A brief introduction to Health Center Program Uniform Data System (UDS) Data

Adrian Bishop

Value of the UDS

HRSA-funded health centers serve nearly 29 million patients across the country, including:

1 in 3 people living in poverty

1 in 5 people who are uninsured

1 in 5 rural residents

Nearly 3 million adults age 65+

FindAHealthCenter.hrsa.gov

HRSA
Health Resources & Services Administration

Overview of UDS Report

Four Primary Sections

Patient Demographic Profile

- **ZIP Code**, medical insurance
- **Table 3A:** Age, sex at birth
- **Table 3B:** Race, ethnicity, language, sexual orientation, gender identity
- **Table 4:** Income, medical insurance, special population

Clinical Services and Outcomes

- **Table 5:** Staff, visits, and patients
- **Table 6A:** Selected services and diagnoses
- **Table 6B:** Clinical quality measures
- **Table 7:** Clinical outcome measures by race & ethnicity

Financial Tables

- **Table 8A:** Financial costs
- **Table 9D:** Patient service-related charges and collections
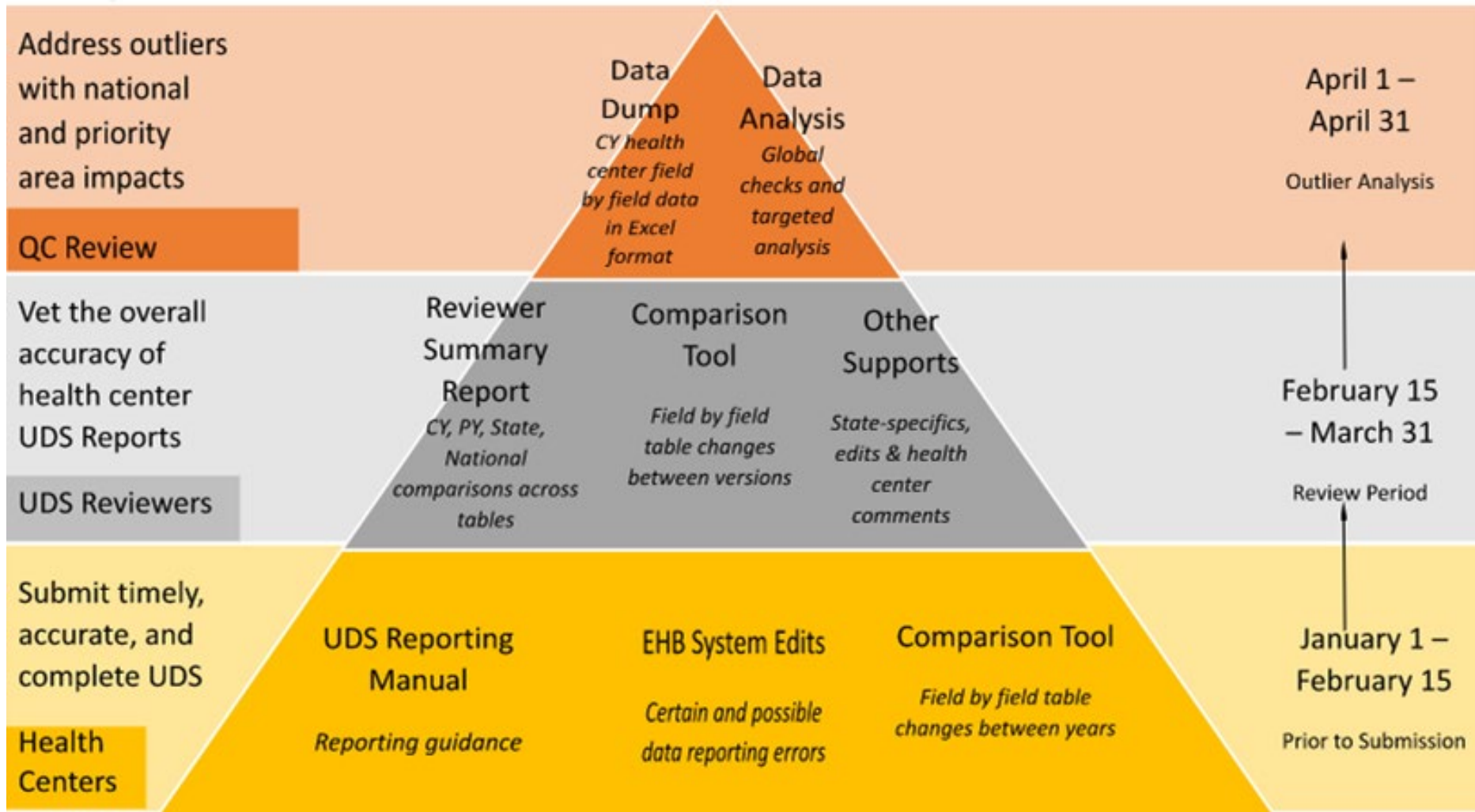- **Table 9E:** Other revenue

