HRSA
Health Resources & Services Administration

Uniform Data System (UDS) Clinical Tables Part 1: Screening and Preventive Care

September 24, 1:00–2:30 p.m. (ET)

Amanda Baker
John Snow, Inc. Project Manager
Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Opening Remarks

Daniel Duplantier

Team Lead, Data Production, Data and Evaluation Division

Office of Quality Improvement

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Changes in 2020 Reporting

- Novel Coronavirus disease (COVID-19) impact
- Telehealth

Agenda

- Review UDS 2020 clinical measures webinar training series
- Review reporting requirements for screening and preventive care measures
  - Impact of increased telehealth utilization
- Identify strategies and tips for checking data accuracy
- Questions and answers

Objectives

- Understand reporting requirements and the impact of telehealth on screening and preventive care clinical measures
- Understand how to check data for accuracy
- Identify strategies for assessing quality of care
- Know how to access reporting supports

Table 6B Reporting Instructions

- Electronic Clinical Quality Improvement (eCQI) Resource Center
- Value Set Authority Center (VSAC) Specifications
- Telehealth

Tables 6B and 7 Approach to Clinical Measures

- Quantify care provided during the measurement year
- Report on all UDS-listed clinical quality measures (CQMs), if universe criteria is met
- Evaluate patients who had at least one medical visit during the year
- Adhere to definitions and instructions in the 2020 UDS Manual

Measure Description	Description of the quantifiable indicator to be evaluated
Denominator (Universe)	Patients who fit the detailed criteria described for inclusion in the measure
Numerator	Patients included in the denominator whose records meet the standard for the measure
Exclusions/ Exceptions	Patients not to be considered for the measure or included in the denominator and numerator
Specification Guidance	Centers for Medicare & Medicaid Services (CMS) measure guidance that assists with understanding and implementing CQMs
UDS Reporting Considerations	BPHC requirements and guidance to be applied to the specific measure, which may differ from or expand on the electronic clinical quality measure (eCQM) specifications

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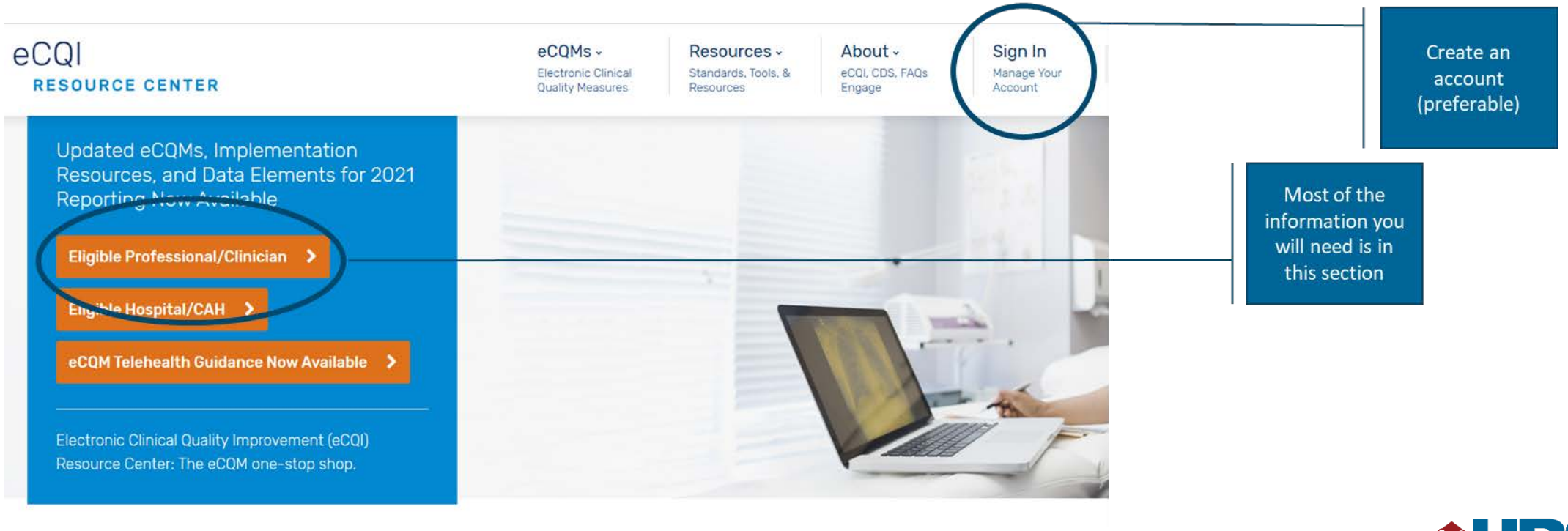
Understanding eCQM Specifications

