

# **Supporting Statement B**

## **Uniform Data System**

**OMB Control No. 0915-0193**

### **Revision**

#### **B. Collection of Information Employing Statistical Methods**

##### **1. Respondent Universe and Sampling Methods**

The respondent universe for the 2020 Uniform Data System (UDS) includes all Health Center Program grantees and look-alikes who receive Health Resources and Services Administration (HRSA) funding or designation in calendar year (CY) 2020. It also includes health centers funded by the Bureau of Health Workforce (BHW) within HRSA. The unit of analysis is at the health center organizational level, as delivery sites report to their affiliated health center and then one aggregated report is submitted to the Bureau of Primary Health Care (BPHC) within HRSA. The entire universe will be included in the dataset, and as of CY 2018 this consists of 1403 health centers. The expected response rate for the data collection effort is 100%. UDS data have been collected annually since 1996, and the actual response rate has been 100% of the universe, because all health centers are required to submit annual UDS reports to be compliant with their award. Since all health centers are required to submit data, no statistical methods are used to select respondents. The UDS is used to track health center performance and inform quality improvement efforts.

##### **2. Procedures for the Collection of Information**

No statistical methods are needed for sample selection, because the entire universe of health centers is required to submit UDS data. Since the universe is reporting, HRSA is

able to calculate the true population parameters, rather than estimating statistics based on a sample.

Data are collected through administrative, financial, and clinical records reviews. Data are not based on survey questionnaires, so interviewers are not applicable to the data collection process. Health centers are given advance notice when the UDS is open for data submission in their Electronic Handbooks (EHBs). They have 6 weeks to submit their data and another 6 weeks to work with HRSA data reviewers to correct any errors, explain any data outliers, and finalize their report.

HRSA takes multiple steps for assuring data quality. The UDS Manual provides very specific written reporting instructions and is updated annually. HRSA also provides virtual and in-person training and technical assistance through a contractor. The contractor works with Primary Care Associations (PCAs) in all states to provide annual UDS data reporting in-person training. Each year, several training webinars are streamed to large online audiences and then archived for additional review after the event. The contractor runs a support website with additional resources, specific measure guides, and strategies for successful reporting. There is also a consultation helpline which health centers can access if they require assistance with data reporting or submission. Once data have been submitted, the contractor performs numerous data checks to identify and resolve any data discrepancies. The contractor has numerous staff members who work one-on-one with health centers to support data accuracy. They also conduct sensitivity analyses to determine the impact of any data edits. After the each UDS report is reviewed an additional analysis is completed on large health centers that could impact national averages. HRSA staff also conduct spot checks on UDS submissions throughout the review period.

### **3. Methods to Maximize Response Rates and Deal with Nonresponse**

All Health Center Program grantees and look alike are required to complete the UDS,

along with some BHW-funded health centers. Training and technical assistance is available for all health centers to facilitate reporting for the UDS. Since the dataset includes the universe of health centers, the UDS provides accurate and reliable population parameters; there are no issues of reliability since this is not a sample.

The expected response rate is 100%. This is based on several years of experience collecting UDS data. Follow-up procedures for getting all health centers to submit their data include email notifications, communication via Project Officers (POs), and telephone calls to health center administrators.

#### **4. Tests of Procedures or Methods to be Undertaken**

All UDS tables used for data collection and reporting are approved by OMB before they are implemented. HRSA pilot tests major changes in data collection before they are proposed. For example, in 2008 a pilot test was conducted before new clinical performance measures were introduced. In 2011, a pilot test was conducted for new data collection and reporting of staff tenure data. The results of pilot tests were described in each applicable supporting statement for the proposed data collections.

For the clinical performance measures, the data collection methods and requirements have not changed since they were implemented in 2008. For each measure, grantees may report on a random sample of 70 patients or for all patients within the specified universe (e.g., for the blood pressure control measure - [CMS165v8](#), the universe is all patients age 18 to 85 years with a diagnosis of hypertension, seen at least twice during the reporting year). HRSA encourages health centers to report on all patients that meet the identified criteria for each measure using their Electronic Health Records (EHRs). HRSA considers this method to present a relatively low burden to grantees, especially in view of the value of the data for grantee quality improvement. Grantees have been very positive about reporting the clinical measures.

## **5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

Consultation on data collection was obtained from two sources, the MITRE Corporation and John Snow Incorporated (JSI). The MITRE Corporation currently oversees the Centers for Medicare and Medicaid (CMS) Alliance to Modernize Healthcare (CAMH). In this role, they provide research and development capabilities that merge private sector resources and technology with persistent problems that government agencies encounter. Over the past 3 years, MITRE has been working on ways to streamline reporting, reduce burden, and align the UDS clinical measures with other programs and national standards.

JSI is a public health consulting firm that has provided consultation on the proposed UDS changes and has worked with HRSA staff in developing and reviewing the UDS instructions and materials and has provided valuable technical and analytical expertise. JSI also assists with data integrity and review described in Section 2.

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