



July 5, 2017

Office of Quality and Data
Health Resources and Services Administration (HRSA)
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

RE: Comments on Program Assistance Letter 2017-04: Proposed Uniform Data System Changes for Calendar Year 2018 and OMB No. 0915-0193 as published in Federal Register, Vol. 82, No. 86

To Whom it May Concern:

The California Primary Care Association (CPCA) represents over 1,200 not-for-profit community clinics and health center sites in California that provide comprehensive, quality health care services to primarily low-income, uninsured, and underserved Californians, including 176 Federally Qualified Health Centers (FQHCs) and FQHC Look-alikes. These health centers provide nearly 20 million patient encounters to over 6.2 million patients each year. CPCA and our member health centers rely on UDS data to understand and compare patient demographics, service needs, staffing, clinical outcomes, utilization management, and costs and revenues. Changes made to UDS measures can greatly impact the quality of data available to help health centers in their management decisions.

We appreciate the opportunity to work with HRSA on the development of UDS measures for the 2018 measurement year. Below please find the recommendations of CPCA and our member FQHCs and FQHC look-alikes on both PAL 2017-04 and OMB No. 0915-0193, published in the Federal Register Vol. 82, No. 86.

PAL 2017-04

A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH ECQMS

CPCA supports HRSA's movement towards streamlining UDS Quality of Care Measures. Continued alignment to the electronic-specified Clinical Quality Measures (e-CQMs) will largely reduce reporting inconsistencies and data reporting burden. We believe that standardization of data collection will lead to data-driven quality improvement and full reporting optimization at California's CCHCs. *CPCA commends HRSA for aligning UDS Quality of Care Measures with e-CQMs.*

B. REVISION OF APPENDIX D: REMOVAL OF PCMH QUESTIONS

CPCA has previously commented that the questions associated with PCMH recognition and accreditation are redundant. *We appreciate that the Bureau has accepted our recommendation and removed the PCMH questions in an effort to streamline the report.*

C. EXPANDED TELEHEALTH QUESTIONS

CPCA supports the Bureau's effort to collect meaningful information about telehealth activities. Telehealth services will be a critical avenue for health centers to provide care to patients in non-traditional ways through value-based reimbursement structures. *We make the following recommendations to optimize the questions:*

- To question a.i. Who did you use telehealth to communicate with?:
 - *CPCA recommends HRSA add a third answer choice: Professional organizations for staff training (e.g. continuing medical education, administrative meetings, etc.).*
- To question a.iii. What primary telehealth services were used at your organization?:
 - *CPCA recommends HRSA remove option 4, behavioral health. This option is redundant and not as specific as existing options, like mental health and substance abuse;*
 - *CPCA recommends HRSA add an option to specify the type of chronic condition telehealth offered under option 8, chronic conditions;*
 - *CPCA recommends HRSA add an option for ophthalmology.*

BUREAU OF PRIMARY HEALTH CARE UNIFORM DATA SYSTEMS OMB NO. 0915-0193
NOTICE FROM FEDERAL REGISTRAR VOL. 82, NO. 86

A. THE NECESSITY AND UTILITY OF THE PROPOSED INFORMATION COLLECTION FOR THE PROPER PERFORMANCE OF THE AGENCY'S FUNCTION.

UDS data is a critically important tool for health centers and policy makers to understand and address unmet need in the communities they serve. Health centers use UDS data to understand the clinical, socio-economic, and demographic characteristics of their patient population and rely on this information to identify clinical and auxiliary support (like enabling services, social services, and other supports) to address unmet need.

UDS is the only standardized tool across the country that can be used to tell the health center story and determine policy and regulatory focus for the Bureau of Primary Health Care. Nationally, UDS is especially important as it relates to addressing the primary care workforce shortage and determining national Health Professional Shortage Area (HPSA) scores. We are involved in the dialogue led by HRSA's Auto-HPSA Workgroup about increasing the use of Census data to determine HPSA score. CPCA and the National Association of Community Health Centers (NACHC) continue to advocate that UDS data is critically important to calculate the poverty measure for HPSA scoring.

In California, UDS is a tool used by the legislature, CPCA, and the state Primary Care Office to drive policy. FQHCs and FQHC look-alikes are the primary health care provider for California's Medicaid population and the remaining uninsured. The critical information collected and disseminated via the UDS is used as a decision-making tool in statewide efforts to ensure access to primary and preventive health care, provide a spectrum of wraparound services for California's low income population, and address the social determinants of health. CPCA, our member health centers, and California policymakers depend on the UDS to meet the needs of Californians.

B. WAYS TO ENHANCE THE QUALITY, UTILITY AND CLARITY OF THE INFORMATION TO BE COLLECTED

CPCA encourages HRSA to continue streamlining the UDS to align with other measure sets, like Meaningful Use and HEDIS. There are extensive data reporting requirements for FQHCs, and standardizing measure sets will reduce reporting inconsistencies, lead to data-driven clinical and operation decisions, and enhance quality for California's FQHCs.

For health centers using an electronic health record to report UDS (as opposed to chart auditing), there does exist a need to create an exclusion criteria for patients who have not had a visit with a medical provider but may be in the measure denominator because of visits in another clinical department in a shared electronic record (e.g. optometry or behavioral health). For example, a patient who exclusively utilizes their local FQHC for depression counseling in a mental health department and who has had a visit in the last year, should not be counted in the cervical cancer screening measure because it is not clinically relevant for a behaviorist to ask or perform these screening activities. Imbedding an exclusion criteria would allow for health centers to more comprehensively report on the full patient population using the EHR, as opposed to chart audits, and more accurately assess provider performance across a full panel. *CPCA recommends that UDS measure definitions are explicit in defining the denominator as patients with a primary care medical visit in the calculation and updates EHR reporting to accommodate this criteria.*

C. USE OF AUTOMATED COLLECTION TECHNIQUES OR OTHER FORMS OF INFORMATION TECHNOLOGY TO MINIMIZE THE INFORMATION COLLECTION BURDEN

CPCA advocates for automated collection techniques that are thoughtfully determined with substantial input from health center grantees. We understand that HRSA has contracted with Mitre to conduct an environmental scan and develop a series of recommendations for modernizing UDS through automation. CPCA appreciates that Mitre is inquiring with health center grantees and PCAs and we expect Mitre will use a statistically significant sample size so as to assure accurate representation of grantees nationwide.

When Mitre does release their final recommendations and HRSA chooses to take action, CPCA encourages HRSA to take full advantage of the regulatory comment process to gather grantee perspectives regarding the feasibility and usability of any changes to reporting requirements, including efforts to automate. CPCA and our members will happily respond to these requests in detail.

CONCLUSION

Thank you for the opportunity to respond to the above-referenced solicitations. Please do not hesitate to contact Allie Budenz by telephone at (916) 440-8170 or abudenz@cpca.org if you have any questions or comments or if you require any clarification on the comments presented herein.

Sincerely,



Carmela Castellano-Garcia
President & CEO
California Primary Care Association