



RAPID

Reporting Assistance and Process Improvement Discussion

Subject Matter Expert Session 2: Process Mapping & Workflows

Vision: Healthy Communities, Healthy People



HOW DID YOU REJUVENATE?



Jerry's Background

Experience:

35 yrs healthcare QI & data

- Hospital
- 2 health centers, HCCN
- State and national trainings
- Adjunct statistics instructor

RAPID ROADMAP

How does UDS
RAPID fit into our
data governance
program?

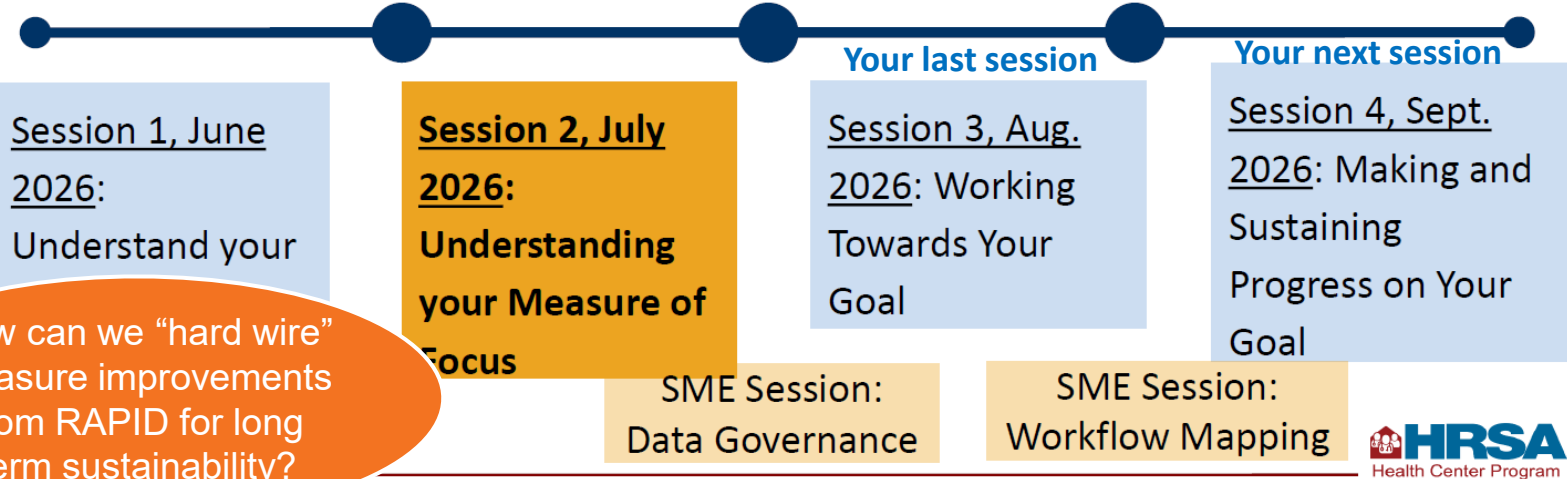
PART 1:
Review
Action
Work

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



How can we “hard wire”
measure improvements
from RAPID for long
term sustainability?

LEARNED FROM ACTION WORK

Age range change
in 2026 from
50-74 to 40-74

Your responses
from Session 3

Barrier	BCS	CRC	SUD I&E
How to access detailed measure specifications	15	8	3
That we need to update our processes.	2	13	10
What specific codes or timing are required.	4	0	5
We didn't complete the action work.	2	1	2

First steps shared: Review
and analyze workflows -
BCS – 6, CRC – 7

Training & ed on
measure def – 7,
Review and
validate data – 5

OBJECTIVES FOR TODAY'S SESSION



Review approaches and tools that help ensure **sustainable change** with UDS measure improvements.



Learn how to use process maps (eCQM and clinic workflows) to assess and improve UDS **measures lifecycle**.



Explore the role of data governance in **monitoring and sustaining** UDS measure lifecycle.

Process Map & Workflow

FAQS



1. Do process maps = workflows?
2. WHY are they important?
3. WHAT / WHEN / HOW to use?
4. What to review before preparing a workflow?
5. How to get started?
6. When to create a simple vs. detailed workflow?
7. What tool(s) to use?
8. What other “props” help?
9. How to monitor impact of workflow changes?
10. What is the role of data governance?

Poll

(two part)



Which UDS measure(s) have you last updated a workflow for?

- ☐ Chronic (BP, A1c)
- ☐ Cancer screening
- ☐ BH/MH/SUD
- ☐ Maternal care
- ☐ Children
- ☐ Other preventive or chronic

How long ago?

- ☐ Within the last month
- ☐ Within the last quarter
- ☐ Within the last year
- ☐ Within the past 2 yrs
- ☐ Haven't yet

1. DO PROCESS MAPS = WORKFLOWS?

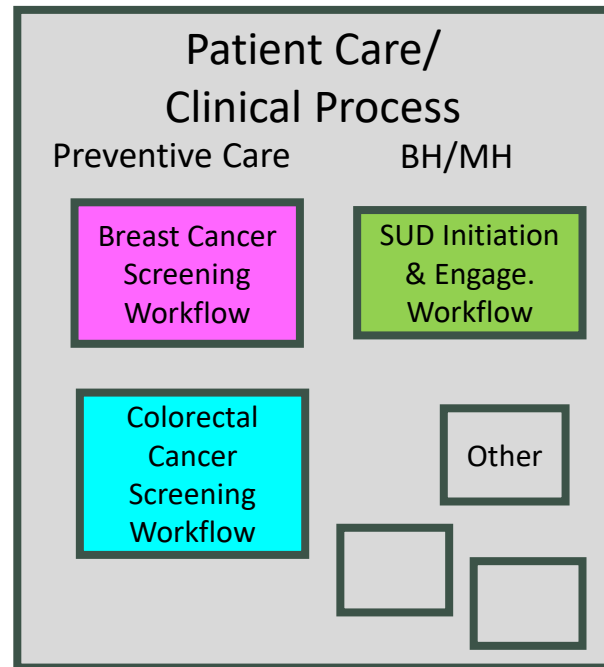
Process flows display all components to achieve a larger organization goal

Ex: Patient care process

- ✓ Collect info about patient
- ✓ Assess to ID problems and priorities
- ✓ Create and implement individual care plan
- ✓ Monitor patient, follow-up

Workflows display activities needed to complete tasks within a process

- ✓ Breast Cancer Screening
- ✓ Colorectal Cancer Screening
- ✓ SUD Initiation & Engagement

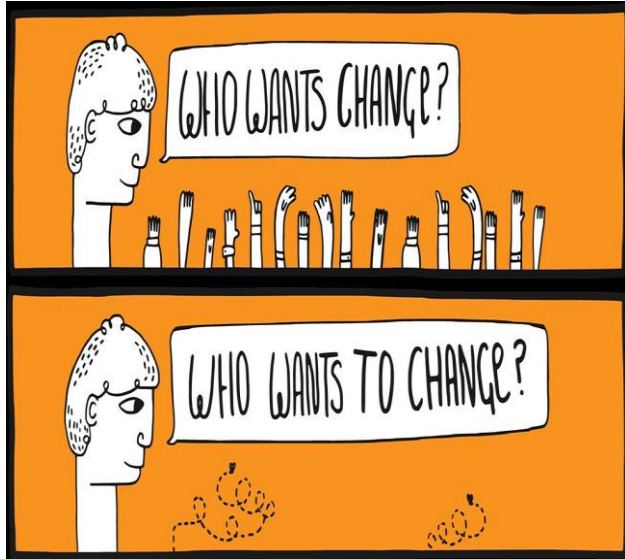


Other “flow” terms:

