

Aliados Health

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2024 UDS Preparation: The Early Start

Data Workgroup Presentation September 10, 2024 By Ben Fouts, Data Analyst, Aliados Health

Agenda

- Available 2024 Resources
- Early Start: Things to do Now

> Inspect Data Using the Visit Calendar and Data Explorer

> Inspect Data Using the Relevant UDS Module

• Ideas for Epic Transitioners

Available 2024 Resources



Uniform Data System (UDS) Training and Technical Assistance Website

https://bphc.hrsa.gov/data-reporting/uds-training-and-technical-assistance

Featured resources

- <u>2024 UDS Final Program Assistance Letter (PAL)</u> (PDF 202 KB) An overview of final updates to CY 2024 UDS reporting
- <u>2024 UDS Manual</u> (PDF 2 MB)

Provides health centers with detailed reporting instructions and example data tables that support calendar year 2024 UDS reporting

2024 UDS Tables PDF (PDF - 1 MB) and Excel (XLSX - 393 KB)

Resources to help health centers prepare UDS submissions in advance with an organized, standard structure



2024 UDS Manual

Uniform Data System

2024 MANUAL Health Center Data Reporting Requirements



2024 UDS Tables - Excel

Table 5: Staffing and Utilization									
BHCMIS ID - Grant Number: Health Center Name, City, State>									
Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)				
1	Family Physicians								
2	General Practitioners								
3	Internists								
4	Obstetrician/Gynecologists								
5	Pediatricians								
7	Other Specialty Physicians								
8	Total Physicians (Sum lines 1-7)	0	0	0					
9a	Nurse Practitioners								
9b	Physician Assistants								
10	Certified Nurse Midwives								
10a	Total NP, PA, and CNMs (Sum lines 9a - 10)	0	0	0					
11	Nurses								
12	Other Medical Personnel								
13	Laboratory Personnel								
14	X-Ray Personnel								
15	Total Medical Care Services (Sum lines 8+10a- 14)	0	0	0					



2024 UDS Final Program Assistance Letter (PAL) An overview of final updates to CY 2024 UDS reporting



The major changes are discussed on the next two slides (with reference to this document)



Page 3: Table of Changes to Measures

2024 UDS ECQM CHANGES COMPARISON CHART

2024 UDS eCQM	2024 eCQI Version	2023 to 2024 Performance Period Changes
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	<u>CMS138v12</u>	 v11 updated to v12 Denominator Initial Population age for screening changed from '18 years and older' to '12 years and older'
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	<u>CMS347v7</u>	 V6 updated to v7 Denominator age range for LDL-C >= 190 mg/dL or diagnosis of familial hypercholesterolemia changed from '>=20' to '20 to 75' years of age Denominator changed from 'active diagnosis of ASCVD' to 'previously diagnosed with or currently have a diagnosis of ASCVD' New population added to denominator for 'patients aged 40 to 75 at the beginning of the measurement period with a 10-year ASCVD risk score of >= 20% during the measurement period'
Preventive Care and Screening: Screening for Depression and Follow-Up Plan	<u>CMS2v13</u>	 V12 updated to v13 Diagnosis of depression removed from Denominator Exclusions Denominator Exception language updated from 'Patient refuses to participate' to 'Patient refuses to participate in or complete the depression screening'

Expect relatively large changes to the denominators of these three measures in 2024 compared to 2023



Page 4: New Question in Appendix E

UPDATE TO APPENDIX E: OTHER DATA ELEMENTS (ODE)

A fourth question is being added to Appendix E: Other Data Elements to capture the total number of patients screened for family planning needs.

Excerpt of Appendix E: Other Data Elements

4. How many health center patients were screened for family planning needs, including contraceptive methods, using a standardized screener during the calendar year? _____



Also on the HRSA Website

Reporting Training Schedule	
In this section:	
Upcoming webinars Recent webinars	
Primary care associations and based training	

