy-in for UDS improvement?



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



Lack of clear roles and responsibilities

Data-related challenges (such as inconsistent processes or access)

Lack of buy-in or availability of key staff

What has supported building your cross-functional team?

creating standard work

A carrot for movement

Finding staff who believe in the process and change

getting subject matter experts together.

More awareness and clear explanations

Having a great quality & compliance leader to lead and teach the team

selecting MA quality champions who are interested in the work

follow up process

What has supported building your cross-functional team?

Good communication, standard workflow.

Finding a champion to share information

New team members who are energized about working on improvement

Common goals

Structured workflow

Management to actually follow through with making a team

Open communication

Having a great nursing group who help with the process.

What has supported building your cross-functional team?

Longevity ofrelationships and CMO executive oversight. Clear owners of data drivers.

Standard processes, and ensuring we have provider and clinical support buy in

Strong desire to improve our metrics reporting in standardized ways

Get buy in from your clinical staff. Offer your MA's top 3 spots to have a free day off without eto, etc.

Motivated staffwho want to see improvement

Still working on it but making progress with the proper leadership, a renewed commitment to pop health, and better workflows and follow up.

Executive support of the efforts

Quality championswith vision.

What has supported building your cross-functional team?

Improved communication across teams

Scheduled touchbases with team leaders

provider buy in, data, medical leadership buy in

Education of QMs and how to capture them. Reinforcing the different teams and their role responsibilities.

Educating staff to teach others.

quality leadership team.

MA buy in

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

Part 3

Understanding Measure Specifications for UDS Reporting

Getting Started with Clinical Quality Measures:

UDS Specific Guidance

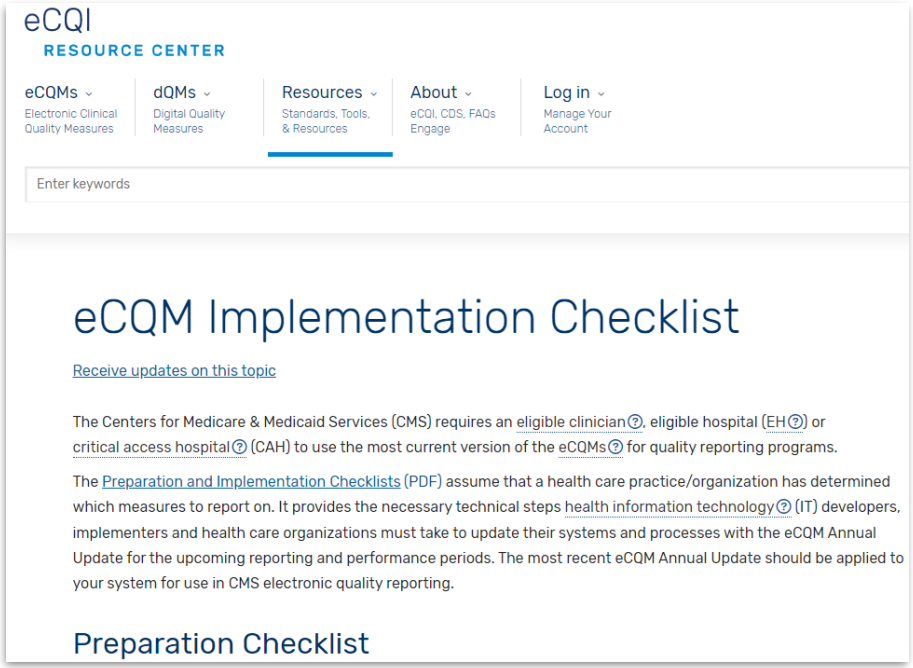
UDS Manual:
Definitions and instructions specific to the UDS are in the UDS Manual. The **2026 UDS Manual** will be available at https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance

