

**Date:** October 19, 2016

**Request:** The Health Resources and Services Administration (HRSA) requests non-substantive changes to the Uniform Data System (UDS) Information Collection (OMB #0915-0193, expires 02/28/2018).

**Purpose:** These clarifications are critical to align UDS clinical quality measures (CQMs) and data standardization with national and federal programs, including the National Quality Forum (NQF) and the Centers for Medicare and Medicaid Services (CMS) EHR incentive program.

**Time Sensitivity:** UDS data collection begins January 1, 2017. If approved, the Bureau of Primary Health Care must notify health centers of data collection changes in December 2016.

## PROPOSED UPDATES FOR CY2017 UDS REPORTING

### A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH E-CQMs: TABLE 6B, 7

To support federal efforts across the Department of Health and Human Services (HHS) to standardize data collection and reduce health center reporting burden, the specifications for the clinical quality measures in Tables 6B and 7 listed below were revised in 2016 to align with the Centers for Medicare & Medicaid Services' (CMS) electronic-specified Clinical Quality Measures (e-CQMs). The listed UDS measures will be updated to reflect the 2017 version of the CMS e-CQMs as detailed below. In addition, headings have been updated to reflect the alignment with e-CQMs.

Rationale: Data-driven quality improvement and full optimization of EHR systems are strategic priorities for the Health Center Program. Measure alignment across national programs significantly decreases reporting burden and improves data consistency. Additionally, measure alignment and harmonization with other national quality programs such as the National Quality Forum (NQF) (<http://www.qualityforum.org/QPS/QPSTool.aspx>) and the Medicare and Medicaid EHR incentive program (<http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/ehrincentiveprograms>) (i.e., Meaningful Use) remains a federal priority.

1. Childhood Immunization Status has been revised to align with [CMS117v5](#).
2. Cervical Cancer Screening has been revised to align with [CMS124v5](#).
3. Tobacco Use Screening and Cessation Intervention has been revised to align with [CMS138v5](#).

4. Use of Appropriate Medications for Asthma has been revised to align with [CMS126v5](#).
5. Screening for Clinical Depression and Follow-Up Plan has been revised to align with [CMS2v6](#).
6. Controlling High Blood Pressure has been revised to align with [CMS165v5](#).
7. Diabetes: Hemoglobin A1c Poor Control has been revised to align with [CMS122v5](#).
8. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents has been revised to align with [CMS155v5](#).
9. Body Mass Index (BMI) Screening and Follow-Up Plan has been revised to align with [CMS69v5](#).
10. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet has been revised to align with [CMS164v5](#).
11. Colorectal Cancer Screening has been revised to align with [CMS130v5](#).
12. Dental Sealants for Children aged 6 - 9 years has been revised to align with [CMS277](#).

NOTE: The UDS Colorectal Cancer (CRC) Screening measure may be updated in 2017 to reflect recently updated U. S. Preventive Services Task Force (USPSTF) recommendations for CRC screening and anticipated revisions to the corresponding CRC screening clinical quality measure in other national quality reporting programs.

#### **B. ADDITION OF APPENDIX E: OTHER DATA ELEMENTS**

A new Appendix E will collect data that is not germane to other parts of the UDS. Selected questions (Telehealth and Medication-Assisted Treatment (MAT)) from Appendix D have been moved to Appendix E. New data elements related to Outreach and Enrollment Assists will also be added to Appendix E (See Below).

Rationale: The landscape of health care delivery continues to change rapidly. Addition of a new Appendix will allow for greater versatility in addressing important, emerging areas for data collection within health centers.

#### **C. OUTREACH AND ENROLLMENT ASSISTS – APPENDIX E**

An item has been added to Appendix E to capture Outreach and Enrollment Assists.

Rationale: Health centers' are expected to raise awareness of affordable insurance options and provide eligibility and enrollment assistance to uninsured residents in their communities. Through outreach into their communities and "in reach" to their uninsured patients, health centers are helping consumers understand their coverage options, learn

what financial help they may be eligible for, and enroll in new affordable health coverage options through the Marketplace, Medicaid and the Children’s Health Insurance Program.

