2016 Uniform Data System Summary

HCH Benchmarking and UDS Mapper Review
Disclaimer

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Jennifer Rankin joined HealthLandscape in March 2015. Prior to this, she served as the Geospatial Informatics Senior Analyst for the Robert Graham Center. She directs all geospatial projects for HealthLandscape, most notably the UDS Mapper. Her career has focused on issues related to primary care and access to care, with a special interest in the geography of access to health care.

She has worked with the HRSA Maternal and Child Health Bureau, the Texas Association of Community Health Centers, and the Association of State and Territorial Health Officials. Jennifer earned her Master of Health Administration from the Tulane School of Public Health and Tropical Medicine, as well as her Master of Science in Health Information Sciences and Master of Public Health and PhD in Public Health Informatics from The University of Texas Health Science Center at Houston.

Brett Poe joined the Research team at the National Health Care for the Homeless Council in November 2016. Brett supports the HCH field by developing and disseminating knowledge, increasing visibility of HCH-related research through publications and external collaborations, and providing data-driven support to inter-departmental teams and workgroups.

Prior to his work with the Council, Brett worked as a Program Coordinator and managed a longitudinal quality improvement database at Vanderbilt University and Meharry Medical College. Brett earned his degree in Mass Communications with a focus in journalism from Middle Tennessee State University.
Learning Objectives

▪ Participants will be able to:
  • Understand how the UDS can be used to benchmark best practices based on data analysis of similarly composed HCH grantees
  • Utilize the UDS to demonstrate the value provided by HCH programs to their populations
  • Use the UDS Mapper, its available functions and data, and its potential uses.
Agenda

- Welcome & Introductions
- Overview of 2016 UDS Data and TA Benchmarking (20 minutes)
- UDS Mapper (20 minutes)
- Attendee Q&A (15 minutes)
2016 UDS Data Summary:
A Profile of HCH Grantees

- Background
- Utilizing the UDS
  - Composition of HCH Grantees
  - Quality of Care Measures
  - Productivity Measures
- Conclusions
  - Demonstrating Impact
  - Strengthening Data Collection
Background

What is the UDS?

- A standardized reporting system that provides consistent performance measures and information about health centers and look-alikes funded under the Section 330 of the Public Health Service Act (42 U.S.C. §254b) (330 Health Centers)
What does the UDS include?

- More than 900 variables included
  - Patient demographics
  - Clinical services
  - Clinical indicators
  - Utilization rates
  - Costs/Revenues
Who uses the UDS?

- Collected annually across four 330 funding streams

330(e) – entire communities
330(g) – farmworker population
330(h) – persons and families experiencing homelessness
330(i) – person in public housing

Figure 1. Health Center Funding
Utilizing the UDS

- Additional tables made available to Council in August 2017
  - HCH data extracted and quality checked against publicly available data
- 2016 data used for Technical Assistance:
  - Establish benchmarks
  - Identify needs
  - Prioritize programs
  - Demonstrate value and impact of HCH programs
  - Provide tailored training and TA
Utilize the UDS

- 236 TA requests submitted since August 2017
  - 28% related to data available in UDS

![Pie chart showing the distribution of TA requests.](chart.png)

- UDS-related: 28%
- Other: 72%

![Another pie chart showing the distribution of TA request categories.](chart2.png)

- State-specific / Demographics: 29%
- Clinical Staffing: 21%
- Clinical Quality Measures / Benchmarking: 19%
- Cost / Billing / Funding: 17%
- Engagement / Enabling Services: 9%
- Clinical Services: 5%
Composition of HCH Grantees

- Universal UDS represents 1,368 health centers (all funding streams)
  - 25.9 million patients
- 295 receive 330(h) funding
  - 934,174 patients
- The following will visualize data specific to HCH grantees and HCH population as it compares to the generalized population
Composition of HCH Grantees

**Funding Stream:**
- Overall underserved population (330e): CHC
  - Homeless Health Center Grantees (330h): HO
  - Migrant Health Center Grantees (330g): MHC
  - Public Housing Health Grantees (330i): PH

**Health Center Settings:**
- HCH in CHC – 232
- HCH outside CHC – 63 (55 standalone)
- 295 total 330(h) grantees

**Funding Diversity within 330h grantees**

- 54%: HO+CHC
- 19%: HO+CHC+PH
- 9%: HO+CHC+MHC
- 4%: HO+CHC+PH+MHC
- 12%: HO+PH
- 7%: HO+MHC
- 2%: HO
Composition of HCH Grantees: Housing Status

Percent Persons Experiencing Homelessness Reported (Total UDS report, all 330 funding)

- 70% for HCH Grantee (295)
- 30% for Other (1,072)