eCQI Resource Center is the "one-stop shop" for eCQM resources. Please see specific instructions for use here.

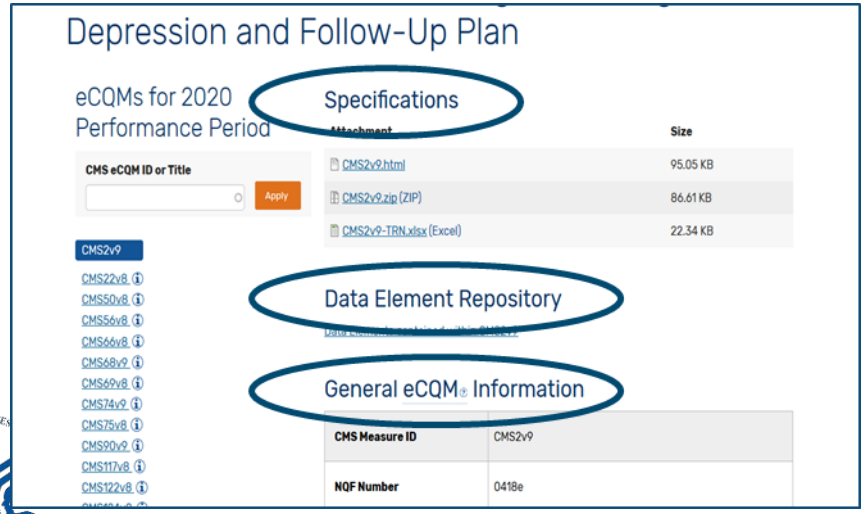


eCQM Measure Specifications

There are 3 sections to the Specifications. Click on Measure Name.

Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v9	Community/Population Health	0418e	134	Prevention, Treatment, and Management of Mental Health	Yes

Measure Summary "Face Sheet"



Measure Face Sheet Contents:

- Specifications
  - Link to detailed specifications
  - Use .html link
- Data Element Repository
  - Link to summary of Data Elements associated with the Measure
- General Information
  - Measure Description, Numerator, Denominator and Exclusions
  - Guidance for measure implementation
  - Release Notes (changes from the previous version of the measure)

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eCQM Detailed Specifications

There are two sections in the eCQM Detailed Specifications:

- Detailed narrative specifications:
  - Measure Steward, Developer, Endorser, Traceability
  - Measure Description, Denominator, Numerator, Exclusions
  - Measure Rationale and Clinical Recommendations
  - Measure Definitions and References
- Detailed Technical Criteria (including Logic and Quality Data Model Elements)
  - Logic Statement using CQL (Clinical Quality Language)
  - Value Sets (groups of codes and corresponding terms, such as SNOMED CT, RxNorm, LOINC and others, that define clinical concepts)

eCQM Specifications - Data Element Repository

Data elements are the data groupings (value sets) that are the measure "building blocks" that comprise the measure. Other data elements for this measure include:

- Measure exclusion/exceptions
- Eligible visit encounter CPT codes
- Eligible interventions including: orders, referrals, evaluations, medications and follow-up visits

