

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 2023 Uniform Data System (UDS) includes all Health Center Program awardees and look-alikes who receive Health Resources and Services Administration (HRSA) funding or designation in calendar year (CY) 2023. It also includes health centers funded by the Bureau of Health Workforce (BHW) within HRSA. While maintaining historic UDS measures, the unit of analysis will exist at the UDS+ Patent Level Reporting (PLS) and will leverage a methodological shift in process by which health centers submit their annual UDS report. High-quality accessible data are critical to strategically meeting the needs of patients and identifying opportunities for clinical process improvement. The entire universe will be included in the dataset, and as of CY 2021, this consists of 1370 Health Center Program grant awardees, 117 HRSA-designated look-Alikes and 18 Bureau of Health Workforce (BHW) awardees. Look-alikes DO NOT receive regular federal funding under section 330 of the PHS Act (although they may receive funding during public health emergencies, such as COVID-19), but meet the Health Center Program requirements for designation under the program (42 U.S.C. 1395x¹ (aa)(4)(A)(ii) and 42 U.S.C. 1396d(l)(2) (B)(ii)). 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

¹ [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:1395x%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:42%20section:1395x%20edition:prelim))

award or designation. 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 effort.

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 reported, 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 information. 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 via electronic interface, such as HRSA's Electronic Handbooks. Health centers have 8 weeks of early access to electronic reporting system to prepare their data, 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. A contractor works with federal staff to support the management of a .gov webpage/microsite with a suite of additional technical assistance resources, specific measure guides, and strategies for successful reporting. There is also a consultation helpline, which health centers can access, throughout the year, 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. The contractor also conducts sensitivity analyses to determine the impact of any data edits. After each UDS report is reviewed, an additional analysis is completed on large health centers that could impact national averages and performance trends over time. HRSA staff also conduct spot checks on UDS submissions throughout the review period and a variety of in-depth analyses of UDS data that inform programmatic decisions.

3. Methods to Maximize Response Rates and Deal with Nonresponse

All Health Center Program awardees and look-alikes are required to complete and submit the annual UDS report, along with some BHW-funded awardees. Training and technical assistance is available for all health center programs 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 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 Program Specialists, 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.

For the clinical performance measures, the data collection methods and requirements have not changed since they were implemented in 2008. For each measure, awardees report on all patients within the universe to which the measure specifications apply (i.e., based on age parameters, health condition, etc.) For example, with the blood pressure

control measure [CMS165v11](https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11)² the universe is all patients age 18 to 85 years who had a diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period, and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period. HRSA encourages health centers to report on all patients that meet the identified criteria for each measure using their electronic records systems. HRSA considers this method to present a relatively low burden to awardees, especially in view of the value of the data for awardee quality improvement. Awardees have been very positive about reporting the clinical measures and express appreciation for its utility in informing quality improvement efforts within their organizations.

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

Consultation on data collection was obtained from multiple sources, the MITRE Corporation³, John Snow Incorporated⁴(JSI), and through unsolicited feedback from health centers and other stakeholders. The MITRE Corporation provided oversight to the Centers for Medicare and Medicaid (CMS) Alliance to Modernize Healthcare (CAMH). In this role, they provided research and development capabilities that merge private sector resources and technology with persistent problems that government agencies encounter. Over the past several years, MITRE supported efforts analyzing approaches 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 as well as provided valuable technical and analytical expertise. JSI also assists with data integrity and review described in Section 2.

² <https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11>

³ <https://www.mitre.org/centers/cms-alliance-to-modernize-healthcare/who-we-are>

⁴ <https://www.jsi.com/>

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