2019 Uniform Data System Training Overview

By:
Mary Ellen McIntyre, Mark Josephson & Barbara Proffitt
www.massleague.org
Jan. 7, 2020
Housekeeping

Restrooms
Wi-fi (41875)
Emergency exits
Cell phones
Parking - $25 self-parking
Self-care

Schedule:
Breaks (10:15-10:30am & 2:30-2:45pm),
Lunch (12-1pm)

Group Activities

Other housekeeping questions?
Welcome...

- League as PCA – Mary Ellen McIntyre
- Patient, Visit & Clinical Trends – Mary Ellen
- DRVS / HCCN & the Importance of Documenting UDS Process – Mark Josephson

After Break (10:30am)...

- HRSA Funding Growth – Mary Ellen
- HRSA Quality Awards – Barbara Proffitt

Closing (4pm)...

- Website Resources – Mary Ellen
- Evaluations – Mary Ellen (JSI/HRSA and League)
The ‘League’:  
Statewide Primary Care Association
Some League History

• Primary Care Association for Massachusetts

• Founded in 1972 to support and represent health centers; offices in Boston and Worcester

• Mission: To promote population health equity for all through leadership and programs supporting community health centers and members in achieving their goals of accessible, quality, comprehensive, and community responsive health care:
  ▪ **Workforce Development** initiatives to recruit, retain, and develop a well-trained cadre of primary care providers, and to increase educational and economic opportunities in communities served by health centers.
  ▪ **Analysis** of state and federal health regulatory and policy issues affecting health centers.
  ▪ **Information Technology Development** primarily focused on assisting health centers as they work to upgrade their health information technology systems and capacity for using data.
  ▪ Management of and support for **Clinical Quality** initiatives to improve and better integrate patient care.
  ▪ **Training and Education** for health center administrators, clinicians and board members.
  ▪ **Support to Expand Health Access** through work with state leaders and local health and advocacy organizations seeking to open health centers in their communities.

• Provided >300 League trainings in 2019

• Membership is a mix of Federally Qualified Health Centers (*aka* Section 330 e, g, h, i) & Hospital-Licensed Health Centers
MA Community Health Centers

- 52 Community Health Center organizations (FQHCs and hospital-licensed)
- 300+ sites reflect medical, dental, behavioral health, school-based and social services; provide patient-centered, culturally competent, high quality care
- 1 M total patients (MA population: 6.7 million) = 1 in 7 residents
- 4.8M total patient visits

- Provide a broad range of primary & preventive care, including dental, eye and mental health/substance use disorder and other community-based services
- For Massachusetts 39 FQHC organizations:
  - 95% with PCMH recognition (v. 77% nationally)
  - 12.82% Health Center Quality Leader Gold (9.10% nationally) –
  - 33.33% Advancing HIT for Quality Gold (v. 32.45% nationally; plus Silver and Bronze Certifications)
- Transform communities by delivering quality care and addressing the factors that underpin and perpetuate poverty
### UDS Totals

**Total Number of Reporting Program Grantees:** 39  
**Total Patients Served:** 792,505

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>UDS National Quality Leader</td>
<td>2.56%</td>
</tr>
<tr>
<td>Health Center Quality Leader</td>
<td>12.82%</td>
</tr>
<tr>
<td>Access Enhancer</td>
<td>10.26%</td>
</tr>
<tr>
<td>Health Disparities Reducer</td>
<td>17.95%</td>
</tr>
<tr>
<td>Value Enhancer <em>(none in MA)</em></td>
<td>17.95%</td>
</tr>
<tr>
<td>Advancing HIT for Quality</td>
<td>17.95%</td>
</tr>
<tr>
<td>PCMH</td>
<td>33.33%</td>
</tr>
<tr>
<td>Patients Served</td>
<td>95%</td>
</tr>
</tbody>
</table>

- UDS National Quality Leader
- Health Center Quality Leader
- Access Enhancer
- Health Disparities Reducer
- Value Enhancer *(none in MA)*
- Advancing HIT for Quality

