



2016 UNIFORM DATA SYSTEM (UDS) REPORTING CHANGES

For Reports Due February 15, 2017

Bureau of Primary Health Care (BPHC)

April 12, 2016, 2–3:30 PM EST

Primary Care Mission and Strategies

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



Increase access to primary health care services



Modernize primary care infrastructure and delivery system



Improve health outcomes and health equity



Promote performance-driven, innovative organizations

Increase Value of Health Center Program

Objectives of this Webinar



Introduce:

- New patient demographic data to be reported
- Staffing and cost category changes
- ICD-10 codes for UDS tables
- Revisions to clinical measures reported in the UDS to better align with the Centers for Medicare and Medicaid Services' (CMS) electronic clinical quality measures (e-CQMs)
- Two new elements on the electronic health record (EHR) capabilities and quality recognition form



Background and Overview of 2016 Approved Changes

The UDS Change Process



- The 2016 UDS changes were:
 - Announced in August 2015
 - Published initially as program assistance letter (PAL) 2016-01 on February 1, 2016
Link: <http://bphc.hrsa.gov/datareporting/pdf/pal201601.pdf>
 - Published as approved PAL 2016-02 on March 22, 2016
Link: <http://bphc.hrsa.gov/datareporting/pdf/pal201602.pdf>
 - Announced in the BPHC Primary Health Care Digest
 - Introduced at the 2015–2016 UDS trainings held around the country
- Changes will be highlighted in the 2016–2017 in-person trainings

UDS

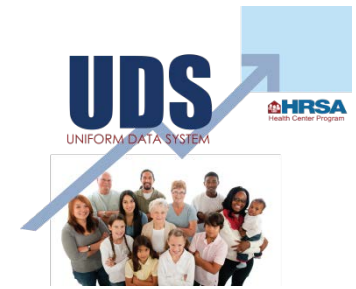
UNIFORM DATA SYSTEM



Table 3A and 3B: Patient Characteristics



Table 3A: Patients by Age and Gender

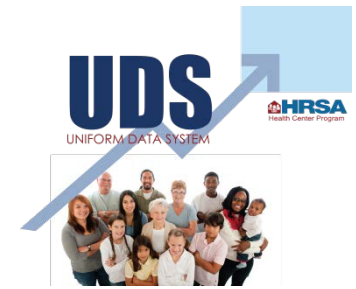


- Effective with the UDS report for 2016, health centers will report patient's *sex at birth* on Table 3A

LINE	AGE GROUPS	MALE PATIENTS (a)	FEMALE PATIENTS (b)
1	Under age 1		
2	Age 1		
3	Age 2		
4	Age 3		
5	Age 4		
6	Age 5		
7	Age 6		

- *Excerpted from UDS Table 3A*

Table 3B: Demographic Characteristics



- Table 3B is renamed “Demographic Characteristics”
- Health centers are to report sexual orientation and gender identity information about the population served

Line	Patients by Sexual Orientation	Number (a)
13.	Lesbian or Gay	
14.	Straight (not lesbian or gay)	
15.	Bisexual	
16.	Something else	
17.	Don't know	
18.	Choose not to disclose	
19.	Total Patients (sum lines 13 to 18)	

Line	Patients by Gender Identity	Number (a)
20.	Male	
21.	Female	
22.	Transgender Male/ Female-to-Male	
23.	Transgender Female/ Male-to-Female	
24.	Other	
25.	Choose not to disclose	
26.	Total Patients (sum lines 20 to 25)	

Table 3B: Timing



- Table 3B changes are effective for all patients seen during calendar year 2016
- For the sexual orientation and gender identity variables, individuals not seen after the local implementation of the changes should be accounted for on the “Choose not to disclose” line *for this year (2016 UDS) only*

UDS

UNIFORM DATA SYSTEM



**Table 5:
Staffing and
Utilization,
Table 8A:
Financial
Costs**



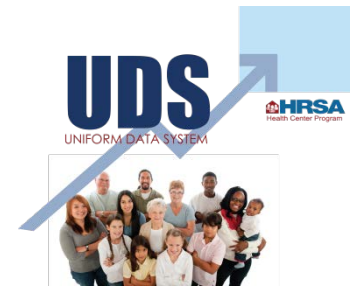
Tables 5 and 8A: Staffing and Utilization and Financial Costs



