



# August 2024 UDS Test Cooperative (UTC) Meeting

August 21, 2024

2:00-3:00pm ET

**Data & Evaluation, Data Modernization Team**  
Office of Quality Improvement (OQI)  
Bureau of Primary Health Care (BPHC)

**Vision: Healthy Communities, Healthy People**

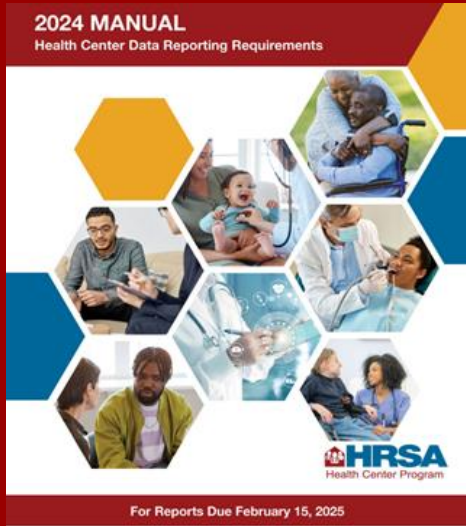


# August 2024 UTC Monthly Meeting Agenda

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- Agenda:
  - Overview of the UDS Modernization Initiative
  - UDS+ 2024 Reporting Requirements and the Important Role of the UTC
  - UDS+ 2023 Cohort Model
  - Data Lakehouse Presentation
  - UDS+ Onboarding

# Enhancing UDS Data through Modernization



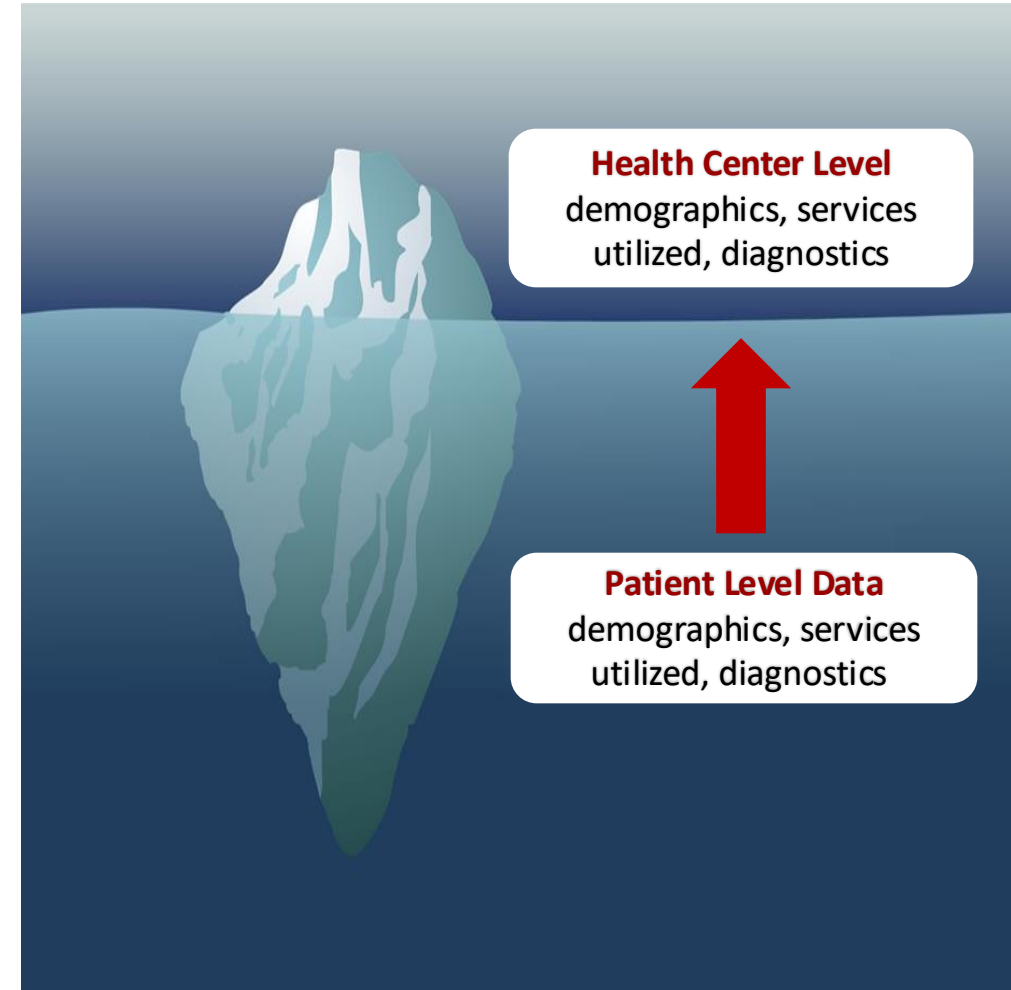
The Uniform Data System (UDS) is a standard data set that is reported annually and provides consistent information about health centers, including:

- Patient characteristics
- Services provided
- Clinical processes and health outcomes
- Patients' use of services
- Staffing
- Costs and revenues



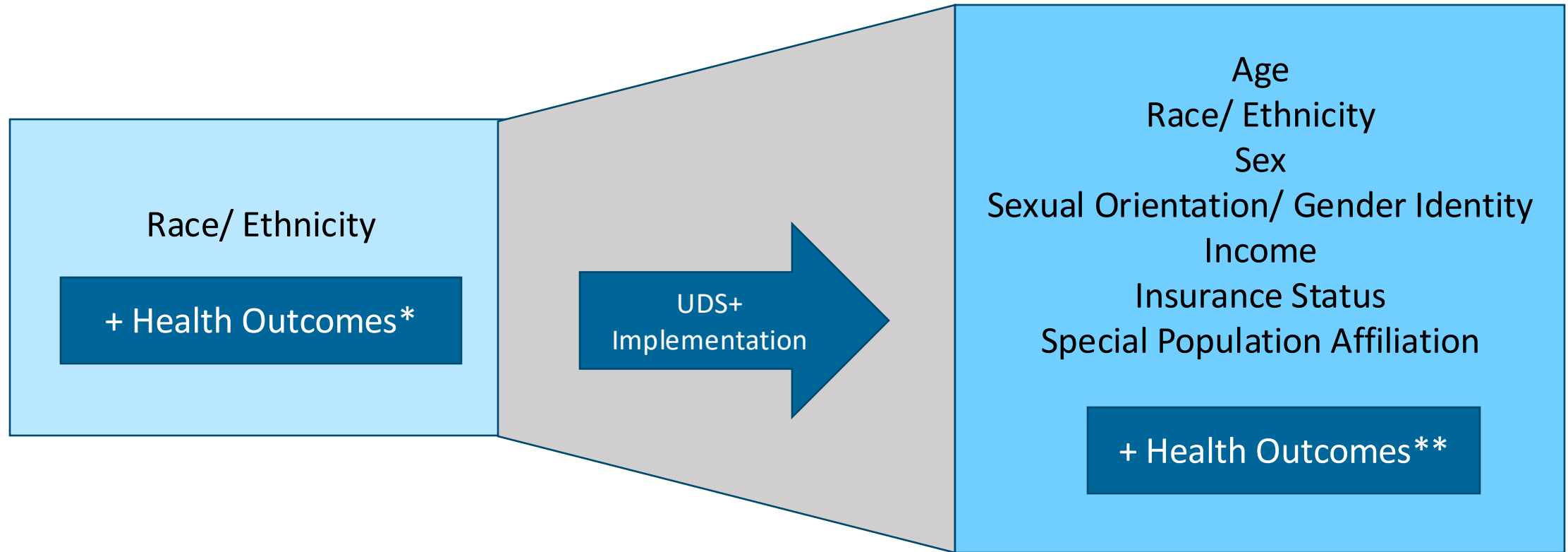
Goals of UDS+ Modernization Initiative:

- Reduce Reporting Burden
- Better Measure Impact
- Promote Transparency



[Uniform Data System Modernization Initiative](#)

# UDS+ Provides Data on Trends and Health Outcomes



\* Current UDS measures with disaggregated data by race/ethnicity available: Controlling High Blood Pressure, Diabetes: Hemoglobin A1c Poor, Low Birth Weight Control

\*\* UDS+ all 18 CQMS will be able to be disaggregated by these categories



# What is UDS Patient Level Submission (UDS+)?

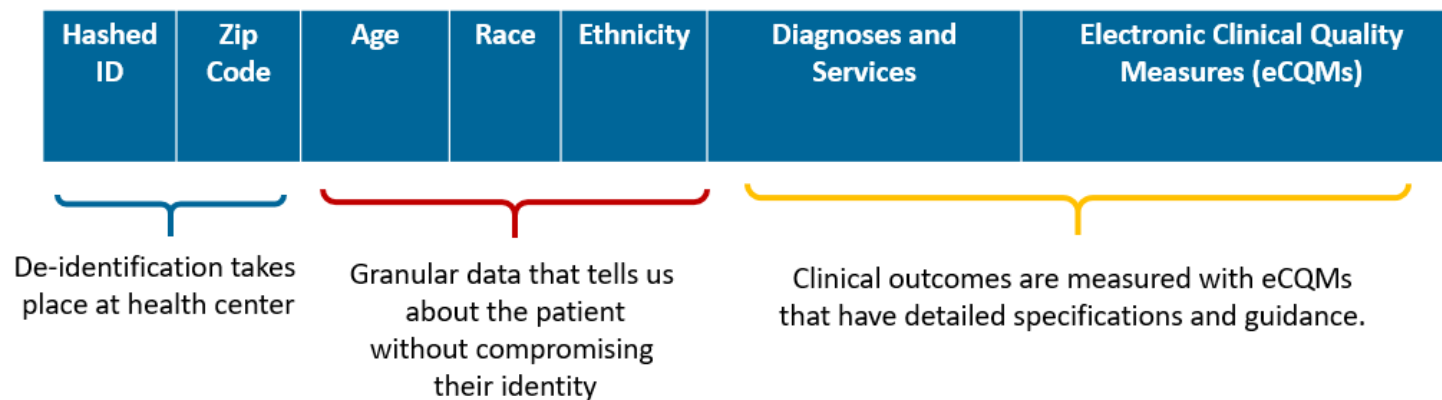
UDS+ is...