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>751,918</td>
<td>773,139</td>
<td>792,505</td>
</tr>
<tr>
<td>Percentage of Children (&lt; 18 years old)</td>
<td>21.72%</td>
<td>21.68%</td>
<td>21.94%</td>
</tr>
<tr>
<td>Percentage of Adults (18 to 64)</td>
<td>68.48%</td>
<td>67.93%</td>
<td>67.30%</td>
</tr>
<tr>
<td>Percentage of Older Adults (Age 65 and over)</td>
<td>9.80%</td>
<td>10.38%</td>
<td>10.76%</td>
</tr>
<tr>
<td>Percentage of Racial and/or Ethnic Minority Patients</td>
<td>66.47%</td>
<td>66.07%</td>
<td>66.19%</td>
</tr>
<tr>
<td>Percentage of Hispanic/Latino Ethnicity Patients</td>
<td>35.77%</td>
<td>35.76%</td>
<td>36.03%</td>
</tr>
<tr>
<td>Percentage of Patients Best Served in a Language Other Than English</td>
<td>41.00%</td>
<td>40.34%</td>
<td>35.08%</td>
</tr>
<tr>
<td>Percentage of Patients at or below 200% of Federal Poverty Guideline</td>
<td>86.63%</td>
<td>86.82%</td>
<td>86.85%</td>
</tr>
<tr>
<td>Percentage of Patients at or below 100% of Federal Poverty Guideline (included in above)</td>
<td>63.72%</td>
<td>65.51%</td>
<td>65.48%</td>
</tr>
<tr>
<td>Percentage of Uninsured Patients</td>
<td>15.68%</td>
<td>14.88%</td>
<td>13.47%</td>
</tr>
<tr>
<td>Percentage of Medicaid/CHIP Patients</td>
<td>48.34%</td>
<td>48.59%</td>
<td>48.57%</td>
</tr>
</tbody>
</table>
HRSA focuses on select clinical performance measures to:

- evaluate quality of care and health outcomes
- demonstrate the value of care delivered by health centers

1. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)
2. Screening for Depression and Follow-up Plan
3. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
4. Body Mass Index (BMI) Screening and Follow-up Plan
5. Controlling High Blood Pressure
6. Low Birth Weight
7. Early Entry into Prenatal Care
8. Childhood Immunization Status
9. Cervical Cancer Screening
10. Tobacco Use: Screening and Cessation Intervention
11. Use of Appropriate Medications for Asthma
12. Coronary Artery Disease (CAD): Lipid Therapy
13. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet
14. Colorectal Cancer Screening
15. HIV Linkage To Care
16. Dental Sealants for Children between 6 -9 Years

HRSA Website - https://bphc.hrsa.gov/qualityimprovement/performancemeasures/healthoutcomes.html
HRSA Focus on Diabetes: QI Initiative & Cost Implications

• The goals of the Health Center Program Diabetes QI Initiative\(^1\) are:
  ▪ Improve diabetes treatment and management
  ▪ Increase diabetes prevention efforts
  ▪ Reduce health disparities

• Cost Implications:
  ▪ Controlling diabetes saves health care dollars. If health center patients with uncontrolled diabetes reduced their HbA1c by 1.25%, there is a potential to save more than \$3.44 billion over a three-year span.\(^2\)

---

\(^1\) [https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html](https://bphc.hrsa.gov/qualityimprovement/clinicalquality/diabetes.html)

\(^2\) Fitch, K. B Pyenson, K Iwasaki. 2013 “Medical Claim Cost Impact of Improved Diabetes Control for Medicare and Commercially Insured Patients with Type 2 Diabetes.” J Manage Care Pharm. 19(8)
HRSA Focus on Diabetes: UDS Trends

**Clinical Data**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage of Diabetes Patients</strong></td>
<td>11.41%</td>
<td>11.78%</td>
<td>11.84%</td>
</tr>
<tr>
<td><strong>Number of Diabetes Patients</strong></td>
<td>54,374</td>
<td>57,770</td>
<td>59,282</td>
</tr>
<tr>
<td><strong>Percentage of Diabetic Patients with Poorly Controlled Hemoglobin A1c (HbA1c &gt; 9%) or No Test During Year</strong></td>
<td>28.96%</td>
<td>28.42%</td>
<td>27.43%</td>
</tr>
<tr>
<td><strong>Number of Diabetic Patients with Poorly Controlled Hemoglobin A1c (HbA1c &gt; 9%) or No Test During Year</strong></td>
<td>15,745</td>
<td>16,419</td>
<td>16,264</td>
</tr>
</tbody>
</table>

**Clinical Measure - % of Diabetic Patients Whose HbA1c Levels Are > 9%**

- **Statewide**
  - 2015: 28.90%
  - 2016: 29.00%
  - 2017: 28.40%
  - 2018: 27.40%

- **National CHC Grantee**
  - 2015: 29.80%
  - 2016: 32.10%
  - 2017: 33.00%
  - 2018: 33.00%

- **HP2020 Goal**
  - 2015: 16.20%
  - 2016: 16.20%
  - 2017: 16.20%
  - 2018: 16.20%
Helpful Hint!