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Attachments:

1. Proposed Changes to UDS Tables 6B, 7, Appendix D and E

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## Table 6B: Quality of Care Measures

Reporting Period: January 1, ~~2016~~2017 through December 31, ~~2016~~2017

### Patients by Hispanic or Latino Ethnicity

Line 0	Patients By Race Prenatal Care Provided by Referral Only (Yes or No)	Hispanic/Latino (a)	Non-Hispanic/Latino (b)
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~~76 through December 31, 2017~~

### Section A - Age Categories for Prenatal Care Patients: Demographic Characteristics of Prenatal Care Patients

Line	Age	Number of Patients (a)
1	Less than 15 years	
2	Ages 15-19	
3	Ages 20-24	
4	Ages 25-44	
5	Ages 45 and over	
6	Total Patients (Sum lines 1-5)	

### Section B - Early Entry into Prenatal Care

Line	Early Entry into Prenatal Care	Women Having First Visit with Health Center (a)	Women Having First Visit with Another Provider (b)
7	First Trimester		
8	Second Trimester		
9	Third Trimester		

### Section C - Childhood Immunization Status ~~(GIS)~~

Line	Childhood Immunization Status <del>(GIS)</del>	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who <del>have</del> received age appropriate vaccines by their 2 <sup>nd</sup> birthday			

### Section D - Cervical Cancer Screening

Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 Years of Age (a)	Number Charts Sampled or EHR total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer			

**Section E - Weight Assessment and Counseling for Nutrition and Physical Activity of Children and Adolescents**

Line	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	Total Patients Aged 3 through 17 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Counseling and BMI Documented (c)
12	MEASURE: Percentage of patients 3-17 years of age with a BMI percentile, <i>and</i> counseling on nutrition and physical activity documented			

**Section F – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up**

Line	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Total Patients Aged 18 and Older (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with BMI Charted and Follow-Up Plan Documented as Appropriate (c)
13	MEASURE: Percentage of patients aged 18 and older with (1) BMI documented <i>and</i> (2) follow-up plan documented <i>if</i> BMI is outside normal parameters			

**Section G – Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention**

Line	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Total Patients Aged 18 and Older (a)	Number Charts sampled or EHR total (b)	Number of Patients Assessed for Tobacco Use <i>and</i> Provided Intervention if a Tobacco User (c)
14a	MEASURE: Percentage of patients aged 18 years and older who (1) were screened for tobacco use one or more times within 24 months <i>and</i> if identified to be a tobacco user (2) received cessation counseling intervention			

**Section H - Use of Appropriate Medications for Asthma**

Line	Use of Appropriate Medications for Asthma	Total Patients Aged 5 through 64 with Persistent Asthma (a)	Number Charts Sampled or EHR Total (b)	Number of Patients with Acceptable Plan (c)
16	MEASURE: Percentage of patients <u>aged 5 -through</u> 64 years of age identified as having persistent asthma and were appropriately prescribed medication during the measurement period			

**Section I - Coronary Artery Disease (CAD): Lipid Therapy**

Line	Coronary Artery Disease (CAD): Lipid Therapy	Total Patients Aged 18 and Older with CAD Diagnosis (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Prescribed A Lipid Lowering Therapy (c)
17	MEASURE: Percentage of patients aged 18 and older with a diagnosis of CAD who were prescribed a lipid lowering therapy			

**Section J - Ischemic Vascular Disease (IVD): Use of Aspirin or Another AntithromboticAntiplatelet**

Line	Ischemic Vascular Disease (IVD): Use of Aspirin or Another <u>AntithromboticAntiplatelet</u>	Total Patients Aged 18 and Older with IVD Diagnosis or AMI, CABG, or <u>PTC/PCI</u> Procedure (a)	Charts Sampled or EHR Total (b)	Number of Patients With Documentation of Use of Aspirin or Other <u>AntithromboticAntiplatelet</u> Therapy (c)
18	MEASURE: Percentage of patients aged 18 and older with a diagnosis of IVD or AMI, CABG, or <u>PTC/PCI</u> procedure with documentation of use of aspirin or another <u>antithromboticantiplatelet</u> therapy			

**Section K - Colorectal Cancer Screening**

Line	Colorectal Cancer Screening	Total Patients Aged 50 through 75 (a)	Charts Sampled or EHR Total (b)	Number of Patients With Appropriate Screening For Colorectal Cancer (c)
19	MEASURE: Percentage of patients 50- <u>through</u> 75 years of age who had appropriate screening for colorectal cancer			

**Section L - HIV Linkage to Care**

Line	HIV Linkage to Care	Total Patients First Diagnosed with HIV (a)	Charts Sampled or EHR Total (b)	Number of Patients Seen Within 90 Days of First Diagnosis of HIV (c)
20	MEASURE: Percentage of patients whose first ever HIV diagnosis was made by health center staff between October 1, of the prior year and September 30, of the measurement year and who were seen for follow-up treatment within 90 days of that first ever diagnosis			