High level vs. detailed flowchart
Swimlane (functional) flowchart

2. WHY ARE THEY IMPORTANT?

Principles of sustaining change



✓ Leader sponsorship, resource allocation

✓ Shared understanding of current state

✓ Alignment with org strategy

✓ Consensus on priority opportunities

✓ Engagement of all stakeholders

✓ Effective change process and systematizing changes to “hard wire” improvement

SUSTAINABLE CHANGE – METHODS & TOOLS

Internal assessment: strengths, weaknesses, opportunities

→ *Your RAPID work to date*

External: Evidence-based practices from the field



Degree of change

—Small, rapid changes → PDSA cycles

—Large, systemic changes → Process redesign, HIT implementation, optimization, or replacement



Define



Measure



Analyze



Improve

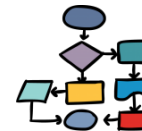


Control

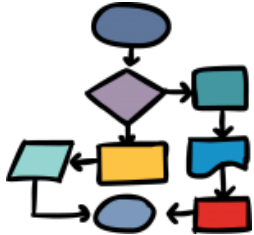
Documents and tools that help **systematize** change

—Policies and procedures, job descriptions, work aids

—Process and workflow diagrams



3. WHEN / WHAT / HOW TO USE?



- Underperforming **clinical**, ops, financial or patient experience measures
- When current process/workflow is not well understood and/or not being practiced consistently
- When implementing or optimizing a system (e.g., EHR, PHM, patient portal)
- When updating a clinical protocol or care team roles
- Valuable to maintain one for all key processes and workflows

WHAT WILL THEY HELP ASSESS?

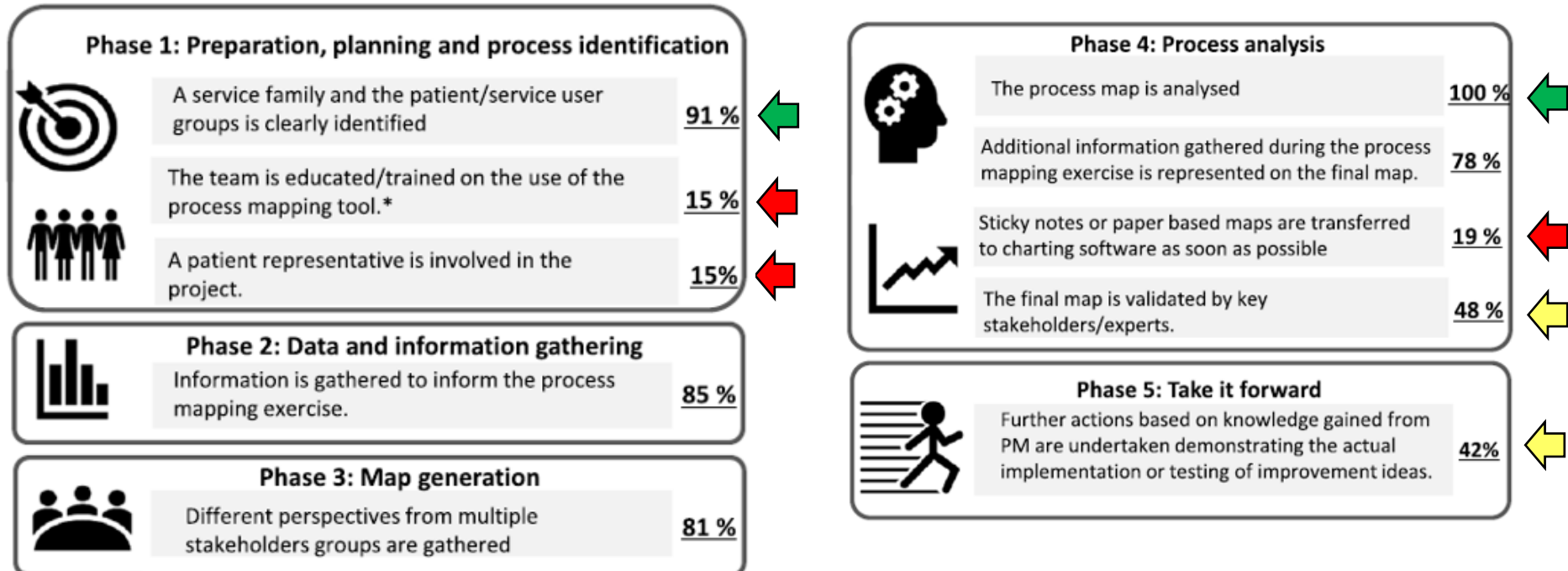
Identification of

- Bottlenecks, other delays
- Decision points
- Hand-offs
- Duplicate, unnecessary steps
- **Role ambiguity or potential for variation in how and when information is documented or taken action with**
- **EHR/PHM optimization needs (e.g., unstructured fields, workflows)**



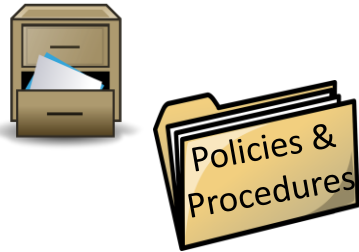
HOW TO MAKE BEST USE?

Findings from a meta analysis: 105 healthcare process studies reviewed

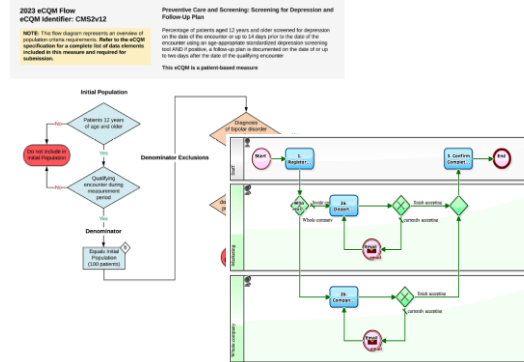


BE SURE TO ALIGN WITH P&Ps AND JDs

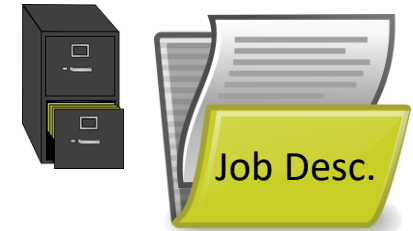
Medical & Patient Care



Processes & Workflows



Sites, Depts, HR



- Evidence-based clinical guidelines
- Standards of care
- Standards of practice

- eCQM flows, specs
- Process Maps
- Workflows

- Job purpose
- Duties and responsibilities
- Qualifications

Poll

In preparing to assess workflow your UDS measure of focus, what information did you review? (check all that apply):

- ☐ Reviewed eCQM definitions and flows
- ☐ Referenced UDS manual or other guidance
- ☐ Reviewed recent measure data and trends
- ☐ Audited patient records to explore further
- ☐ Asked questions to clarify (internally or reached out externally)