DRVS / HCCN & the Importance of Documenting UDS Process
- by Mark Josephson
UDS Time Capsule

• **Data to save:**
  - Save copies of all reports
  - Backup (patient level) data

• **Report objects:**
  - Report source code, version numbers / dates
  - Note dates reports were run, parameters used
  - Any other instructions

• **Problems / workarounds:**
  - Narrative description of problem
  - Names of contributing staff
  - Instructions for next year
Expertise in the Room

- 1st UDS Report
- 2-5 UDS Reports
- 6-10 UDS Reports
- >10 UDS Reports
CHC UDS Team Composition

- 1 Person
- 2-5 People
- 6-10 People
- >10 People
CHC UDS Team Composition

- Fiscal
- Clinical
- Operations / Management
Alec McKinney = EXPERT!
Other Updates to Share – After Break

Welcome...
- League as PCA – Mary Ellen McIntyre
- Patient, Visit & Clinical Trends – Mary Ellen
- DRVS / HCCN & the Importance of Documenting UDS Process – Mark Josephson

After Break (10:30am)...
- HRSA Funding Growth – Mary Ellen
- HRSA Quality Awards – Barbara Proffitt

Closing (4pm)...
- Website Resources – Mary Ellen
- Evaluations – Mary Ellen
IN 2016:

• SASE (20), HIIP (8), OH (15), QIA (39), PCMH (4), DSHII (39), NAP (0) = $25M

FROM 2017 → PRESENT:

• Quality Improvement: 39 + 39 + 38
• AIMS: 38 + SUD-MH: 38 + IBHS: 37
• NAP: 0
• OHI: 9

= $37M
HRSA Quality Awards –
by Barbara Proffitt, RN
What are the HRSA Quality Improvement Awards?

QIA are one-time grant supplements to recognize health center accomplishments in:

- expanding access to care
- improving care quality and outcomes
- reducing health disparities
- enhancing health information technology for quality improvement
- achieving Patient-Centered Medical Home recognition
HRSA provides Quality Improvement Awards (QIA) to recognize the highest performing health centers nationwide as well as those health centers that have made significant quality improvement gains from the previous year.

There are 6 Quality Award categories, inclusive of 3 subcategories in Quality of Care measures.

Health Centers could be awarded in 1 or more categories.

HRSA quality awards are announced on a year-to-year basis.

In FY 2019, $107 million in Quality Improvement Awards were awarded to 1,273 health centers across all U.S. states, territories and the District of Columbia.

In Massachusetts, 38 FQHCs received awards totaling $1.3 million.
The Quality of Care Awards have 3 subcategories:

1. **Clinical Quality Improvers** demonstrated at least 15% improvement on a clinical quality measure (CQM) from 2017 to 2018. *(New criteria for FY 2019)*

2. **Health Center Quality Leaders** achieved the best overall clinical performance among all health centers and achieved Gold (top 10%), Silver (top 11-20%), or Bronze top (21-30%) for clinical quality measures (CQMs) in 2018 based on HRSA Quartile Rankings.

3. **National Quality Leaders** ranked in the top 1-2% of all health centers in one or more of the clinical quality measures (CQMs) that promote behavioral health, diabetes health, and heart health in 2018. *(New criteria for FY 2019)*
Heart Disease
• Tobacco Use Screening and Cessation Intervention ≥ 80% and
• Hypertension control ≥ 80% and
• Ischemic vascular disease (IVD) ≥ 80%

Behavioral Health
• Depression Screening and Follow-up ≥75.90% and
• Screening, Brief Intervention, and Referral to Treatment (SBIRT) ≥5.00% and
• Medication-Assisted Treatment (MAT) Patients ≥ 10% increase from 2017

Diabetes
• Uncontrolled diabetes (HbA1c > 9%) ≤ 16.20% and
• Body Mass Index (BMI) Screening and Follow-Up Plan ≥ 70.15 and
• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents ≥ 69.16%
Additional Quality Awards

**Access Enhancer Awards** recognized health centers that increased the total number of patients served and the number of patients receiving comprehensive services. (MH/SUD/Vision/Dental/Enabling)

**Health Disparities Reducer Awards** recognized health centers that met or exceeded the Healthy People 2020 goals, or made at least a 10% improvement across different racial/ethnic groups. (Table 7 - Low Birth Weight, HTN Control, Diabetes Control)

**Advancing Health Information Technology (HIT) for Quality Awards** recognized health centers that utilized five HIT services (e-Scripts, Clinical Decision Support, Health IT for Patient Engagement, Patient Portal and/or telehealth services) to increase access to care and advance quality of care.