UDS Clinical Quality Measures Deep Dive

Thursday, September 26, 2024, 2 pm - 3:30pm ET

UDS Clinical Tables Part 1: Screening and Preventive Care Measures

Wednesday, October 2, 2024, 2 pm - 3:30 pm ET

UDS Clinical Tables Part 2: Maternal Care and Children's Health

Wednesday, October 9, 2024, 2 pm - 3:30 pm ET

UDS Clinical Tables Part 3: Chronic Disease Management

Wednesday, October 23, 2024, 2 pm - 3:30 pm, ET

Also on the HRSA Website

Reporting Training Schedule
In this section:
 <u>Upcoming webinars</u> <u>Recent webinars</u> <u>Primary care associations a tate-based training</u>

2024 UDS Changes Technical Assistance Webinar, June 5, 2024

2024 UDS Changes Technical Assistance Webinar Presentation (PDF - 3 MB) | 2024 UDS Changes Technical Assistance Webinar On-Demand Recording

This webinar provides a detailed overview of essential changes in the calendar year 2024 UDS reporting requirements.



Also on the HRSA Website

Reporting Training Schedule
In this section:
<u>Upcoming webinars</u>
<u>Recent webinars</u>
Primary care associations and state-based training

Calendar Year (CY) 2023 Uniform Data System (UDS) In-Person and Webinar Training Opportunities Annual State-Based Primary Care Association (PCA) Trainings

State/Territory	PCA	Training mode	Training date(s)	Training contact	Contact email
CA	California Primary Care Association	Webinar series	12/04/2024 12/06/2024	Tiffany Ruvalcaba	truvalcaba@cpca.org



Uniform Data System (UDS) Training and Technical Assistance

Introduction

Reporting Training Schedule

Reporting Guidance

Resources Training UDS support center Electronic Handbooks (EHBs) Patient Characteristics Staffing and Utilization Clinical Care Financials Appendices

Additional Reporting Topics

Technical Assistance Contacts

UDS Data

Archived Resources

Other Resources on HRSA Technical Assistance Website

NEW General Information Fact Sheet (PDF - 279 KB) provides an introduction to UDS reporting, outlines major changes from prior year reporting, and explains the Who, What, When, Where, and Why of the UDS. This fact sheet also showcases the overall structure and data elements captured within each of the UDS tables and forms.

NEW UDS Family Planning Needs Screening Resource (PDF - 149 KB) Information on how to report patients screened for family planning needs, including contraceptive methods, based on responses to standardized social risk screener questions including examples of commonly used tools.

UDS Beginner Resources (PDF - 107 KB) directs new UDS reporters to suggested UDS reporting trainings and resources. These resources are recommended for staff reporting UDS data for the first time.

UDS Advanced Resources (PDF - 98 KB) provides UDS reporting trainings and resources that build on the beginner knowledge base. This guide is recommended for staff who are familiar with the UDS data and reporting processes.

<u>UDS Submission Checklist</u> (PDF - 77 KB) is a reference tool to help ensure a complete, accurate, and on-time UDS submission.



Early Start: Things to do Now

Inspect Data Using the Visit Calendar and Data Explorer



Things to do Now

- As we are are approaching the end of the year, now is a good time to make sure that at the very least, the UDS visit universe and other visit sub-sets are completely and accurately mapped
- This improves data reporting in all areas of Relevant
- There may be new providers this year who are not yet mapped
- There may be errors or incomplete fields in the providers records in the EHR that are causing improper mapping
- Transitioning health centers: make sure that "new" mapping is correct



Check Relevant Visit Calendar

- The Relevant Visit Calendar shows the most basic system visit mapping
- It counts UDS visits, UDS medical visits, etc. and which providers by name are contributing to those totals
- Looking at the Calendar can show some common types of improper mapping without a sophisticated analysis or running a report
- SQL can also be used to check the mapping. However, let's look at some easy ways to check



Using the Visit Calendar to Identify Issues

- First, make sure the date range is 2024 (year to date)
- Then, go through each of the UDS visit sub-sets to look for providers who do not belong in the sub-set







Visit Sub-Sets

- Look for providers in the wrong sub-set (e.g., a dental provider in the UDS medical visit sub-set)
- It is harder to identify providers <u>not</u> on the sub-set list from memory. So, get a separate list of expected providers from your human resources department or clinical leadership for comparison.
- Refer to Appendix A: Listing of Personnel (page 178 of the 2024 UDS Instruction Manual) for list of specialists or provider types in each Table 5 category