Other Forms

- **Appendix D:** Health Information Technology (HIT) Capabilities
- **Appendix E:** Other Data Elements (ODE)
- **Appendix F:** Workforce

Chart Sampling of Clinical Tables No Longer an Option
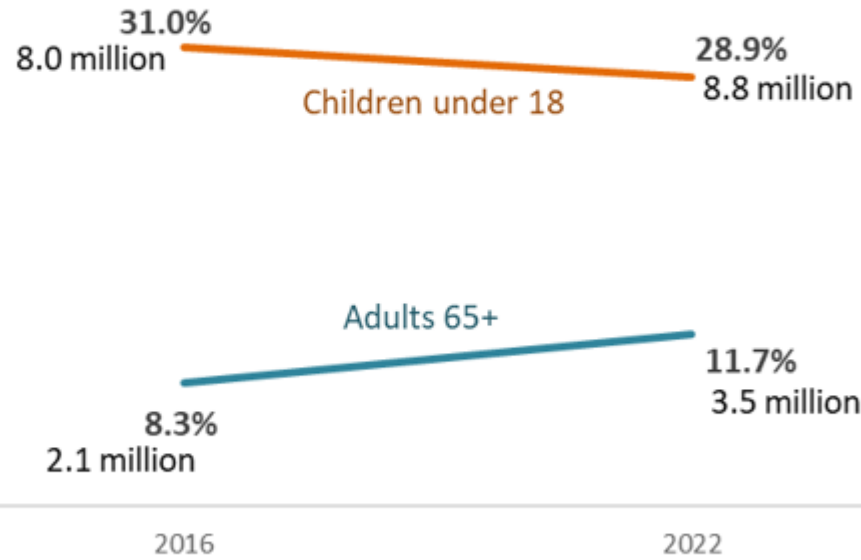
Three-Tiered Process of UDS Reports

QC Review (April 1 – April 31, Outlier Analysis)
- Address outliers with national and priority area impacts
- **Data Dump:** CY health center field by field data in Excel format
- **Data Analysis:** Global checks and targeted analysis

UDS Reviewers (February 15 – March 31, Review Period)
- Vet the overall accuracy of health center UDS Reports
- **Reviewer Summary Report:** CY, PY, State, National comparisons across tables
- **Comparison Tool:** Field by field table changes between versions
- **Other Supports:** State-specifics, edits & health center comments

Health Centers (January 1 – February 15, Prior to Submission)
- Submit timely, accurate, and complete UDS
- **UDS Reporting Manual:** Reporting guidance
- **EHB System Edits:** Certain and possible data reporting errors
- **Comparison Tool:** Field by field table changes between years

4

Patients

- **Patient:** A person who has at least one *countable* visit in one or more service category during the calendar year.

- In the patient profile tables (ZIP Code Table and Tables 3A, 3B, and 4), *each person counts once* regardless of the number of visits or services received.