**Value Enhancer Awards** recognized health centers that improved the delivery of cost efficient care as compared with the national average, while also increasing quality of care and improving patient access to comprehensive services.

**Patient Centered Medical Home Recognition** recognized health centers with patient centered medical home (PCMH) recognition in one or more delivery sites.
Mindful Quality Improvement Efforts

Understand the reporting requirements for each measure

Identify which measures your CHC wants to focus on that fits into your QI plans

Start with the measure baseline data and set a target goal referencing the UDS quality benchmarks and quality award criteria

Conduct data validation for data accuracy

Run reports on a scheduled basis to measure for improvement from baseline data

Take actions for improvements

Continued improvement efforts
Final Updates to Share – Closing

Welcome...
- League as PCA – Mary Ellen McIntyre
- Patient, Visit & Clinical Trends – Mary Ellen
- DRV5 & HCCN & the Importance of Documenting UDS Process – Mark Josephson

After Break (10:30am)...
- HRSA Funding Growth – Mary Ellen
- HRSA Quality Awards – Barbara Proffitt

Closing (4pm)...
- Website Resources – Mary Ellen
- Evaluations – Mary Ellen
Uniform Data System Training

**Date:** Jan. 7, 2020

**Location:** Boston Revere Hotel

**Registration**

[Register Now]

**Session Description**

The League is hosting its annual all-day Uniform Data System (UDS) Training on January 7, 2020 at the Boston Revere Hotel. This training covers the preparation of the 2019 UDS Report, and will address each of the report's tables, focusing on changes since 2018, definitions necessary to complete the UDS Report, and common problems/errors. This training is targeted toward those who are responsible for gathering and reporting the data elements included in the UDS Report, as well as management, finance, and clinical staff.
Training Materials

Printed Materials: The UDS Training Manual, which will be distributed in hard copy during the Training, includes the following material:

- UDS 2019 Manual
- HRSA Presentation: Slides
- UDS 2019 Tables Only - as PDF, Word and Excel

Additional Resources: To be updated on an ongoing basis:

- Agenda
- UDS Training Presentation Slide Deck
- Table 6A Code Changes
- 2019 Quick Facts Sheet
- Online Training Modules
- 2018 UDS HCPC Grantee Adjusted Quartile Descriptions- FAQ
- UDS Training and Resource Guide Decision Tree
- Beginner Training Resources
- Advanced Training Resources
- QRS UDS 330 Accessing UDS Reports in EHB
- User Guide for Accessing the UDS in EHB
- 2018 Formula Reference Guide for Reports
- 330 UDS 2018 Roll-ups National Universal
- BPHC 330 2018 At a Glance
- 2019 Clinical Measures Descriptions Handout
- 2018 State Performance Indicators Statistics
- HITEQ Information Card
- EHR Transition Tool
- Checklist for Submission
- Helpful Codes for HIV Measure
• Tools for Preparing for 2019: Virtual Visits Guide
• Tools for Preparing for 2019: MH and SUD Addendum
• Financial Tables Reporting Considerations
• Sources of Data Group Activity
• Handout on accessing USHIK and eCQI
• Nurse Visit Guidance
• Common Acronyms Used
• PAL 2019-01: Approved Uniform Data System
  Changes for Calendar Year 2019
• PAL 2019-05: Proposed Uniform Data System Changes
  for Calendar Year 2020
• Massachusetts Program Grantee 2018 UDS Data
• UDS Mapper
• HRSA Dental Sealant Measure FAQs 2019
• UDS Guidance Counting Public Housing Residents,
  developed by Community Health Partners for
  Sustainability
• UDS Public Housing Count Webinar Slides, developed
  by Community Health Partners for Sustainability 12-15
• UDS Resources - on-demand webinars
Evaluations
Thank You!

Mary Ellen McIntyre
Vice President, Technical Assistance

memcintyre@massleague.org