Data Elements contained within the eCQM

Assessment, Performed: Adolescent depression screening assessment

Assessment, Performed: Adult depression screening assessment

Assessment, Performed: Suicide Risk Assessment

Diagnosis: Bipolar Diagnosis

Diagnosis: Depression diagnosis

Encounter, Performed: Depression Screening Encounter Codes

Intervention, Order: Referral for Depression Adolescent

Intervention, Order: Referral for Depression Adult

Intervention, Performed: Additional evaluation for depression - adolescent

Value Set Authority Center (VSAC)

Encounter, Performed: Depression Screening Encounter Codes

DERep Home Page

eCQM Data Element

Performance/Reporting Period

2020

Value Set Description from VSAC

CLINICAL FOCUS: This value set contains concepts in which a depression screen could be assessed and documented through an exam, assessment, interview or evaluation.

DATA ELEMENT SCOPE: This value set may use the Quality Data Model (QDM) category or attribute related to Encounter.

INCLUSION CRITERIA: Includes only relevant concepts associated with wellness visits, annual visits, therapy evaluations, or primary or specialist physician office visits where a depression screen could be conducted.

EXCLUSION CRITERIA: No exclusions.

Constrained to codes in the Encounter, Performed: Depression Screening Encounter Codes value set (2.16.840.1.113883.3.600.1916)

QDM Datatype and Definition (QDM Version 5.4)

Encounter, Performed

Welcome | Search Value Sets | Download | Browse Code Systems | He

Search the NLM Value Set Repository. Program: All Expansion Version: Latest

COVID-19 Value Sets:

Refine by: Steward | Code System

Query: Enter value set id, codes, words... Search Clear

Search Results | Value Set Details | API Resource

Value Set Information Expansion Versions: eCQM Update 2019-05-10 Export Value Set Results

Metadata | Description | Measure | Grouping Members

Name: Depression Screening Encounter Codes

OID: 2.16.840.1.113883.3.600.1916

Code System: CPT, HCPCS, SNOMEDCT

Steward: Contact Quality Insights of Pennsylvania

Value Set Definition

Definition Type: Grouping

Definition Version: 20170504

Program: CMS, eCQM Update 2019-05-10 using this value set

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2020 Performance Period Eligible Professional/Eligible Clinician (EP/EC) Resources

- eCQM Flows: Workflows for each eCQM that is updated annually and downloads as a ZIP file
- Guide for Reading eCQMs v5.0: A guide for stakeholders to understand eCQMs including advice on how to read the various eCQM components
- eCQM value sets: Brings you to the VSAC site where you can search value sets
- Additional resources available on the EP/EC Resources Page

Table 6B Reporting Format

Measure Description	Universe (a)	Number Charts Sampled or Electronic Health Record (EHR) Total *[Denominator]* (b)	Number Who Meet Measurement Standard *[Numerator]* (c)
Describes the quantifiable indicator to be evaluated	Patients who fit the detailed criteria described for inclusion in the measure **Exclusions**: Patients not to be considered for the measure or included in the universe or denominator	The number of records from Column A reviewed OR • Equal to universe • ≥80% of the universe • Random sample of 70 records	Number of records from Column B that meet the performance standard for the measure

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Table 6B Reporting Format *(cont.)*

Measure Description	Universe (a)	Number Charts Sampled or EHR Total *[Denominator]* (b)	Number Who Meet Measurement Standard *[Numerator]* (c)
Describes the quantifiable indicator to be evaluated	Patients who fit the detailed criteria described for inclusion in the measure **Exclusions**: Patients not to be considered for the measure or included in the universe or denominator	The number of records from Column A reviewed OR Column B will be: • equal to universe • ≥80% of the universe • random sample of 70 records	Number of records from Column B that meet the performance standard for the measure

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UDS Clinical Quality Measures

Screening and Preventive Care

Maternal Care and Children's Health

Disease Management

- ✓ Reporting for Table 6B
- ✓ Avoiding common data errors
- ✓ Assessing the quality of care

2020 Clinical Quality Measures Criteria

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Table 6B – Screening and Preventive Care Measures