Source: Shutterstock

Patient Demographics – Major Findings

Health Center Program Number of Children and Older Adults

31.0%
8.0 million

28.9%
8.8 million

Children under 18

Adults 65+

11.7%
3.5 million

8.3%
2.1 million

2016   2022

330 Awardees	CY Patients	PY Patients	2PY Patients	3PY Patients	Change from PY #	Change from PY %	% of Total Patients
Uninsured	5,676,199	6,137,142	6,239,691	6,783,710	-460,943	-8%	19%
Medicaid	15,217,704	14,465,403	13,245,245	14,206,602	752,301	5%	50%
Medicare	3,325,806	3,213,948	2,973,398	2,927,781	111,858	3%	11%
Other Public	208,680	244,934	254,486	269,264	-36,254	-15%	1%
Private	6,066,334	6,131,851	5,878,077	5,649,256	-65,517	-1%	20%
Total Patients	30,494,723	30,193,278	28,590,897	29,836,613	301,445	1%	

Clinical Services – Major Findings

% Virtual Visits of Total Visits

Year	%
2022	17%
2021	21%
2020	25%
2019	0%
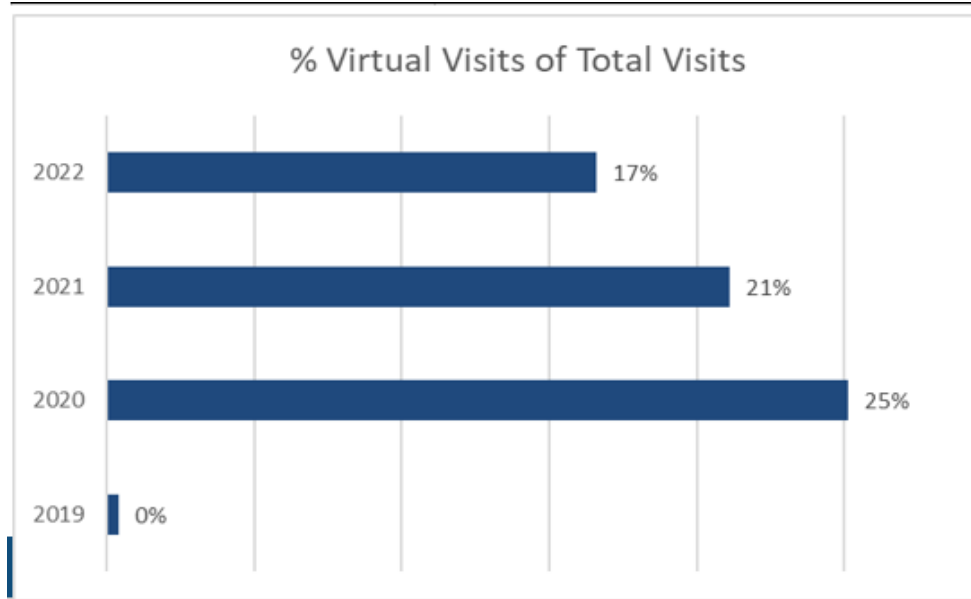
Integrated Care

➢ 98% of health centers provided mental health (MH) services, 52% provided substance use disorder (SUD) services, and 51% provided both (as a direct service category).

➢ Nearly 26 million MH visits were provided by medical providers who provided MH services at medical visits or by MH personnel directly.
  - Over ⅓ of MH visits provided by medical providers, with nurse practitioners providing 13% of care.

➢ Over 7 million SUD visits were provided by medical providers who provided SUD services at medical visits, by MH providers who provided MH at MH visits, and by SUD personnel.
  - Over ¾ of SUD provided by MH or medical providers, with psychiatrists providing 12% of care.

Clinical Services and Outcomes: Major Findings

Meeting the Measurement Standard

Quality of Care and Outcome Measures	CY 330	PY 330	CY LAL	PY LAL	HP 2030 Goal
Preventive Care and Screening Measures					
Cervical Cancer Screening	54.0%	52.9%	47.9%	45.4%	84.3%
Breast Cancer Screening	50.3%	46.3%	49.2%	44.6%	N/A
Colorectal Cancer Screening	42.8%	41.9%	40.8%	37.7%	74.4%
Tobacco Use: Screening and Cessation Intervention	84.6%	82.3%	76.5%	74.8%	N/A
Screening for Depression and Follow-Up Plan	70.0%	67.4%	57.1%	53.9%	13.5%
Body Mass Index (BMI) Screening and Follow-up (Adult)	61.0%	61.3%	48.3%	47.4%	N/A
HIV Screening	43.8%	38.1%	33.4%	24.1%	N/A
Maternal Care and Children's Health Measures					
Early Entry into Prenatal Care	72.0%	74.1%	74.9%	72.8%	80.5%
Low Birth Weight	8.4%	8.6%	8.4%	7.8%	N/A
Childhood Immunization Status	33.2%	38.1%	31.9%	37.9%	N/A
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	69.8%	68.7%	60.8%	59.3%	N/A
Dental Sealants for Children between 6-9 Years	58.4%	55.9%	49.3%	39.8%	42.5%

