



RAPID

Reporting Assistance and Process Improvement Discussion

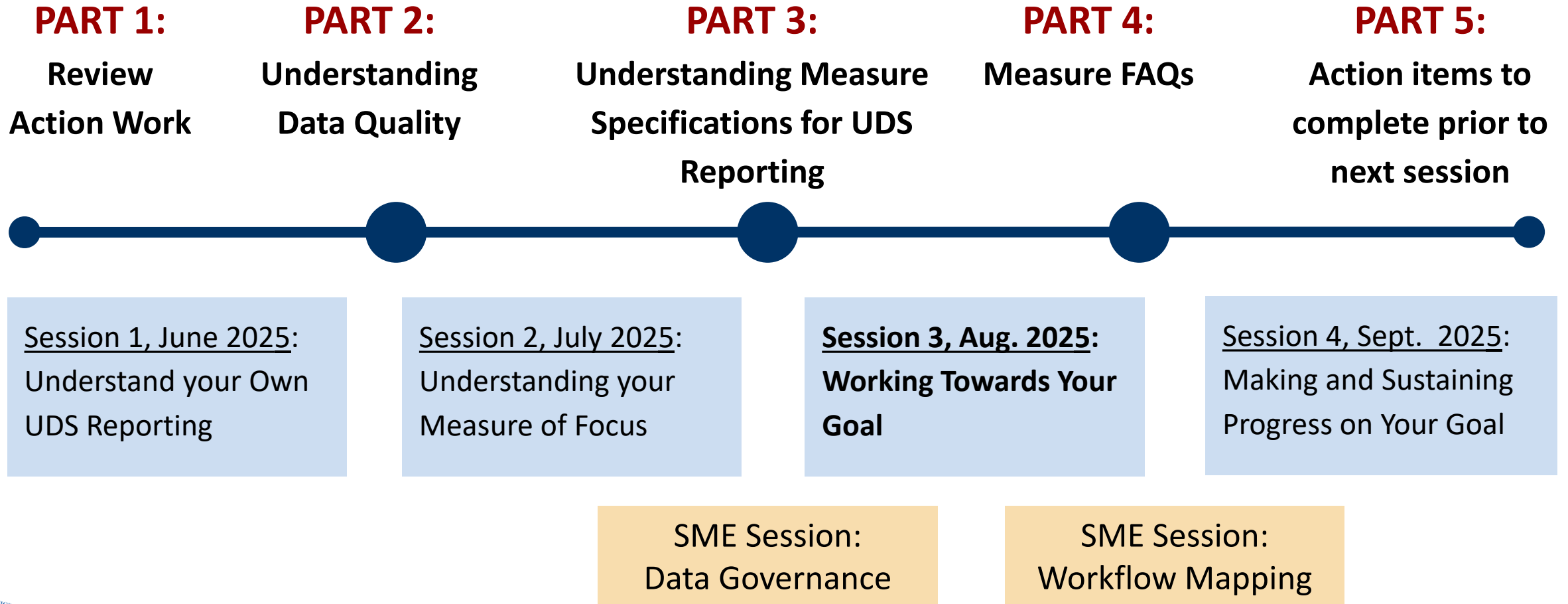
Session 3

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

Vision: Healthy Communities, Healthy People



Roadmap for Today



Agenda

- **Review July Activities**
 - Data Governance Session
 - Review Action Work from Last Session
- **Peer Sharing**
 - Desired improvements
 - Actions for improvement
 - Tools that are promising for making improvement
- **Selecting Improvement and Setting a Goal**
 - PEST Analysis
 - SMART Goals
 - Action work to complete before our next session



You joined a SME session focused on Data Governance, which focused on:

- Prioritizing and resourcing data opportunities, centering data stewardship and governance
- The people, processes & technology orchestrated to maximize the value of data to an organization.
- Improve data quality, increase data literacy, maximize data access.



You have completed Action Work:

- Complete first 6 Preparation steps in eCQM Implementation Checklist on eCQI resource center.
- Access measure specifications.
- Review that measure specifications 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.

Let's Share

Discussing what you have covered since our last session!



Data Governance: A Review of SME Session

Why Data Governance?

- To "hard wire" measure improvements for sustainability.
- To build a **data-driven culture** and better adapt to change.
- To address common issues like inconsistent workflows and competing priorities.