UDS Table	Measure	CMS Link
Table 6B, Line 11	Cervical Cancer Screening	CMS124v8
Table 6B, Line 11a	Breast Cancer Screening*	CMS125v8
Table 6B, Line 13	(Adult) Body Mass Index (BMI) Screening and Follow-Up Plan	CMS69v8
Table 6B, Line 14a	Tobacco Use: Screening and Cessation Intervention	CMS138v8
Table 6B, Line 19	Colorectal Cancer Screening	CMS130v8
Table 6B, Line 20a	HIV Screening*	CMS349v2
Table 6B, Lina 21	Screening for Depression and Follow-Up Plan	CMS2v9

***Indicates new measure for 2020 reporting**

Table 6B

Screening and Preventive Care Clinical Measures

Screening and Preventive Care Measures

- Screening and tests alone do not count as UDS reportable visits.
- Compliance is determined by screening results and follow-up actions.
  - Include negative screens plus positive screens and follow-up in numerator.
- Telehealth Impact on 2020 UDS Screening and Preventive Care Measures
  - Screenings cannot be completed through telehealth.
  - Documented services performed elsewhere by external providers may count towards compliance.

Telehealth Impacts on 2020 UDS Clinical Measures

Note: Items highlighted in pink are intended to draw attention to measure components that do not permit services via telehealth or by external providers.

Clinical Measure Name, eCQM Code, UDS Table, and UDS Section	Illustrative Examples of Types of Visits	Include patients with telehealth only visits on UDS Tables 6B and 7, Column A (Denominator)?	Can service, test, or procedure be done by telehealth to meet UDS Tables 6B and 7, Columns C or F (Numerator), requirements?	Do documented services performed by external providers (not paid for or performed by the health center) count in UDS Tables 6B and 7, Columns C or F (Numerator)?
Early Entry into Prenatal Care, no eCQM, Table 6B, Lines 7-9	•OB/GYN routine check up •Physical with primary care provider (PCP)	No. Prenatal patients are defined based on a comprehensive in-person prenatal physical exam.	Yes. Trimester of entry may be identified in this way.	Yes
Childhood Immunization Status, CMS117v8, Table 6B, Line 10	• Well-child visits for newborns • Acute pain or illness	Yes	No. Administration of immunizations are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Cervical Cancer Screening, CMS124v8, Table 6B, Line 11	•Physical with PCP •OB/GYN routine check up •Acute pain or illness • Signs or symptoms of conditions	Yes	No. Cervical cytology/HPV testing are not acceptable in this way. These services cannot be conducted via telehealth.	Yes
Breast Cancer Screening, CMS125v8, Table 6B, Line 11a	•Physical with PCP •OB/GYN routine check up •Acute pain or illness • Signs or symptoms of conditions	Yes	No. Mammograms are not acceptable in this way. These services cannot be conducted via telehealth.	Yes

Telehealth Impacts on 2020 UDS Clinical Measures

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Cervical Cancer Screening: CMS124v8

Denominator (universe)

- Women 23 through 64 years of age with a medical visit during the measurement period

Exclusions

- Women who had a hysterectomy with no residual cervix or congenital absence of cervix
- Women who were in hospice care during the measurement period

Numerator

- Women with one or more screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:
  - ✓ Cervical cytology performed during the measurement period or 2 years prior to the measurement period for women who are at least 21 years old at the time of the test
  - ✓ Cervical cytology/HPV* co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test

**HPV – Human Papillomavirus*

Cervical Cancer Screening: CMS124v8 *(cont.)*

Notable clarifications, tips, or Frequently Asked Questions (FAQs)	Solution or recommendation
Should we include reflex HPV testing as meeting measurement standard?	If the HPV test was performed only after determining cytology result, this is considered reflex testing and does not meet measurement standard.
If a patient is tested outside of the health center can we count the record towards compliance?	Yes, if the health center has documentation in the medical record of cervical cytology and HPV tests performed outside of the health center with: 1) the date it was performed, 2) who performed it, and 3) result of the finding or copy of the lab test.
What are the measure considerations for transgender patients?	Include patients of all genders who have a cervix for measure assessment.
Table 6A Comparison (Line 23, Pap test)	• Table 6B includes a look-back period; Table 6A is current year. • Table 6A includes women of any age. • Table 6B captures result regardless of where it was performed.