Clinical Services and Outcomes: Major Findings

Meeting the Measurement Standard

Quality of Care and Outcome Measures	CY 330	PY 330	CY LAL	PY LAL	HP 2030 Goal
Chronic Disease Management Measures					
Statin Therapy	76.1%	73.1%	73.5%	69.2%	N/A
Ischemic Vascular Disease	76.8%	78.3%	70.2%	72.4%	N/A
Controlling High Blood Pressure	63.4%	60.2%	60.0%	57.0%	60.8%
Diabetes: Hemoglobin A1c Poor Control	30.4%	32.3%	29.6%	33.3%	11.6%
Depression Remission at Twelve Months	13.6%	13.8%	16.5%	15.2%	N/A
HIV Linkage to Care	82.2%	82.7%	85.3%	87.9%	95.0%

Overview of Financial Tables

	Table 8A	Table 9D	Table 9E
Captures	**Costs**, both direct and overhead, incurred in the year for the health center scope of project.	**Patient-related charges and adjustments** from the calendar year; **patient-related revenue** received in the year.	**Other revenue (non-patient-service generated)** by the entity from which the revenue was received in the year.
Purpose	Describes how the health center's resources are expended both overall and by service area.	Provides a picture of health center patient service revenue by payer and type of payment. Combined with Table 9E, it provides information on how health center costs are covered.	Provides an overview of grant and other funding by source, which, along with Table 9D, illustrates how health center operations are funded.

