



Health Center Program Uniform Data System (UDS) and Modernization Initiative June 18, 2018

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Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)



Overview

Health Resources & Services Administration

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged
- Grants and cooperative agreements funding is provided to over 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



HRSA Funding (dollars in millions)

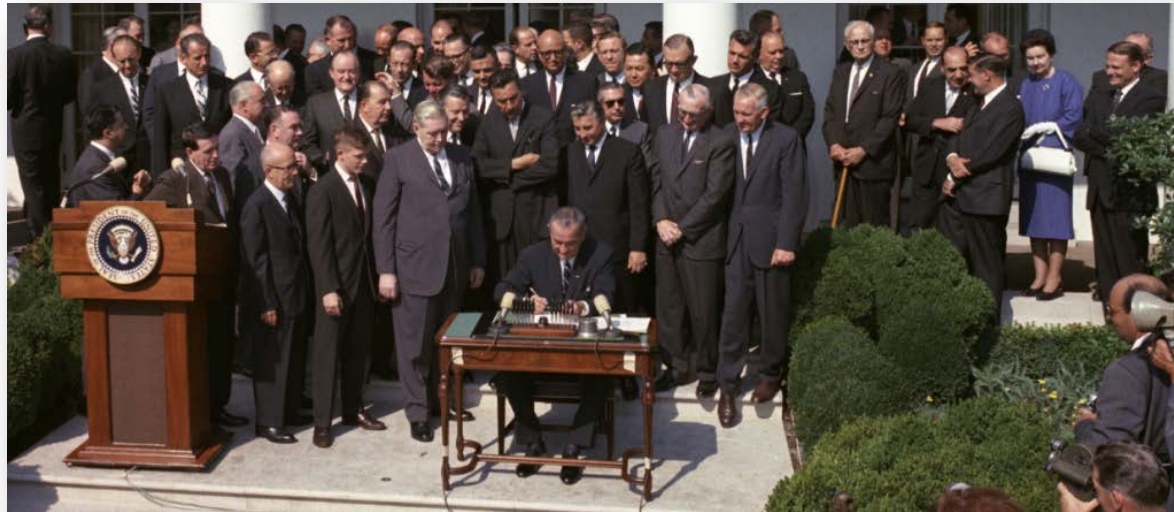
HRSA Program	FY 2017 Enacted	FY 2018 Request
Primary Health Care	\$5,002	\$5,089
HIV/AIDS	\$2,319	\$2,260
Maternal and Child Health	\$1,241	\$1,200
Health Workforce	\$1,202	\$771
Rural Health	\$156	\$74
Healthcare Systems	\$104	\$99
Family Planning*	\$286	\$99
Vaccine Injury Compensation	\$8	\$99
Program Management	\$154	\$152
TOTAL	\$10,472	\$9,941

**Administered by the HHS Office of the Assistant Secretary of Health, Office of Population Affairs.*



Health Center Program Background

- Authorized in 1965 in Section 330 of the Public Health Service Act
- Consolidated in 1996 to combine the separate authorities
 - Community Health Center Program
 - Migrant Health Center Program
 - Health Care for the Homeless Program
 - Public Housing Primary Care Program



Health Center Program Mission



Improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services

Program Fundamentals

Health Centers...

- Deliver **high quality, culturally competent, comprehensive primary care and supportive services**
- Provide services **regardless of patients' ability to pay**
- **Patient-majority** governing boards of autonomous community-based organizations
- Respond to the **unique and individual needs of the community**
- **Meet requirements** regarding administrative, clinical, and financial operations



Bureau of Primary Health Care: Strategic Goals



**Increase Access to
Primary Health Care**



**Advance
Health Center
Quality and Impact**



**Optimize Bureau of
Primary Health Care
Operations**

**Health Center Program Mission: Improve the health of the
nation's underserved communities and vulnerable populations**

Uniform Data System (UDS)

As defined in Section 330 of the Public Health Service Act, UDS data is collected from:

- Program Awardees - Health centers receiving HRSA funding
- Look-alikes - Health centers not receiving HRSA funding and meeting the same requirements as funded health centers



UDS Overview

- Twelve tables, which provide demographic, clinical, operational, and financial data
- Two appendices, which provide health information technology (HIT), telehealth, and other data elements