4. WORKFLOW PRE-WORK: REVIEW MEASURE SPECS...

eCQI RESOURCE CENTER

Successfully Serving the eCQI Community Since 2015

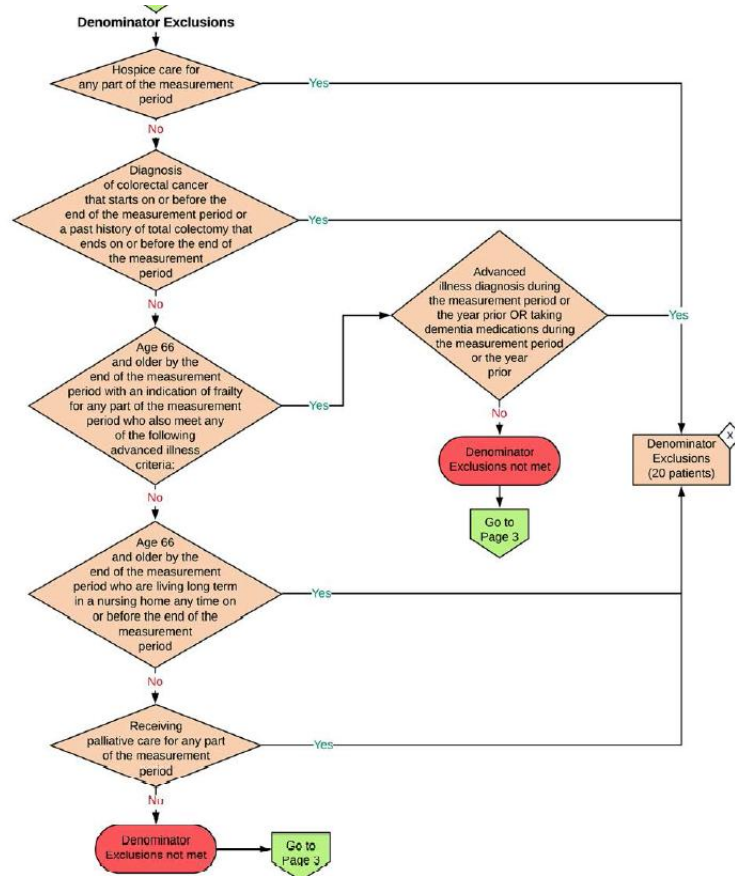
Measure Information	2025 Performance Period	2026 Performance Period
Title	Breast Cancer Screening	Breast Cancer Screening
CMS eCQM ID	CMS125v13	~~CMS125v13~~ CMS125v14
CBE ID*	Not Applicable	Not Applicable
MIPS Quality ID	112	112
Measure Steward	National Committee for Quality Assurance	National Committee for Quality Assurance
Description	Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period	Percentage of women ~~50~~ 40-74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the Measurement Period
Measure Scoring	Proportion	Proportion
Measure Type	Process	Process
Stratification	None	~~None~~ Report a total rate, and each of the following age strata: Stratum 1: Patients age 42-51 by the end of the measurement period Stratum 2: Patients age 52-74 by the end of the measurement period

Age range change
in 2026 from
50-74 to 40-74

... AND eCQM FLOWS ...

Colorectal Cancer Screening

2025 eCQM Flow
eCQM Identifier: CMS130v13



Clinical Guidelines

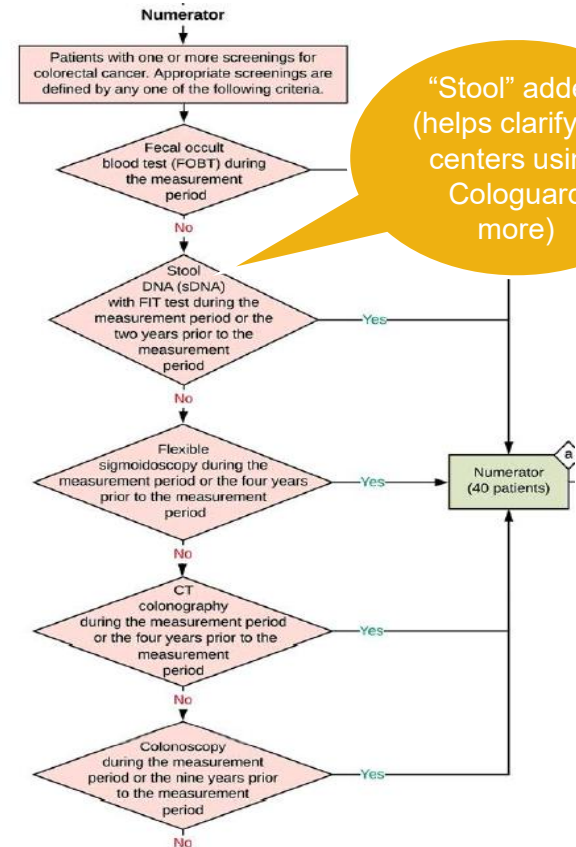
1 year

3 years

5 years

5 years

10 years



“Stool” added
(helps clarify for
centers using
Cologuard
more)

... AND GUIDANCE UPDATES ...

CCS / HPV Self-Collected Testing

Cervical Cancer FAQs: Question 2

Does self-swab testing count towards the numerator for this measure?

The method of collection is not specified in the eCQM specifications. HPV tests that are documented using the codes specified in the value set meet the numerator criteria. This question was captured in Jira [here in February 2025](#), and received guidance that "Self-reporting is acceptable given that HPV Test report is documented in an EHR, approved for entry by the provider, using any of the codes found in the value set "HPV Test" (OID: 2.16.840.1.113883.3.464.1003.110.12.1059), has a non-null result, and is performed within the required timeframe."

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.

... AND ASK QUESTIONS

Initiation and Engagement of Substance Use Disorder Treatment [\(CMS137v13\)](#)

Denominator:

Patients 13 years of age and older as of the start of the measurement period who were diagnosed with a new SUD episode during a visit between January 1 and November 14 of the measurement period

Numerator 1: Initiation of Treatment

Includes either an intervention or medication for the treatment of SUD within 14 days of the new SUD episode.

A patient must first meet the criteria for Numerator 1 (Initiation) to be considered for Numerator 2 (Engagement).



Numerator 2: Engagement in ongoing SUD treatment within 34 days of initiation:

1. A long-acting SUD medication on the day after the initiation through 34 days after the initiation of treatment.
2. One of the following options on the day after the initiation of treatment through 34 days after the initiation of treatment:
 - a) two engagement visits
 - b) two engagement medication treatment events
 - c) one engagement visit and one engagement medication

Exclusions: Patients who are in hospice care for any part of the measurement period

EXAMPLE: A center is using DAST-10 for screening and refers out for positive screens. How do they report this measure?

Denominator:

- If patient has SUD diagnosis on record and was seen during the intake period and had no documentation of an encounter or medication treatment for a diagnosis of SUD in the prior 60 days, they should be included in the denominator.
- If no SUD diagnosis on record to begin with, they would not be considered for this measure.