TABLE 5: STAFFING AND UTILIZATION

Calendar Year: January 1, 2024, through December 31, 2024

	Line	Personnel by Major Service Category
	1	Family Physicians
Look at the provider list for all of the	2	General Practitioners
LOOK at the provider instron an or the	3	Internists
sub sats	4	Obstetrician/Gynecologists
SUD-SELS	5	Pediatricians
	7	Other Specialty Physicians
	8	Total Physicians (Lines 1-7)
	9a	Nurse Practitioners
	9b	Physician Assistants
	10	Certified Nurse Midwives
UDS medical visits	10a	Total NPs, PAs, and CNMs (Lines 9a-10)
	11	Nurses
	12	Other Medical Personnel
UDS dontal visits	13	Laboratory Personnel
	14	X-ray Personnel
	15	Total Medical Care Services (Lines 8 + 10a- 14)
() UDS mental health visits () () ()	16	Dentists
	17	Dental Hygienists
	17a	Dental Therapists
UDS substance use disorder visits	18	Other Dental Personnel
	<u> </u>	Total Dental Services (Lines 16–18)
	20a	Psychiatrists
	20a1	Licensed Clinical Psychologists
UDS vision visits	20a2	Licensed Clinical Social Workers
	20b	Other Licensed Mental Health Providers
	20c	Other Mental Health Personnel
	20	Total Mental Health Services (Lines 20a-c)
	21	Substance Use Disorder Services
	22	Other Professional Services (specify)
	22a	Ophthalmologists
	22b	Optometrists
	22c	Other Vision Care Personnel
	22d	Total Vision Services (Lines 22a-c)



- Note that not all lines on Table 5 have a separate visit calendar sub-set
- Specifically, Line 22: Other Professional Services
- These are Chiropractors, Podiatrists, Acupuncturists, Registered Dieticians, etc. (see list on page 179 of UDS instruction manual)

TABLE 5: STAFFING AND UTILIZATION

Calendar Year: January 1, 2024, through December 31, 2024

Line	Personnel by Major Service Category					
1	Family Physicians					
2	General Practitioners					
3	Internists					
4	Obstetrician/Gynecologists					
5	Pediatricians					
7	Other Specialty Physicians					
8	Total Physicians (Lines 1-7)					
9a	Nurse Practitioners					
9b	Physician Assistants					
10	Certified Nurse Midwives					
10a	Total NPs, PAs, and CNMs (Lines 9a-10)					
11	Nurses					
12	Other Medical Personnel					
13	Laboratory Personnel					
14	X-ray Personnel					
15	Total Medical Care Services (Lines 8 + 10a- 14)					
16	Dentists					
17	Dental Hygienists					
17a	Dental Therapists					
18	Other Dental Personnel					
19	Total Dental Services (Lines 16-18)					
20a	Psychiatrists					
20a1	Licensed Clinical Psychologists					
20a2	Licensed Clinical Social Workers					
20b	Other Licensed Mental Health Providers					
20c	Other Mental Health Personnel					
20	Total Mental Health Services (Lines 20a-c)					
21	Substance Use Disorder Services					
22	Other Professional Services (specify)					
22a	Ophthalmelogists					
22b	Optometrists					
22c	Other Vision Care Personnel					
22d	Total Vision Services (Lines 22a-c)					



Another Example

- Switch to Visit Counts by Specialty VISIT COUNTS BY SPECIALTY -
- Then go through the visit sub-sets to see if any are unexpected
- For example, while looking at mental health visits, you see...



Data Explorer Can Also be Helpful

• You can use the Data Explorer to get more detail if something in the Visit Calendar looks unusual



- You can also surface mapping errors or incomplete mapping
- The first example (next slide) is to find providers who have UDS visits but not visits in the five sub-sets of visits in the visit calendar we just looked at



Providers not Properly Mapped?