- 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

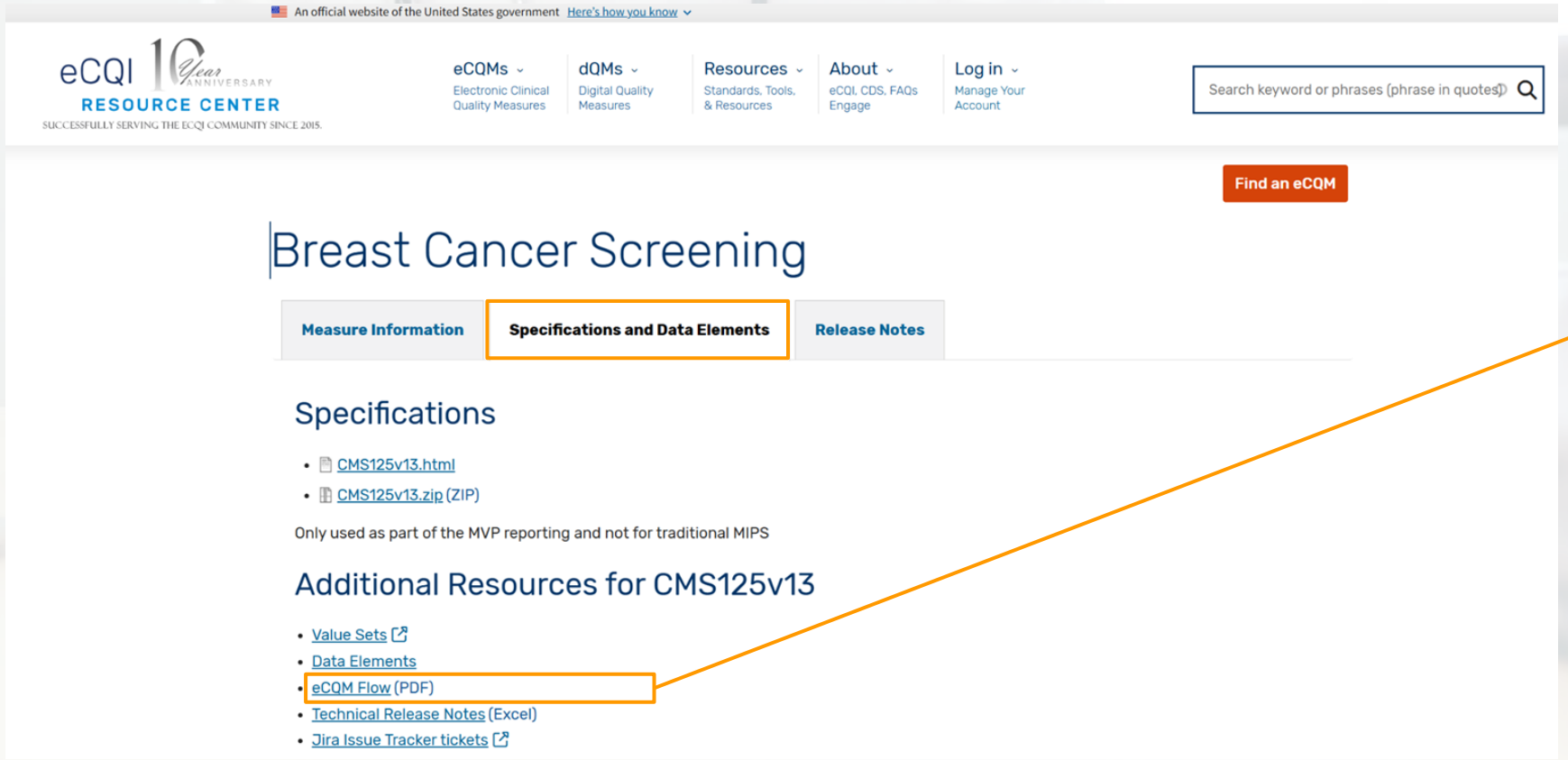
Action Item 1

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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