2020 Uniform Data System Webinar Series Overview

League Staff:
Mary Ellen McIntyre, Lynette Mascioli & Mollie Cronin

Dates:
Nov. 30, 2020 from 8:30am-12pm
Dec. 3, 2020 from 8:30-10:30am
Dec. 7, 2020 from 8:30-10:30am
Dec. 10, 2020 from 8:30-10am
Jan. 19, 2021 from 9-10am
Welcome Poll

**Kickoff Question:** After Thanksgiving break, how are you feeling this morning?

1. Go to PollEv.com
2. Enter MICHAELCURRY973
3. Respond to activity

Join by QR Code

Join by Text

1. Text MICHAELCURRY973 to 22333
2. Text in your message
Day 2 – Massachusetts Fun Facts

- In order of states, what number did Massachusetts join the independent union?
- Whose former cow pasture is now the site of the Massachusetts State House?
- How many members are there in the Massachusetts Senate and the House of Representatives?
- What is the state bird? State flower? State tree? State fish?
- What is the first public park? First public (secondary) school?
Day 3 – More Massachusetts Fun Facts

- **Word Doodle**… Top 5 largest communities
- **Word Doodle**… Top 5 smallest communities
- Number of cities and towns in Massachusetts
- Number of communities with populations of less than 1,000
  - Largest body of water
  - Longest river
  - Highest elevation
- Why are we a “Commonwealth”? And what other 3 US States contain the term Commonwealth?
Happy Thanksgiving!
Housekeeping & Ground Rules

Be on time

Keep microphones muted

Minimize distractions

Please do not multi-task

ACTIVELY participate; format questions in Chat:
  Q: ALL CAPS

Rename yourself with full name, health center

Restroom break at 10am and 11am; Self-care

Schedule:
  Day 1 (ops), Day 2 (clinical), Day 3 (financial)
  Days 4 & 5 – Bring your Qs!
Other Updates to Share - Welcome

Day 1: Monday, Nov. 30 - Ops
• League as PCA – Mary Ellen McIntyre
• Patient, Visit & Clinical Trends – Mary Ellen
• DRVS / HCCN & the Importance of Documenting UDS Process – Lynette Mascioli

Day 2: Thursday, Dec. 3 - Clinical
• HRSA Funding Growth – Mary Ellen
• HRSA Clinical Performance Measures & Quality Awards – Barbara Proffitt

Day 3: Monday, Dec. 7 - Financial
• Website Resources – Mary Ellen
• Evaluations – HRSA – Mollie Cronin

Day 4 + 5: Thursday, Dec. 10 + Tuesday, Jan. 19 – Q&As
• Evaluation – League – Mollie
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
52 Community Health Center organizations, including the CRVFHP (FQHCs + HLHCs)

300+ sites reflect medical, dental, behavioral health, school-based and social services; provide patient-centered, culturally competent, high quality care

1,066,000 total patients (MA population: 6.7 million) = 1 in 7 residents

5.0 million 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 38 FQHC organizations:

- 92% with PCMH recognition (v. 78% nationally)
- 13.2% Health Center Quality Leader Gold (9.8% nationally)
- 26.3% Advancing HIT for Quality (v. 27.1% nationally)

Transform communities by delivering quality care and addressing the factors that underpin and perpetuate poverty
# UDS Totals

2.5% increase, 2.4% increase

<table>
<thead>
<tr>
<th>Age and Race / Ethnicity</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>773,139</td>
<td>792,505</td>
<td>811,517</td>
</tr>
<tr>
<td><strong>Age (% of total patients)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% Children (&lt; 18 years)</td>
<td>21.68 %</td>
<td>21.94 %</td>
<td>21.95 %</td>
</tr>
<tr>
<td>Children (&lt; 18 years)</td>
<td>167,653</td>
<td>173,892</td>
<td>178,091</td>
</tr>
<tr>
<td>% Adults (18 – 64 years)</td>
<td>67.93 %</td>
<td>67.30 %</td>
<td>66.83 %</td>
</tr>
<tr>
<td>Adults (18 – 64 years)</td>
<td>525,211</td>
<td>533,365</td>
<td>542,303</td>
</tr>
<tr>
<td>% Older Adults (Age 65 and over)</td>
<td>10.38 %</td>
<td>10.76 %</td>
<td><strong>11.23 %</strong></td>
</tr>
<tr>
<td>Older Adults (Age 65 and over)</td>
<td>80,275</td>
<td>85,248</td>
<td>91,123</td>
</tr>
</tbody>
</table>
### UDS Totals