Financial Tables: Major Findings Costs

% OF TOTAL COST

Category	%
Vision	0%
Other Prof.	1%
Enabling	5%
Rx	6%
QI	1%
Non-Clinical	18%
Facility	5%
Medical	38%
Dental	7%
Pharmacy	11%
Med Lab/X-ray	2%
MH/SUD	6%
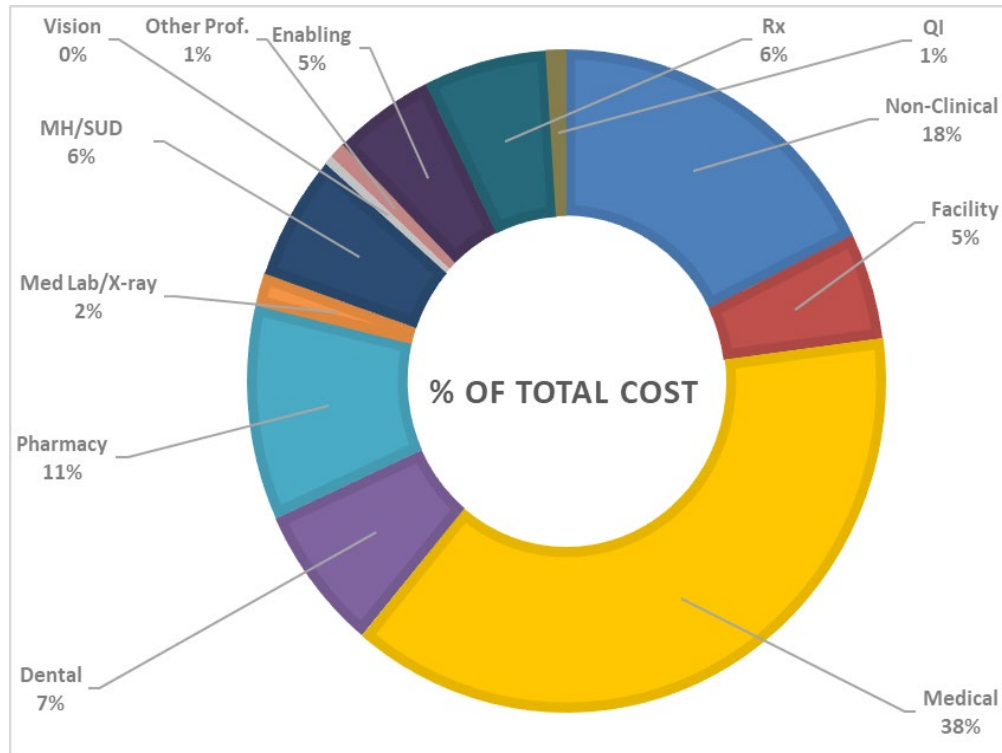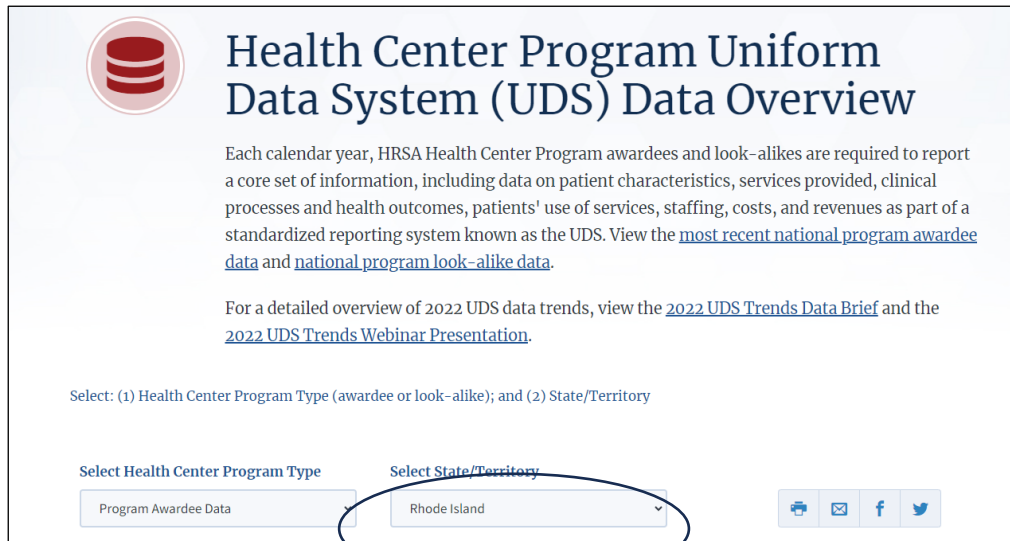
	330s			LALs		
	CY	PY	% Change	CY	PY	% Change
Total Cost per Total Patient	$1,340	$1,219	9.9%	$1,350	$1,210	11.5%
Medical Cost per Medical Visit	$253	$237	6.8%	$233	$349	-33.2%
Dental Cost per Dental Visit	$282	$268	5.0%	$234	$217	8.2%
MH Cost per MH Visit	$201	$180	11.3%	$181	$151	19.7%
SUD Cost per SUD Visit	$229	$214	6.7%	$283	$83	240.9%

Financial Tables: Major Findings Patient Revenues

330 Awardees	CY Collections	PY Collections	Change from PY $-Payer	% Change from PY Collections (Table 9D)	Change from PY – Patients by Insurance (Table 4)	% of Total Collections	Collections per Patient (by Insurance) CY	Collections per Patient (by Insurance) PY
Medicaid	$ 17,793,705,074	$ 15,622,638,398	$ 2,171,066,676	13.9%	5.2%	63%	$ 1,169	$ 1,080
Medicare	$3,811,036,331	$ 3,283,243,104	$ 527,793,227	16.1%	3.5%	13%	$ 1,146	$1,022
Other Public	$ 402,827,935	$ 564,751,296	$ (161,923,361)	-28.7%	-14.8%	1%	$ 1,930	$ 2,306
Private	$ 5,042,742,623	$ 4,551,211,610	$ 491,531,013	10.8%	-1.1%	18%	$ 831	$ 742
Self-Pay	$ 1,361,175,322	$ 1,323,494,161	$ 37,681,161	2.8%	-7.5% (uninsured)	5%	$ 240	$ 216
Total Collections	$28,411,487,285	$ 25,345,338,569	$ 3,066,148,716	12.1%	1.0%		$ 932	$ 839

12

Rhode Island Data

https://data.hrsa.gov/tools/data-reporting/program-data