- Tables 5 and 8A are revised to accommodate reporting on these new staff categories

Service Category	New Staff and Cost Category	Table 5, Line Number	Table 8A, Line Number
Dental	Dental therapists	17a	5
Enabling	Community health workers (CHWs)	27c	11h
Other services	Quality improvement (QI)	29b	12a

Tables 5 and 8A: Staffing and Utilization and Financial Costs



- New lines have been added to improve recognition and specify the activity of employed staff
 - Dental therapists are dental providers who, to date, are licensed in some states
 - Community health worker (CHW) is a title often given to health center staff who work in the community performing outreach efforts and health education, among other things
 - Quality improvement (QI) staff are involved in the design of QI metrics and in the recording and measuring of clinical quality
 - They operate in addition to the clinicians who may review and act on the data to implement improvements in quality

UDS

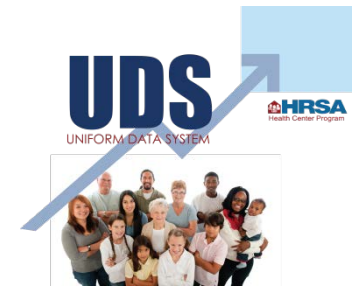
UNIFORM DATA SYSTEM



**Tables 6A,
6B, and 7:
ICD-10
Coding**



Tables 6A, 6B, and 7: Use of ICD-10 for Reporting



- In 2015, these tables made use of both ICD-9 and ICD-10 nomenclature to accommodate the transition to ICD-10 codes, which went into effect October 1, 2015
- For 2016 UDS reporting, health centers are asked to report using ICD-10 codes only

Diagnostic Category		Applicable ICD-10-CM Code	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1–2.	Symptomatic/asymptomatic HIV	B20, B97.35, O98.7-, Z21		
3.	Tuberculosis	A15- thru A19-		
4.	Sexually transmitted infections (STIs)	A50- thru A64- (exclude A63.0), M02.3-, N34.1		
4a.	Hepatitis B	B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11, Z22.51		
4b.	Hepatitis C	B17.10, B17.11, B18.2, B19.20, B19.21, Z22.52		
Selected Diseases of the Respiratory System				
5.	Asthma	J45-		
6.	Chronic obstructive pulmonary diseases	J40- thru J44- and J47-		

• Excerpted from UDS Table 6A

UDS

UNIFORM DATA SYSTEM



Tables 6B and 7: Quality of Care Measures

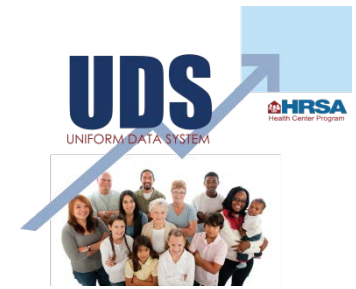


Tables 6B and 7: Quality of Care Measures



- In an effort to help reduce health center reporting burden, and support standardized collection of clinical quality data across federal agencies, BPHC has revised the UDS clinical quality measures to align with CMS' e-CQMs, where appropriate

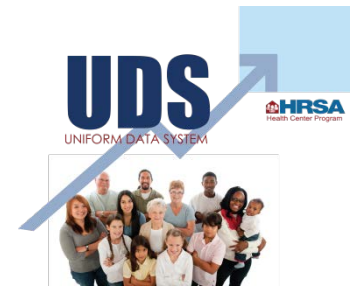
Tables 6B and 7: Aligned Measures



- The following measures are aligned with CMS' e-CQMs

Table, Line Number	Measure Title	CMS e-CQM Number
6B, 10	Childhood immunization status (CIS)	CMS117
6B, 11	Cervical cancer screening	CMS124
6B, 12	Weight assessment and counseling for nutrition and physical activity for children and adolescents	CMS155
6B, 13	Preventive care and screening: body mass index (BMI) screening and follow-up	CMS69
6B, 14a	Preventive care and screening: tobacco use: screening and cessation intervention	CMS138
6B, 16	Use of appropriate medications for asthma	CMS126
6B, 18	Ischemic vascular disease (IVD): use of aspirin or another antithrombotic	CMS164
6B, 19	Colorectal cancer screening	CMS130
6B, 21	Preventive care and screening: screening for clinical depression and follow-up plan	CMS2
6B, 22	Oral health sealant for children between 6–9 years	CMS277
7, 2a–2c	Controlling high blood pressure	CMS165
7, 3a–3d	Diabetes: hemoglobin A1c poor control	CMS122

