

UDS: UNIFORM DATA SYSTEM

Table 6B: Clinical Quality Measures

PURPOSE:

Table 6B reports on selected quality of care measures that are viewed as indicators of health center performance.

HOW DATA ARE USED:

Compliance rates for clinical measures and percentage of target population receiving routine or preventive service are calculated and reviewed by the Health Resources and Services Administration (HRSA).

CHANGES:

CLINICAL QUALITY MEASURES

- To support HHS wide standardization of data collection and reduce health center reporting burden, many of the specifications for Table 6B's clinical measures have been revised to align with the Centers for Medicare & Medicaid Services (CMS) electronic-specified Clinical Quality Measures (e-CQMs). A list of these measures is shown in Table 1.
- For 2019, the UDS Manual's Table 6B has been updated to mirror the CMS e-CQM logic for those variables which are aligned. Extensive information pertaining to e-CQMs can be found at the eCQI Resource Center: <https://ecqi.healthit.gov/ecqms>.
- Elimination of line 17: Coronary Artery Disease (CAD): Lipid Therapy
- Addition of line 17a: Statin Therapy of the Prevention and Treatment of Cardiovascular Disease

Measure Description

- The quantifiable indicator to be evaluated.

Denominator or "Universe" (also referred to as Initial Patient Population in the e-CQM).

- Patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.

Numerator

- Records (from the denominator) that meet the measurement standard for the specified measure.

Exclusions/Exceptions

- Patients who should not be considered and removed from the denominator.

Specification Guidance

- CMS measure guidance that assists with the understanding and implementing eCQMs.

UDS Reporting Considerations

- BPHC requirements and guidance to be applied to the specific measure and may differ from or expand on the eCQM specifications.

The clinical quality measures (CQMs) described in this manual must be reported by all health centers using specifications detailed in the measure definitions described below. The majority of the UDS clinical measures are aligned with CMS 2019 Performance Period Eligible Professional/Eligible Clinical eCQMs. Use the most current CMS-issued eCQM specifications for the version numbers referenced in the UDS Manual for 2019 reporting and measurement period. Although there are other updates available from CMS, they are *not to be used* for 2019 reporting.

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TABLE 1: 2019 TABLE 6B: CLINICAL QUALITY MEASURES			
Table	Line	2019 Measure Description	e-CQM
6B	10	Childhood Immunization Status (CIS)	CMS117v7
6B	11	Cervical Cancer Screening	CMS124v7
6B	12	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	CMS155v7
6B	13	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	CMS69v7
6B	14a	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS138v7
6B	16	Use of Appropriate Medications for Asthma (no longer e-specified)	
6B	17a	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS347v2
6B	18	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	CMS164v7
6B	19	Colorectal Cancer Screening	CMS130v7
6B	21	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	CMS2v8
6B	22	Dental Sealants for Children between 6–9 Years	CMS277v0
7	Part B	Controlling High Blood Pressure	CMS165v7
7	Part C	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	CMS122v7

Table 1. For 2019 reporting period, use the latest electronic specifications available for 2019 Performance Period.

WHY ARE PROCESS MEASURES IMPORTANT?

If patients receive timely routine and preventive care, then we can expect improved health status. For example, we know that:

- Children who receive vaccinations are less likely to contract preventable diseases;
- Women who receive Pap tests are more likely to be treated earlier and less likely to suffer adverse outcomes from HPV and cervical cancer; and
- Timely follow-up care for patients who test positive for HIV reduces morbidity and mortality and the risk of further transmission.

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TABLE TIPS:

In Sections C through N, report the findings of your review of services provided to targeted populations:

- **Column a: Number of Patients in the Universe (or denominator).** Number of patients who fit the detailed criteria described for inclusion in the specific measure to be evaluated.
- **Column b: Number of Charts Reviewed.** Number of patients from the universe (column a) for whom data have been reviewed. Three options are available:
 1. All patients who fit the criteria for the clinical measure (same as universe in column a); **OR**
 2. A number equal to or greater than 80%* of all patients who fit the criteria ($\geq 80\%$ of the universe reported in column a); See sample of page 11. **OR**
 3. A random sample 70 patients selected from the universe (column a).

***NOTE:** If you choose Option 2 (greater than or equal to 80% of column a), the sample cannot be restricted by any variable related to the clinical measure.
- **Column c: Measurement Standard.** Number of charts (from Column B) whose clinical record indicates that the measure has been met.

Childhood Immunization Status (Line 10), [CMS1175v7](#)

Measure Description

Children who turn 2 years of age during the measurement period and who had a medical visit during the measurement period.