**Patients By Race & Ethnicity (% known)**

<table>
<thead>
<tr>
<th>Patients By Race &amp; Ethnicity</th>
<th>% Racial and/or Ethnic Minority Patients</th>
<th>Number of Racial and/or Ethnic Minority Patients</th>
<th>% Hispanic/Latino Patients</th>
<th>Number of Hispanic/Latino Ethnicity Patients</th>
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<th>% More than one race Patients</th>
<th>Number of Patients with More than one race</th>
</tr>
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<tr>
<td>% Racial and/or Ethnic Minority Patients</td>
<td>66.07%</td>
<td>473,263</td>
<td>35.76%</td>
<td>264,484</td>
<td>36.34%</td>
<td>242,996</td>
<td>10.79%</td>
<td>72,150</td>
<td>1.09%</td>
<td>7,299</td>
<td>22.12%</td>
<td>147,901</td>
<td>0.42%</td>
<td>2,778</td>
<td>5.07%</td>
<td>33,886</td>
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<tr>
<td>Number of Racial and/or Ethnic Minority Patients</td>
<td>66.19%</td>
<td>483,626</td>
<td>36.03%</td>
<td>271,877</td>
<td>36.48%</td>
<td>247,010</td>
<td>10.99%</td>
<td>74,427</td>
<td>1.00%</td>
<td>6,755</td>
<td>22.11%</td>
<td>149,717</td>
<td>0.41%</td>
<td>2,767</td>
<td>5.32%</td>
<td>36,051</td>
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<td>% Hispanic/Latino Patients</td>
<td>66.48%</td>
<td>494,263</td>
<td>36.01%</td>
<td>276,977</td>
<td>36.32%</td>
<td>249,246</td>
<td>11.05%</td>
<td>75,836</td>
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<td>6,697</td>
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</tbody>
</table>

- 84% low income
- 62% poverty
- 13% Uninsured
- 46% Medicaid
- 11% Medicare
- 30% other 3rd party
<table>
<thead>
<tr>
<th>Clinical Data</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patients</strong></td>
<td></td>
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</tr>
<tr>
<td>Medical Conditions (% of Patients with Medical Conditions)</td>
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<td></td>
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<tr>
<td>% Hypertension Patients</td>
<td>24.07 %</td>
<td>24.30 %</td>
<td>24.27 %</td>
</tr>
<tr>
<td>Number of Hypertension Patients</td>
<td>122,189</td>
<td>126,156</td>
<td>129,422</td>
</tr>
<tr>
<td>% Diabetes Patients</td>
<td>11.78 %</td>
<td>11.84 %</td>
<td>11.90 %</td>
</tr>
<tr>
<td>Number of Diabetes Patients</td>
<td>57,770</td>
<td>59,282</td>
<td>61,103</td>
</tr>
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</table>
The Importance of Documenting the UDS Process

- by Lynette Mascioli
• **Keep a time capsule**
  - Save copies of your reports
  - Include details such as:
    - Report source codes, version numbers, run dates, parameters
    - Contributing staff
    - Other helpful information or instructions

• **Document issues and workarounds**
  - Describe the problem fully
  - Include “need to know” for next year
**HCCN Office Hours – UDS and/or DRVS**

| **What?** | **Q&A** – “I just have a quick question or two.”  
|           | Center specific TA – using your data  
|           | Working session – telehealth, UDS, MAT, etc. |

| **When?** | Alternating Thursdays from 9:30 – 12:30 (starting 11/19)  
|           | Alternating Thursdays from 1:30 – 4:30 (starting 12/10) |

| **How?** | E-mail for a time slot or  
|          | Just join the session that day! |

To join meeting, please visit: [https://massleague.zoom.us/j/81137745655](https://massleague.zoom.us/j/81137745655)

Zabin Munshi at [mmunshi@massleague.org](mailto:mmunshi@massleague.org) or Lynette Mascioli at [lmascioli@massleague.org](mailto:lmascioli@massleague.org)
Alec McKinney = EXPERT!
Start of Break 1... What is your favorite part of virtual meetings / trainings?

ENTER IN CHAT!
Polls for UDS Webinar

*Start of Break 2...* When you can travel again, where will be your first trip?