Numerators:

- A referral alone, without documentation of the actual service provided, does not meet the requirement. The completed engagement visit/service must be documented in the patient record, not the referral, in order to count.
 - For numerator 1, "initiating", the patient must receive qualifying treatment within 14-days of the new SUD episode.
 - For numerator 2, "continued engagement", the qualifying follow-up visit or service must be completed and documented within the patient's record

Poll



When assessing a workflow for a UDS measure, what stakeholders should be involved? (check all that apply):

- ☐ The patient
- ☐ Care team
- ☐ Enabling services (CM, referral spec., etc.)
- ☐ HIT and data team
- ☐ Front desk, call center, back office (billing)
- ☐ All of the above
- ☐ It depends on the workflow

5. HOW TO GET STARTED - HIGH LEVEL WORKFLOW...

CRC WORKFLOW

To get the population two reports were run a) A Relevant report and/or b) The Relevant Pre-visit Planning report that would indicate if the patient were due or overdue for colon cancer screening.

Administrative/Front Desk/QI Staff/Care Team mailed or handed out the FIT Kit. The Fit Kit was not modified.

Personal follow-up was made to the patient if a result had not been recorded within 2-weeks of distributing the kit. Patients were given options to either mail the kit back or drop it off at the Quest Diagnostic Lab or the Quest Hub (lab within the health center).

When the 3-month period was up results were tallied up counting the encounters.