What is Reported	Table(s)
Patients served and their demographic characteristics	ZIP Code, 3A, 3B, 4
Types and quantities of services provided	5, 6A
Staffing mix and tenure	5, 5A
Quality of care, health outcomes, and disparities	6A, 6B, 7
Costs of providing services	8A
Revenue sources	9D, 9E
HIT capabilities, electronic health record (EHR) interoperability, Meaningful Use leveraging	HIT Form
Telehealth, medication-assisted treatment (MAT), and outreach and enrollment assists	Other Form



UDS Overview

In 2016, 91% of health centers met or exceeded Healthy People 2020 goals for one or more clinical measures, and 99.6% of health centers improved in one or more clinical quality measures

	2014	2015	2016	Δ 2014-2016
Diabetic Patients with HbA1c \leq 9%	1,129,831	1,215,942	1,408,502	^25%
	69%	70%	68%	v 1%
Children Weight Assessed, Counseled for Nutrition and Physical Activity	2,538,507	2,742,380	3,035,019	^20%
	57%	58%	63%	^11%
Patients Screened for Depression	5,283,552	7,225,516	8,791,303	^66%
	39%	51%	60%	^54%



Source: Uniform Data System, 2014-2016



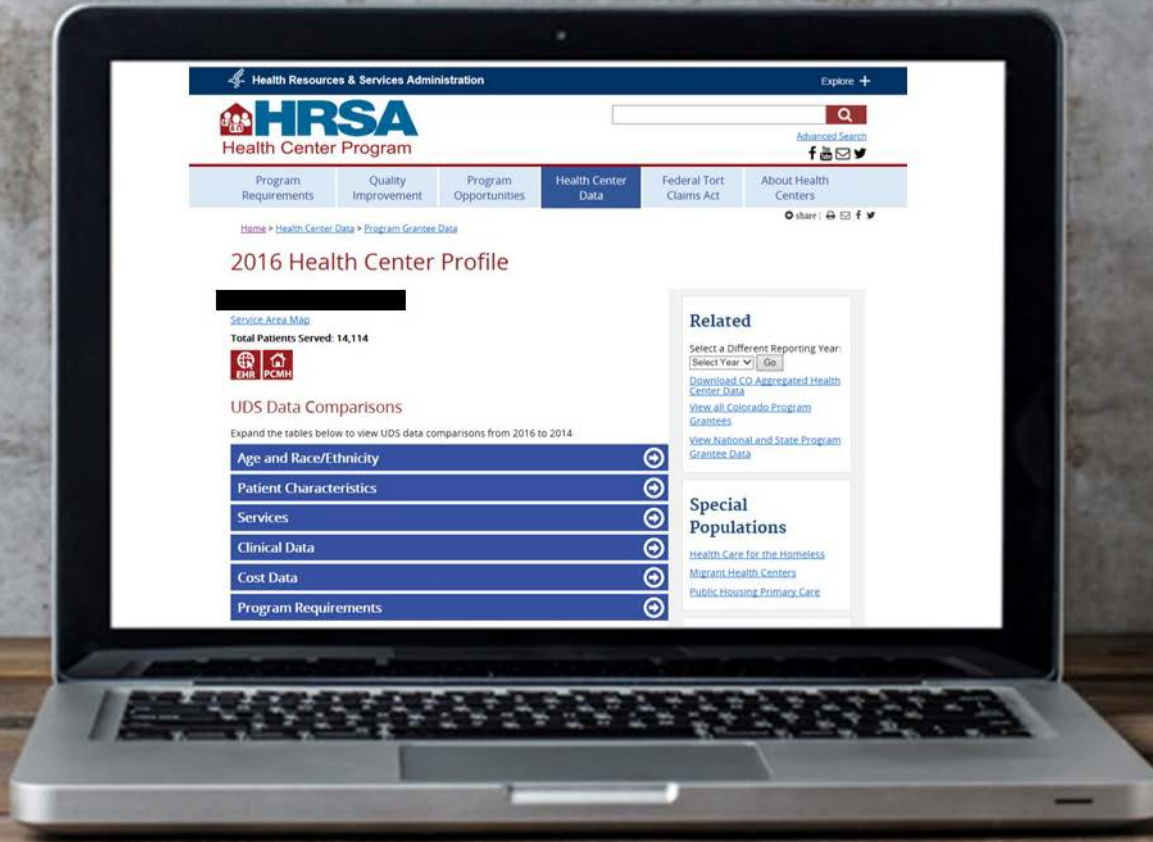
Health Center Program: Fast Facts

- Nearly **1,400** health centers operate more than **11,000** service delivery sites
- Almost **26 million** patients
- Health centers provide **patient-centered, comprehensive, integrated care** by offering a range of services:
 - Primary medical, oral, vision, and mental health care
 - Substance use disorder services
 - Enabling services such as case management, health education, and transportation



Source: Uniformed Data System, 2017

UDS Data



<https://bphc.hrsa.gov/datareporting>



UDS Data

<https://bphc.hrsa.gov/uds/datacenter.aspx>

- [Table EHR - Electronic Health Record](#)

UDS Data Comparisons

Expand the tables below to view UDS data comparisons from 2014 to 2016

Age and Race/Ethnicity			
	2014	2015	2016
Total Patients			
Total Patients	22,873,243	24,295,946	25,860,296
Age (% of total patients)			
Children (< 18 years old)	31.28%	31.24%	30.96%
Adult (18 - 64)	61.09%	60.86%	60.73%
Older Adults (age 65 and over)	7.63%	7.91%	8.31%