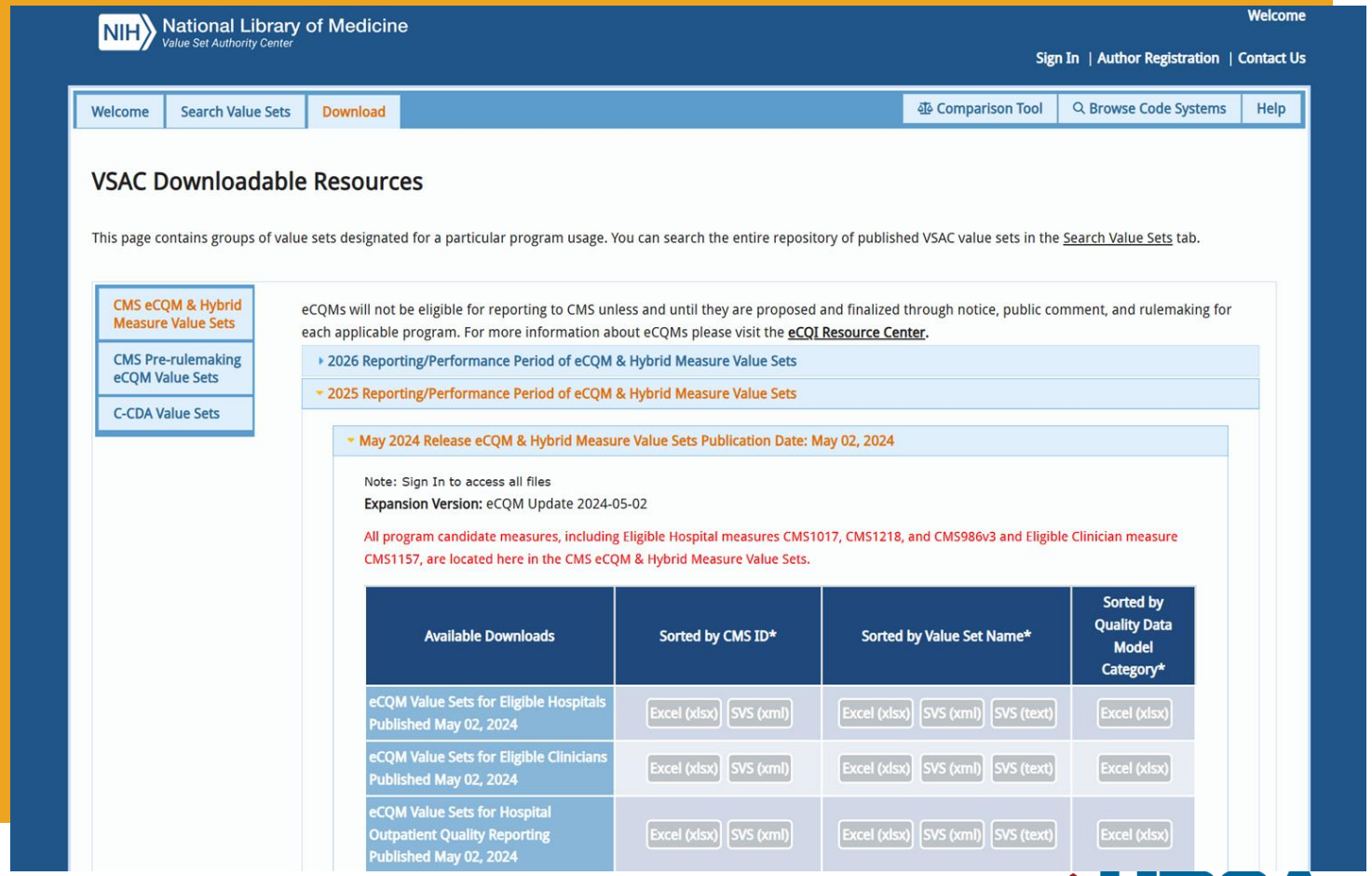
Accessing Codes for All Measures

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

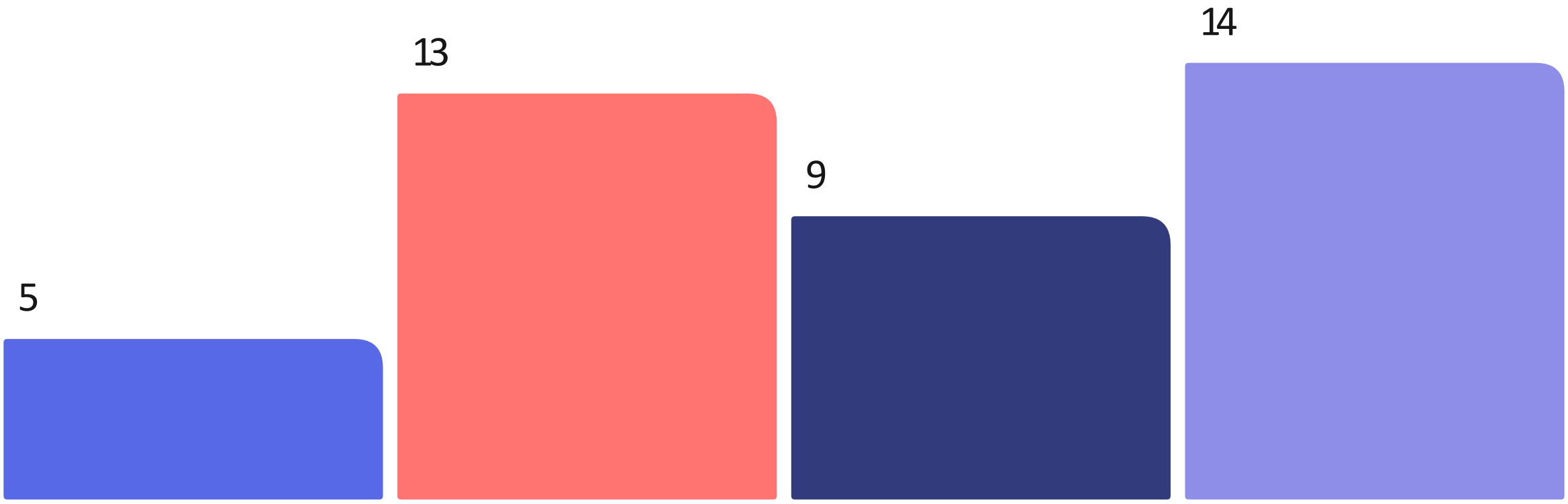
Two download options:

- ➔ 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

Colorectal Cancer FAQs: Question 1

Could you please clarify whether a patient who is seen by a behavioral health provider but does not visit a primary care provider within our health system is included in the denominator for clinical measures? Specially colorectal cancer screening

Any visit at the health center in the year coded with one of the 77 codes within the 7 value sets below makes the patient eligible for the Colorectal Cancer Screening measure (and they will be included in the denominator if they meet the other criteria and don't meet any exclusion criteria).

1. Office Visit (2.16.840.1.113883.3.464.1003.101.12.1001)
2. Home Healthcare Services (2.16.840.1.113883.3.464.1003.101.12.1016)
3. Telephone Visits (2.16.840.1.113883.3.464.1003.101.12.1080)
4. Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)
5. Preventive Care Services Established Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1025)
6. Preventive Care Services Initial Office Visit, 18 and Up (2.16.840.1.113883.3.464.1003.101.12.1023)
7. Virtual Encounter (2.16.840.1.113883.3.464.1003.101.12.1089)

Colorectal Cancer FAQs: Question 2

What do we do when patients refuse to get screening tests, such as colonoscopies, performed [in order for it not to count against the health center]?

- Patient refusal is not an exclusion or exception for this measure, so unfortunately, the patient is still in the numerator and the denominator.
- There are other tests that count towards this measure, not just colonoscopies. Some health centers have better luck with at-home tests that don't have the same referral barriers or may bring up less concerns for the patient.

Colorectal Cancer FAQs: Question 3

Does the FDA-approved blood-based screening option for adults meet the numerator criteria for this measure?

- This measure is based on the guidelines from the U.S. Preventive Services Task Force (USPSTF), which does not recognize the colorectal cancer blood test as an acceptable option for meeting the measure's criteria.
- To meet the numerator requirements, applicable screenings include
  - Fecal occult blood test (FOBT) during the measurement period
  - Stool deoxyribonucleic acid (DNA) (sDNA) with fecal immunochemical test (FIT)- during the measurement period or the 2 years prior to the measurement period
  - Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
  - Computerized tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period
  - Colonoscopy during the measurement period or the 9 years prior to the measurement period

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Key Considerations to Meet Measure

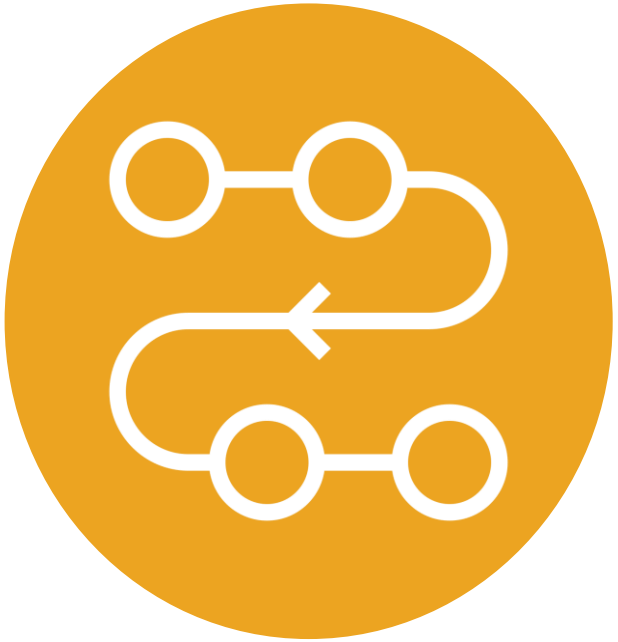
- Ensure that screenings are attached to relevant visits.
- Maintain/ update the problem list regularly.