Type of Housing across 330h funded grantees only

- 29% Homeless Shelter
- 28% Doubled Up
- 14% Transitional
- 12% Street
- 9% Other
- 8% Unknown
- 9% Unknown
Composition of HCH Grantees: Federal Poverty Level

330h-funded Grantees

- Above 200: 3%
- 151-200: 2%
- 101-150: 7%
- Unknown: 17%
- 100 and below: 71%

Non-330h Grantees

- Unknown: 30%
- 100 and below: 48%
- Above 200: 6%
- 151-200: 5%
- 101-150: 11%
Composition of HCH Grantees: Payer Mix

330(h)-funded grantees:
- Total Medicaid: 51%
- Medicare: 8%
- Private: 5%
- Uninsured: 36%

All 330 funded grantees:
- Total Medicaid: 49%
- Private: 17%
- Uninsured: 24%
- Medicare: 9%
- Public: 1%
Quality of Care Measures

- Quality of Care measures added to UDS in 2008
  - Tracks improvement of population health
  - Acute and chronic condition
- Indicate steps taken to treatment, better management and linkage to care
Quality of Care Measures

- Highlighted rows indicate measures in which HCH grantees performed higher in quartile 2 than those reported across the universal set.

- Of the 255,330(h)-reporting health centers, 103 (40%) utilize telehealth, or the provision of remote health care.
Productivity Measures

- Common TA requests for benchmarking purposes
  - Measure by clinic size (patients seen)
  - Standalone status
  - Region

- Comparing personnel productivity by patients seen per month by each FTE
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Conclusions

▪ Demonstrating Impact
  • UDS data has ability to prove program efficacy
  • Justifications for future program development
  • Provides baseline data for TA and linkages with successful programs for improved patient outcomes

▪ Strengthening Data Collection
  • National, regional, and clinic-level data provide starting point for deeper dives on the local level
  • Dependent on accuracy and consistency of data collection and reporting
  • Unknown classifications discouraged
  • Individual sites encouraged to develop and test methodologies to ensure high quality data
UDS Mapper

- An online mapping tool that provides access to maps, data, and analysis developed for the Bureau of Primary Health Care using Uniform Data System (UDS) and other relevant data to visualize service area information for Health Center Program (HCP) grantees and look-alikes.
- Compares HCP grantee and look-alike data to community/population data and shows spatial relationships between the program, community attributes, and other resources.
Geography and Data of the UDS Mapper

- ZIP Code Tabulation Area- an approximation of ZIP Codes from the US Census Bureau
  - 2010 US Census Boundaries for ZCTAs
- UDS data, 2016
  - UDS data are submitted to HRSA by HCP grantees and look-alikes every calendar year
- Population demographics and health (various sources)
General Data Considerations

- **Patient Data**
  - From the UDS
    - HCP grantees and look-alikes only
  - ZCTA only
  - If there are 10 or fewer patients from a health center in a ZCTA, those data are suppressed
  - Low-income calculations are based on 100% of patients
  - Calendar year only
  - Organization-level data only

- **ZCTAs**
  - Changing/evolving ZIP Code boundaries
Homeless Data Considerations

- Population data from the ACS
  - Aside from people who have some sort of transitional housing, the ACS does not have a methodology to account for homeless people
  - Therefore the population counts (the denominator in many of our calculations) may represent an undercount of people living in a ZCTA

- Patient data from UDS
  - We use overall numbers, not the numbers from special population tables
  - In UDS, the health center address is used for patients with no address
  - Therefore the patient counts (the numerator in many of our calculations) may over represent people living in a ZCTA
Penetration Maps

- Percent of the target population who are patients at any health center
  - In this case target pop = low-income people
  - Greater than 80% is relatively rare in most parts of the country
High Penetration Rates

- This ZCTA in Austin, TX, has very high penetration of the low-income population.
- When you see this, question it:
  - Rural?
  - Urban?
Is It Likely that the People Using Health Centers...

- **Rural**
  - Are from all income levels, not primarily low-income?
  - Are migrant/ seasonal?

- **Urban**
  - Are seasonal?
  - Are homeless?
How to Investigate

Turn on Health Center Service Access Points

- Are any of the sites in the ZCTA obviously homeless sites?
- Often the names are not as obvious as this example
Information Cards

- ZCTA Information Card shows which Health Center Organizations are serving the ZCTA

- Information Card Deck shows special population information
UDS Mapper User Support

- Tutorials on the site
  - https://www.udsmapper.org/tutorials.cfm
- Knowledge Base
  - https://www.udsmapper.org/knowledge-base.cfm
- Dedicated staff to answer user chats or emails
- Regular webinars
  - https://www.udsmapper.org/webinars-and-presentations.cfm
Thank You

Jennifer L Rankin
AAFP/HealthLandscape
jrankin@healthlandscape.org

Brett Poe
National Health Care for the Homeless Council
bpoe@nhchc.org