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Had UDS Visit but not in any of the five categories

BASE ELEMENT

This is the basis of your data explorer. You will see one row in the table for each record in this element

Visits

FILTERS

Show a subset data from visits by adding filters to the table

Only include visits that meet all - of the following criteria:

—was ▼ in visit set UD	S visits 🗙 🛛 🗙 📩			
[UDS medical visits 🗴 UDS dental visits 🗴			
wee not - in visit oot	UDS mental health visits $$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$ $\!$			
was not • III visit set	UDS substance use disorder visits $\ {\bf x}$	~	Ň	
	UDS vision visits \mathbf{x}	,		
Add a filter on visits -				

Se Base element

Check	the boxes to add and remove columns in the table	
\sim	Visit information 6 selected	
	Visit ID	
	Location	
	✓ Provider name	
	✓ Program	
	☑ Visit date	
	✓ Visit type	
	Visit subtype	
	Visit groups	
	Visit sets	
	Is UDS visit?	
	Is UDS medical visit?	
	Is billable?	
	Billing codes	
	🗆 Diagnosis codes	
	Primary payer group	
	✓ Provider credentials	
	✓ Provider specialty	
	Primary payer	
	Secondary payer	
	Tertiary payer	

🕆 Visits

2 filters Edit

	Provider name 🖨	Program 🖨	Visit date 🗸	Visit type 🖨	Provider crede	ntials 🖨 Provider specialty 🖨
Φ		Obstetrics	9/5/2024 10:00 AM		MD	
ņ	Provider names in	Obstetrics	9/5/2024 9:30 AM		MD	Should be mapped to medical visits
Ģ	this	Obstetrics	9/5/2024 9:00 AM		MD	
Ģ	Space	Dentist	9/3/2024 4:15 PM		DDS	Should be mapped to dental visits
Ģ		Dentist	9/3/2024 4:15 PM		DDS	
Ģ		Unknown	9/3/2024 4:15 PM		RDH	to dental visits

It is recommended that provider specialty be entered into your EHR (it helps with these kinds of lists) and display in Relevant

Data Explorer: Staff Member Type

- Note that you can add Staff Member Type to Data Explorer
- Staff Member Type corresponds to the Table 5 categories

FILTERS

Show a subset data from visits by adding filters to the table





Example of Using Staff Member Type

- So, you could list providers by staff member type (if interested). Note the output is composed of visits
- Or, make sure that UDS visits have no non-countable staff member types on Table 5

FILTERS

Show a subset data from visits by adding filters to the table

Only include visits that meet all • of the following criteria:





Early Start: Things to do Now

Inspect Data Using the Relevant UDS Module



Things to do Now in Relevant

Check all of the demographics tabs for data that does not fit into the UDS model

UDS Report - 2024

UDS data for reporting year 2024. See our UDS Overview 🖸 for more information . . .





Table: Patients by ZIP Code



Counts of patients' geographic origin by primary medical insurance. How we map this table

ZIP Code (a)	None / Uninsured (b)	Medicaid / CHIP / Other Public (c)	Medicare (d)	Private (e)	Invalid Payer i	Total Patients (f)
95401	0	32	4	6	8	

Table 3B: Demographic Characteristics

An unduplicated count of patients by demographic characteristics.

Line	Patients by Race How we map this section	Mexican, Mexican American, Chicano/a (a1)	Puerto Rican (a2)	Cuban (a3)	Another Hispanic, Latino/a, or Spanish Origin (a4)	Hispanic, Latino/a, Spanish Origin, Combined (a5)	Total Hispanic, Latino/a, or Spanish Origin (Sum Columns a1 + a2 + a3 + a4 + a5) (a)	Not Hispanic, Latino/a, or Spanish Origin (b) i	Unreported/Chose Not to Disclose Ethnicity (c) (i)	Unmapped (Not a UDS category) i	Total (a + b + c) (d)
1a	Asian Indian	0	0	0	0	0	0	1		10	11





Table 5

- Look for providers who are not mapped or not properly mapped
- Much of this mapping impacts which patients are considered to have a UDS visit in the year (in other words, the numbers on the demographic tables)



Table 5: Staffing and Utilization

A profile of health center personnel and services rendered.

Line	Personnel by Major Ser	vice Category	/	FTES (a) i	Clinic Visits (b)	Virtual Visits (b2) 追	Patients (c) i			
Unassigned	Staff member type unas	signed 🛈			257	444				
Non-provider	Non provider staff mem	oer type 🚺			82	61				
Visits						Export to Excel Ope	n in Data Explorer			
Patient Name ↓ N	MRN Risk Score Complexity Score 4.5	Patient DOB	Visit ID Visit Date	Visit Type Provider Nam Office Visit	e Location Program	UDSUDSUDSMedicaltruetrue	Report discrepancy			
Provide Relevar Membe	r record in nt needs St r Type	aff		List out the pro names who an mapped	ovider re not	These appear to be UDS medical visits				

Table 5: Staffing and Utilization

A profile of health center personnel and services rendered.

