



# UDS Reporting Q&A

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**JSI**

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Health centers report the Uniform Data System (UDS) report each year, and the process continues to modernize through the UDS modernization initiative.



While keeping up with modernization is important, understanding the UDS reporting requirements continues to be foundational.



The next level of UDS modernization is UDS Patient-Level Submission (UDS+) where a segment of the UDS report will be submitted via FHIR-based APIs will augment existing aggregated tables with de-identified patient-level data.

For CY2024, health centers will submit a legacy UDS report with ALL tables in the EHBs by Feb. 15, 2025, as in the past, and will ALSO submit specific information for UDS+ by April 30, 2025.



# Outline

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- Review specific questions
- Review bigger picture questions
- Reminder of next steps





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12 years of work supporting UDS reporting for health centers

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*Not representing or speaking on behalf of HRSA!*



## **I do not represent HRSA.**

I am not from HRSA, and although we have some insight, I am not speaking *FOR* HRSA.

## **We will have lots of time for questions!**

I welcome all your UDS questions and will answer what I can, and be clear where I do not have answers.

## **Every health center is different.**

Your own people, processes, and technology will impact how UDS reporting works for your health center!



# What can we do now to be ready for UDS reporting?

**For CY2024 Legacy Reporting (in the EHBs by Feb. 15):**

Run data now! Confirm that, for example:

- Information is showing up where expected in reports (e.g., that there aren't surprising blank lines on the info for Table 6A or no info showing up for SDoH screening, if there should be) All demographic information aligns
- (same #) Get into the EHBs and enter the things that
- you can-- Health IT form, some ODE form, etc.

**For UDS+ Reporting (by April 30):** Figure out how you are going to submit! Communicate with the submitting entity.

**For CY2025:** Update training, mapping, and workflows for increased standardization. This takes time!

# Balancing UDS Reporting and Street Outreach

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## Front End of System:

Clinicians enter information into the EHR while caring for patients.



## Back End of System:

Reports or analyzed data are extracted from the EHR to use for other purposes.

**Data and information is used in day-to-day work.**





Intake processes for those seen in outdoor or street settings:

- Chart set up?
- Demographic and insurance information collected?



Documentation of care in outdoor or street settings:

- Access to the record?
- Real time?



Referral management in outdoor or street settings:

- How does referral to additional care or treatment happen?
- How are wraparound services accessed?

- **Work with the people who have long been doing the street outreach care in order to understand opportunities for making the workflows work.**
- **Determine minimum viable collection: what is required and what can be unknown? For whom?**
- **Don't try to count everything! Much of this work is outreach.**



# This is also true for School-Based and Mobile Health

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- School-based staff and mobile health staff are also often very far afield from the central work (like grants management or QI).
- Patients seen at these locations may not be seen at main clinic sites, and so can raise questions about if and how they 'count' on UDS.