ENTER IN CHAT!
Polls for UDS Webinar

*Back from Break 2* - When do you typically start preparing your UDS? (options: November, early/mid/late December, early January, other)

SELECT IN ZOOM POLL!
End of Day 1...

*Hope to see you Thursday @8:30am!*

Mary Ellen McIntyre  
*Vice President,  
Compliance & Special Populations*

memcintyre@massleague.org
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Schedule:
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FAQs... So Far

1. **Q:** CAN THE **EXCEL UPLOAD** BE USED MORE THAN ONCE, I.E. TO CHANGE VALUES ALREADY UPLOADED? OR CAN YOU ONLY UPLOAD ONCE AND THEN HAVE TO DO MANUAL CHANGES?

2. **Q:** WOULD THE **COVID-19 TEST** CONSTITUTE A SERVICE OR VISIT?

3. **Q:** THIS INCLUDES **FOLLOW-UP CALL** THAT WAS MADE TO CONVEY THE TEST RESULT?

4. **Q:** I HAVE A QUESTION REGARDING **REDEPLOYING STAFF** (IE DENTAL HYGIENISTS REDEPLOYED TO HELP IN PHARMACY OR CONTACT TRACING WHILE DENTAL SHUTDOWN TO ONLY EMERGENCY CARE)?

5. **Q:** ARE THERE ANY NEW UPDATES THAT UDS PROVIDES ON **UDS PATIENT DEFINITION RELATED TO COVID**, AS WE HAD SO MANY PATIENTS WHO JUST HAD COVID TESTING **ONLY** DONE AND NO OTHER SERVICES?

6. **Q:** HEALTH SAFETY NET AND SELF PAY, ARE THE **CONSIDERED UNINSURED**? CAN YOU GIVE EXAMPLE OF PUBLIC INSURANCE?

7. **Q:** OUR EHR (NEXTGEN) CHANGED SO THAT **INCOME** MUST BE COLLECTED WITHIN THE REPORTING YEAR INSTEAD OF WITHIN 12 MONTHS; THEIR TOOL IS THE ONLY WAY TO GET A REPORT ON THIS INFORMATION, HOW MUCH OF AN ISSUE WILL THIS BE? THEY SAID THEY CHANGED IT BECAUSE THE UDS MANUAL SAID IT HAD TO BE COLLECTED IN THE REPORTING YEAR....

8. **Q:** ARE THE C3 **ACO MEMBERS** CONSIDERED TO BE IN MANAGED CARE AND/OR CAPITATED?

9. **Q:** IS THE **MEMO E-MAILED** OUT TO US OR AN EMAIL LETTING US KNOW WHEN IT IS AVAILABLE?

10. **Q:** HOW DO WE ACCOUNT FOR **FURLOUGHED STAFF**, WE JUST REDUCE THE FTE IF THEY WERE RECALLED?
11. Q: WHAT FTE WE SHOULD LIST WHEN STAFF MEMBER(S) ARE **CHANGING THEIR HOURS** DURING THE YEAR? WOULD THE AVERAGE OF THOSE HOURS (FTE) BE ACCEPTABLE? MEANING TO IDENTIFY THE CORRECT FTE WE SHOULD USE STAFF TOTAL HOURS PAID DURING YEAR / TOTAL HOURS AVAILABLE?

12. Q: PLEASE SUGGEST WHICH LINE # IN T5 TO REPORT **STAFF DOING COVID TESTING**.

13. Q: WOULD **CONTACT TRACERS** BE CASE MANAGERS OR ANOTHER ENABLING?

14. Q: PLEASE **CLARIFY TESTING** - WE HAVE DENTIST, DENTAL HYGIENIST, RN, HIV COUNSELOR AND TESTER DOING COVID TESTING.

15. Q: DENTISTS AND OTHER STAFF **REDEPLOYED** FOR "COVID RESULTS COUNSELING" FOR NEGATIVE RESULTS. WOULD THAT BE "ENABLING SERVICES"?

16. Q: SHOULD WE COUNT IN TABLE 5 COVID TEST VISITS IF IT'S **ONLY TESTING** WITHOUT FOLLOW UP SERVICES, EVEN IF WE ARE EXCLUDING SUCH VISITS FROM UDS? Q: OUR SITE DID **PRETEST SCREENING VISITS** - A PROVIDER MET WITH PATIENT VIA TELEHEALTH BEFORE THEY WERE SENT TO GET TESTED AT OUR TENT. WOULD THAT MAKE THEM A PATIENT SINCE THEY MET WITH A PROVIDER THE DAY BEFORE?