*Breast Cancer Screening: CMS125v8

Denominator (universe)

- Women 51 through 73 years of age with a medical visit during the measurement year

Exclusions

- Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and left unilateral mastectomy

Exclusions *(cont.)*

- Patients who were in hospice care during the measurement period
- Patients aged 66 or older who were living long-term in an institution for more than 90 days during the measurement period
- Patients aged 66 and older with advanced illness and frailty

Numerator

- Women with one or more mammograms during the 27 months prior to the end of the measurement period

**New for 2020 reporting.*

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Breast Cancer Screening: CMS125v8 *(cont.)*

Notable clarifications, tips, or FAQs	Solution or recommendation
If a patient is tested outside of the health center can we count the record towards compliance?	Yes, if the health center has documentation in the medical record of a mammogram performed outside of the health center with: 1) the date it was performed, 2) who performed it, and 3) result of the finding or copy of the results.
What are the measure considerations for transgender patients?	Include patients according to sex assigned at birth.
Table 6A Comparison (Line 22, Mammograms)	• Table 6B includes a look-back period; Table 6A is current year. • Table 6A considers more comprehensive age range. • Table 6B captures result regardless of where it was performed.

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Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan: CMS69v8

Denominator (universe)

- Patients 18 years of age or older on the date of the visit with at least one medical visit during the measurement period

Exclusions

- Patients who are pregnant during the measurement period
- Patients receiving palliative care during or prior to the visit
- Patients who refuse measurement of height and/or weight

Exclusions *(cont.)*

- Patients with a documented medical reason
- Patients in urgent or emergent medical situations

Numerator

- A documented BMI (not just height and weight) during their most recent visit in the measurement year **or** during the previous 12 months of that visit, **and**
- When the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of the current visits

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Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan: CMS69v8 *(cont.)*

Notable clarifications, tips, or FAQs	Solution or recommendation
If a patient's BMI is documented to be in normal parameters, should the patient record be included as meeting the measurement standard?	Yes. Include in the numerator patients within normal parameters who had their BMI documented **and** those with a follow-up plan if BMI is outside normal parameters.
If more than one BMI is reported during the year, which should be used?	If more than one BMI is recorded during the year, use the most recent BMI to determine if performance has been met.
If the only visit a patient had during the year was a telehealth visit, should they be considered for the measure?	No. If the only visit a patient had during the year was telehealth; the patient should be excluded from the measure assessment. Height and weight are not acceptable to be self-reported via telehealth. However, development of a follow-up plan for a BMI out of range **is** acceptable via telehealth.

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Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: CMS138v8

Denominator (universe)

- Patients 18 years of age or older seen for at least two medical visits in the measurement period or at least one preventive medical visit during the measurement period

Exclusions

- Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason)

Numerator

- Patients who were screened for tobacco use at least once within 24 months and before the end of the measurement period, **and**
- Who received tobacco cessation intervention if identified as a tobacco user

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention: CMS138v8 *(cont.)*

Notable clarifications, tips, or FAQs	Solution or recommendation
Does the same provider need to perform intervention and screening?	In order to promote a team-based approach to patient care, different providers can perform the cessation intervention separate from the screening.
How do we count multiple screenings during the measurement period?	If a patient has multiple tobacco screenings during the 24-month period, use the most recent screening that has a documented status (of tobacco user or non-user).
How do we report on different types of tobacco (i.e., smoke, smokeless)?	• Measure assesses all tobacco use. • E-cigarettes do not count as smoking cessation medication (as they are not considered tobacco). • If screened separately for smoke and smokeless tobacco; use whichever is documented last.
UDS denominator vs. eCQM	The denominator differs slightly from eCQM reporting in that the eCQM requires report out of three different rates. UDS evaluates patients as one group.