- Beginning with CY 2023 UDS (data submitted in 2024), BPHC will accept patient-level report data.
  - UDS Tables Patients by ZIP Code, 3A, 3B, 4, 6A, 6B, and 7
- Submitted **electronically** via Fast Healthcare Interoperability Resources (FHIR)

UDS+ does not...

- Collect full copies of data directly from patients' electronic medical records.
- Collect patient identifiers.

For more information, visit: [Uniform Data System \(UDS\) Modernization Initiative](#)



# Benefits of patient-level data collection

- Articulate the **unique characteristics** and **needs** of health center patients
- Illustrate the **breadth and depth** of health center **services** and their impact on **health outcomes**
- Inform **training, technical assistance, research and evaluation**, and **health equity** work
- Improve **preparedness** for public health emergencies
- Improve ability to communicate the **complexity of the patient populations** health centers serve and provide **evidence for aligned reimbursements** for care provided
- **Alignment with national interoperability standards** supports health centers' ability to engage in future-state, integrated health care models



# How can health centers prepare for UDS+?



## UDS TEST COOPERATIVE

Join the [UTC](#) for continued UDS+ updates and resources.

## HL7® FHIR®

Review:

[HL7.org](https://hl7.org)

[HL7® FHIR® resources page](#)

[UDS+ FHIR IG](#)

## ENGAGEMENT

Visit the [UDS Modernization Initiative](#) webpage for up-to-date UDS+ information.

Encourage your health IT vendors to join the UTC and participate in UDS+ testing before 2025.



Submit questions through the [BPHC Contact Form](#) by selecting **Uniform Data System (UDS) > UDS Modernization > Patient-Level Submission (UDS+)**.



# UDS+ Reporting Requirements & the UTC

**Vision: Healthy Communities, Healthy People**



# UDS+ 2024 Reporting Year: Submission Requirements



**2024 UDS+ Submissions  
Due by April 30<sup>th</sup>, 2025**

- 1** Submit data for your *medical* patients
- 2** Submit *all* the demographic tables data
  - **Table:** Patients by ZIP Code
  - **Table 3A:** Patients by Age and by Sex Assigned at Birth
  - **Table 3B:** Demographic Characteristics
  - **Table 4:** Selected Patient Characteristics

**3**

Submit **1 eCQM** from **one** of the clinical tables below:

- **Table 6B:** Quality of Care Measures
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Colorectal Cancer Screening
- **Table 7:** Health Outcomes and Disparities
  - **Controlling High Blood Pressure\***
  - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

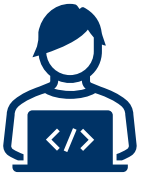
*\* Recommended measure*



# 2024 Calendar Year: UDS & UDS+ Reporting

All health centers are **required** to submit **aggregated** UDS data by **February 15, 2025**.

All health centers will be required to submit a minimum amount of **patient-level data (UDS+)** by **April 30, 2025**.



- Submit aggregated UDS data through EHBs, using the traditional submission method.
- Include all UDS tables and appendices.
- This will be the official submission of record.



- Submit UDS+ data via FHIR.
- Include only demographic data and 1 eCQM for **medical** patients.
- UDS+ submission supports system capacity building and progress towards full implementation.

**EHBs will remain the submission of record.**

# UDS+ Submission Plan

## CY 2023 UDS+ (submission in 2024)

- UDS EHB legacy is the official submission of record.
- Voluntary Reporting Goal – Validate UDS+ infrastructure and build out analytic capabilities.
- UDS+ 2023 voluntary participants influenced the 2024 minimum submission requirements.



## CY 2024 UDS+ (submission in 2025)


- UDS EHB legacy will continue to be the submission of record.
- BPHC is requiring a minimum submission for UDS+.
- Goal – Support HIT vendors and health centers efforts to develop reporting capacity to progress to full implementation.