Patients By Race & Ethnicity (% known)			
Non-Hispanic White	41.86%	41.44%	41.46%
Racial and/or Ethnic Minority	62.20%	62.37%	62.27%
Hispanic/Latino Ethnicity	34.92%	35.21%	35.42%
Black/African American ¹	23.37%	22.97%	22.63%
Asian ¹	3.79%	3.88%	3.98%
American Indian/Alaska Native ¹	1.33%	1.35%	1.37%
Native Hawaiian / Other Pacific Islander ¹	1.18%	1.17%	1.13%
More than one race ¹	3.70%	3.51%	3.20%
Language (% known)			
Best Served in another language	23.15%	22.77%	23.55%

- Patient Characteristics
- Services
- Clinical Data
- Cost Data

Footnotes

- ¹ - Data Cannot be Calculated
- 1. Includes Hispanic/Latino and Non-Hispanic/Latino.
- 2. Includes Medicaid, Medicaid CHIP, and Other Public Insurance CHIP.
- 3. Measure revised in 2014 UDS to include patients served in health centers with and without Public Housing Primary Care funding.
- 4. Hypertensive adults as a percent of estimated adult medical patients of ages 18-85.

Data Tools

- [Data Warehouse](#)
- [Data Snapshot](#)
- [Data Comparisons](#)
- [UDS Resources](#)



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Age and Race/Ethnicity			
Patient Characteristics			
	2014	2015	2016
Income Status (% of patients with known income)			
Patients at or below 200% of poverty	92.38%	92.22%	91.95%
Patients at or below 100% of poverty	71.18%	70.94%	70.02%
Insurance Status (% of total patients)			
Uninsured	27.86%	24.40%	23.43%
Children Uninsured (age 0-17 years)	14.23%	13.12%	13.04%
Medicaid/CHIP ²	47.26%	49.44%	49.69%
Medicare	8.59%	8.92%	9.22%
Dually Eligible (Medicare and Medicaid)	-	3.35%	3.63%
Other Third Party	16.29%	17.24%	17.66%
Special Populations			
Homeless	5.03%	4.91%	4.88%
Agricultural Worker	3.90%	3.75%	3.70%
Public Housing ³	1.88%	6.22%	10.41%
School Based	2.49%	2.67%	2.92%
Veterans	1.27%	1.26%	1.28%
Gender of Patients by Age (% Female)			
Women's Health (ages 15-44)	26.42%	26.24%	25.98%
Patients Under 15 Who are Female	49.25%	49.31%	49.19%
Patients 15-64 Who are Female	61.70%	61.35%	60.97%
Patients 65 and Over Who are Female	60.08%	59.89%	59.50%
Services			
Clinical Data			
Cost Data			