- 4 diphtheria, tetanus and acellular pertussis (DTaP);
- 3 polio (IPV);
- 1 measles;
- 1 mumps;
- 1 rubella (MMR);
- 3H influenza type B (HiB);
- 3 hepatitis B (Hep B);
- 1 chicken pox (VZV);
- 4 pneumococcal conjugate (PCV);
- 1 hepatitis A (Hep A);
- 2 or 3 rotavirus (RV); and
- 2 influenza (flu).

Universe (Column a)

Children who turned 2 years old* and had a medical visit during the measurement period.

*Born on or after January 1, 2017 and on or before December 31, 2017

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Children who have evidence showing they received the recommended vaccines, had documented history of the illness, had a seropositive test result, or had an allergic reaction to the vaccine by their second birthday.

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Exclusions/Exceptions

Denominator

Patients who were in hospice care during the measurement period.

Numerator

Not applicable.

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

Cervical Cancer Screening (Line 11), [CMS124v7](#)

Measure Description

Percentage of women 21*–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21*–64 who had cervical cytology performed every 3 years.
- Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years.

Universe (Column a)

Women 23 through 64 years of age* with a medical visit during the measurement period.

**Born on or after January 1, 1955 and on or before December 31, 1995*

**Note: Use age 23 as the initial age to include in assessment. See the UDS Manual for further detail.*

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Women with one or more of the following screenings for cervical cancer. Appropriate screenings are defined by any one of the following criteria:

- Cervical cytology performed during the measurement period or the 2 years prior to the measurement period for women who are at least 21 years old at the time of the test;
- Cervical cytology/HPV co-testing performed during the measurement period or the 4 years prior to the measurement period for women who are at least 30 years old at the time of the test.

Exclusions/Exceptions

Denominator

- Women who had a hysterectomy with no residual cervix or a congenital absence of cervix.
- Women who were in hospice care during the measurement period.

Numerator

Not applicable.

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Line 12), [CMS155v7](#)

Measure Description

Percentage of patients 3–17 years old who had an outpatient medical visit, and who had evidence of height, weight, **and** body mass index (BMI) percentile documentation and who had documentation of counseling for nutrition and who had documentation of counseling for physical activity during the measurement period.

For more detailed information see UDS Reporting Instructions for the 2019 Health Center Data, pages 70–95.

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Universe (Column a)

Patients 3 through 17 years old* with at least one outpatient medical visit during the measurement period.

**Born on or after January 1, 2002 and on or before December 31, 2015*

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Children and adolescents who have had:

- Their BMI **percentile** (not just BMI or height and weight) recorded during the measurement period; **and**
- Counseling for nutrition; **and**
- Counseling for physical activity during the measurement period.

Exclusions/Exceptions

Denominator

- Patients who have a diagnosis of pregnancy during the measurement period.
- Patients who were in hospice during the measurement period.

Numerator

Not applicable.

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

Preventive Care & Screening: Body Mass Index (BMI) Screening & Follow-Up Plan (Line 13), [CMS69v7](#)

Measure Description

Percentage of patients aged 18 years and older with BMI documented during the most recent visit or within the previous 12 months to that visit **and** when the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the previous 12 months of that visit.*

**NORMAL PARAMETERS: Age 18 years and older BMI greater than or equal to 18.5 and less than 25 kg/m2.*

Universe (Column a)

Patients 18 years of age or older* on the date of the visit with at least one medical visit during the measurement period.

**Born on or before December 31, 2000, and were 18 years of age or older on date of last visit*

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Patients with:

- A documented BMI (not just height and weight) during their most recent visit **or** during the 12 months prior to that visit, **and**
- When the BMI is outside of normal parameters, a follow-up plan is documented during the visit or during the 12 months prior to the current visit.
- INCLUDE patients with a normal BMI documented in column c. Those with a normal BMI do not require a documented follow-up plan to be included in the numerator (column c).

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Exclusions/Exceptions

Denominator

- Patients who were pregnant during the reporting period;
- Patients receiving palliative care during or prior to the visit;
- Patients who refuse measurement of height and/or weight or refuse follow-up during the visit; or
- Patients who had a documented medical reason, during or within 12 months of the visit, including:
 - Elderly patients (65 or older) for whom weight reduction/weight gain would complicate other underlying health conditions such as: *illness or physical disability; mental illness, dementia, confusion; nutritional (vitamin or mineral) deficiency; or*
 - Patients in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health.

Numerator

Not applicable

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (Line 14a), [CMS138v7](#)

Measure Description

Percentage of patients aged 18 and older who were screened for tobacco use one or more times within the past 24 months and who received cessation counseling intervention if identified as a tobacco user.

Universe (Column a)

Patients aged 18 years and older* seen for at least two medical visits or at least one preventive medical visit during the measurement period.