# UDS+ CY 2024 Submission: FAQs


- **What if my UDS+ FHIR® data is inconsistent with my UDS data submission via EHBs?**
  - Health centers will not be penalized for any variations between data submitted using FHIR® and EHBs. The CY 2024 UDS+ submission will only include medical patients for many health centers, so HRSA expects the data to differ.
- **What if my HIT vendor is not ready to support UDS+ submission yet?**
  - We understand that there will be implementation questions unique to a health center. Please submit any questions about your UDS+ submission through the [BPHC Contact Form](#).
- **What if our health center is in the middle of switching HIT vendors?**
  - We understand that there will be implementation questions unique to a health center. Please submit any questions about your UDS+ submission through the [BPHC Contact Form](#).



# UDS+ FHIR IG, version 1.0.1

**HRSA**  
Health Resources & Services Administration

HRSA Uniform Data System (UDS) Patient Level Submission (PLS) (UDS+) FHIR IG  
1.0.1 - STU1 Release 1 - Standard for Trial-Use



IG Home Table of Contents UDS Background Specification Artifact Index Change History Support

Table of Contents > UDS Plus Home Page

HRSA Uniform Data System (UDS) Patient Level Submission (PLS) (UDS+) FHIR IG, published by HRSA BPHC. This guide is not an authorized publication; it is the continuous build for version 1.0.1 built by the FHIR (HL7® FHIR® Standard) CI Build. This version is based on the current content of <https://github.com/drajer-health/uds-plus/> and changes regularly. See the [Directory of published versions](#).

## 1 UDS Plus Home Page

|   |                   |                                |
|---|-------------------|--------------------------------|
| Official URL: <a href="http://fhir.org/guides/hrsa/uds-plus/ImplementationGuide/fhir.hrsa.uds-plus">http://fhir.org/guides/hrsa/uds-plus/ImplementationGuide/fhir.hrsa.uds-plus</a> |                   | Version: 1.0.1                 |
| IG Standards status: <a href="#">Trial-use</a>  | Maturity Level: 2 | Computable Name: UdsPlusFhirIg |

Page standards status: [Trial-use](#)

### 1.1 Introduction

Each calendar year, HRSA Health Center Program awardees and look-alikes are required to report a core set of information, including data on patient characteristics, services provided, clinical processes and health outcomes, patients' use of services, staffing, costs, and revenues as part of a standardized reporting system known as the Uniform Data System (UDS). The UDS is a standard data set that is reported annually and provides consistent information about health centers. It is the source of non duplicated data for the entire scope of services included in the grant or designation for the calendar year. HRSA uses UDS data to assess the impact and performance of the Health Center Program, and to promote data-driven quality improvement. The current UDS data does not contain patient level information however through the UDS+ project HRSA intends to collect patient level de-identified data. This new patient level UDS report is called UDS+ report.

This Implementation Guide (IG) defines the specifications by which Health Center Program awardees can report the \*\*\*de-identified patient level\*\* data to HRSA to meet the UDS reporting program requirements.

**Contents:**

- [Introduction](#)
- [Technical Overview](#)

### 1.2 Technical Overview

Currently UDS data is submitted using a tabular data format via participating health centers. The submission mechanisms include portals, sftp and other mechanisms. The data submitted is aggregated at the sites and is submitted to HRSA's UDS systems. In order to improve the efficiency, quality and timeliness of the data, The Bureau of Primary Health Care (BPHC) will transition most of the UDS data to de-identified patient-level data. This modified patient level UDS report is called UDS+. In the context of the IG, there are two primary actors namely

- Health Centers: Responsible for creating the UDS+ de-identified report and submitting to HRSA.
- HRSA: The Federal Agency responsible for accepting the UDS+ report, verifying, validating and processing the report.