Footnotes

¹ - Data Cannot be Calculated

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Services (% of patients)	2014	2015	2016
Medical	85.23%	84.85%	84.61%
Dental	20.88%	21.37%	21.87%
Mental Health	5.47%	6.14%	6.92%
Substance Abuse	0.44%	0.48%	0.55%
Vision	1.89%	2.06%	2.32%
Enabling	9.64%	9.83%	9.60%

Footnotes

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1. Includes Hispanic/Latino and Non-Hispanic/Latino.
2. Includes Medicaid, Medicaid CHIP, and Other Public Insurance CHIP.
3. Measure revised in 2014 UDS to include patients served in health centers with and without Public Housing Primary Care funding.
4. Hypertensive adults as a percent of estimated adult medical patients of ages 18-85.
5. Diabetic adults as a percent of estimated adult medical patients of ages 18-75.
6. All health centers who provide prenatal care directly or by referral are included in the prenatal care calculations, effective 2014.
7. Adjusted Quartile Rankings: Provides a health center's adjusted quartile ranking compared to health centers nationally for each of the clinical performance measures. Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health center) to quartile 4 (lowest 25% of reporting health centers). Adjusted quartile ranking is not calculated when there are fewer than 30 patients in the universe count. To learn more about the Health Center Adjusted Quartile Ranking please refer to <https://bphc.hrsa.gov/datareporting/reporting/ranking.html> and for FAQ's please refer to <https://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html>.
8. Childhood Immunization Status: Change to the denominator: Children 2 years of age (previously 3 years of age). Change to the exclusions criteria: No longer permits exclusion of patients not seen ever prior to turning 2. Change to the numerator: Adds 1 Hepatitis A (Hep A), 2 or 3 rotavirus (RV), and 2 influenza (flu) vaccines. Please see: <https://bphc.hrsa.gov/datareporting/reporting/rankingfaq.html>

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UDS Data Comparisons

Expand the tables below to view UDS data comparisons from 2014 to 2016

	2014	2015	2016 ¹¹
Age and Race/Ethnicity 			
Patient Characteristics 			
Services 			
Clinical Data 			
Patients			
Medical Conditions (% of Patients with Medical Conditions)			
Hypertension ⁴	23.25%	22.99%	26.22%
Diabetes ⁵	12.72%	12.76%	14.30%
Asthma	5.84%	5.78%	5.47%
HIV	0.69%	0.75%	0.72%
Prenatal			
Prenatal Patients ⁶	528,074	552,150	559,848
Prenatal Patients who Delivered	281,269	292,286	295,913
Quality of Care Measures			
Perinatal Health			
Access to Prenatal Care (First Prenatal Visit in 1 st Trimester)	72.21%	73.02%	74.06%
Low Birth Weight	7.29%	7.58%	7.80%
Preventive Health Screening & Services			
Cervical Cancer Screening ¹²	56.34%	56.03%	54.36%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	56.64%	57.89%	62.92%
Body Mass Index (BMI) Screening and Follow-Up	56.14%	59.41%	62.46%
Adults Screened for Tobacco Use and Receiving Cessation Intervention ¹³	81.04%	82.83%	85.19%
Colorectal Cancer Screening ¹⁴	34.53%	38.35%	39.89%
Childhood Immunization Status ⁹	77.19%	77.55%	42.80%
Screening for Clinical Depression and Follow-Up Plan ¹⁵	38.83%	50.61%	60.34%

