UNIFORM DATA SYSTEM

Using UDS for PCTE Program Evaluation

December 5, 3:00-4:30 p.m. (EST)

Agenda



- What is the Uniform Data System (UDS)
- Who reports?
- Why should you consider use of UDS as an evaluation tool?
- What is the scope of the report?
- What clinical measures are included?
- Considerations and resources for use in PCTE

What is the UDS?



- The UDS is a standard data set that is reported annually and provides consistent information about health centers.
- It is a core set of information that documents how health centers perform, including patient demographics, services provided, clinical processes and results, patients' use of services, costs, and revenues.
- The UDS supports understanding the impact of health centers in expanding access, addressing health disparities, improving quality, and reducing costs of health care.

Who reports?



- Health centers that have:
 - HRSA 330 funding, also known as FQHCs
 - Look-alike status
- Certain centers funded by the Bureau of Health Workforce also report.
- All organizations report on annual basis for the prior calendar year. Reports for 2017 are due February 15, 2018.

Why use UDS as an evaluation tool?



- Many PCTE programs have health center partners
- Standard data set that your partners are already collecting
- Clinical measures include information on preventive services, screening, and chronic disease management
- UDS clinical measures are aligned with Centers for Medicare & Medicaid Services electronic Clinical Quality Measures (e-CQMs)



Definitions for understanding who is included in UDS

Sites	Health centers report for all clinical sites approved in their scope. Report is at organizational level.
Visits	Countable visits are documented—face-to-face contacts between a patient and a licensed or credentialed provider who exercises independent, professional judgment in providing services.
Patients	Patients are people who have at least one reportable visit during the reporting year. The term "patient" applies to everyone who receives visits, not just medical or dental services.
Providers	A provider is someone who assumes primary responsibility for assessing the patient and documenting services in the patient's record.

Information included in UDS



- Patient demographics
- Patient characteristics (poverty, insurance status, homeless, veteran, agricultural workers)
- Health center staffing (# physicians, NPs, PAs, enabling staff, administration, etc.)
- Tenure of health center staff
- Selected diagnoses and services rendered
- Quality-of-care measures
- Health outcomes and disparities measures
- Financial costs
- Patient revenue and other revenue

Health center staffing (Table 5)



Table 5 provides a comprehensive report of the full-time equivalent staff at the health center and the total visits* they provide (*visits not reported for all provider types)

Physicians	Family Physicians, General Practitioners, Internists, OB-GYNs, Pediatricians, Other Specialty Physicians
Nurse Practitioners	
Physician Assistants	
Certified Nurse Midwives	
Oral Health	Dentists, Hygienists, Dental Therapists
Vision Care	Ophthalmologists, Optometrists
Mental Health	Psychiatrists, Psychologists, Clinical Social Workers, Other Licensed Mental Health Staff
Substance Abuse Services	
Enabling Staff	Case Managers, Patient/Community Education Specialists, Outreach, Transportation Staff, Eligibility, CHWs, Interpreters

Clinical quality measures



- Early entry into prenatal care
- Childhood immunization status
- Cervical cancer screening
- Weight assessment and counseling of nutrition and physical activity for children
- Body mass index (BMI) screening and follow-up (adults)
- Tobacco use: Screening and cessation intervention
- Use of appropriate medications for asthma (children and adults)
- CAD lipid therapy
- IVD use of aspirin or another antiplatelet
- Colorectal cancer screening
- HIV linkage to care
- Screening for depression and follow-up plan
- Dental sealants for children ages 6–9

Health disparity measures



- Health outcomes reported by race and ethnicity
 - Deliveries and birth weight
 - Controlling high blood pressure
 - Diabetes: Hemoglobin A1c poor control

Looking at health disparities



- A PCTE program that is focused on reducing health disparities
- Review of the UDS diabetes and hypertension measures can provide an understanding of current disparities in chronic disease management and track progress of program to address these

Measures of quality, access, and cost



- A PCTE program that is supporting collaborative care and integration of behavioral health could use the following UDS measures:
 - Quality: SBIRT screening (Table 6a)
 - Quality: Depression screening (Table 6)
 - Access: Number of mental health visits per patient (Table 5)
 - Cost: Mental health cost per visit
 Total mental health costs (Table 8) / Total mental health visits (Table 5)

Considerations when using UDS data



- Data are provided on annual basis, so historical information is available to create a "baseline."
- Note that some of the clinical measure definitions have changed slightly over years, so take this into consideration in cross-year comparisons.
- Health centers have been moving from reporting a sample of patients to the full universe.