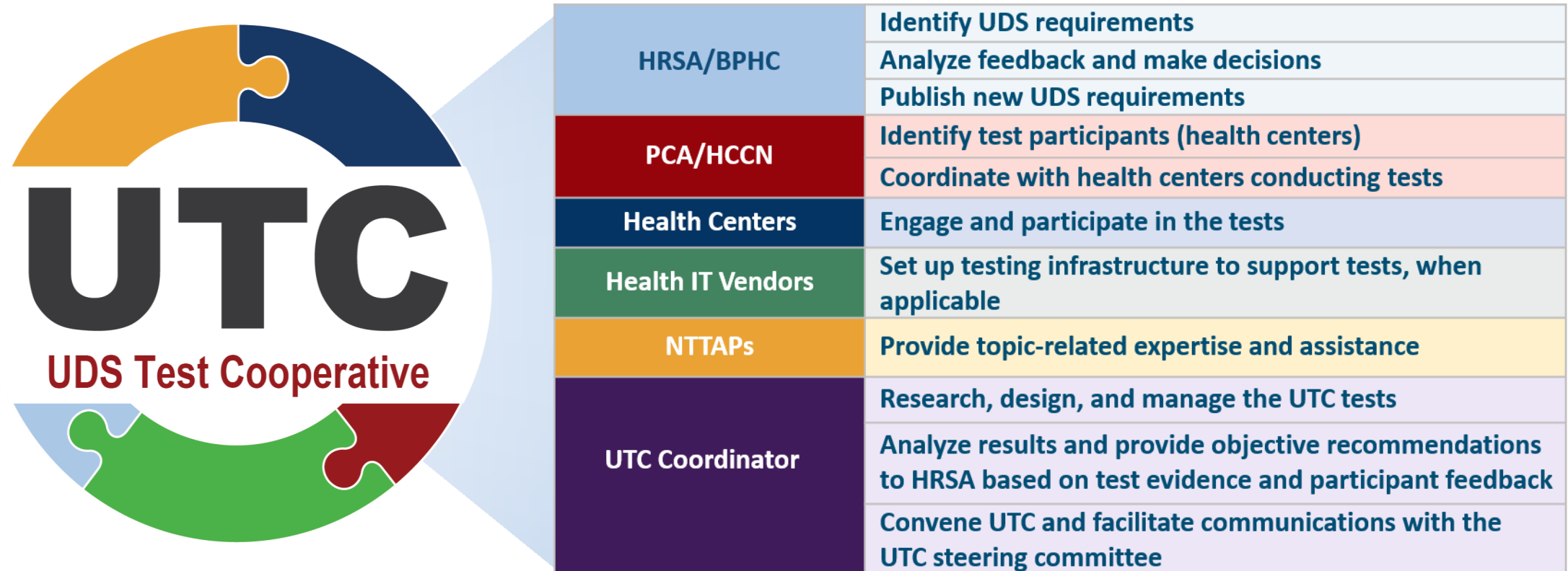
# UDS+ FHIR IG, Updates for version 1.0.2

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- Build link (for review): <https://build.fhir.org/ig/drajer-health/uds-plus/>
- Backwards compatible with UDS+ FHIR IG, version 1.0.1
- Available Patient Population submissions
- Add support for eCQM parameters (ex: numerator/ denominator flags)
- Continue adding validations for multi-site submissions

# UDS Test Cooperative (UTC)

A forum for representative stakeholders to provide feedback on potential UDS changes.



To join the UTC, please communicate your interest to HRSA using the [BPHC Contact Form](#).

# UTC Steering Committee

| HRSA Region | States                                 | Organization Name                           | Name              | Email  |
|-------------|--|---|-------------------|--|
| Region 1    | CT, ME, MA, NH, RI, VT                 | Ohio Shared Information Services, Inc.      | Rebecca Rudd      | <a href="mailto:rebecca.rudd@osisonline.net">rebecca.rudd@osisonline.net</a>             |
| Region 2    | NJ, NY, PR, VI                         | Open Door Family Medical Center             | Denise Egan       | <a href="mailto:degan@odfmc.org">degan@odfmc.org</a>                                     |
| Region 3    | DE, DC, MD, PA, VA, WV                 | Delaware Valley Community Health, Inc.      | Isaiah Nathaniel  | <a href="mailto:nathanieli@dvch.org">nathanieli@dvch.org</a>                             |
| Region 4    | AL, FL, GA, KY, MS, NC, SC, TN         | Coastal Family Health Center                | Stacey Curry*     | <a href="mailto:scurry@coastalfamilyhealth.org">scurry@coastalfamilyhealth.org</a>       |
| Region 5    | IL, IN, MI, MN, OH, WI                 | Alliance Chicago                            | Andrew Hamilton*  | <a href="mailto:ahamilton@alliancechicago.org">ahamilton@alliancechicago.org</a>         |
| Region 6    | AR, LA, NM, OK, TX                     | Presbyterian Medical Services Health Center | Kent Mosbrucker   | <a href="mailto:kent.mosbrucker@pmsnm.org">kent.mosbrucker@pmsnm.org</a>                 |
| Region 7    | IA, KS, MO, NE                         | Center for Health Care Quality              | Sam Joseph        | <a href="mailto:sjoseph@mo-pca.org">sjoseph@mo-pca.org</a>                               |
| Region 8    | CO, MT, ND, SD, UT, WY                 | CCMCN                                       | Jennifer Ammerman | <a href="mailto:jennifer@ccmcn.com">jennifer@ccmcn.com</a>                               |
| Region 9    | AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW | OCHIN                                       | Scott Fields      | <a href="mailto:fieldssa@ochin.org">fieldssa@ochin.org</a>                               |
| Region 10   | AK, ID, OR, WA                         | Tanana Chiefs Conference                    | Melissa Clemente  | <a href="mailto:melissa.clemente@tananachiefs.org">melissa.clemente@tananachiefs.org</a> |