**Section M – Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan**

Line	Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	Total Patients Aged 12 and Older (a)	Charts Sampled or EHR Total (b)	Number of <del>patients</del> Patients Screened for Depression and Follow-Up Plan Documented as Appropriate (c)
21	MEASURE: Percentage of patients aged 12 and older who were (1) screened for depression with a standardized tool, and if screening was positive (2) had a follow-up plan documented			

**Section N – ~~Oral Health Sealant~~Dental Sealants for Children between 6- - 9 Years**

Line	<del>Oral Health Sealant</del> Dental Sealants for Children between 6- - 9 years)Years	Total Patients Aged <del>56</del> through 9 at Moderate to High Risk for Caries (a)	Charts Sampled or EHR Total (b)	Number of <del>patients</del> Patients with Sealants to First Molars (c)
22	MEASURE: <del>Children</del> Percentage of children aged 6 -through 9 years, at moderate to high risk of caries, who received a sealant on a first permanent molar			

**Table 7: Health Outcomes and Disparities**

Reporting Period: January 1, ~~2016~~2017 through December 31, ~~2016~~2017

**Section A: Deliveries and Birth Weight ~~by Race and Hispanic/Latino Ethnicity~~**

Line	Description	Patients			
0	HIV Positive Pregnant Women				
2	Deliveries Performed by Health Center's Providers				
Line #	Race and Ethnicity	Prenatal Care Patients Who Delivered During the Year (1a)	Live Births: <1500 grams (1b)	Live Births: 1500-2499 grams (1c)	Live Births: ≥2500 grams (1d)
<b>Hispanic/Latino</b>					
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	<i>Subtotal Hispanic/Latino</i>				
<b>Non-Hispanic/Latino</b>					
2a	Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
<b>Unreported/Refused to Report Ethnicity</b>					
h	Unreported/Refused to Report Race and Ethnicity				
i	Total				



**Section B: Controlling High Blood Pressure ~~by Race and Hispanic/Latino Ethnicity~~**

Line #	Race and Ethnicity	Total Patients 18 through 85 Years of Age with Hypertension (2a)	Charts Sampled or EHR Total (2b)	Patients with HTN Controlled (2c)
<b>Hispanic/Latino</b>				
1a	Asian			
1b1	Native Hawaiian			
1b2	Other Pacific Islander			
1c	Black/African American			
1d	American Indian/Alaska Native			
1e	White			
1f	More than One Race			
1g	Unreported/Refused to Report Race			
	<i>Subtotal Hispanic/Latino</i>			
<b>Non-Hispanic/Latino</b>				
2a	Asian			
2b1	Native Hawaiian			
2b2	Other Pacific Islander			
2c	Black/African American			
2d	American Indian/Alaska Native			
2e	White			
2f	More than One Race			
2g	Unreported/Refused to Report Race			
	<i>Subtotal Non-Hispanic/Latino</i>			
<b>Unreported/Refused to Report Ethnicity</b>				
h	Unreported/Refused to Report Race and Ethnicity			
i	Total			

**Section C: Diabetes: Hemoglobin A1c Poor Control by Race and Hispanic/Latino Ethnicity**

Line #	Race and Ethnicity	Total Patients 18 through 75 Years of Age with Diabetes (3a)	Charts Sampled or EHR Total (3b)	Patients with HbA1c <8% (3d1)	Patients with HbA1c >9% Or No Test During Year (3f)
<b>Hispanic/Latino</b>					
1a	Asian				
1b1	Native Hawaiian				
1b2	Other Pacific Islander				
1c	Black/African American				
1d	American Indian/Alaska Native				
1e	White				
1f	More than One Race				
1g	Unreported/Refused to Report Race				
	<i>Subtotal Hispanic/Latino</i>				
<b>Non-Hispanic/Latino</b>					
2a	Asian				
2b1	Native Hawaiian				
2b2	Other Pacific Islander				
2c	Black/African American				
2d	American Indian/Alaska Native				
2e	White				
2f	More than One Race				
2g	Unreported/Refused to Report Race				
	<i>Subtotal Non-Hispanic/Latino</i>				
<b>Unreported/Refused to Report Ethnicity</b>					
h	Unreported/Refused to Report Race and Ethnicity				
i	Total				

## Appendix D: Health Center ~~ELECTRONIC~~ Health Record (~~EHR~~Information Technology (HIT) Capabilities and Quality Recognition

### Instructions

The ~~Electronic Health Record~~ (~~EHR~~Information Technology (HIT) Capabilities and Quality Recognition Form includes a series of questions on health information technology (HIT) capabilities, including electronic health record (EHR) interoperability and leverageeligibility for Meaningful Use. The ~~EHR~~HIT and Quality Recognition Form must be completed and submitted as part of the UDS submission. It includes questions about the health center's implementation of an EHR, certification of systems, how widely adopted the system is throughout the health center and its providers, and national and/or state quality recognition (accreditation or PCMH).