The "Triple Aim" of Data Governance

- **Improve Data Quality:** Ensure data is accurate and reliable.
- **Increase Data Literacy:** Help staff read, understand, and communicate with data.
- **Maximize Data Access:** Make data and tools available to all stakeholders.

Key Components

- **Data Stewardship:** A role focused on ensuring data accuracy and completeness within a specific domain.
- **Data Governance Committee:** A decision-making body that allocates resources, sets priorities, and aligns data strategy with the organization's goals.
- **Data Services:** The tactical arm of data governance, staffed with analysts who manage data assets and create actionable reports.

Looking Ahead

- Data is a strategic asset and the "organizational currency".
- We can use data governance to improve UDS measures (and achieve awards hopefully) as well as HEDIS and others.
- Effective data governance is essential for managing new technologies, including the responsible use of AI.

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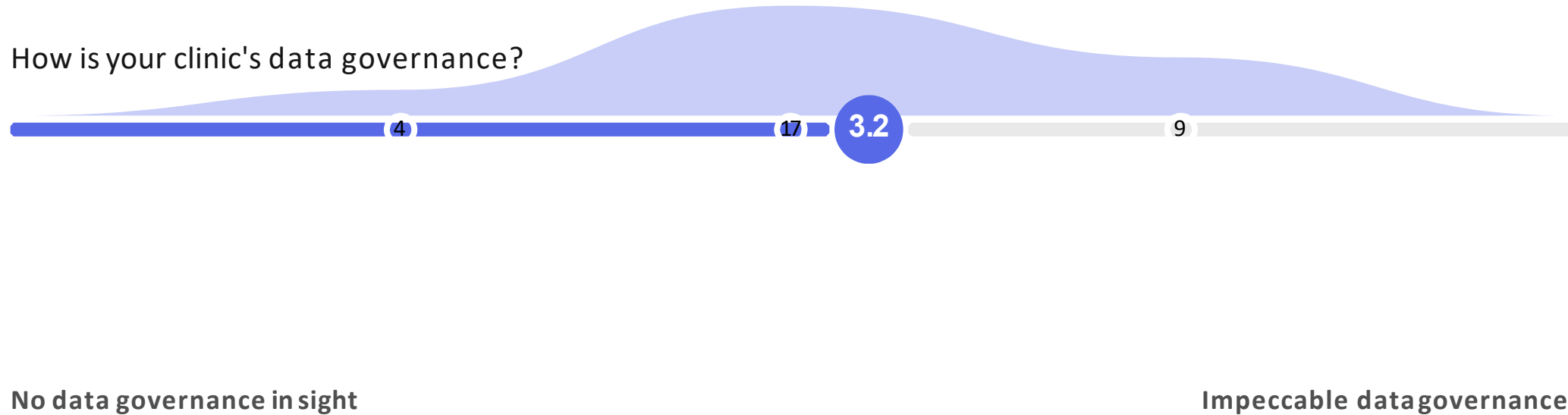
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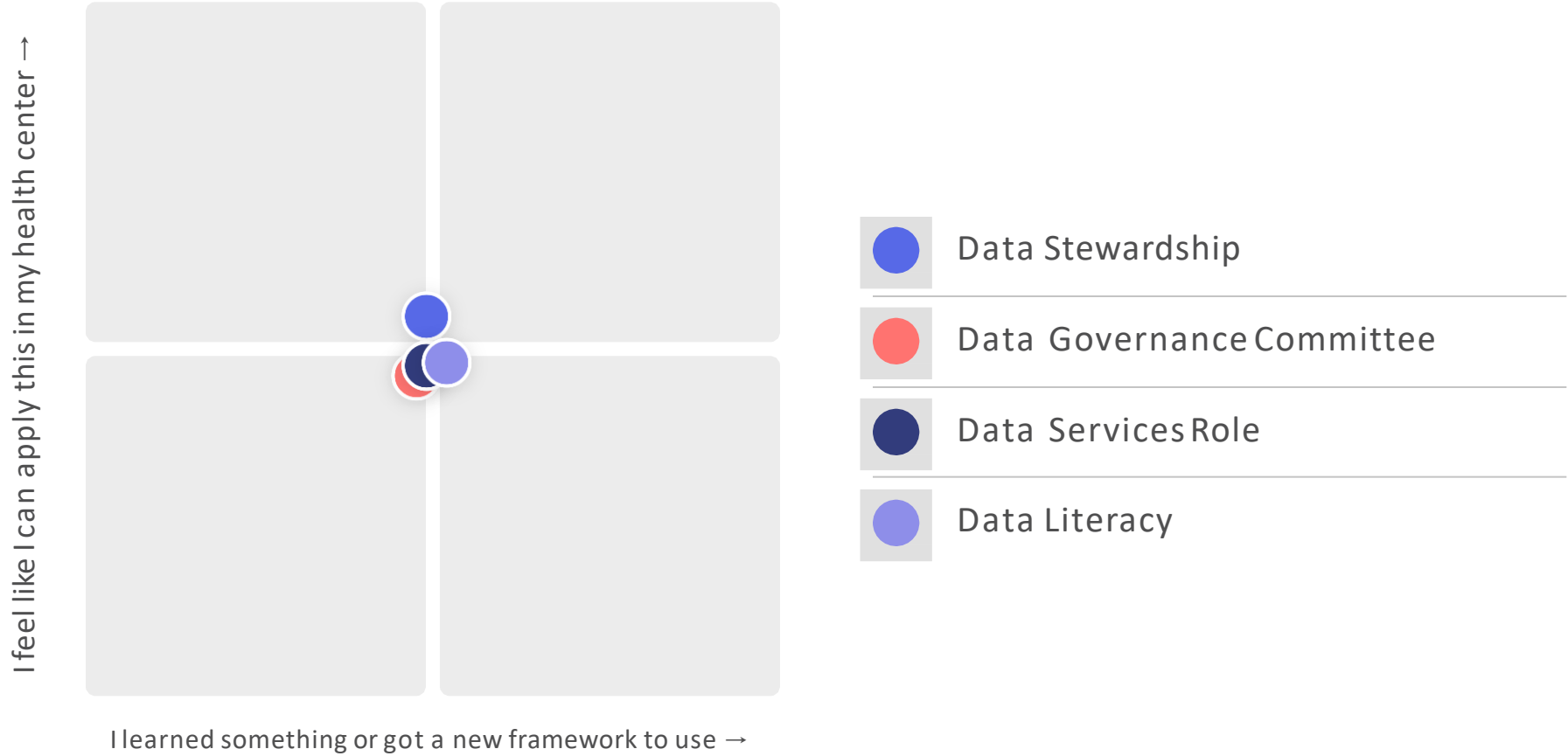
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After the session, how would you rate **your clinic's** data governance?