Questions to ask your health center partner(s)



- Do they review UDS data at the organizational and/or the provider level?
 - While not required for reporting, this may be part of their QI program process.
- How often do they pull and review UDS clinical measures?
- What is their data validation process?
 - Can you be a partner and support in data review and validation?

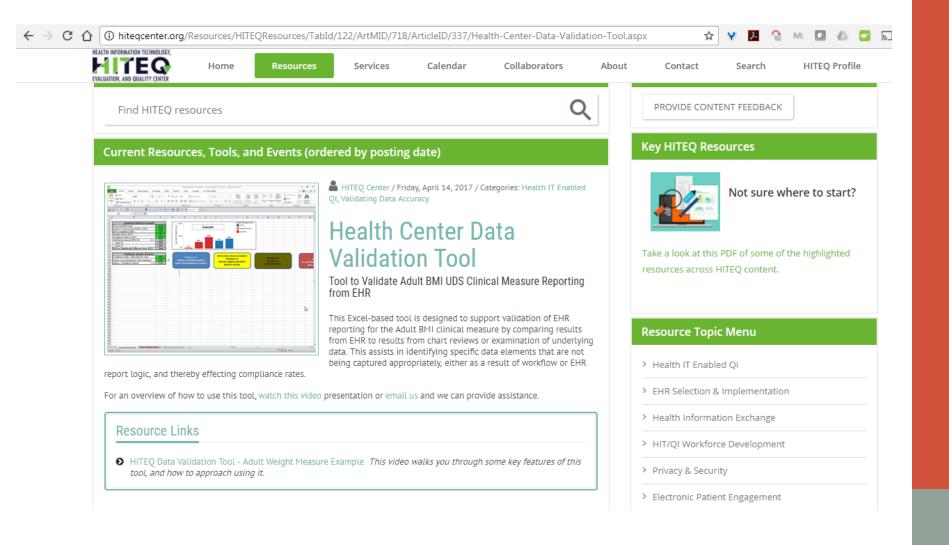
Resources



- UDS 2017 Reporting Manual (full data definitions)
 - https://bphc.hrsa.gov/datareporting/reporting/2017 udsreportingmanual.pdf
- HITEQ Center—The HITEQ Center is a HRSAfunded Cooperative Agreement that collaborates with HRSA partners to support health centers in full optimization of their EHR/Health IT systems
 - www.hiteqcenter.org
 - Includes tools for data validation
 - Data dashboards

Data validation tools



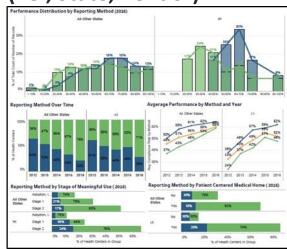


NEW UDS Data Dashboard Tool

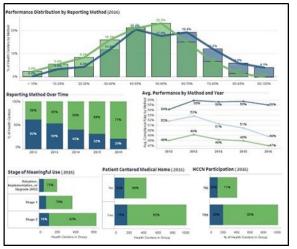
- Data
 - 6 years of UDS clinical reporting (2011–2016)
 - 14 clinical measures (as applicable per year)
 - Clinical Performance (% compliant charts)
 - Universe Count
 - Reporting Method (imputed for each measure/year):
 - <u>EHR</u> (Sample = Universe)
 - <u>Sample</u> (Sample = 70)
 - <u>Indeterminate</u> (Universe <= 70)



Group Comparisons (i.e., State, Vendor)



National Comparisons



Accessing the UDS Dashboard



- When the system is live:
 - The Executive Director (or other, if vacant) for each HRSA partner organization will receive an email instructing them where and how to log into the HITEQ website, including:
 - A unique user ID for each person/organizational role
 - A starting password

For more information on the UDS Dashboard, access the following webinar @HITEQCenter.org





http://www.hiteqcenter.org/Services/HITEQWebinars/Tabld/166/ArtMID/991/ArticleID/1400/HITEQ-UDS-Clinical-Analysis-Dashboard.aspx

Questions?







Thank you!