

2020 UDS Debrief

Updates and Comparison

4/21/2021



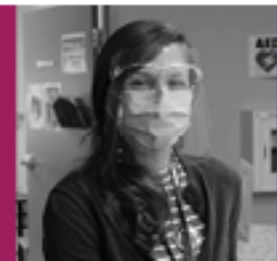
What is the UDS?

1. The Uniform Data System (UDS) Report is a required annual report submitted to the Health Resources and Services Administration (HRSA).
2. Each year, all health center grantees report on their performance using the measures defined in the UDS.
3. This standardized reporting system provides consistent information about health centers.



How is this data useful?

1. UDS is the primary means that we can compare ourselves to other health centers, those that also serve primarily individuals experiencing homelessness and 'general population' community health centers.
2. Allows the comparison of national and state averages to our health center.
3. HRSA uses to determine 'quality awards' and other funding opportunities.



...With that being said

1. Primary Care Providers have A LOT to cover and are held accountable for many different measures and standards.
2. The UDS is only a snapshot of some, and is not only driving force of a quality program.
3. We are able to still choose our own quality indicators that we want to prioritize.



2020 Demographics details

1. Saw 8694 'patients' this year
 - Represents 682 person drop (9374 in 2019)
 - How HRSA defines 'patient' is different than all clients who present to health center, which is why you hear different numbers
2. No marked change in percent of men seen (56%) vs. women (44%) from 2019. We have seen an increase in women seen over the past 3-5 years
3. Saw a slight increase in individuals who identify as Hispanic/Latinx (28% compared to 25% in 2019). Have seen marked increase (10-15%) over the past 3-5 years
4. Saw a slight decrease in Black/African American served (52% compared to 56% in 2019). Have seen a decrease (-10%) over the past 3-5 years



Visit data

1. **Medical:** Saw an **increase** in clients seen by medical (7008 compared to 6998); but fewer visits (~2000 with virtual visits)
2. **Mental Health:** Saw an **increase** in patients (2651 in 2020 compared to 2230 in 2019), but fewer visits (~3000 with virtual visits)
3. **Substance use:** Saw an **increase** in patients (2065 in 2020 compared to 1241 in 2019), but fewer visits (~4000 with virtual visits)
4. **Case Management:** Saw a **decrease** in case management clients (300 fewer), but we did see MORE encounters in 2020, when combining in-person to virtual visits.
5. **Dental:** Saw a 50% reduction in clients and visits



What's going well?

1. In 2020, in a pandemic and shift to telehealth, we saw MORE clients across three major service lines.
2. Seeing an increase in uninsured clients, and meeting a need in the Hispanic/Latinx community
3. Vast majority of clients are extremely low-income (below 100% FPL)

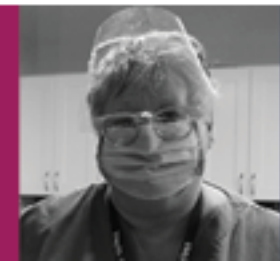
Areas of improvement?

1. Missing key data points that we are required to report out on income and other demographic sections
2. Seeing more clients (~14,000)



Some caveats to 2020 data

1. Several of our measures that saw a large drop required an in-person visit:
 - BMI screening and follow-up plan (kids and adults)
 - Childhood immunizations
 - Dental sealants
2. Others rely on screenings that may not have been the focus or prioritized during the pandemic and the switch to virtual visits:
 - Tobacco screening and cessation
 - Depression screening and follow-up plan
3. Low numerator and denominators impact some of the measures large shifts:
 - Dental Sealants
 - Childhood immunizations



Health Care for the Homeless year-by-year Comparison

Measure	2018 Result	18-19 Change	2019 Result	19-20 Change	2020 Result
Cervical Cancer Screening	57.4%	2.2%	59.6%	-2%	58%
Child Weight Screening / BMI / Nutritional / Physical Activity Counseling	54.2%	6.4%	60.6%	-19%	42%
Tobacco Use: Screening and Cessation (NQF 0028)	81.6%	3.4%	85.0%	-21%	64%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	79.9%	5.0%	84.9%	-1%	84%
IVD Aspirin Use	85.6%	-6.4%	79.2%	2%	81%
Colorectal Cancer Screening	46.7%	0.5%	47.2%	-10%	37%
Screening for Depression and Follow-Up Plan	75.8%	5.8%	81.6%	-4%	78%
Hypertension Controlling High Blood Pressure	57.4%	-1.6%	55.8%	3%	59%
Diabetes A1c > 9 or Untested	31.8%	-2.2%	29.6%	6%	36%
BMI Screening and Follow-Up 18+ Years	75.8%	1.6%	77.4%	-25%	52%
Childhood Immunization Status	20.0%	-15.3%	4.7%	16%	21%
HIV linkage to care	100.0%	0.0%	100.0%	0%	100%
Dental Sealants	n/a	n/a	100.0%	-50%	50%
Breast Cancer Screening	new	new	new	n/a	84%
HIV Screening	new	new	new	n/a	78%
Depression Remission at 12 months	new	new	new	n/a	2%



HCH Comparison to National Averages

Measure	2020 Result	Natl Average	% difference
Cervical Cancer Screening (NQF 0032)	58%	56%	+2%
Child Weight Screening / BMI / Nutritional /Physical Activity Counseling (NQF 0024 modified)	42%	69%	- 27%
Tobacco Use: Screening and Cessation (NQF 0028)	64%	88%	- 24%
IVD Aspirin Use (NQF 0068)	81%	81%	
Colorectal Cancer Screening (NQF 0034)	37%	44%	- 7%
Screening for Depression and Follow-Up Plan (NQF 0418)	78%	71%	+ 6%
Hypertension Controlling High Blood Pressure (NQF 0018)	59%	63%	- 4%
Diabetes A1c > 9 or Untested (NQF 0059)	36%	33%	- 3%
BMI Screening and Follow-Up 18+ Years (NQF 0421/eCQM 69v7)	52%	70%	- 18%
Childhood Immunization Status (NQF 0038)	21%	39%	- 18%
HIV linkage to care	100%	86%	+ 14%
Dental Sealants	50%	53%	- 3%



What going well?

1. While we saw a slight decrease, the following measures maintained previous years quality metrics:
 - Cervical cancer screening, Statin treatment, and Depression screening
2. We saw improvements in: (improvements in a pandemic = huge win!)
 - hypertension control
 - IVD treatment
 - Childhood immunizations

Of note, these three measures saw declines from 18-19, with then improvements from 19-20!
3. Saw strong performance in two new measures – breast cancer and HIV screening



Areas for Improvement

1. Three UDS measures that have areas for improvement were prioritized on this year's PI plan
 - Childhood immunization (3 years below national average performance)
 - Diabetes (2 years declining performance)
 - Depression Remission (new measure, but very low percentage. We are using a different definition than UDS)
2. Colorectal, cervical, and breast cancer screening are Pop Health priorities
3. Restoration of in-person services will improve many of these measures
4. Hopeful EMR changes and improvements in documentation will improve our prenatal reporting