Reflecting on discussions in the Data Governance Session



Lessons Learned from Data Governance Session

We have a lot of changes to make

Everyone has a role

The need for a data governance committee

lots of opportunities for growth

I feel all useful. Sometimes with turnover in staff it's hard to get assistance with the things that need to be done.

The biggest take away is that it got our team together on what are our next steps and how we can move forward on achieving better scores on UDS measures.

We are on the right track. Helpful tips to continue moving towards our measurement goal.

Still an ongoing process with lots of changes to make and capacity for growth.

Lessons Learned from Data Governance Session

Staff changes and shortages make it more difficult

For data governance to work properly, it requires commitment from all levels of the organization. Stuck in the middle of both effectiveness and efficiency is a common issue due to lack of resources.

Opportunities for growth and refinement have been identified.

Information covered be helpful as you continue to work on this measure?

teamwork follow up proven workflows
collaboration
closing gaps clean data correct workflows
consistent work-flow accurate data consistency
delegation better work flow
consistent follow-up continuity of flow
track compliance

Review of Action Work

- Complete first 6 Preparation steps in [eCQM Implementation Checklist on eCQI resource center](#).

- Access measure specifications.

- Review that measure specifications and consider it in relation to the root cause you identified in your Five Whys exercise. Then use this information to come up with some ideas.