Line	Personnel by Major Se			FTES (a) 追	Clinic Visits ((b) i	Virtual Visits (b2) 🕕	Patients (c) 🛈					
Unassigned	Staff member type una	ssigned 🛈					257		444				
Non-provider	Non provider staff men	nber type i					82		61				
Visits								Export to Excel Ope	en in Data Explorer				
Patient Name ↓ M	RN Risk Score	Patient DOB	Visit ID	Visit Date	Visit Type	Provider Name	e Location	Program	UDS UDS Billable Medical				
	Complexity Score 0.5			8/10/2024	Office Visit				true true false	Report discrepancy 🖸			
Provider record in Relevant has a non-provider staff member type						List out the provider names to check how they are mapped			These appear to be UDS visits but not medical visits				

Other Table 5 Ideas

- Look for rows where columns "Clinic Visits (b)" plus "Virtual Visits (b2)" are equal to zero. Based on what you know about groups of staff at your health center, does this make sense?
- For example, if Line 1 (Family Physicians) equals zero and you know there are Family Physicians who see patients, then you are missing mapping
- This situation might be picked up in the screenshot examples in the previous slides, but a new provider not mapped in any way to visit memberships or staff member type in Relevant might be "invisible"



Ideas for Health Centers Transitioning to Epic



Modify the Chart Format in Relevant





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Note when the Transition Happened and Look for Trends



For example, here it looks like the numerator started going way down right after the transition (red line). What could have caused this?



Investigating Trends

- Assumption: patients receive the same level of care before and after the transition. The numbers are different due to the transition (new EHR, different fields, different mapping, etc.)
- The trend can be a significant decrease or a significant increase
- There can be legitimate reasons for the trend, like maybe certain structured data fields do not exist (or have not yet been established) in Epic. There are also different data entry procedures/workflows that are being implemented (so some human error might be present)
- It might be expected that some things like the number of labs, vaccines, billing codes, etc. should be the same before and after the transition.



Compare Quality Measure Results Now

- Make a comparison spreadsheet
- Columns: Total patients (denominator plus exclusions), denominator, exclusions, numerator, numerator percentage (numerator over denominator)
- Record the UDS data for the same measurement period end date month for 2023 and 2024. For example, compare end of August 2023 to end of August 2024



Example of Comparison Table

		MP End = 8/31/2023					MP End = 8/31/2024					Differences (%)			
	Total			Numerator	Numerator	Total			Numerator	Numerator	Total				
Measure name	patients	Denominator	Exclusions	(#)	(%)	patients	Denominator	Exclusions	(#)	(%)	patients	Denominator	Exclusions	Numerator	
Childhood Immunization Status															
Cervical Cancer Screening															
Breast Cancer Screening															
Child and Adolescent Weight Assessment and Counseling															
Adult Weight Screening and Follow-up															
Tobacco Use Assessment and Cessation Intervention															
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease															
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Anti-Thrombotic															
Colorectal Cancer Screening															
HIV Linkage to Care															
HIV Screening															
Screening for Clinical Depression and Follow-Up Plan															
Depression Remission at Twelve Months															
Dental Sealants for Children															



Compare Changes to Overall Baseline

- If you are sure your provider mapping is complete, compare total medical patients in the same measurement periods to get a denominator baseline change.
- In other words, how did the overall number of medical patients change between the two periods (note that during the transition, you might see fewer patients)
- You can get this data from the Visit Calendar
- Use medical patients to compare medical QMs (and dental patients overall to compare dental QMs)
- Choose a minimum change level (5% difference? 10% difference) that triggers an investigation into the data



Investigation

- Maybe there are data entry workflow issues, training issues, multiple potential fields for data entry, etc.
- These are all legitimate areas for further performance improvement efforts
- One priority for transitioning health centers now is to see if there are any places in Relevant where data sources are not mapped, or incompletely mapped.



Questions?