**Born on or before December 31, 2000*

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

Patients who:

- Were screened for tobacco use at least once within 24 months before the end of the measurement period; **and**
- Received tobacco cessation intervention if identified as a tobacco user.
- Column c INCLUDES **patients with a negative screening as well as** those with **a positive screening who received cessation intervention.**

Exclusions/Exceptions

Denominator

Documentation of medical reason(s) for not screening for tobacco use or for not providing tobacco cessation intervention (e.g., limited life expectancy, other medical reason).

Numerator

Not applicable.

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

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Use of Appropriate Medications for Asthma (Line 16), ([No longer e-specified](#))

Measure Description

Percentage of patients 5-64 years of age identified as having persistent asthma and appropriately ordered medication during the measurement period.

Universe (Column a)

- Patients 5 through 64 years of age* with persistent asthma who had a medical visit during the measurement period.

**Born on or after January 1, 1955 and on or before December 31, 2013*

Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

- Patients who were ordered at least one prescription for a preferred therapy during the measurement period.

Exclusions/Exceptions

Denominator

- Patients with a diagnosis of emphysema, chronic obstructive pulmonary disease, obstructive chronic bronchitis, cystic fibrosis, or acute respiratory failure that overlaps the measurement period.

Numerator

Not applicable.

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (Line 17a), [CMS347v2](#)

Measure Description

Percentage of the following patients at high risk of cardiovascular events aged 21 years and older who were prescribed or were on statin therapy during the measurement period:

- Patients 21 years of age or older previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); or
- Patients 21 years of age or older who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; or
- Patients 40 through 75 years of age with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL.

Universe (column a)

Patients 21* years of age and older who have an active diagnosis of ASCVD or ever had a fasting or direct laboratory result of LDL-C greater than or equal to 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia; or patients 40 through 75 years of age with Type 1 or Type 2 diabetes and with an LDL-C result 70-189 mg/dL recorded as the highest fasting or direct laboratory test result in the measurement year or the 2 years prior; with a medical visit during the measurement period.

**Include patients who were born on or before December 31, 1997*

Denominator (column b)

Number of records reviewed.

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Numerator (column c)

Patients who are actively using or who received an order (prescription) for statin therapy at any point during the measurement period.

Exclusions/Exemptions

Denominator

- Patients who have a diagnosis of pregnancy.
- Patients who are breastfeeding.
- Patients who have a diagnosis of rhabdomyolysis.
- Patients with adverse effect, allergy, or intolerance to statin medication.
- Patients who are receiving palliative care.
- Patients with active liver disease or hepatic disease or insufficiency.
- Patients with end-stage renal disease (ESRD).
- For patients 40 through 75 years of age with diabetes who have the most recent fasting or direct LDL-C laboratory test result less than 70 mg/dL and are not taking statin therapy.

Numerator

Not applicable

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (Line 18), [CMS164v7](#)

Measure Description

Percentage of patients 18 years of age and older diagnosed with acute myocardial infarction (AMI) or who had a coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCIs) in the 12 months prior to the measurement period **or** who had an active diagnosis of IVD during the measurement period, and documented use of aspirin or another antiplatelet during the measurement period.

Universe (Column a)

- Patients 18 years of age and older* with a medical visit during the measurement period who had an AMI, CABG, or PCI during the 12 months prior to the measurement year or who had a diagnosis of IVD overlapping the measurement period.

**Born on or before December 31, 2000*

Denominator (Column b)

Number of records reviewed.

Numerator (Column C)

- Patients who had an active medication of aspirin or another antiplatelet during the measurement period.

Exclusions/Exceptions

Denominator:

- Patients who had documentation of use of anticoagulant medications overlapping the measurement year.
- Patients who were in hospice care during the measurement period.

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Numerator

Not applicable

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

Colorectal Cancer Screening (Line 19), [CMS130v7](#)

Measure Description

Percentage of adults 50-75 years old who had appropriate screening for colorectal cancer.

Universe (Column a)

- Patients 50 through 75 years old* with a medical visit during the measurement period.

**Born on or after January 1, 1944 and on or before December 31, 1968*

Denominator (Column b)

- Number of records reviewed.

Numerator (Column c)

Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal occult blood test (FOBT), during the measurement period
- Fecal Immunochemical Test (FIT) deoxyribonucleic acid (DNA) during the measurement period or the 2 years prior to the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period
- Computerized Tomography (CT) colonography during the measurement period or the 4 years prior to the measurement period

Exclusions/Exceptions

Denominator

- Patients with a diagnosis of colorectal cancer or history of total colectomy;
- Patients who were in hospice care during the measurement period.

Numerator

Not applicable

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

HIV Linkage to Care (Line 20), No e-CQM

Measure Description

Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 90 days of diagnosis.