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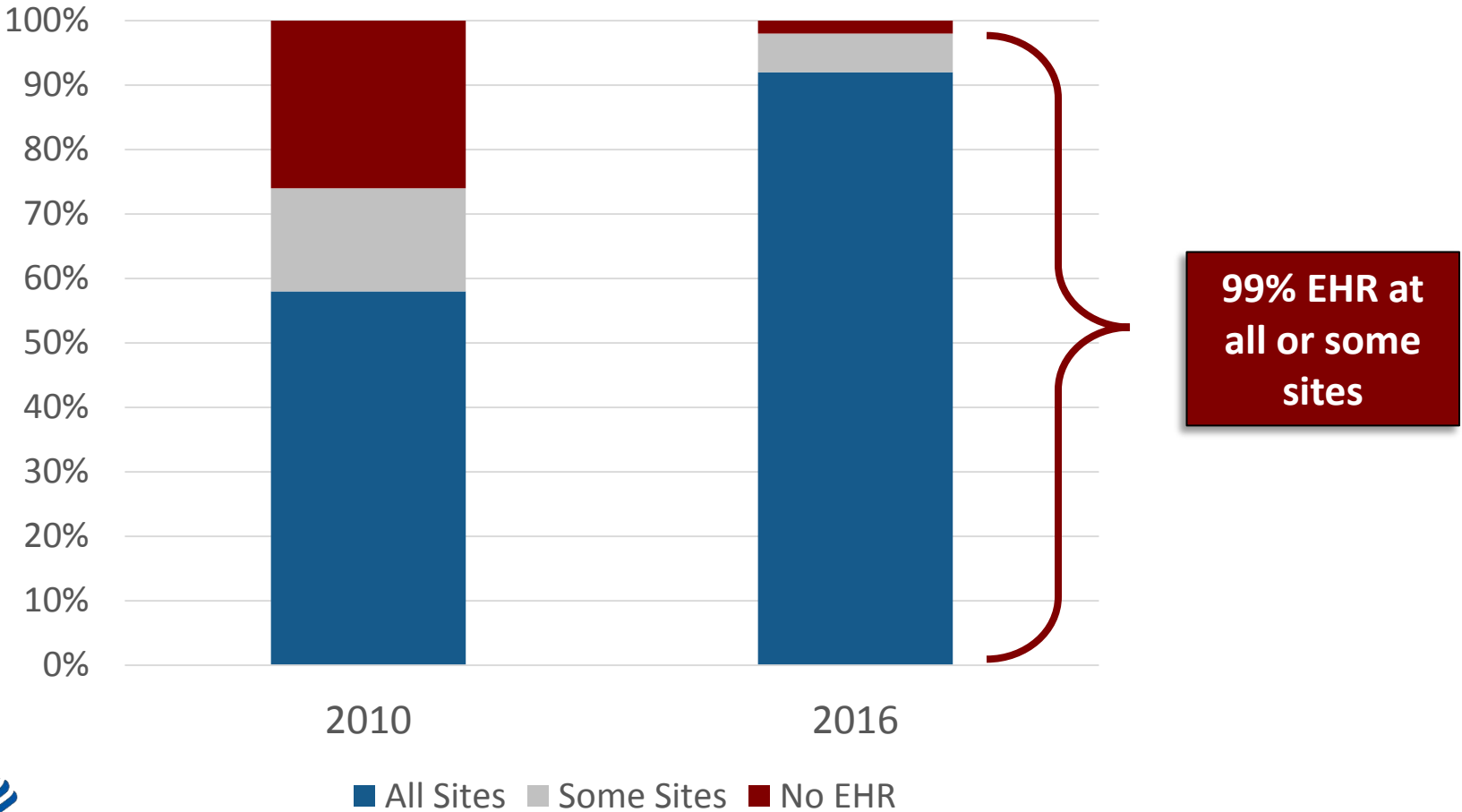
UDS Modernization Initiative



Strategic Goal 2: Advance Health Center Quality & Impact



Electronic Health Records (EHR) Adoption



Source: Uniform Data System, 2010 and 2016.



Strategic Goal 2:

Advance Health Center Quality & Impact



UDS Modernization Initiative

Modernizing UDS reporting process will:

- ✓ Reduce health center reporting burden
- ✓ Improve report data quality
- ✓ Expand report data usage to improve health center clinical care and operations
- ✓ Illustrate health center impact

UDS Modernization Initiative

I. UDS Submission Process

- Automate data submission to relieve reporting burden
- Promote transparency and integrate stakeholder feedback

II. UDS Content

- Ensure UDS reflects improvements in patient-centered care and an evolving primary health care setting



UDS Modernization Initiative

Impact

- Reduces reporting burden through a standardized UDS submission process – 88% reduction in report submission time in our piloted programs
- Improves UDS data quality to increase its utility as an administrative data source
- Promotes improvements in patient-centered care
- Increases efficiency, timeliness, and transparency of the UDS reporting business processes