- 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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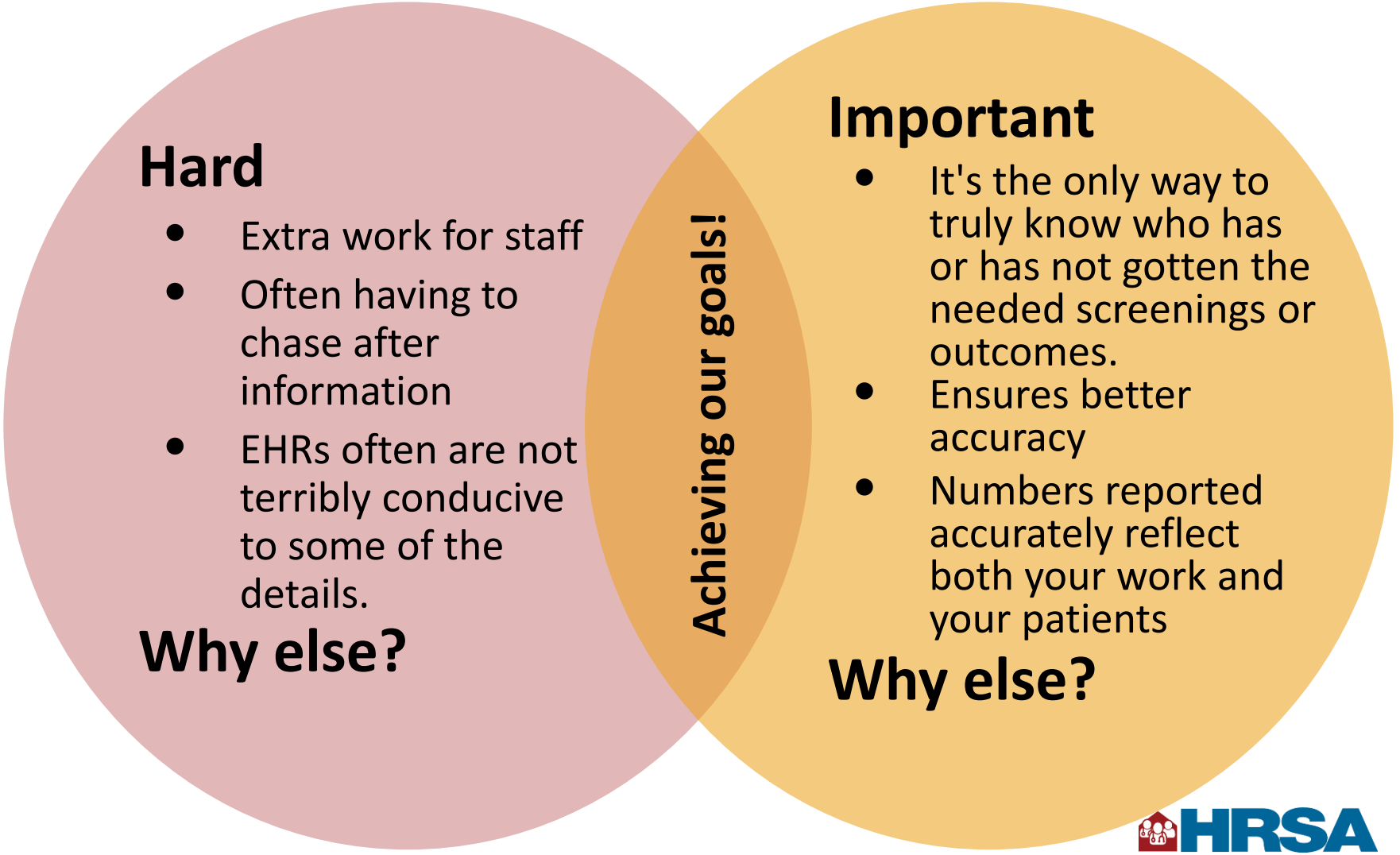
We understand!

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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