Colorectal Cancer Screening: CMS130v8

Denominator (universe)

- Patients 50 through 74 years of age with a medical visit during the measurement year

Exclusions

- Patients with a diagnosis of colorectal cancer or a history of total colectomy
- Patients who were in hospice care during the measurement period
- Patients aged 66 or older who were living long-term in an institution for more than 90 days during measurement period
- Patients aged 66 and older with advanced illness and frailty

Numerator

- Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following:
  - ✓ Fecal occult blood test (FOBT) during measurement period
  - ✓ Fecal immunochemical test-deoxyribonucleic acid (FIT-DNA) test during measurement period or 2 years prior to measurement period
  - ✓ Flexible sigmoidoscopy during measurement period or the 4 years prior
  - ✓ Computerized tomography (CT) during measurement period or 4 years prior
  - ✓ Colonoscopy during measurement period or 9 years prior

Colorectal Cancer Screening: CMS130v8 *(cont.)*

Notable clarifications, tips, or FAQs	Solution or recommendation
If a patient is screened outside of the health center can we count toward compliance?	Screening methods performed elsewhere must be confirmed by documentation in the chart; either a copy of the test results or correspondence between the health center staff and the performing lab/clinician showing the results. Do not use self-reported test results.
Does Cologuard meet the measurement standard?	Yes. Cologuard is a type of FIT-DNA test and meets the measurement standard.
Can patients report colonoscopies and CT colonoscopies done elsewhere?	Yes. Procedures and diagnostic studies can be self-reported so long as they are accurately documented (date, provider, etc.) in the patient's record in the EHR.
What are the impacts of telehealth on meeting measurement standard?	• Procedures and diagnostic studies are not acceptable via telehealth (cannot be conducted this way). • FOBT or FIT-DNA that is mailed and processed by a lab are acceptable.

*HIV Screening: CMS349v2

Denominator (universe)

- Patients aged 15 through 65 years of age at the start of the measurement period and with at least one outpatient medical visit during the measurement period

Exclusions

- Patients with a diagnosis of HIV** prior to the start of the measurement period

Numerator

- Patients with documentation of an HIV test performed on or after their 15th birthday and before their 66th birthday

**New for 2020 reporting.*

***HIV – Human Immunodeficiency Virus*

HIV Screening: CMS349v2 *(cont.)*

Notable clarifications, tips, or FAQs	Solution or recommendation
What documentation is required to meet the measurement standard?	To satisfy the measure, the health center must have documentation of the administration of the laboratory test present in the patient's medical record. Tests performed outside of the health center must be included in the patient chart.
Table 6A Comparison (Line 21, HIV Test)	• Table 6B includes a look-back period; Table 6A is current year. • Table 6A considers more comprehensive age range. • Table 6B captures result regardless of where it was performed.
What are the impacts of telehealth on the measure?	• Patient attestation or self-report of HIV results is not acceptable to meet measurement standard. • HIV self-tests may be acceptable; the provider must receive documentation of the lab test result.

Preventive Care and Screening: Screening for Depression and Follow-Up Plan: CMS2v9

Denominator (universe)

- Patients aged 12 years and older with at least one medical visit during the measurement period

Exclusions

- Patients with an active diagnosis for depression or a diagnosis of bipolar disorder
- Patients:
  - ✓ Who refuse to participate
  - ✓ Who are in urgent or emergent situations

Exclusions *(cont.)*

- Whose cognitive or functional capacity or motivation to improve may impact the accuracy of results or standardized assessment tools

Numerator

- Patients who:
  - ✓ Were screened for depression on the date of the visit or up to 14 days prior to the date of the visit using an age-appropriate standardized tool, **and**
  - ✓ If screened positive for depression, had a follow-up plan documented on the date of the visit

Preventive Care and Screening: Screening for Depression and Follow-Up Plan: CMS2v9 Telehealth Spotlight

Telehealth spotlight measure:

- Screening for depression and follow-up plan can be completed via telehealth.
- Follow strategies for success.