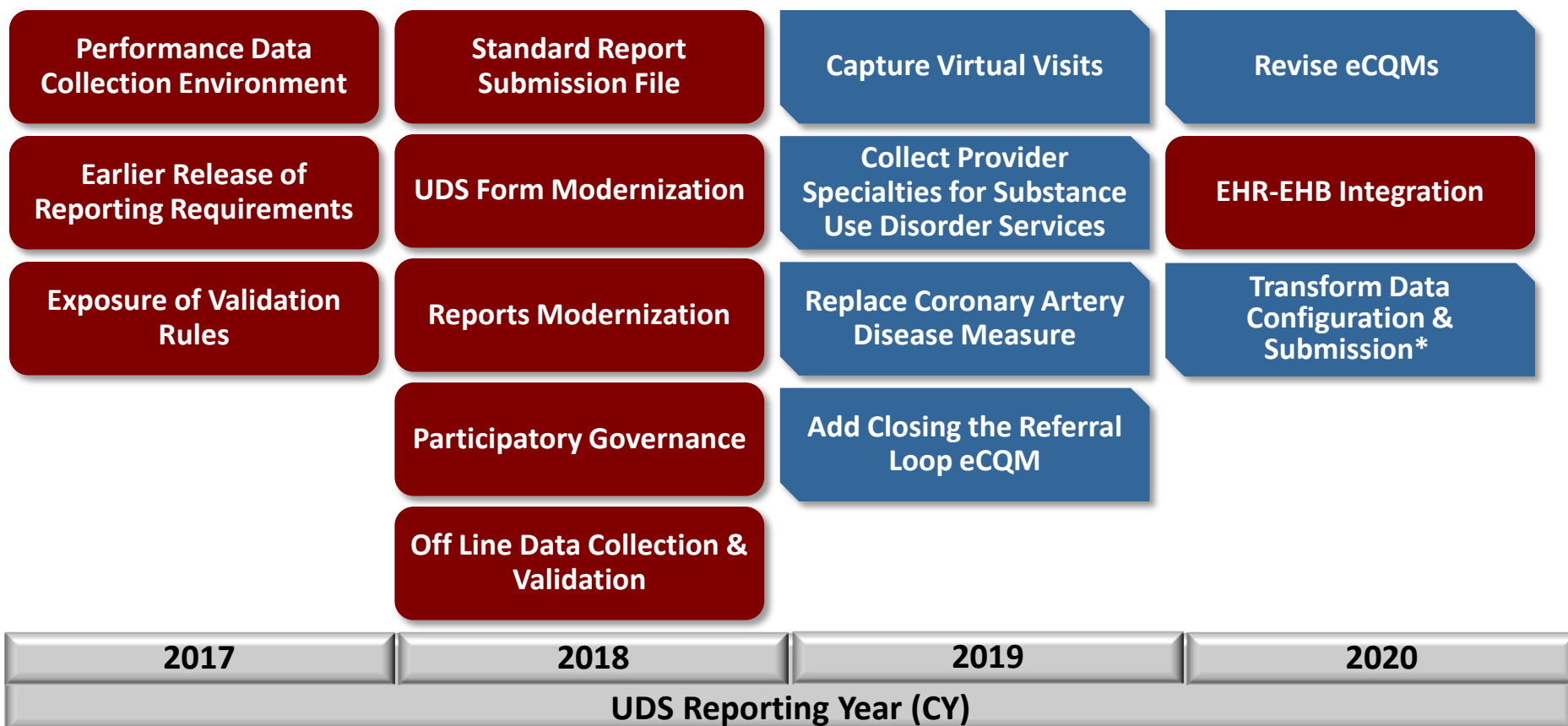


Electronic Specified CQMs

MEASURE	eCQMs
Childhood Immunization Status	CMS117v6
Cervical Cancer Screening	CMS124v6
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v6
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v6
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v6
Use of Appropriate Medications for Asthma <note – no new version>	CMS126v5
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v6
Colorectal Cancer Screening	CMS130v6
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v7
Dental Sealants for Children between 6–9 Years	CMS277v0
Controlling High Blood Pressure	CMS165v6
Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v6