Table 6B, Line 10: Childhood Immunization Status (CIS)



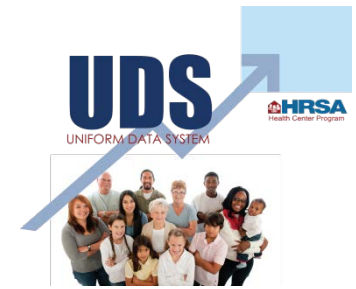
- Performance measure: Percentage of children 2 years of age who were fully immunized by their second birthday. Includes:
 - 4 diphtheria, tetanus, and acellular pertussis (DTaP); 3 polio (IPV), 1 measles, mumps, and rubella (MMR); 3 H influenza type B (HiB); 3 Hepatitis B (Hep B); 1 chicken pox (VZV); 4 pneumococcal conjugate (PCV); 1 Hepatitis A (Hep A); 2 or 3 rotavirus (RV); and 2 influenza (flu) vaccines
- Major differences from prior year:
 - Measure universe = children age 2 years (*previously age 3 years*)
 - Adds 1 Hepatitis A (Hep A), 2 or 3 rotavirus (RV), and 2 influenza (flu) vaccines

Table 6B, Line 11: Cervical Cancer Screening



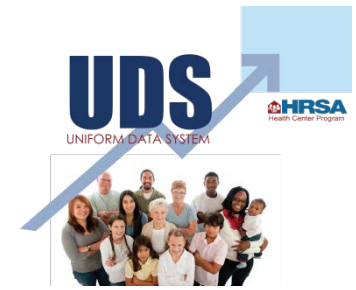
- Performance measure: Percentage of women 21–64 years of age who received 1 or more Pap tests to screen for cervical cancer
- Major differences from prior year:
 - Measure universe = women age 23 through 64 years (*previously age 24 through 64 years*)
 - e-CQM does not include concurrent human papillomavirus (HPV) and Pap test for those age 30 and older

Table 6B, Line 12: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents



- Performance measure: Percentage of patients 3–17 years of age who had a medical visit and who had evidence of height, weight, and body mass index (BMI) percentile documentation, counseling for nutrition, and counseling for physical activity
- No major changes are expected from the prior year

Table 6B, Line 13: Preventive Care and Screening: BMI Screening and Follow-Up



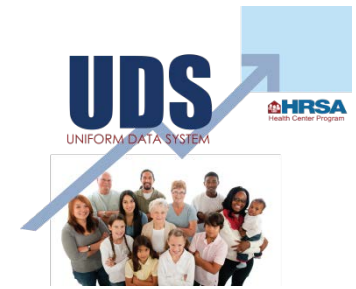
- Performance measure: Percentage of patients aged 18 years and older with a visit during the reporting period with a documented BMI during the visit or during the previous 6 months *and* when the BMI is outside normal parameters, a follow-up plan is documented during the visit or during the previous 6 months of the visit with the BMI outside of normal parameters
 - Age 65 years and older BMI ≥ 23 and < 30
 - Age 18–64 years BMI ≥ 18.5 and < 25
- Major differences from prior year:
 - e-CQM does not include visits where the patient is receiving palliative care, refuses measurement of height and/or weight, or is in an urgent or emergent medical situation, or if there are other reasons documented in the medical record

Table 6B, Line 14a: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention



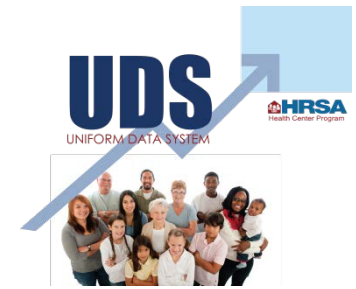
- Performance measure: Percentage of patients aged 18 years and older who were screened for tobacco use 1 or more times within 24 months *and* who received cessation counseling intervention if defined as a tobacco user
- Major differences from prior year:
 - e-CQM includes the following exception: Documentation of medical reason(s) for not screening for tobacco use (e.g., limited life expectancy, other medical reason)
 - e-CQM universe includes a broader set of visit types and services
 - e-CQM universe includes patients seen twice or at least once for a preventive visit

