



COMMUNITY HEALTH CARE ASSOCIATION of New York State

December 19, 2022

HRSA Information Collection Clearance Officer
Room 14N39
5600 Fishers Lane
Rockville, MD 20857

Sent via email to paperwork@hrsa.gov

RE: HRSA Uniform Data System (UDS), OMB No. 0915-0193—Revision

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide comments regarding the implementation of UDS+ Patient Level Reporting. CHCANYS is New York's primary care association, representing more than 70 federally qualified health centers (FQHCs), including Section 330 grantees, lookalikes, and subrecipients. CHCANYS is also New York's largest Health Center Controlled Network (HCCN), providing training and technical assistance to 54 FQHCs. CHCANYS and its member health centers fully support the Health Resources & Services Administration's (HRSA's) efforts to expand data collection efforts through UDS+ Patient Level Reporting. However, we are concerned that the implementation timeline of the new reporting standards is unrealistic and does not consider significant efforts required on the parts of FQHCs and their partners to ensure accurate data reporting using FHIR. **CHCANYS recommends extending the timeline to implement the FHIR based UDS+ reporting changes by at least two years to allow health centers and vendors adequate time to plan and prepare for the transition.**

According to a survey of New York's HCCN members, just 6% of health centers reported they will be able to report UDS patient-level data while using FHIR by February 2024. If the option to submit UDS patient-level data via an XML file exists, 50% of the network will be ready to submit patient level data in February 2024. The remaining 44% of New York's FQHCs do not know if they will be ready to report UDS patient-level data by February 2024. Therefore, CHCANYS asserts that a requirement to report 2023 UDS patient-level data by February 2024 using FHIR is not feasible for most of New York's FQHCs.

FQHCs across New York and the country are experiencing unprecedented levels of workforce shortages that are impacting all areas of their organizations, including data and information technology teams. CHCANYS agrees that it is important for the collection of UDS data to align with interoperability standards and reporting requirements across the healthcare industry and acknowledges that FHIR, although relatively new, is the gold standard. The health center network would benefit from comprehensive training and targeted technical assistance on what FHIR is, why HRSA is using it, how it brings value to UDS reporting and the health center program, and what changes to existing workflows need to take place when working with bulk FHIR data and this new process for reporting dis-aggregated patient level data. Existing HL7 FHIR training courses are highly technical and appropriate for a highly technical audience, but that is not the reality for the full health center network. Staff without these highly technical backgrounds yet responsible for validating and submitting this data will need access to training courses targeted to a less technical health center audience.

Some larger health centers with more mature health information technology teams may be well equipped to jump into FHIR reporting by February 2024. However, smaller FQHCs, FQHCs using certain



vendors, and those that have had limited exposure to FHIR-based reporting will require vast training and technical assistance regarding how to upgrade existing systems to meet FHIR capabilities, how to validate data, and how to work with de-identified patient level data. As systems move towards more automated data collection, providers will need training on structured clinical data entry and establishing workflows that capture data accurately and in the correct fields for FHIR queries to access and retrieve. Trainings for all health centers on how to build out their own reporting frameworks, data collection, storing, mapping, cleansing, validating, de-identification and re-identification are needed to support the transition to reporting using bulk FHIR standards.

FQHCs will rely heavily on their partners, i.e., electronic health record (EHR) and population health vendors, to ensure compliance with the new standards. Some vendors are already able to support health centers via reporting using FHIR. Others will require significant and new development to support reporting using FHIR. Vendors themselves could benefit from training on interpretation of FHIR standards along with ways to assist FQHCs with the processing of their data and data pipelines to ensure complete and accurate data is collected and submitted. Many vendors are awaiting the final published UDS+ Implementation Guide to begin building out new capabilities to align with FHIR reporting. This will likely result in delays for FQHCs to effectively transmit data using FHIR, since there is no permanent timeline established for when the final publication of the UDS+ Implementation Guide will be released to the public. Vendors will need time to develop to the FHIR standards outlined in the final published implementation guide, to test this development, and to work with each of their FQHC customers once the final implementation guide is published. Some vendors will institute price increases to provide access to FHIR based reporting, which will disproportionately burden smaller sized and less resourced health centers.

Additionally, health centers will be burdened not only with possible operational and clinical workflow changes to accommodate 2023 UDS changes indicated in the most recent PAL, but also the technical workflows related to the bulk FHIR implementation. Significant changes to the 2023 UDS manual will increase the level of overall burden for health centers to implement new workflows to report effectively.

CHCANYS recommends extending the timeline to implement the FHIR based UDS+ reporting changes by at least two years. In that time, we recommend HRSA allow health centers to submit disaggregated patient level data in an XML file in lieu of a bulk FHIR submission to increase the feasibility of submitting accurate data in reporting periods 2023 and 2024. This alternative option to submit data combined with the extended timeline will provide health centers and vendors with adequate time to train, launch, and scale reporting using bulk FHIR in their own organizations.

With questions or follow up, please contact Marie Mongeon, Senior Director of Policy:
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