\*Co-chairs of the UTC



# UDS+ 2023 Cohort Model

**Vision: Healthy Communities, Healthy People**



# UDS+ 2023 Voluntary Reporting: Cohort Model

## Cohort 1 – March Submission and Full Data Review

**Description:** Submit live data during the voluntary UDS+ submission period **before March 31st (CLOSED)**.

## Cohort 2 - Extended Testing, July Submission and Partial Data Review

**Description:** Continue Synthetic Testing and submit live data during the voluntary UDS+ submission period **before July 12th (CLOSED)\***.

## Cohort 3 – Focus on Testing & Prep for 2024

**Description:** Vendors and Health Centers interested in participating but did not participate in Cohort 1 or Cohort 2 testing and are monitoring UDS+ participation and readiness. **Ongoing Option for Testing but No Voluntary 2023 Submission. Prep for 2024 requirements.**

### Benefits:

- Continues engagement in public forums and outreach efforts to navigate UDS+.
- Continues support and encouragement to participate in testing and readiness.
- Promotes progress to prepare for the required UDS+ 2024 Calendar Year submission.

# UDS+ Submissions: Cohort 1

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- 5 HIT vendors have successfully passed our testing milestones and can participate in submissions
  - 3 HIT vendors submitted data for Cohort 1
    - 79 Health centers submitted UDS+ data in Cohort 1
    - 5 Look-Alikes submitted UDS+ data Cohort 1
- 26 US states and territories submitted UDS+ data
- 2 million+ patients were represented
- ~7% of health center patients represented



# UDS+ Submissions: Cohort 2

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- Health centers and/or vendors who were not ready for Cohort 1, have multiple vendors or other unique scenarios/circumstances that may make comparisons to UDS data challenging
- Health centers with unique HIT scenarios:
  - Separate dental or behavioral health record management systems
  - Those who needed additional time to complete data mapping and/or integration of data fields into data aggregator

# UDS+ Testing: Cohort 3

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- The main focus of *Cohort 3* is testing. We are rebranding it and referring to it as "*UDS+ Readiness and Testing*" in future discussions to better align with the intent of this cohort.
- We will allow for testing and preparation for the Calendar Year 2024 UDS+ requirement ahead of the live data sharing.
  - Synthetic testing will be available from now until December 31, 2024.



# Data Lakehouse Presentation

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# Data Lakehouse (DLH): Ingestion & Anomaly Detection