### Questions

The following questions will be presented on a screen in the Electronic Handbook to be completed before the UDS Report is submitted. Instructions for the ~~EHR~~HIT questions can be found in EHB as you are completing the questions.

1. Does your center currently have an Electronic Health Record (EHR) system installed and in use?
  - a. Yes, at all sites and for all providers
  - b. Yes, but only at some sites or for some providers
  - c. No

This question seeks to determine whether or not an EHR has been installed by the health center as of December 31, ~~2016~~, and, if so, which product is in use, how broad is access to the system, and what features are available and being used. While they can often produce much of the UDS data, do not include practice management systems or other billing systems. If the health center has purchased an EHR, but had not yet placed it into use by December 31, 2016, answer "No." If it has been installed, indicate if it was being used, as of December 31, ~~2016~~, by:

- a. **All sites and all providers:** For the purposes of this response, "providers" mean all medical providers including physicians, nurse practitioners, physician assistants, and certified nurse midwives. WhileAlthough some or all of the dental, mental health, or other providers may also have-usedbe using the system, as may medical support staff, this is not required to choose response "a.". For the purposes of this response, "all sites" means all permanent sites where medical providers serve health center medical patients and does not include administrative-only locations, hospitals or nursing homes, mobile vans, or sites used on a seasonal or temporary basis. This option may be checked even if a small number of newly hired and as yet not trained individuals are the only ones not using the system.

b. **At some sites or for some providers:** Select option b if one or more permanent sites did not have the EHR installed, or in use (even if this is planned), or if one or more medical providers (as defined above) ~~were do~~ not yet ~~using~~use the system ~~by December 31, 2016.~~. When determining if all providers ~~had~~have access to the system, the health center should also consider part time and locum providers who serve clinic patients. Do not select this option if the only medical providers who did not have access were those who were newly hired and still being trained on the system.

c. **No:** Select “no” if no EHR was in use on December 31, ~~2016~~, even if the system had been installed and staff was training on how to use the system.

If a system is in use (i.e., if a or b has been selected above), indicate if your system has been certified under the Office of the National Coordinator - Authorized Testing and Certification Bodies (ONC-ATCB).

1a. Is your system certified under the Office of the National Coordinator for Health IT (ONC) Health IT Certification Program?

a. Yes

b. No

Health centers are to indicate in the blanks the vendor, product name, version number, and certified health IT product list number. (More information is available at ~~ONC-ATCB~~; at <http://onc-chpl.force.com/ehrcert>.) If you have more than one EHR (if, for example, you acquired another practice which has its own EHR), report the EHR that will be the successor system.

Vendor

Product Name

Version Number

Certified Health IT Product List Number

1b. Did you switch to your current EHR from a previous system this year?

a. Yes

b. No

If “yes, but only at some sites or for some ~~providers~~providers” is selected above, a box ~~will expand~~expands for health centers to identify how many sites have the EHR in use and how many (medical) providers were using it. Please enter the number of sites (as defined above) where the EHR was in use, and the number of providers who ~~used~~use the system (at any site). Include part-time and locum medical providers who serve clinic patients. A provider who has separate login identities at more than one site is still counted as just one provider:

1c. How many sites ~~had~~have the EHR system in use?

1d. How many providers ~~used~~use the EHR system?

1e. When do you plan to install the EHR system?

With reference to your EHR, BPHC would like to know if your system hadhas each of the specified capabilities which relate to the CMS Meaningful Use criteria for EHRs and if you are using them (more information on [Meaningful Use](#)). For each capability, indicate:

- a. **Yes** if your system hadhas this capability and it wasis being used by your center;
- b. **No** if your system diddoes not have the capability or it wasis not being used; or
- c. **Not sure** if you do not know if the capability wasis built in and/or do not know if your center wasis using it.

Select (a) (has the capability and it is being used) if the software is able to perform the function and some or all of your medical providers wereare making use of it. It is not necessary for all providers to have usedusing a specific capability in order to select (a).

Select (b) or (c) if the capability is not present in the software or if the capability is present, but the function has not been turned on; or if it is not currently in use by any medical providers at your center. Select (b) or (c) only if none of the providers are making use of the function.