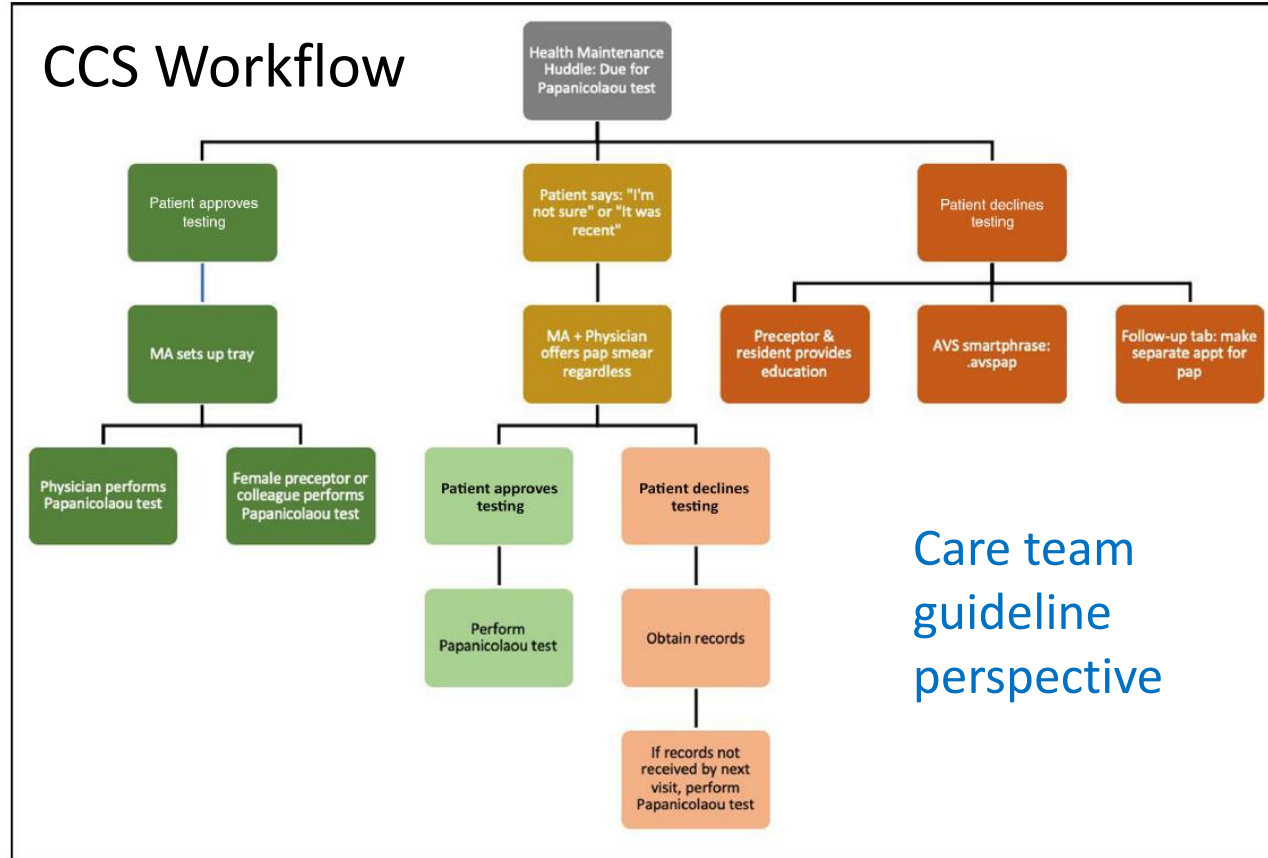
Indicate
Who
What
When
How

#DoThePoo

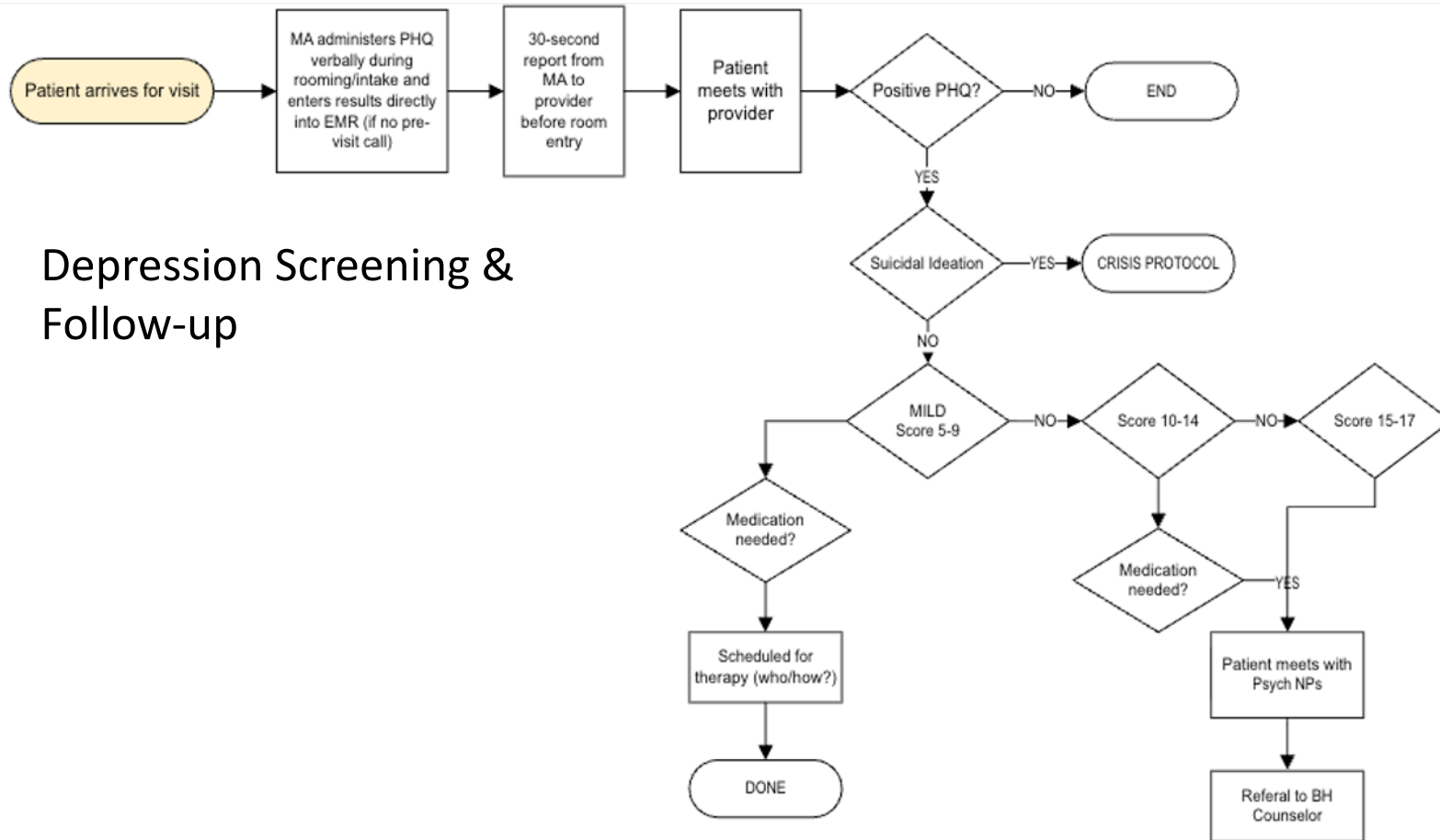


Make it fun

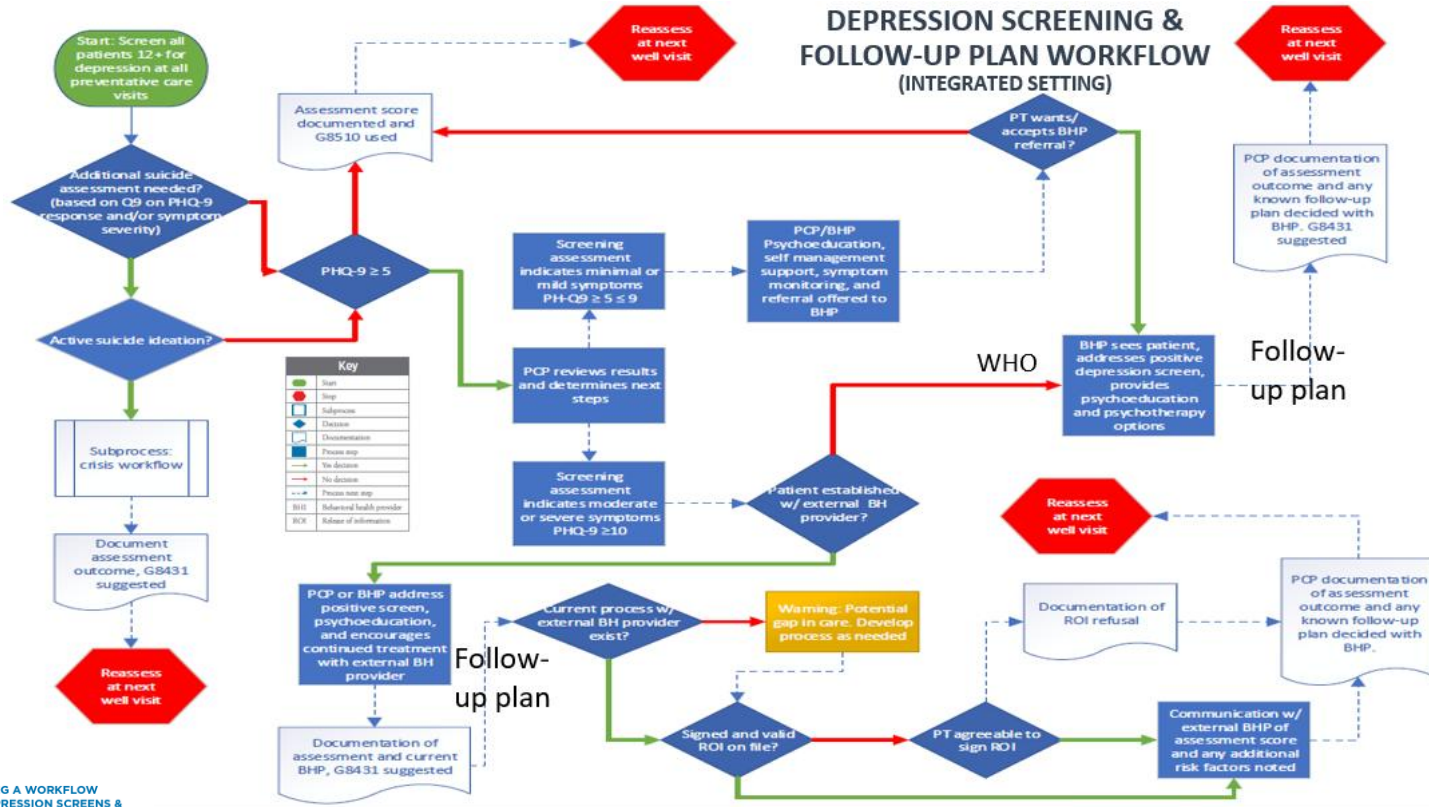
... OR DECISION TREE



6. CREATE A SIMPLE FLOWCHART...



... OR DETAILED FLOWCHART...



...OR WORKFLOW TO OPTIMIZE HIT



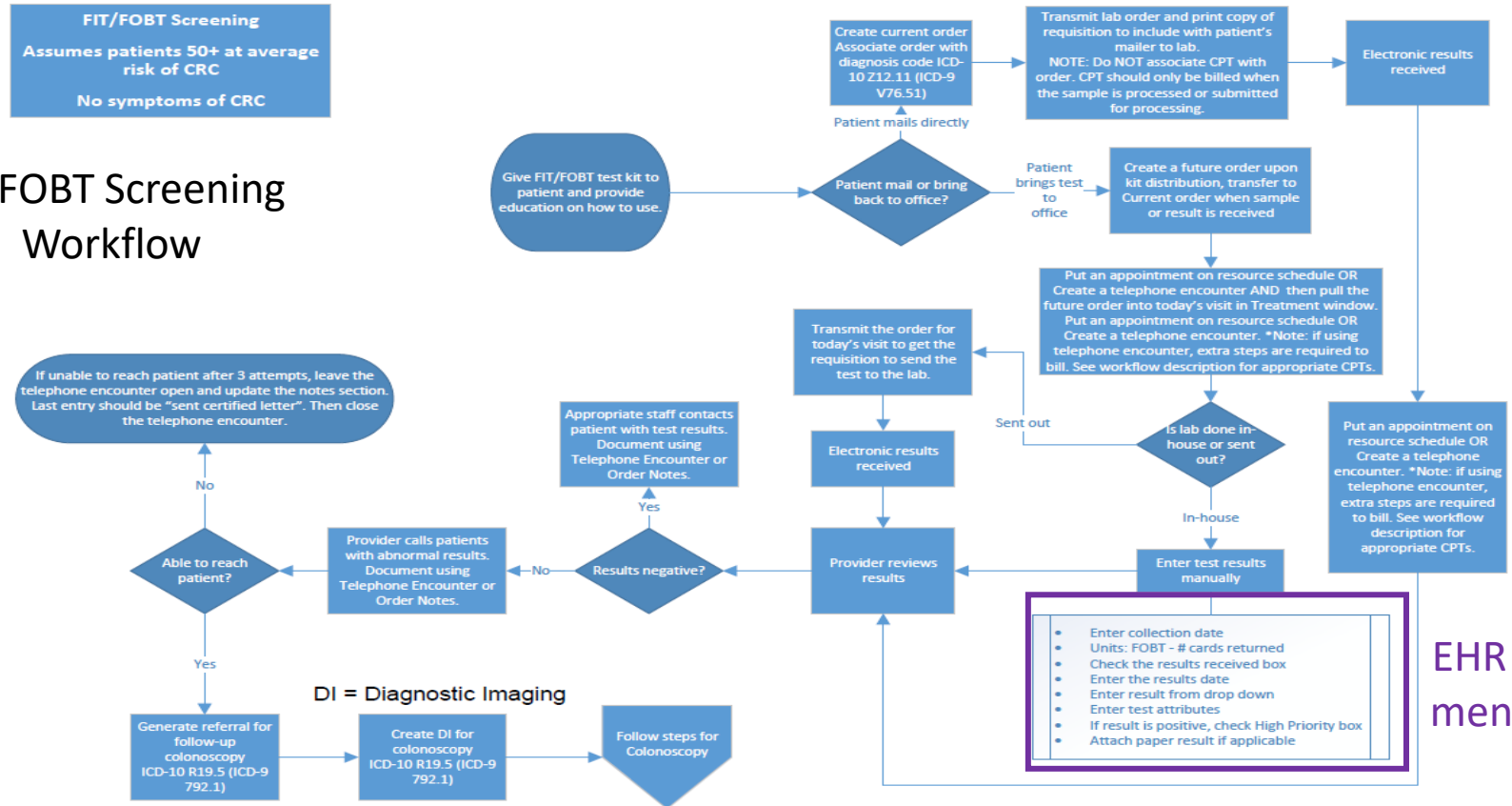
Due: Immunization: Tdap
Protocol: Due for CRC Screening
Protocol: Due for Pap
Protocol: Due for SHA

