Suma Nair  
Director  
Office of Quality Improvement  
Bureau of Primary Health Care  
Health Resources and Services Administration  
U.S. Department of Health and Human Services

RE: Uniform Data System Quality Measure Reporting – Recommendations to Reduce Administrative Burden and Enhance Data Capture

Dear Director Nair,

On behalf of OCHIN and our network members, we seek clarification on the data that can be used when calculating clinical quality measures as part of the Uniform Data System (UDS). Specifically, we are proposing an approach that would improve quality measure reporting, optimize use of health information technology, and reduce administrative and cognitive burdens on healthcare providers. As you know, OCHIN is a national nonprofit health information technology and research network that includes a significant percentage of federally qualified health centers (FQHCs), FQHCs, and other community-based providers that have multiple and varied reporting requirements. We urge HRSA to issuance guidance that allows our members (and other FQHCs) to accurately capture quality measure activities that are excluded because of narrow guidance in the 2021 UDS manual.

OCHIN members are able to view data across systems, and data from other systems can participate in clinical decision support (CDS) in our system. This means that a user of our system can see that a screening test (for example a mammogram) has been done, and view the result, and adjust the follow-up as needed in our system without ever manually entering the result in our system. Our clinical decision support can also make use of this result and suppress an alert/remind to order the test. However, when it comes to UDS reporting, this result will not count, and there will be a mismatch between what the OCHIN system indicates has been done and what will show up in the UDS report.

Why? On page 89 of the 2021 UDS manual, it provides “[f]or measures requiring the completion of screenings, tests, or procedures to meet the numerator criteria, the findings of the screenings, test results, or procedures must be documented in the patient health record.” We understand this to mean that the result must be included in the local instance of the electronic health record (EHR). However, with the increasing ability to share data across EHRs, this interpretation has become problematic for our users.
Currently, the only way to reconcile the two processes is to manually enter the external result. This takes valuable time away from the clinic team and does not improve quality of care. Manually entering a result into the system often requires scanning a document, which can be difficult to retrieve and review, and does not directly interact with all clinical decision support systems.

The solution to this issue would be to allow the use of external data in calculating these measures. OCHIN recommends changing the above referenced sentence to “For measures requiring the completion of screenings, tests, or procedures to meet the numerator criteria, the findings of the screenings, test results, or procedures must be accessible in the patient health record.” One could also use the word “viewable.”

Health information technology (IT) systems are increasingly able to make use of external information, both in directly displaying it in line with local data and using it for clinical decision support. OCHIN urges promoting its use in UDS quality measurement to bring quality reporting in line with current health IT capability and practice. This change would help to realize the promise of health information exchange and the investment in the meaningful use program. Furthermore, it would directly address relieving reporting burden to our chronically overworked and understaffed health centers.

We appreciate the opportunity to partners with you to advance this important work. Please contact me if you have questions, stollj@ochin.org.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs