NCFH Comments Regarding
HRSA Proposed 2008 UDS Reporting Manual

The National Center for Farmworker Health (NCFH) provides general and table-specific comments on the proposed changes to the 2008 UDS Reporting Manual.

General Comments

- We believe that it is very important that HRSA be more specific in explaining the rationale behind the proposed changes to the UDS. If the proposed changes are intended to align health center reporting with HEDIS and other industry reporting methods, the PIN should make that intention clear. As the proposed changes stand, policy makers will lose rather than gain meaningful data on health center patients in general, and special populations in particular, because less rather than more meaningful data will be collected on special populations.

- HRSA has collected program specific UDS data on farmworkers and other special populations for just two years. Policy makers require trend data to monitor program impact over time and to fine-tune modifications when these are required to improve program performance. NCFH asks that modifications to the UDS be delayed until 2010 to allow for at least five years of program specific trend data and to allow for adequate time to retool health center MIS data systems.

- NCFH encourages HRSA to bring together health centers and others from the broader research community to provide collective input into the direction for modifications before changes are made to the UDS. HRSA should solicit input and analysis from a coalition of health, program and performance measurement specialists, including, for example, the government and independent sources recommended for use by health centers in HRSAs Need for Assistance worksheet guidance.

- NCFH encourages HRSA to improve public access to the data reported by health centers. If this is not possible, HRSA should at least make customized data reports which exclude confidential data available upon request.

- NCFH commends HRSA for the addition of the childhood lead screening rate to data proposed for reporting in calendar year 2008. The addition of quality indicators to data proposed for reporting is also a strong and positive development.

Table-Specific Comments:

Cover Sheet:

With the removal of most elements of the Center/Grantee Profile from data reported on the UDS cover sheet, we anticipate that retrieving this data, once archived, may be difficult. It is not clear at what point the grantee profile and data reported through the UDS will be reconciled.

Table 2:

By eliminating the collection of information about services and delivery methods from grantees, it is not clear how HRSA will be able to assess a health center's compliance with the required panel of comprehensive primary care, mental health and dental services.

Table 5:

By eliminating the collection of information about staffing patterns and utilization, including the number of patients per FTE practitioner type and some encounter and provider data, HRSA's ability to assess a health center's productivity and penetration rate may be jeopardized.

In addition, in the absence of reported information, underperformers may go unnoticed contributing to problems with community access to care. Quality of care issues may remain unnoticed in the case of overachievers who place productivity above requirements for comprehensive patient care.

Table 6:

Eliminating the collection of information about clinical diagnosis and services rendered has serious implications for all groups served by health centers, but especially for special populations such as farmworkers.

- It was not until two years ago that HRSA requested program specific UDS reports and obtained diagnostic data for farmworkers and other special populations. By eliminating the elements of the current Table 6, HRSA will no longer be able to compare the most common diagnoses among special populations against those of the general public.

- Without information about clinical diagnoses, there will be no solid evidence to substantiate the need for developing disease specific prevention and education initiatives.

- The elimination of diagnoses reported in the current Table 6 may make it difficult to advocate for federal, state and local funds to support programs to prevent these health conditions.

- Specifically for farmworkers, the elimination of diagnoses currently reported will prevent determination of the prevalence of health problems attributed to occupational and environmental health hazards.

- The elimination of diagnoses currently reported may jeopardize the ability of health centers to monitor progress in their health care plans.

- Regarding the proposed new Table 6, as the methodology to be used to report quality of care indicators does not address services delivered specifically to farmworkers and special populations, it may be difficult to determine the quality of care rendered to these populations.

NCFH Comments Regarding
The Annualized Reporting Burden Imposed By Proposed Changes to The 2008 UDS Reporting Manual

The National Center for Farmworker Health (NCFH, writing in follow-up to our previous submission of general and table-specific comments on proposed changes to the 2008 UDS Reporting Manual, strongly recommends that implementation of the proposed changes take effect no sooner than January 1, 2010.

Our communication with community and migrant health centers indicates that HRSA has significantly **underestimated** the annualized reporting burden hours associated with proposed changes to the UDS reporting requirements. Health centers estimate that, at a minimum, the revised Universal report will require in the range of 90-120 hours to complete, versus the 30 paperwork burden hours estimated by HRSA. Completion of the Grant Report will require, at a minimum, an additional 50-80 hours to complete, versus the 18 paperwork burden hours estimated by HRSA.

Health centers also report that proposed changes to Tables 6 and 7 to allow for the new reporting of quality of care indicators, health outcomes and disparities, will require a reasonable lead-time prior to implementation **to ensure the accuracy of future data reported by the centers.** Proposed changes to the data reported through these Tables will require advance time for vendors to modify software reporting modules and a significant reinvestment of health center resources in staff training and process change.

We urge HRSA to re-evaluate the **total** reporting burden that proposed changes to the UDS will impose, and to extend the schedule for their implementation into 2010.

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