EHR, PHM, PE tool optimization

- Care maintenance alerts
- Protocols to flag patients due for services
- Reminder calls, text messages

ASSESS HIT OPTIMIZATION NEEDS

FIT/FOBT Screening Workflow



Colonoscopy (Screening or Follow-Up)

Create DI Order for Colonoscopy

- Create from provider's notes or Telephone Encounter; If you try to create via the hub, you won't be able to associate an assessment with the order.
- Associate Diagnosis code which provider used in referral

Generate Colonoscopy Referral

- Document:
Provider or Specialty Reason = Colonoscopy } Supports PCMH 585
Diagnosis:
- Screening – No risk = Z12.11 (V76.5)
 - Risk due to Family Hx = Z80.0 (V16.0)
 - Risk due to Personal Hx:
 - Polyps = Z86.010 (V12.72)
 - Colon Cancer = Z85.038 (V10.05)
 - Follow-up Abnormal FOBT = R19.5 (792.1)

Assign to appropriate support staff

Ensure Clinical Summary is attached (supports PCMH 586)

Make the appointment, or obtain appointment information from patient

- Complete Appointment date fields (date & time of appointment)
- Change the Status to "Consult Pending" (ONLY if appointment has been made)
- Update structured data fields customized by center for tracking and documentation.
- Print/Fax referral WITH attachments or send electronically using B2P (supports MU and PCMH)

Patient follow-up

2 weeks after referral is generated follow-up with patient to see if appointment was made

Was appointment made?

No

Document follow-up attempts from pending file in structured data tab in referral window

- Notes from the follow-up attempts can be entered in the notes field for each of the structured data questions
- When creating the follow-up call questions in the structured tab, choose the first date option from the drop-down menu

Yes

Attempt to contact patient and specialist 3 times to confirm patient went to appointment

Document attempts to reach patient or specialist in structured data field of referral window.

Consult Reports Received

Is there an Open DI Order for the Colonoscopy?

No

Yes

Create DI order from the document window and attach consult report. Order date must be changed from today's date to the actual date ordered or date performed. Refer to *Attaching Results to Order*.

From Document window, attach consult report to appropriate DI Order

- Result (Negative, Abnormal, Positive or Cancer)
- If positive for polyps, select "abnormal"
- Add diagnosis to Problem List
- Create patient-specific alert for follow-up screening colonoscopy in 3-5 years
- If positive for cancer, select "positive" or "cancer"
- Add diagnosis to Problem List
- Initiate referral to oncologist

- Within the DI Order, record:
- Imaging: Select Colonoscopy
 - Performed date: date the colonoscopy was performed
 - Check the Received Box
 - Received date: enter date results were received
 - If result is Positive or Abnormal, check High Priority box
 - Assign to Provider

If via interface, result should match to open DI Order and populate much of the information.