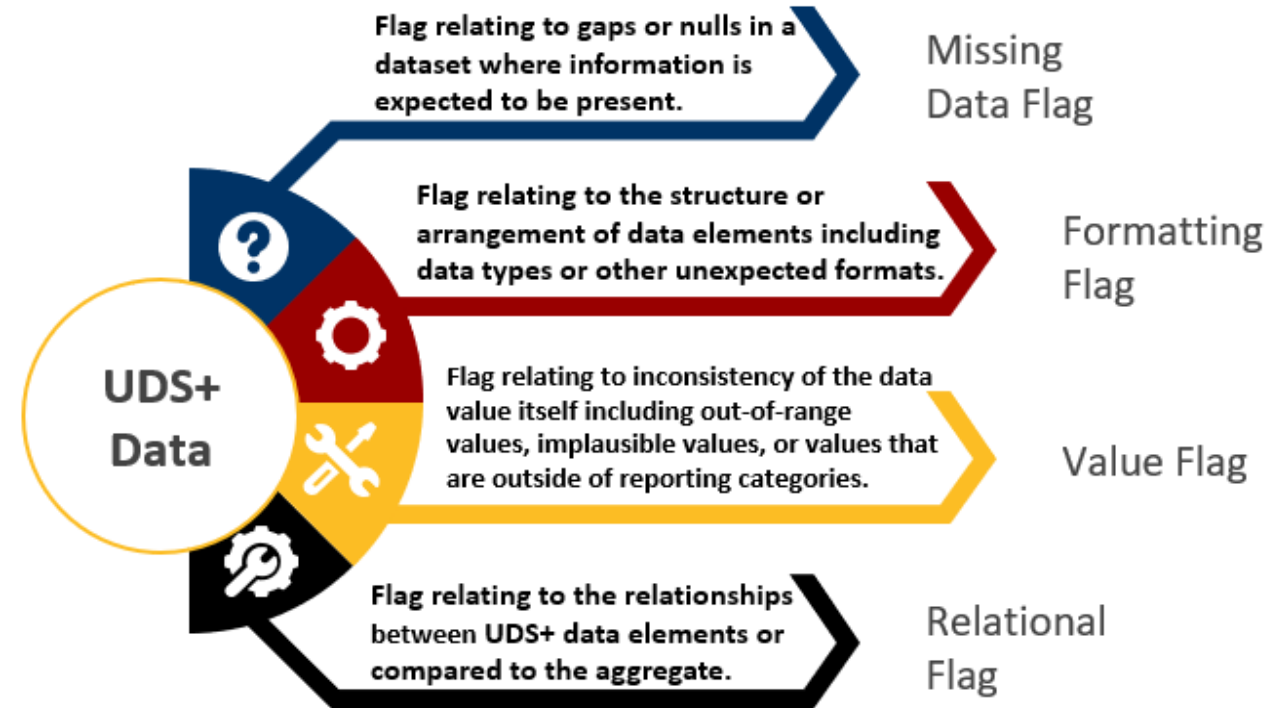
## DLH Data Ingestion

- UDS+
  - Cohort 1: Complete
  - Cohort 2: In Progress



## UDS+ Anomaly Detection

- Implemented Protected Health Information (PHI) detection program in DLH, no PHI detected
- Vendors will receive a validation report via [UDSPlusReports@hrsa.gov](mailto:UDSPlusReports@hrsa.gov) summarizing anomalies present in submissions using 4 validation categories



# Data Lakehouse (DLH): UDS+ Comparison Reports

## UDS+ Comparison Reports

- **Purpose:** Compare UDS Legacy vs. UDS+ data
- **Audience:** Health Centers, Vendors
- **Mechanism to HCs:** Salesforce UDS+ Onboarding ticket
- **Mechanism to Vendors:** Email via [UDSPlusReports@hrsa.gov](mailto:UDSPlusReports@hrsa.gov)



## Status Update

- Cohort 1 Health Centers received Comparison Reports for **demographic data** and **selected patient characteristics** earlier this summer
- Vendors will receive a compiled version of those reports in late August in a package with the Validation Reports
- Cohort 1 Health Centers will receive Comparison Reports for **clinical quality measures** in late August



# UDS+ Onboarding

*UTC Monthly Meeting*

**Vision: Healthy Communities, Healthy People**



# Onboarding Through the BPHC Contact Form

## BPHC Contact Form

If you'd like to check the status of an existing ticket [click here](#).

### I have a question about...

#### COVID-19

- COVID-19 Funding
- COVID-19 Surveys
- COVID-19 Testing Supply Program
- COVID-19 Therapeutics Program

[View More](#) ...

#### Federal Tort Claims Act (FTCA)

- FTCA Free Clinics Program
- FTCA Health Center Program
- FTCA Volunteer Health Professionals Program
- FTCA Site Visit

#### Funding

- Applications for Notice of Funding Opportunities (NOFOs)
- Community Project Funding/Congressionally Directed Spending (CPF/CDS)
- Non-competing Continuation (NCC) Progress Reports (e.g., BPR)
- Supplemental Grant Award (e.g. COVID/ARP, PCHP, Capital)

[View More](#) ...

#### Health Center Program

- How to Become a Health Center
- Health Center Program (e.g. Unmet Need Score, Advancing Health Center Excellence Framework)
- Accreditation and Patient Centered Medical Home Recognition (APCMH) - H80
- Patient Targets

#### Look-Alike Designation

- Initial Designation (LAL-ID)
- Renewal of Designation (LAL-RD)
- Annual Certification (LAL-AC)
- Accreditation and Patient Centered Medical Home Recognition (APCMH) - LAL

[View More](#) ...

#### Policy

- Compliance Manual General Inquiry
- Site Visit Protocol General Inquiry
- Policy Portal
- Section 330 Changes

#### Program Monitoring H80

- Change in Scope
- General H80 Award
- OSV (Operational Site Visit) / Technical Assistance
- Prior Approval

#### Technical Support

- EHBs Tasks/EHBs Technical Issues
- Salesforce Account Creation - BPHC Staff Only
- Salesforce Support
- Health Center Program Community

[View More](#) ...

#### Uniform Data System (UDS)

- UDS Reporting
- Community Health Quality Recognition (CHQR) Badges
- UDS Data Use Agreement
- UDS Modernization

[View More](#) ...

- Navigate to <https://hrsa.my.site.com/support/s/>.
- Scroll to the Uniform Data System category.
- Click UDS Modernization to access the future onboarding form.



# Salesforce: Registration and Onboarding Information

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- The Health Center Name\*
- The Health Center's Grant Number(s)
- The Vendor that the Health Center will use for reporting UDS+ data
- Contact information for the UDS+ Point of Contact

\*This must be the same name on the Health Center's grant(s).