Table 6B, Line 16: Use of Appropriate Medications for Asthma



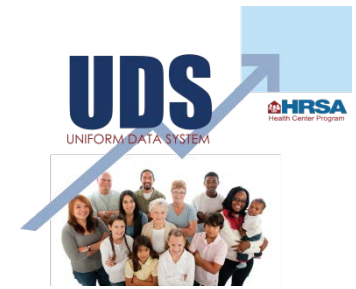
- Performance measure: Percentage of patients 5–64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period
- Major differences from prior year:
 - Measure universe = age 5 through 64 years (*previously age 5 through 40 years*)
 - e-CQM does not include the criteria of 2 visits ever
 - e-CQM exclusions: Patients with emphysema, chronic obstructive pulmonary disease, cystic fibrosis, or acute respiratory failure during or prior to the measurement period
 - Prior UDS exclusion of allergic reaction to asthma medications is not included in e-CQM

Table 6B, Line 18: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic



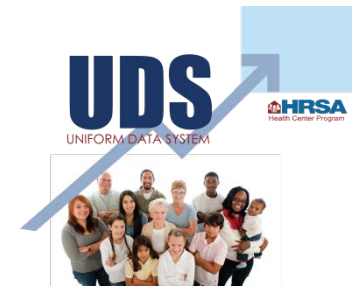
- Performance measure: Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), a coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of IVD during the measurement period and who had documentation of use of aspirin or another antithrombotic during the measurement period
- No major changes are expected from the prior year

Table 6B, Line 19: Colorectal Cancer Screening



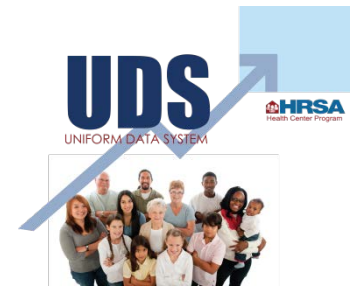
- Performance measure: Percentage of adults 50–75 years of age who had appropriate screening for colorectal cancer
- Major differences from prior year:
 - Measure universe = age 50 through 75 years (*previously 51 through 74 years*)

Table 6B, Line 21: Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan



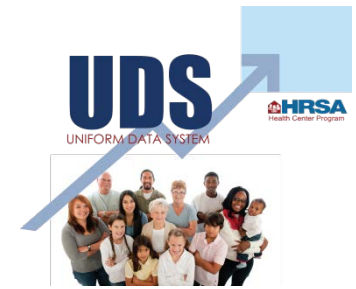
- Performance measure: Percentage of patients aged 12 years and older screened for clinical depression on the date of the visit using an age appropriate standardized depression screening tool *and*, if positive, a follow-up plan is documented on the date of the positive screen
- Major differences from prior year:
 - e-CQM does not include patients who refuse to participate, urgent or emergent situations, if the patient's functional capacity or motivation to improve impacts the accuracy of results

Table 6B, Line 22: Oral Health Sealant for Children 6–9 Years



- Performance measure: Percentage of children, age 6–9 years, at moderate to high risk for caries who received a sealant on a first permanent molar during the measurement period
- Major differences from prior year:
 - Although measure title is age 6 through 9 years, draft e-CQM reflects age 5 through 9 years—*Health centers should continue to use age 6 through 9 years, as measure steward intended*

Table 7, Section 2a–2c: Controlling High Blood Pressure



- Performance measure: Percentage of patients 18–85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled (140/90 mm Hg) during the measurement period
- Major differences from prior year:
 - Measure universe = age 18 through 85 years (*previously age 18 through 84 years*)
 - e-CQM excludes patients with dialysis or renal transplant before or during the measurement period and chronic kidney disease, Stage 5 (in addition to evidence of end state renal disease [ESRD]), and patients with a diagnosis of pregnancy during the measurement period
 - e-CQM does not include the criteria of having at least 2 medical visits during the measurement year