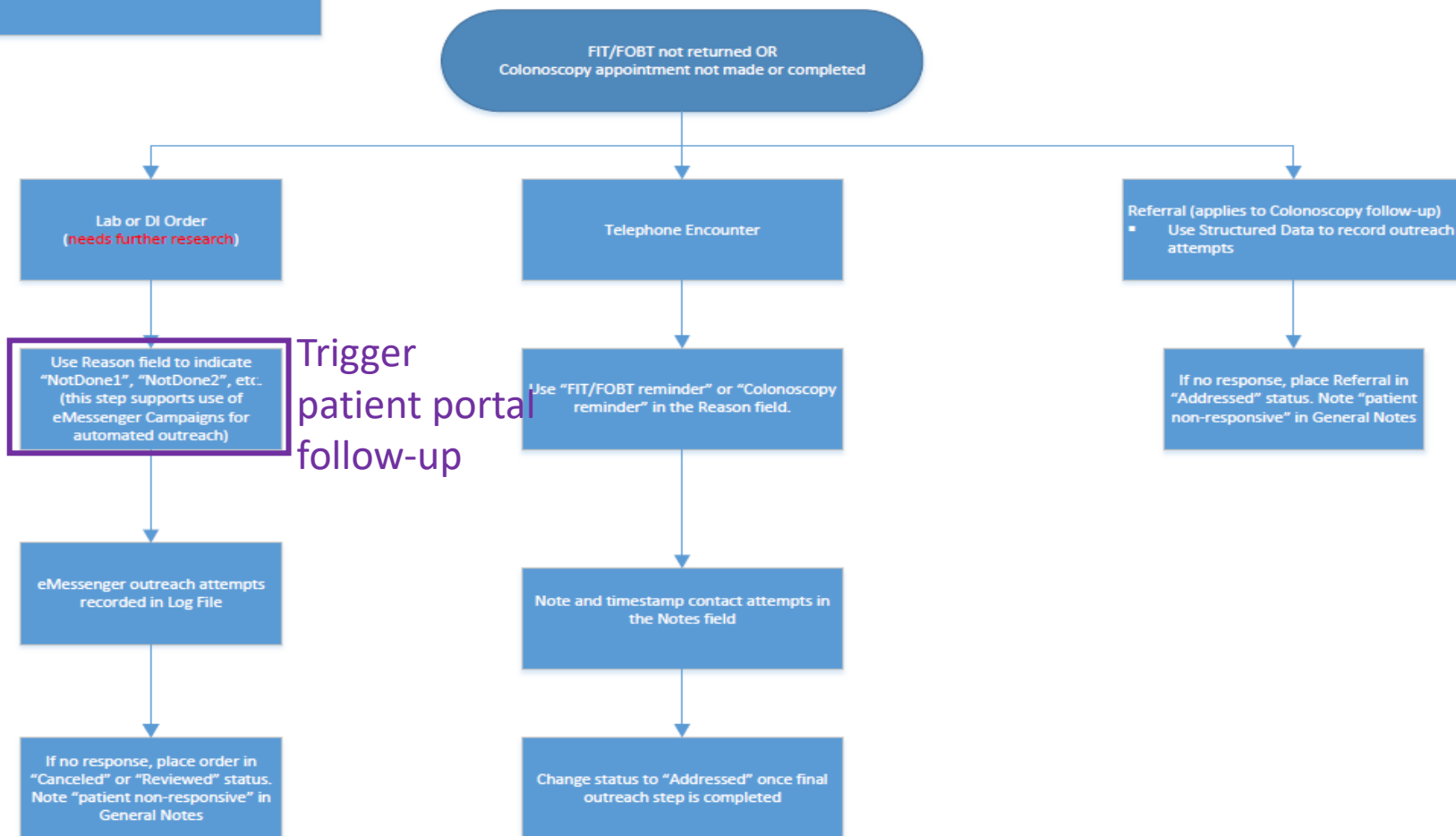
Assign DI to Provider

Timestamp and Review Document

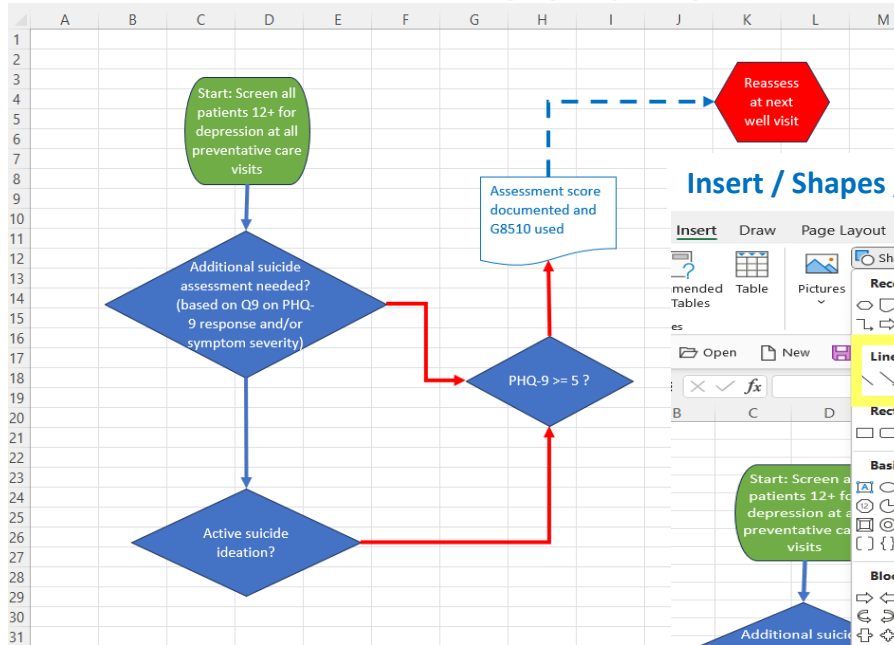
Provider documents within the DI Order

Notify patients of results

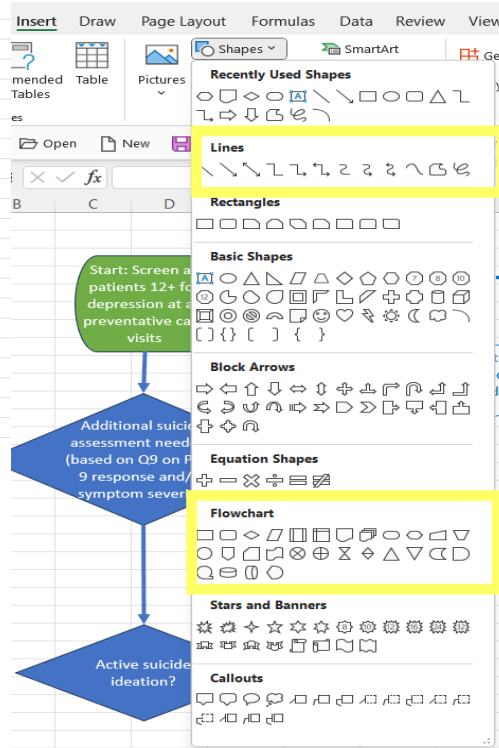
Mark Referral as "Addressed" (update Structured Data fields according to center's procedures)



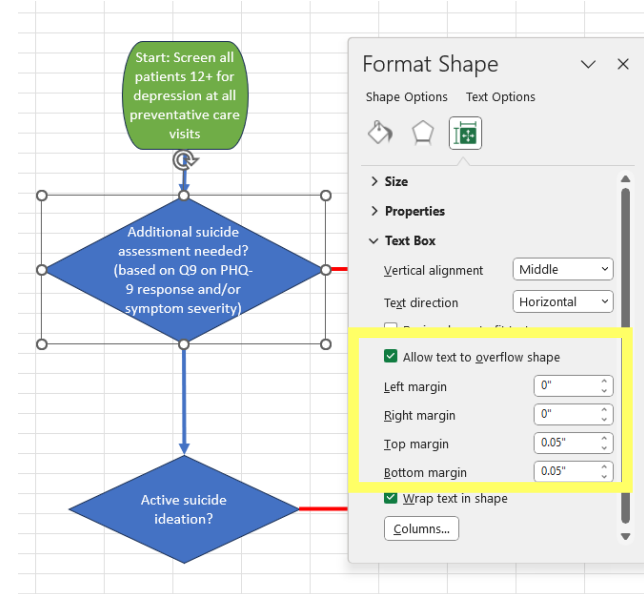
7. TOOLS TO CREATE WORKFLOWS – EXCEL OR...