17. Q: WE SCREEN ALL PATIENTS FOR COVID TESTING APPOINTMENTS? **SCREENING AND TESTING COUNT** AS A VISIT?

18. Q: CURIOUS TO LEARN **HOW BPS AND WEIGHTS** THAT HAVE BEEN ENTERED IN THE VITALS SECTION OF OUR EHR DURING TELEMEDICINE VISITS WILL BE COUNTED, KNOWING SELF-REPORTED VALUES DO NOT COUNT.
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A HRSA tool that was developed to support mapping and decision-making, driven by UDS data.

https://udsmapper.org/

-1,341 low income unserved
IN 2018:
SUD/MH (38), QIA (39), APM (4) = $17.6M

IN 2019:
IBHS (37), QIA (38), NAP (0), OHI (9) = $11.9M

IN 2020:
HIV (7), COVID (38), CARES (38), ECT (38) QIA (37) = $57.9M
(w/o COVID = $5.2M – not counting PRF, PPP, FCC, UCP)
HRSA focuses on select clinical performance measures to:
• evaluate quality of care and health outcomes
• demonstrate the value of care delivered by health centers
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 quality awards are announced on a year-to-year basis; will be changing in 2021 (using 2020 UDS data) focusing on funding different pilots; expect active participants with each other / HRSA

In FY 2020, $117 million in Quality Improvement Awards were awarded to 1,318 health centers across all U.S. states, territories and the District of Columbia.

In Massachusetts, all 37 FQHCs received awards totaling $3.3 million.
Mindful Quality Improvement Efforts

Understand the reporting requirements for each measure

Identify which measures your health center wants to focus on that fits into your QI program

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

Conduct data validation for data accuracy

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

Take actions for improvements

Continue improvement efforts
Alec McKinney = EXPERT!
Whose former cow pasture is now the site of the Massachusetts State House?

*MULTIPLE CHOICE IN ZOOM!*
Health Informatics Office Hours – UDS and/or DRVS

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 HOW I REALLY FEEL ABOUT YOUR ZOOM MEETING

PRET TSURE
THIS COUL I’VE BEEN AN EMAIL.

Huh? I’ve missed everything you said cuz I’ve been staring at my own face.

I’m soooo zoomed out

I’ve never been more social in my life.

For the love of God press MUTE!

For the 100th time... gallery view is tops right!
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Uniform Data System Training

**Webinar Series Dates:** Nov. 30, Dec. 3, Dec. 7, Dec. 10, Jan. 19

**Location:** Virtual

**Registration**

- 2020 UDS Training Webinar Series Registration

**Training Materials**

- UDS 2020 Webinar Series - Agenda
- 2020 UDS Annual Training Presentation
- UDS 2020 Manual
- UDS 2020 Tables
- UDS Training Kit (620 pages)

**Recordings:**

- Day 1 - passcode: rT=^q9@k

**Additional Resources:** To be updated on an ongoing basis:

- JSI Memo: MA Insurance & Other Clarifications (COMING SOON)
The League’s Health Informatics Department supports the following EHR User Groups:

- eClinicalWorks (eCW)
- OCHIN/Epic
- NextGen

• Each EHR platform has an online community that allows for real-time communication, collaboration, and sharing of resources with other health centers.

• To join, please email Marlene Abreu (mabreu@massleague.org) with your Name, Health Center, and Job Title.
Alec McKinney = EXPERT!
Day 3 – More Massachusetts Fun Facts

- Top 5 largest communities
- Top 5 smallest communities
- Number of cities and towns in Massachusetts
- Number of communities with populations of less than 1,000
  - Largest body of water
  - Longest river
  - Highest elevation
- Why are we a “Commonwealth”? And what other 3 US States contain the term Commonwealth?
Evaluations
End of Day 3...

Hope to see you next Thursday @8:30am for our 1st dedicated Q&A!

Mary Ellen McIntyre
Vice President, Compliance & Special Populations

memcintyre@massleague.org
2020 Uniform Data System Webinar Series Overview

League Staff:
Mary Ellen McIntyre, Marlene Abreau & Mollie Cronin

Dates:
Nov. 30, 2020 from 8:30am-12pm
Dec. 3, 2020 from 8:30-10:30am
Dec. 7, 2020 from 8:30-10:30am
Dec. 10, 2020 from 8:30-10am
Jan. 19, 2021 from 9-10am