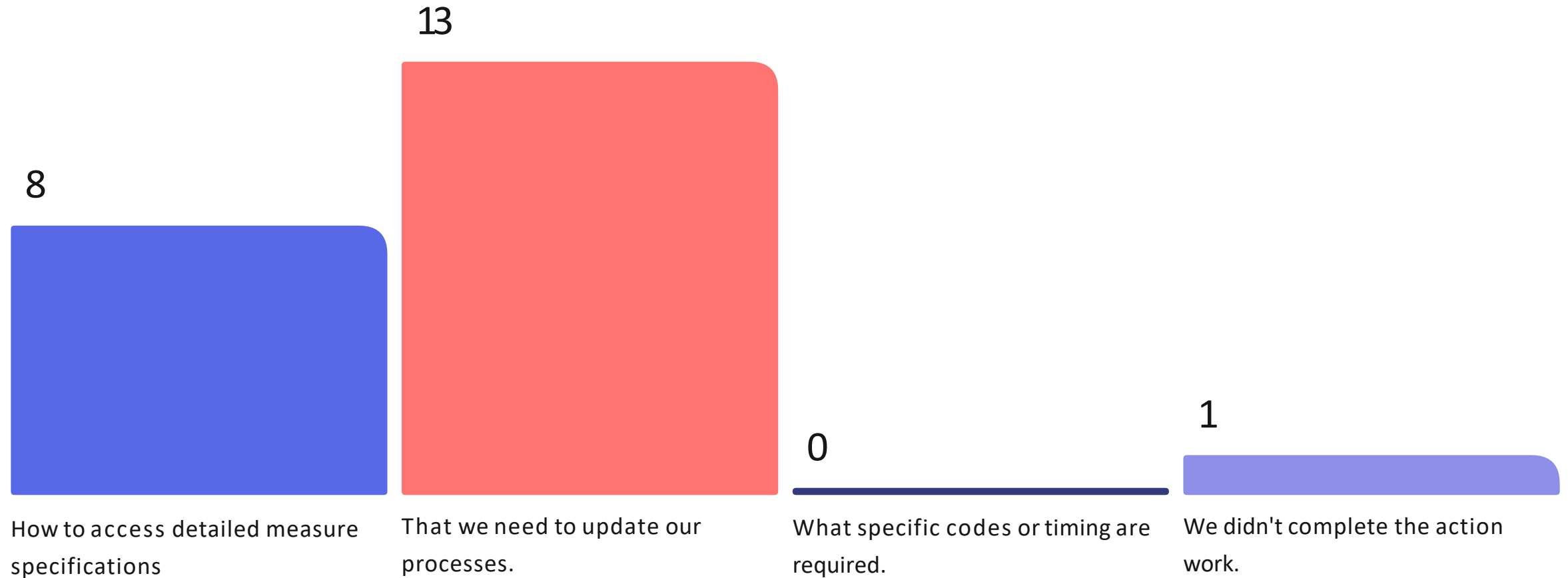
Preparation Checklist

1. Sign up for a Unified Medical Language System (UMLS) account to view codes within the value sets in VSAC ✓
2. Sign up for an ONC Project Tracking Jira account to ask technical questions regarding eCQMs ✓
3. Sign up for eCQM page change notifications on the eCQI Resource Center to receive updates on specific eCQMs ✓
4. Review the code system versions used in the eCQM specification for the upcoming reporting/performance year ✓
5. Review the standards, tools, and documents used to support the eCQM specification for the upcoming reporting/performance year ✓
6. Review EHR certification requirements with your vendor/health IT developer ✓

Implementation Checklist

1. Access the appropriate eCQM Annual Update ✓
2. Secure detailed information about each measure ✓
3. Download value sets ✓
4. Prepare to implement the updates by understanding changes to the eCQM ✓
5. Prepare to report the updated eCQMs ✓
6. Report eCQMs ✓
7. Reach out for help ✓

What did you learn from your action work?



Reflections from Action Work



There are valuable resources, websites, and guidance materials. Understanding available external tools helps validate data, access value sets, and guide their implementation processes.



Specifications allow for clearer understanding of how measures are calculated. Identifying eligible patient populations, understanding numerator and denominator criteria. Identifying specific gaps in current screening logic.



Accurate reporting relies heavily on standardized clinical workflows, proper EHR coding, and ensuring that all results (including from outside providers) are consistently documented in the correct structured data.

Colorectal Cancer Screening: Areas of potential improvement identified to address root causes

Patient Education and Engagement

Improving Understanding: Providing clear, culturally aware, and simple information about the importance of screenings could significantly improve patient compliance.

Outreach Methods: Utilizing internal media (such as clinic waiting room TVs and flyers) and implementing mobile health outreach (like automated text reminders to patients) to engage and them due for screenings.

Clinical Workflows and Closed-Loop Referral Tracking

Standardizing Workflows: Aligning clinical workflows with measure specifications, particularly during the rooming process, to accurately identify eligible or high-risk patients and order the correct type of screening.

Referral Management: Standardized, "closed-loop" tracking process to monitor patients from the moment an order or referral is placed through to the completion of the test and final result follow-up.