UDS Modernization Solutions: Completed and Planned



- Process Solutions
- Content Solutions

* Solutions being studied 2018-2019

- Expand reporting beyond face-to-face visits
- Expand reporting on provider types and visits to support models of care
- Streamline extraction of countable visits
- Categorize patients by health factors outside of the clinical setting



Proposed UDS Content Modernization Changes

HRSA is considering transformative changes to both *what* is reported and *how*:

What	How
<ul style="list-style-type: none">• Additional clinical quality measures, to address leading gaps• Expand reporting beyond face-to-face visits• Expand reporting on provider types and visits to support models of care• Streamline reporting on diagnoses and services• Report patient preferred language(s)	<ul style="list-style-type: none">• Streamline extraction of countable visits (where applicable)• Categorize patients by sub-population• Report patient characteristics by demographics and social determinants• Submit report data at the level of the unduplicated, de-identified patient

UDS Modernization Initiative Next Steps

Spring 2018

- Pilot five electronic clinical quality measures
- Pilot three transformational concepts
 - Streamlining the extraction of countable visits
 - Expanding reporting beyond face-to-face visits
 - Enhancing data granularity with patient-level data

Summer 2018

- Pilot enhanced offline data collection and validation capability

Fall 2018

- Introduce a **standardized file** for easy upload of the final UDS report, including offline data collection and validation



UDS Modernization Initiative Landing Page

The landing page serves as a centralized source of information for stakeholders and interested parties

The screenshot shows the HRSA Health Center Program website. The header includes the HRSA logo, a search bar, and social media icons. The navigation menu has tabs for Program Requirements, Quality Improvement, Program Opportunities, Health Center Data (selected), Federal Tort Claims Act, and About the Health Center Program. The main content area features the title 'Uniform Data System Modernization Initiative' and a paragraph explaining the initiative's goals. A list of three modernization components is provided: UDS Process Modernization, UDS Content Modernization, and UDS Governance. A sidebar on the right contains 'Modernization Resources' and 'Related' links. A blue callout box on the right side of the page contains the text 'Provide feedback to HRSA on changes to the UDS'.

HRSA
Health Center Program

Advanced Search

Program Requirements | Quality Improvement | Program Opportunities | **Health Center Data** | Federal Tort Claims Act | About the Health Center Program

Home > Health Center Data > Reporting

Uniform Data System Modernization Initiative

In 2016, the Uniform Data System (UDS) Modernization Initiative launched to reduce reporting burden, improve data quality and better describe the impact of Health Center Program services and outcomes. The UDS Modernization Initiative includes three major components:

- [UDS Process Modernization](#): Streamline the UDS reporting process
 - Streamline, add, or update data elements and pilot changes
- [UDS Content Modernization](#): Transform the UDS reporting content
 - Conduct impact analysis and pilot changes
- [UDS Governance](#): Promote transparency and integrate stakeholder feedback
 - Establish a process to facilitate ongoing stakeholder feedback

UDS Process Modernization

The goal of process modernization is to streamline reporting burden by automating data

Modernization Resources

- [UDS Modernization Video](#)
- [Sign up for updates via the Primary Health Care Digest](#)

Related

- [Program Assistance Letters](#)
- HRSA bases the [FY 2017 Health Center Quality Improvement Awards](#) on the [Health Center Adjusted Quartile Ranking](#).
- [Online UDS Trainings](#)
- [UDS Mapper](#)
- [In-Person UDS Trainings \(PDF -](#)

Provide feedback to HRSA on changes to the UDS

UDS Resources

- **UDS Modernization Initiative Webpage**

- <https://bphc.hrsa.gov/datareporting/reporting/udsmodernization.html>

- **UDS Resources Webpage**

- <https://bphc.hrsa.gov/datareporting/reporting/>

- **UDS Mapper**

- <https://www.udsmapper.org/>

Performance Measures References

- [eCQI Resource Center](#)
- [Clinical Quality Measures](#)
- [United States Health Information Knowledgebase \(USHIK\)](#)
- [U.S. Preventive Services Task Force](#)
- [National Quality Forum](#)
- [Healthy People 2020](#)
- [Adjusted Quartile Ranking](#)
- [Million Hearts Hypertension Control Change Package](#)
- [CDC National Center for Health Statistics State Facts](#)



Thank You!

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