2. Does your center send prescriptions to the pharmacy electronically? (Do not include faxing.)
  - a. Yes
  - b. No
  - c. Not sure
3. Does your center use computerized, clinical decision support, such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions?
  - a. Yes
  - b. No
  - c. Not sure
4. Does your center exchange clinical information electronically with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians?
  - a. Yes
  - b. No
  - c. Not sure
5. Does your center engage patients through health IT, such as patient portals, kiosks, or secure messaging (i.e., secure email) either through the EHR or through other technologies?
  - a. Yes

- b. No
  - c. Not sure
6. Does your center use the EHR or other health IT system to provide patients with electronic summaries of office visits or other clinical information when requested?
- a. Yes
  - b. No
  - c. Not sure
7. How do you collect data for UDS clinical reporting (Tables 6B and 7)?
- a. We use the EHR to extract automated reports
  - b. We use the EHR but only to access individual patient charts
  - c. We use the EHR in combination with another data analytic system
  - d. We do not use the EHR
8. Are your eligible providers participating in the Centers for Medicare and Medicaid Services (CMS) EHR Incentive Program commonly known as “Meaningful Use”?
- a. Yes, all eligible providers at all sites wereare participating
  - b. Yes, some eligible providers at some sites wereare participating
  - c. No, our eligible providers wereare not yet participating
  - d. No, because our providers wereare not eligible
  - e. Not sure

If yes (a or b), at what stage of Meaningful Use isare the majority (more than half) of your participating providers (i.e., what is the stage for which they most recently received incentive payments)?

- a. Adoption, Implementation, or Upgrade (AIU)
- b. Stage 1
- c. Stage 2
- d. Stage 3
- e. Not sure

If no (c only), are your eligible providers planning to participate?

- a. Yes, over the next 3 months
- b. Yes, over the next 6 months
- c. Yes, over the next 12 months or longer
- d. No, they are not planning to participate

9. Does your center use health IT to coordinate or to provide enabling services such as outreach, language translation, transportation, case management, or other similar services?

- a. Yes
- b. No
- c. If yes, then specify the type(s) of service: \_\_\_\_\_

10. Has your health center received or retained patient-centered medical home recognition or certification for one or more sites during the measurement year?

- a. Yes
- b. No

If yes (a), which third-party organization(s) granted recognition or certification status? (Can identify more than one).

- a. National Committee for Quality Assurance (NCQA)
- b. The Joint Commission (TJC)
- c. Accreditation Association for Ambulatory Health Care (AAAHC)
- d. State ~~Based Initiative~~ based initiative
- e. Private ~~Payer Initiative~~ payer initiative
- f. Other ~~Recognition Body~~ recognition body (Specify \_\_\_\_\_)

11. Has your health center received accreditation?

- a. Yes
- b. No

If yes (a), which third-party organization granted accreditation?

- a. The Joint Commission (TJC)
- b. Accreditation Association for Ambulatory Health Care (AAAHC)

## Appendix E: Other Data Elements

### Instructions

Health centers are becoming increasingly diverse and comprehensive in the care and services provided. These questions capture the changing landscape of healthcare centers to include expanded services and delivery systems.

### Questions

The following questions will be presented on a screen in the Electronic Handbook to be completed before the UDS Report is submitted. Instructions for these questions can be found in EHB as you are completing the questions.

#### Medication-Assisted Treatment (MAT) for Opioid Use Disorder

##### 1. Medication-Assisted Treatment (MAT) for Opioid Use Disorder

- a. How many physicians, on-site or with whom the health center has contracts, had obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?
- b. How many patients received medication-assisted treatment ~~such as ICD-10-F11.xx~~ for opioid use disorder from a physician with a DATA waiver working on behalf of the health center?

*Note: The following ICD-10-CM code may assist in identifying MATs: ICD-10-CM F11-*

#### Telehealth

##### 2. Are you using telehealth? Telehealth is defined as the use of telecommunications and information technologies to share information, and provide clinical care, education, public health, and administrative services at a distance<sup>1</sup>.

- a. Yes
- b. No

If yes (a), how are you using telehealth? (Choose all that apply)

- a. Provide primary care services
- b. Provide specialty care services
- c. Provide mental health services
- d. Provide oral health services

<sup>1</sup> <http://www.hrsa.gov/ruralhealth/telehealth/index.html>



e. Manage patients with chronic conditions

f. Other (Please specify: \_\_\_\_\_)

If no (b), please explain why you are not using telehealth:

\_\_\_\_\_

\_\_\_\_\_

Outreach and Enrollment Assistance

3. Provide the number of assists during the past year by a trained assister (e.g. Certified Application Counselor or equivalent). Outreach and enrollment assists are defined as customizable education sessions about affordable health insurance coverage options (one-on-one or small group) and any other assistance provided by a health center assister to facilitate enrollment through the Marketplace, Medicaid or CHIP. \_\_\_\_\_