

TO: OMB Desk Officer

FROM: HRSA

SUBJECT: Uniform Data System – 0915-0193, OMB-HRSA Passback

OMB Comment: Could HRSA include responses to the comments that start on page 8?

Comment: The diabetes and child immunization measures are inconsistent with evidence based medicine requirements. Specifically, the 8% HbA1c blood level criterion is not meaningful and the one visit criterion for childhood immunizations does not present an accurate picture of immunization compliance.

Carolyn Marquart
Director of Quality Improvement
Marana Health Center
Marana AZ

HRSA Response: The Meaningful Use measure specifies Hemoglobin A1c Control < 8.0%. The one visit criterion for childhood immunizations is also consistent with the Meaningful Use measure specifications. While the grantee is expected to report using this specification, he/she has the opportunity to use other measures for performance monitoring and quality control purposes.

Comment: Vendors need to provide front end functionality to capture measures specifications to reduce data collection and reporting burden (especially for diabetes, childhood immunization, and asthma pharmacologic therapy measures.) Extensive and ongoing retraining is required of point of care providers and IT staff.

Nutrition and weight counseling in pediatric patients is not included in the grants of a few health centers, and obesity diagnoses are not reimbursable.

Colleen Lynch
Director of Performance Measurement and Improvement
Community Care Network of Virginia

HRSA Response: We agree that EHR vendors need to capture front end functionality for the listed measures and that staff training may be needed to report these and other measures properly in EHRs. Grantees that serve pediatric patients are expected to report on nutrition and weight counseling. Even though obesity diagnoses are not reimbursable, it is reasonable to collect data on the number of patients with obesity in Table 6A.

Comment: The Rotavirus Vaccine should not be on the list of required vaccines because it has a narrow window of application, 6-14 weeks of age and final vaccine 8 months. It does not carry the same level of disease prevention and control for the general population as for the other vaccinations.

Deborah Melke MD
Medical Director
Open Cities Health Center
St. Paul MN

HRSA Response: The Rotavirus Vaccine is included because it is required by the Meaningful Use measure NQF 0038 for Childhood Immunization Status.

Comment: We recommend using only the core Meaningful Use measures with the exact same specifications.

All of the new measures should come from an automated EMR.

Data for the asthma measure will be difficult to collect and report, both with EMR and manual chart review.

Use a senior population measure: pneumococcal vaccination over age 45.

Fred Rachman, CEO

Timothy Long MD, Chief Clinical Officer

Alliance of Chicago

Chicago, Illinois

HRSA Response: While two of the measures are from the three core MU measures, limiting selection to these measures is inconsistent with the criteria for measures selection. The clinical performance measures were selected because they are across the life cycles of health center patients, include conditions and services that are important to health center patients, include process and outcome measures, and are consistent with nationally endorsed measures, especially Meaningful Use.

All of the new measures are MU measures. While the asthma measure may be more difficult to collect and report than the other proposed new measures, it provides valuable information about asthma treatment for one of the most prevalent conditions for health center patients.

A senior population measure for pneumococcal vaccination of patients 65 years of age and older was considered, but not selected because the selected measures were considered to be higher priorities.

Comment: Requiring providers to calculate BMI at every visit is inconsistent with current practices to record patient height only once annually.

Linda Ridlehuber, RN MBA

Quality Improvement Specialist

Minnesota Association of Community Health Centers

HRSA Response: Meaningful Use Measure NQF 0421, PQRI 128 requires documentation of calculated BMI in the past six months or during the current visit. BMI documentation includes both height and weight.

Comment: Specifications for the tobacco use and cessation measure should be clear about time frame and office visit by a medical provider.

Christina K. Lee, MD

Medical Director

Waimanalo Health Center

Waimanalo, Hawaii

HRSA Response: Specifications for Meaningful Use Measure NQF 0028 are that patients be seen for at least two office visits and (1) be queried about tobacco use one or more times within the past 24 months, and (2) receive cessation intervention if identified as a tobacco user within the past 24 months.

OMB Comment: What is the timeline for the collection of the new questions about EHRs capabilities in appendix 2?

HRSA Response: Health center grantees are expected to complete these questions before final submission of their UDS reports by March 31, 2010.

OMB Comment: Did HRSA coordinate the EHR questions with other HHS EHR surveys that are planned or ongoing, particularly with ONC?

HRSA Response: We used comparable language to that in the CDC National Ambulatory Medical Care Survey (NAMCS), which ONC uses to measure adoption. This was done in order to maximize the comparability of our data to others.

OMB Comment: The new measures will be taken by asking Health Center to randomly select and review 70 charts. What is the basis for the 70 charts? Is it statistically significant?

HRSA Response: A sample size calculation was made to recommend a random sample of 70 charts for each measure, taking into account the average number of patients (N) for each measure (i.e., condition or test) and based on a 90% confidence interval in terms of statistical significance (i.e., $p < .1$). This was also the OMB requested sample size that HRSA use.

OMB Comment: Does the \$900,000 estimated cost to the Federal Government involve the entire UDS data collection system or only the new added components?

HRSA Response: The \$900,000 annual estimated cost to the federal government is for the entire UDS data collection system. It represents the annual amount of the task order to the UDS contractor for technical assistance, training and data reporting support, data processing, editing, and verification.

OMB Comment: When will grantees start reporting this data?

HRSA Response: Grantees will start reporting the UDS data for calendar year 2010 in January 2011; and the UDS data for calendar year 2011 in January 2012.

OMB Comment: When will the responses for this data be available?

HRSA Response: The responses for the UDS data will be available by the end of May, 2011.