Data and System Challenges

Structured Data Entry: Ensure clinical data is consistently entered into the correct structured fields within their Electronic Health Records (EHR) to align with eCQM guidelines.

External Result Tracking: Improve the collection, documentation, and reconciliation of screening results completed by outside specialists or external facilities (e.g., tracking Release of Information requests).



Concrete action step for your health center to move that specific improvement: colorectal cancer screening



Developing clear, standardized processes to request, track, and reconcile screening results performed externally



Establishing registries or tracking systems to monitor patients from screening order or referral until the test is completed and the results are received



Ensuring that all screening data are consistently entered into the correct structured fields within the EHR



Review processes to verify that data is documented correctly and to identify documentation gaps



Creating patient-facing educational materials and outreach to explain the importance of screenings and remind patients to complete them



Educating MAs and nursing staff to review patient information, identify patients due for screening, and ensure the appropriate screening modality is ordered

What is a first step to taking the actions just discussed?

start with front lines for buy in and work up from there

Evaluating referral processes and eliminating unnecessary work steps that slow down retrieving records/sending referrals out

Tracking referrals submitted to close the loop

find out current processes in clinic for sites doing well, and sites with room for improvement. Review current workflows from identifying to ordering to completion, to help identify grows

Check whether work-flows are being followed clearly.

Workflow -efficient and productive

Identify our current rates for this measure, then as a committee determine how to improve the rate (action plan, work flow). Once the work flow is set up, continue to measure rates and monitor.

Create and train consistency interminology so everyone speaks the same language to lessen confusion in cross-skill communication

What is a first step to taking the actions just discussed?

Provider and Patient buy in.
Making sure workflows are
done correctly once
completed in order to
capture data correctly.

Create a formal process,
including end users

Action Work before Session 4



Scope the improvement that you will test to improve outcomes on this measure

- Clearly define the improvement you'll try
Explain how this improvement addresses the problems laid out in your problem statement and process review.
- Explain how the improvement takes into account the external environment and factors that impact your health center



Draft your SMART Goal

- Your SMART goal will spell out the goal of the improvement outlined (this is more specific than the *overall* goal of improving the measure)
- Tie your SMART goal directly to the initial root cause and potential improvement.

Get together with your team. Start with the concrete action step identified in your action work before this session and discuss what it would look like to make this improvement.



Scope the improvement into something that can be planned and tested out in about 4-6 weeks.



Work through the SMART Goal worksheet, to fully document the improvement and related goal.



Email your SMART Goal worksheet to UDSrapid@jsi.com.

PEST Analysis

Policy	Economic	Social	Technological
Forces of relevant political frameworks and influences. This includes legislation, regulatory environment, and more.	Factors related to economic health (e.g., inflation, unemployment, income) and how those impact clinical services related to this clinical quality measure.	Social forces include such aspects as the demographic composition and system of values and beliefs of a society, and how those impact patient and staff's ability and willingness to address clinical measure challenges.	Technological forces and factors such as EHRs and other health IT tools, the cost and availability of support for those, patient and staff willingness to use technologies, and how those serve to support or inhibit ability to meet the measure.

SMART Goals

Specific	Reflects an important dimension of what your organization seeks to accomplish.
Measurable	Includes standards by which reasonable people can agree on whether the goal has been met (by numbers or defined qualities).
Ambitious	Challenging enough that achievement would mean significant progress; a “stretch” for the organization.
Realistic	...but not so challenging as to indicate lack of thought about resources or execution; possible to track and worth the time and energy to do so.
Time-bound	Includes a clear deadline

Why is a SMART goal important?

- Ensures a thoughtful, clear goal tied to the planned change.
- A quality goal can inspire a team, set a clear path forward, and show people how their individual work impacts the bigger picture.

Sample SMART Goal

Increase the **rate of completed cancer screenings** (e.g., mammograms, colonoscopies, Pap tests) for eligible patients within our primary care clinic **from 41% to 55%** over the **next 12 months**.

This will be achieved by implementing a systematic process to identify, contact, and follow up with non-compliant patients.

The goal also includes a **monthly audit of relevant screening documentation and results** for these patients to identify and correct any errors in reporting, ensuring no results are missed.

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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/>



Thank You!

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



udshelp330@bphcdata.net or [BPHC Contact Form](#)



1-866-837-4357

bphc.hrsa.gov



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