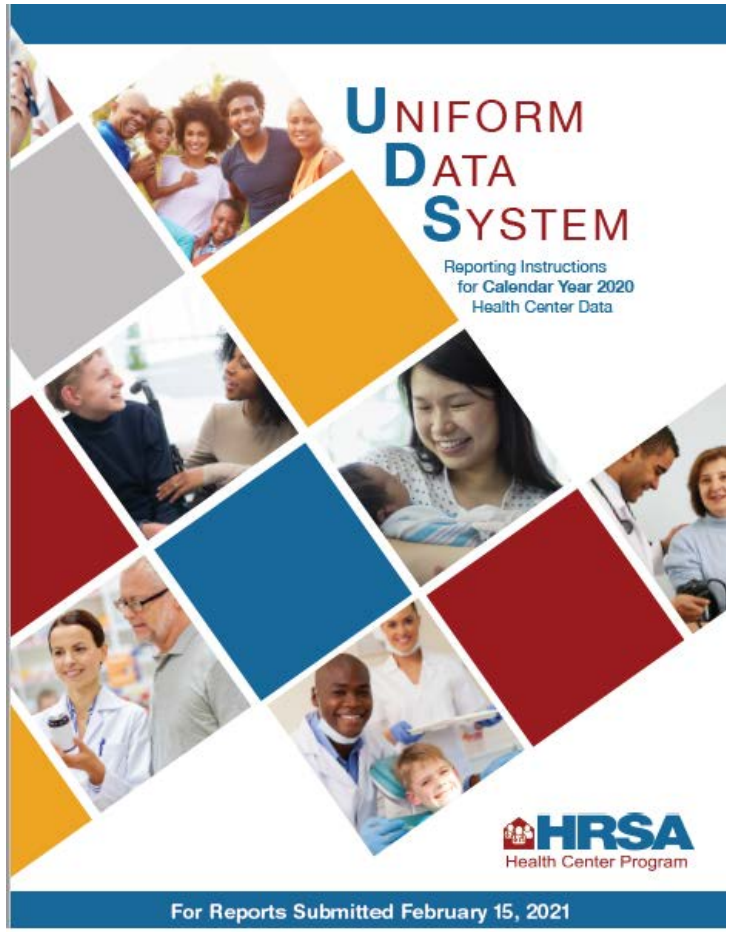
Preventive Care and Screening: Screening for Depression and Follow-Up Plan: CMS2v9 *(cont.)*

Notable clarifications, tips, or FAQs	Solution or recommendation
How do we count multiple screenings during the measurement period?	If a patient has multiple depression screenings during the measurement period, use the most recent screening results.
What counts as follow-up plan documentation?	If a screening result is positive, additional evaluation, assessment, referral, treatment and pharmacological intervention, or follow-up must be addressed on the date of the visit (in-person or virtually). Documentation of a follow-up plan can refer to any reportable visit (not only medical).
Can a Patient Health Questionnaire (PHQ)-9 count as a follow-up plan?	No. Although a PHQ-9 may follow a PHQ-2, this does not meet the measurement standard for a follow-up plan to a positive depression screening.

Strategies for Successful Reporting

Read and Follow the UDS Manual

- Adhere to definitions and instructions in the 2020 UDS Manual.
- Other supports include:
  - eCQI Resource Center, USHIK
  - UDS Training Website (fact sheets, clinical measures handout, and more)
  - Annual state-based trainings



Available UDS Data and Reports

- Standard reports and publicly available UDS data
  - Health Center Trend Report
  - Summary Report
  - Health Center Performance Comparison Report
  - Rollup Report
  - Health Center Program Data (Rollup Data, Comparison Data, Health Center Profile Data)

Understanding Reported UDS Data

- Tables are interrelated:
  - Check data trends and relationships across tables.
  - Communicate with UDS data preparation and review team.
- Review issues raised during last year's review.
- Communicate with your EHR vendor to verify that the system is reporting and capturing data elements according to reporting instructions.
- Address edits in the Electronic Handbooks (EHBs) by correcting or providing meaningful explanations that both demonstrate your understanding and explain why data are unusual.
- Investigate and address issues raised during current year review.