Insert / Shapes / Flowchart & Lines



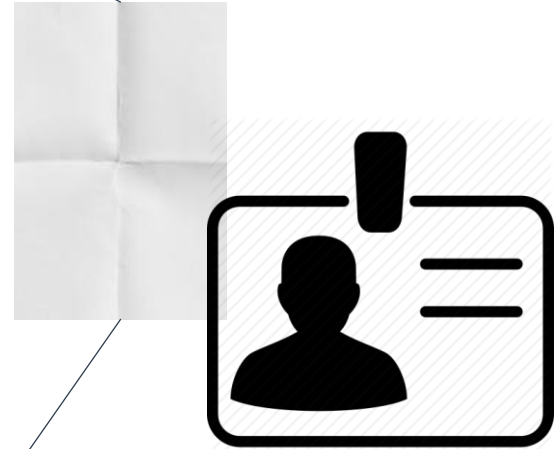
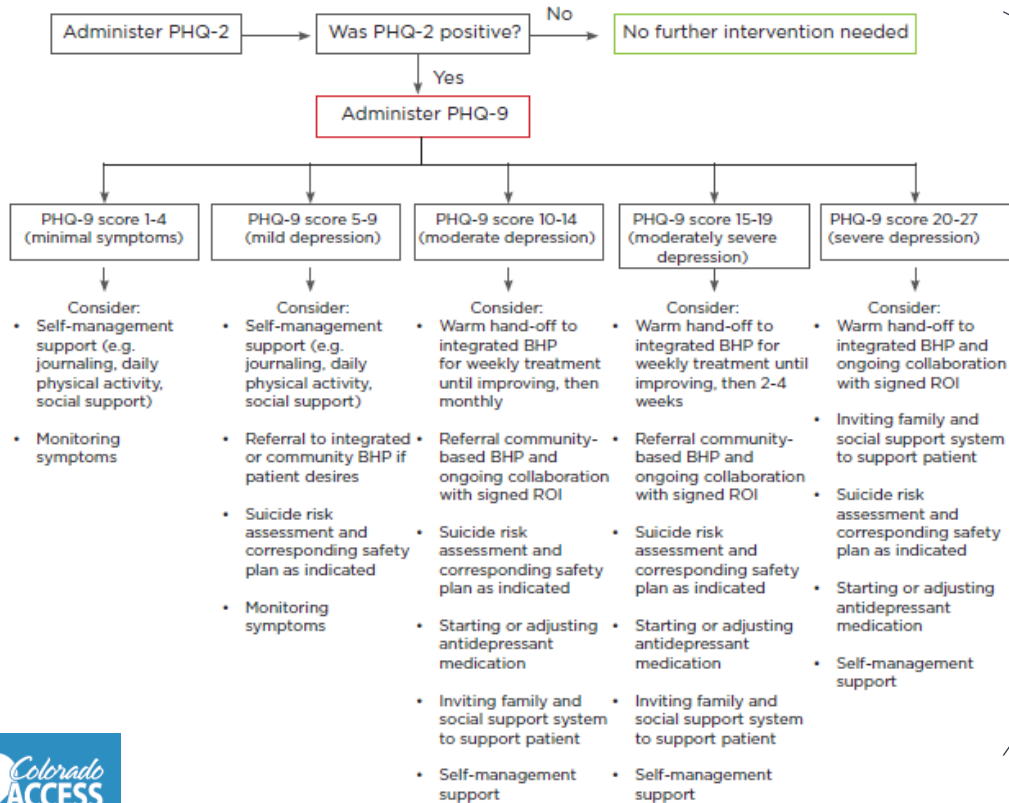
[Select shape] / [add text]
 [Select shape] / [right click] / Format Shape
 [Select "Allow text to overflow" and reduce margins to 0]





**What tool(s) do you
use for process maps
and workflows?**

8. OTHER “PROPS” THAT HELP - JOB AIDES...



Helps front line staff follow workflows

...AND PATIENT-CENTERED “PROPS”



Make patient-centered

- Clear, simple instructions
- “Poop on Demand”
where patient can use
clinic restroom

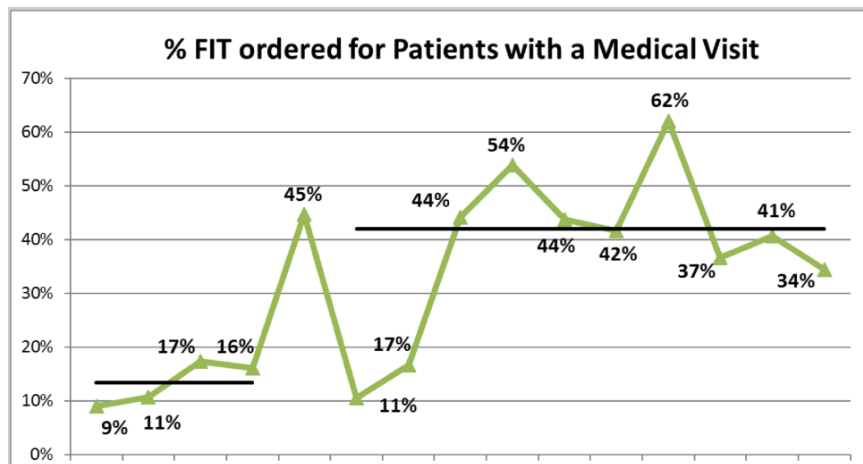


Make accessible

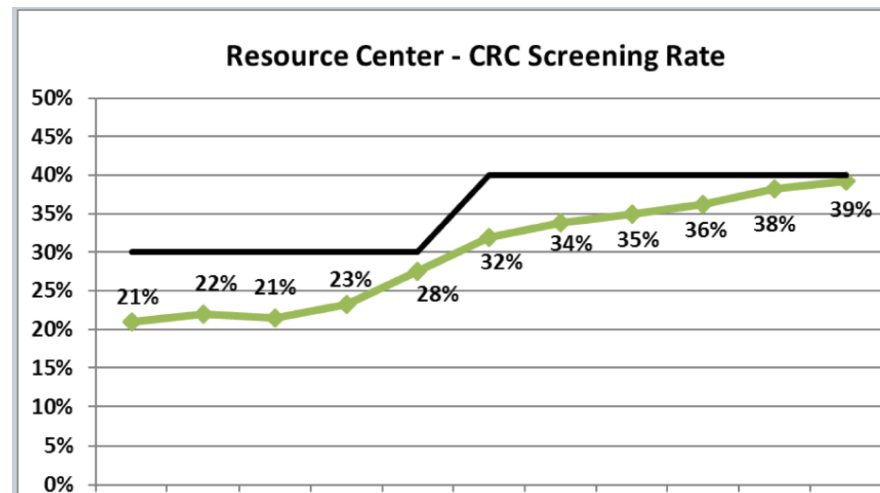
- Health fairs
- Transport
coordination
- Test collection
box in lab

9. MONITOR IMPACT OF WORKFLOW CHANGES...

Process



Outcome



...AND ASSESS RELATIVE PERFORMANCE

UDS NATIONAL (OR STATE)

Clinical Data	2021	2022	2023	2024	2025
Breast Cancer Screening	46.29%	50.28%	52.40%	53.96%	55.98%
Number of Patients Screened for Breast Cancer	1,557,112	1,719,755	1,851,976	1,966,405	2,058,248
Colorectal Cancer Screening *	41.93%	42.82%	41.10%	42.71%	44.89%
Number of Patients Screened for Colorectal Cancer *	2,680,583	2,769,337	3,306,873	3,617,246	3,868,425
Initiation of Substance Use Disorder (SUD) Treatment					24.95%
Number of Patients with a New SUD Episode Who Initiated Treatment					397,645
Engagement of Substance Use Disorder (SUD) Treatment					8.73%
Number of Patients with a New SUD Episode Who Engaged in Ongoing Treatment					397,645

10. DATA GOVERNANCE OVERSIGHT FOR SUSTAINABILITY



Data Stewardship

- Experts (or passionate staff) that monitor data quality and help advance data literacy and data use.

Support operationalizing measure updates in clinical workflows



Data Governance

- Forum where data management-related decisions are made, priorities are set, resources are allocated, and impact is monitored.

Prioritize measure focus and allocate resources to operationalize measure updates and ensure sustainability



Data Services

- Staff or team that analyze and manage data for the organization including making data and reports accessible and presented in an actionable way relevant to staff role.

Support workflow analysis and measure updates in EHR, PHM, data viz systems

Process Map & Workflow

FAQS



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QUESTIONS

Send to:
jerry.lassa@datamatt3rs.com

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>

UDS Mapper

- Assistance with the online service area mapping tool
- <http://www.udsmapper.org/contact-us.cfm>