Table 7, Section 3a-3d: Diabetes: Hemoglobin A1c Poor Control



- Performance measure: Percentage of patients 18–75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period
- Major differences from prior year:
 - Measure universe = age 18 through 75 years (*previously age 18 through 74 years*)
 - e-CQM has no exclusions (previously excluded patients with gestational diabetes or steroid-induced diabetes)
 - e-CQM does not include the criteria of having at least 2 medical visits during the measurement year

UDS

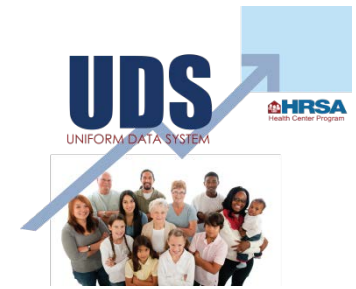
UNIFORM DATA SYSTEM



**Electronic
Health
Record
Form
(Appendix D)**



EHR Form: Added Questions



- Two questions have been added to the form to capture health center capacity related to the following

Line	Question
12.	<p>Medication-assisted treatment (MAT) for opioid use disorder</p> <p>a. How many physicians, on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications specifically approved by the U.S. Food and Drug Administration (FDA) for that indication?</p> <p>b. How many patients received MAT for opioid use disorder from a physician with a DATA waiver working on behalf of the health center?</p>
13.	<p>Are you using telehealth? Telehealth is defined as the use of telecommunications and information technologies to share information and provide clinical care, education, public health, and administrative services at a distance.</p> <p>A. Yes</p> <p>B. No</p>

UDS

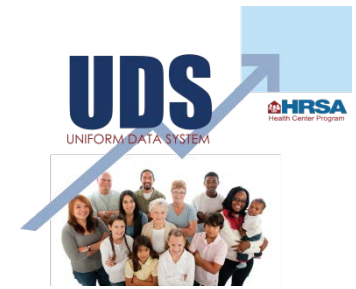
UNIFORM DATA SYSTEM



**Available
Assistance,
Resources,
and
References**

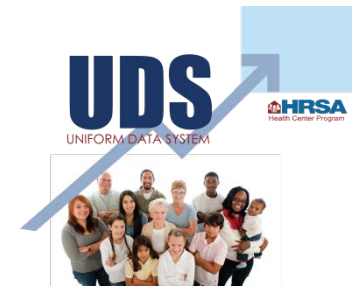


Available Assistance



- Technical assistance materials, including PALs and trainings:
 - <http://bphc.hrsa.gov/datareporting/index.html> or <http://www.bphcdata.net>
 - PAL 2016-01: <http://bphc.hrsa.gov/datareporting/pdf/pal201601.pdf>
 - PAL 2016-02: <http://bphc.hrsa.gov/datareporting/pdf/pal201602.pdf>
- Telephone and email support line for UDS reporting questions and use of UDS data: 866-837-4357 or udshelp330@bphcdata.net
- Electronic handbook (EHB) support
 - HRSA call center for EHB account access and roles: 877-464-4772 or <http://www.hrsa.gov/about/contact/ehbhelp.aspx>
 - BPHC help line for EHB system issues: 877-974-2742 or <http://www.hrsa.gov/about/contact/bphc.aspx>

Performance Measures References



- CMS Meaningful Use Clinical Quality Measures
 - https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
- United States Health Information Knowledgebase (USHIK)
 - <https://ushik.ahrq.gov/QualityMeasuresListing?system=mu&stage=Stage%202&sortField=570&sortDirection=ascending&resultsPerPage=100&filter590=April+2014+EH&filter590=July+2014+EP&enableAsynchronousLoading=true>
- CMS e-CQM Resource Center
 - <https://ecqi.healthit.gov/ep>

Performance Measures References Continued



- National Quality Forum
 - <http://www.qualityforum.org/QPS/QPSTool.aspx>
- Healthy People 2020
 - <http://healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=8>
- U.S. Preventive Services Task Force
 - <http://www.uspreventiveservicestaskforce.org/>

Questions?





**Thank you for attending this webinar and for
all of your hard work to provide
comprehensive and accurate data to BPHC!**

Ongoing questions can be addressed to

UDSHelp330@BPHCDATA.NET

866-UDS-HELP