Understanding Reported UDS Data *(cont.)*

Related measure	Edit explanation	What does this mean?	Explain your data
Depression Screening	Low universe in question	Large % of patients are excluded from measure.	1. Compared to Table 6A, did your health center see a high number of patients with an active diagnosis of depression? 2. Does your health center have a large non-medical population?
Various	Universes higher or lower than expected	Number of patients you are assessing for the measure is higher or lower than expected considering your medical population on Table 5.	1. Determine exclusion criteria. 2. Check programming with vendor.
BMI Screening and Follow-Up Plan	Higher/lower than expected compliance rate	Compliance rate is higher or lower than expected compared to national averages (health center program average).	1. Double check your data – are you including both negative screens and positive screens with a follow-up plan in the numerator? 2. Review prior year reports and national averages to understand outlined goals. 3. Is there a change in the care plan that results in more or fewer patients meeting the measurement standard?

Tips for Assessing Accuracy

- Compare relevant patients across tables and measures
  - Exclusions from BMI measure and prenatal care program
  - Universes for Tobacco Screening and BMI Screening
  - Colorectal Cancer Screening Universe and New Breast Cancer Screening Universe

Priority Areas

- HIV Screening: Key Strategies (i.e., Diagnose, Treat, Prevent, and Response)
  - Ending the HIV Epidemic
- Obesity
  - Healthy Weight, Healthy People, Healthy Communities
- Mental Health
  - Behavioral Health and Primary Care Integration

Resources, Questions, and Answers

UDS Support

- 2020 UDS Reporting Instructions
- UDS Training Website
- BPHC UDS Resources

Ongoing UDS content-related questions can be addressed to

udshelp330@bphcdata.net

Or 866-UDS-HELP.

For other questions, consult the UDS Training Website Contact Us Resources.

HRSA Health Center Program

Resources for Clinical Measures

- eCQI Resource Center
- Clinical Quality Measures
- National Quality Forum
- Healthy People 2020
- Healthy People 2030
- Adjusted Quartile Ranking
- Health Information Technology, Evaluation, and Quality Center (HITEQ)
- Million Hearts
- U.S. Preventive Services Task Force
- CDC National Center for Health Statistics State Facts
- Quality Improvement Awards
- Quality Payment Program
- Healthcare Effectiveness Data and Information Set (HEDIS)
- FY2021 SAC Performance Measures Crosswalk

Webinars

- Upcoming Webinars
  - UDS Clinical Tables Part 2: Women's and Children's Health. Wednesday, September 30, 1:00 – 2:30 p.m. ET.
  - UDS Clinical Tables Part 3: Disease Management. Thursday, October 8, 1:00 – 2:30 p.m. ET.
  - Reporting UDS Financial and Operational Tables. Thursday, October 22, 1:00 – 2:30 p.m. ET.
  - Using Comparison Performance Metrics from Tables 8A, 9D, and 9E. Wednesday, October 28, 1:00 – 2:30 p.m. ET.
  - COVID-19 Office Hour. Monday, November 2, 1:00 – 2:00 p.m. ET.
  - UDS for BHW. Thursday, November 12, 1:00 – 3:00 p.m. ET.

- Past Webinars
  - Quality Improvement Awards (QIAs) Technical Assistance
  - Reporting Visits in the UDS

Webinar recordings will be posted here once available.

Thank You!

Amanda Baker

Project Manager, John Snow, Inc.

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

udshelp330@bphcdata.net

866-UDS-HELP

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