Universe (Column a)

- Patients first diagnosed with HIV by the health center between October 1, 2018 and September 30, 2019, **and** who had at least one medical visit during 2018 or 2019.

Denominator (Column b)

- Number of records reviewed.

Numerator (Column c)

- Newly diagnosed HIV patients that received treatment within 90 days of diagnosis. Include patients who were newly diagnosed by your health center providers, and:
 - Had a medical visit with your health center provider who initiates treatment from HIV, **or**
 - Had a visit with a referral resource who initiates treatment for HIV.

Exclusions/Exceptions

- None

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For more detailed information see UDS Reporting Instructions for the 2019 Health Center Data, pages 70-95.

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Preventive Care and Screening: Screening for Depression and Follow-Up Plan (Line 21), [CMS2v8](#)

Measure Description

Percentage of patients aged 12 years and older screened for depression on the date of the visit using an age-appropriate standardized depression screening tool and if positive, a follow-up plan is documented on the date of the positive screen.

Universe (Column a)

- Patients aged 12 years and older* with at least one medical visit during the measurement period.

**Patients born on or before December 31, 2006*

Denominator (Column b)

- Number of records reviewed.

Numerator (Column c)

Patients who:

- Were screened for depression on the date of the visit using an age-appropriate standardized tool; and
- If screened positive for depression, had a follow-up plan documented on the date of the positive screen.
- Column c INCLUDES patients with a negative depression screening and those with a positive screening who had a follow-up plan documented.

Exclusions/Exceptions

Denominator:

- Patients with an active diagnosis of depression or a diagnosis of bipolar disorder
- Patients who refuse to participate
- Patients who are in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the patient's health status
- Patients whose functional capacity or motivation to improve may impact the accuracy of results

Numerator

Not applicable.

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

Dental Sealants for Children between 6-9 Years (Line 22), [CMS277v0](#)

Measure Description

Percentage of children, age 6–9 years, at moderate-to-high risk for caries who received a sealant on a first permanent molar during the measurement period.

NOTE: CMS277v0 is a draft e-CQM that currently reflects 5 through 9 years of age but will be corrected to use age 6 through 9 as measure steward intended.

Universe (Column a)

- Children 6 through 9 years of age* with an oral assessment or comprehensive or periodic oral evaluation dental visit who are at moderate-to-high risk for caries in the measurement period.

**Born on or after January 1, 2010 and on or before December 31, 2012*

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Denominator (Column b)

Number of records reviewed.

Numerator (Column c)

- Children who received a sealant on a permanent first molar tooth during the measurement period.

Exclusions/Exceptions

Denominator

- Children for whom all first permanent molars are non-sealable (i.e., molars are decayed, filled, currently sealed, or un-erupted/missing)

Numerator

Not applicable.

**Please refer to the UDS Manual for detailed Specification Guidance and UDS Reporting Considerations.*

TABLE AND CROSS TABLE CONSIDERATIONS:

Table 3A, 5, and 6B: The relationship between the universes on Table 6B should be verified as reasonable when compared to the total number of patients by age on Table 3A and the percentage of patients by service category on Table 5.

In the example on the next page, Table 3A shows a total of 1,550 patients (age 2) and the universe for childhood immunizations is also 1,550.

Reporting of the universe of patients for childhood immunizations and cervical cancer screening must be reasonable (as must all universe selections) given total patients by age on 3A and/or the percentage of patients who are medical patients on Table 5.

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SECTION C — CHILDHOOD IMMUNIZATION STATUS				
Line	Childhood Immunization STATUS	Total Patients with 2nd Birthday (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Immunized (c)
10	MEASURE: Percentage of children 2 years of age who received age appropriate vaccines by thier 2nd birthday)	1,550	1,550	1,395
SECTION D — CERVICAL CANCER SCREENING				
Line	Cervical Cancer Screening	Total Female Patients Aged 23 through 64 (a)	Number Charts Sampled or EHR Total (b)	Number of Patients Tested (c)
11	MEASURE: Percentage of women 23–64 years of age, who were screened for cervical cancer	26,778	26,778	19,767

TABLE 3A — PATIENTS BY AGE AND GENDER			
Line	Age Groups	Male Patients (a)	Female Patients (b)
3	Age 2	20	14
4	Age 3	766	750
24	Age 23		901
25	Age 24		973
26	Ages 25-39		7,762
27	Ages 30-34		3,719
28	Ages 35-39		3,149
29	Ages 40-44		2,845
30	Ages 45-49		2,737
31	Ages 50-54		2,582
32	Ages 55-59		2,110

For more detailed information see UDS Reporting Instructions for the 2019 Health Center Data, pages 70-95.