# UDS+ Onboarding Through the BPHC Contact Form

Uniform Data System (UDS) > UDS+ Onboarding

## UDS+ Health Center Information

▼ Section A. Health Center Information

Please provide the following information about the Health Center and its point of contact for UDS+. The information provided will be used to identify the Health Center when requesting the information required to set up the Health Center's profile in UDS+.

\* 1. Health Center Name:

\* 2. Grant Number(s):

▼ Section B. UDS+ Point of Contact

Name:

First Name

Last Name

\* Title

\* Phone

\* Email

\* Reporting System

- The Health Center grant number must match the EHB submission.

# UDS+ Onboarding Through the BPHC Contact Form

## ▼ Section C. Vendor Authorization

\* Please select your vendor from the list below \*PLEASE NOTE IF YOU DO NOT SEE YOUR VENDOR THEY ARE NOT YET APPROVED AND YOU CANNOT CONTINUE\*

--None--

--None--

Azara

eClinicalWorks, LLC

Greenway Health

i2i

MediRec, Inc.

NextGen Healthcare

Relevant Healthcare

Visualutions/athenapractice

**Media Inquiries:** If you are a member of the press, direct your inquiry to HRSA's Office of Communications at [press@hrsa.gov](mailto:press@hrsa.gov) or call 301-443-3376.



# UDS+ Upcoming Meetings

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# UDS+: Fall Regional Meetings

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- HRSA will be offering region-specific meetings on UDS+ in September-October 2024
- Purpose of meetings is to review CY2024 UDS+ submission requirements, answer questions about the requirements, and review available resources to assist with preparation
- Health centers, PCAs, HCCNs and regional HRSA representatives will be invited to the meeting



# Upcoming UDS+ Meetings

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- UTC Monthly Meetings

- January 2024- September 2024; third Wednesday of the month from 2:00-3:00pm ET
  - Wednesday, September 18

- NACHC CHI

- Fireside Chat with BPHC: The Latest Emerging Issues and Administrative Updates
  - Sunday, August 25 from 1:30-2:45pm ET
- Preparing For UDS+ Using Quality Measure Report Data
  - Sunday, August 25 from 3:15-4:30pm ET
- UDS+ Office Hour
  - Monday, August 26 from 12:30-1:30pm ET



# UDS+ Testing Office Hours

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- The purpose of these office hours is to provide participants an open forum to ask questions and follow up on issues, with the UDS+ team, about registration and testing.
- Focus on technical questions
- UDS+ Testing Office Hours
  - **Shifting it to the first Thursday of the month**
  - 1:00-2:00pm ET
  - **Cohort 1, Data Forum**
  - Thursday, September 5 from 1:00-2:00pm ET



# Resources

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For the latest UTC and UDS+ information, please visit HRSA webpages:

- [UTC](#)
- [UDS Modernization Initiative](#)
- [UDS Modernization FAQ](#)
- [UDS+ FHIR IG](#)
- [Health Center Program Community](#)

For questions, comments, or suggestions:

[BPHC Contact Form](#)



# Key Terms

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- **Data Lakehouse (DLH):** Cloud-based server created to ingest the UDS+ data submissions at HRSA
- **eCQMs:** electronic Clinical Quality Measures
- **EHB:** Electronic Handbooks (HRSA system for data collection and grant management)
- **FHIR®:** Fast Healthcare Interoperability Resources
- **HL7®:** A non-profit organization that develops standards for health information exchange and interoperability.
- **ONC:** Office of the National Coordinator for Health Information Technology
- **UDS:** Uniform Data System (legacy UDS refers to the UDS submitted via EHBs)
- **UDS+:** Uniform Data System Patient-level Submission (PLS)
- **USCDI:** United States Core Data Set for Interoperability
- **UTC:** UDS Test Cooperative



# Additional information

- Additional resource for reference on how to read a FHIR IG:
  - [How to Conduct FHIR IG Review - FHIR Implementation Guide Creation Training - YouTube](#)

## Parts of a FHIR IG

- Exchange specifications
  - When does content get exchanged?
  - What are the security arrangements?
  - If there's an API, which parts are required / optional?
- Content specifications
  - Profiles aka templates / archetypes / etc – rules for the content
- Terminology specifications
  - Rules for what codes can / must be used
- Relationships
  - Mappings etc to external sources of rules/content/security etc
  - Business context for exchanges

## What is a good FHIR IG?

- Represents the consensus of it's community well
- Good quality internally - consistent, correct, efficient
- Clearly describes what you have to do to 'get it right'
- Provides good documentation to support implementers
  - A problem of many perspectives
- Consistent with other implementation guides
- Clearly describes how to interact with the community