



# UDS+ and Workforce Well-being Survey Updates and Future Considerations

NACHC 2022 Community Health Institute (CHI) & Expo  
August 29<sup>th</sup>, 2022

**Alek Sripipatana**, Director, Data and Evaluation  
**Matthew Rahn**, Deputy Director, Standards Division

Vision: Healthy Communities, Healthy People



# Disclosures (Alek Sripipatana and Matt Rahn)

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Alek Sripipatana and Matt Rahn have no relevant financial or non-financial interests to disclose.



# UDS+ and FHIR Speakers



**Alek Sripipatana, PhD, MPH**  
Director, Data and Evaluation  
Health Services Resources Administration



**Matthew Rahn**  
Deputy Director, Standards Division  
Office of the National Coordinator for Health IT

# Overview and Learning Objectives

## Session Overview:

- Uniform Data System patient-level submission (UDS+) Overview
- Fast Healthcare Interoperability Resources (FHIR) Review
- Participant Q&A
- Resources

## Learning Objectives:

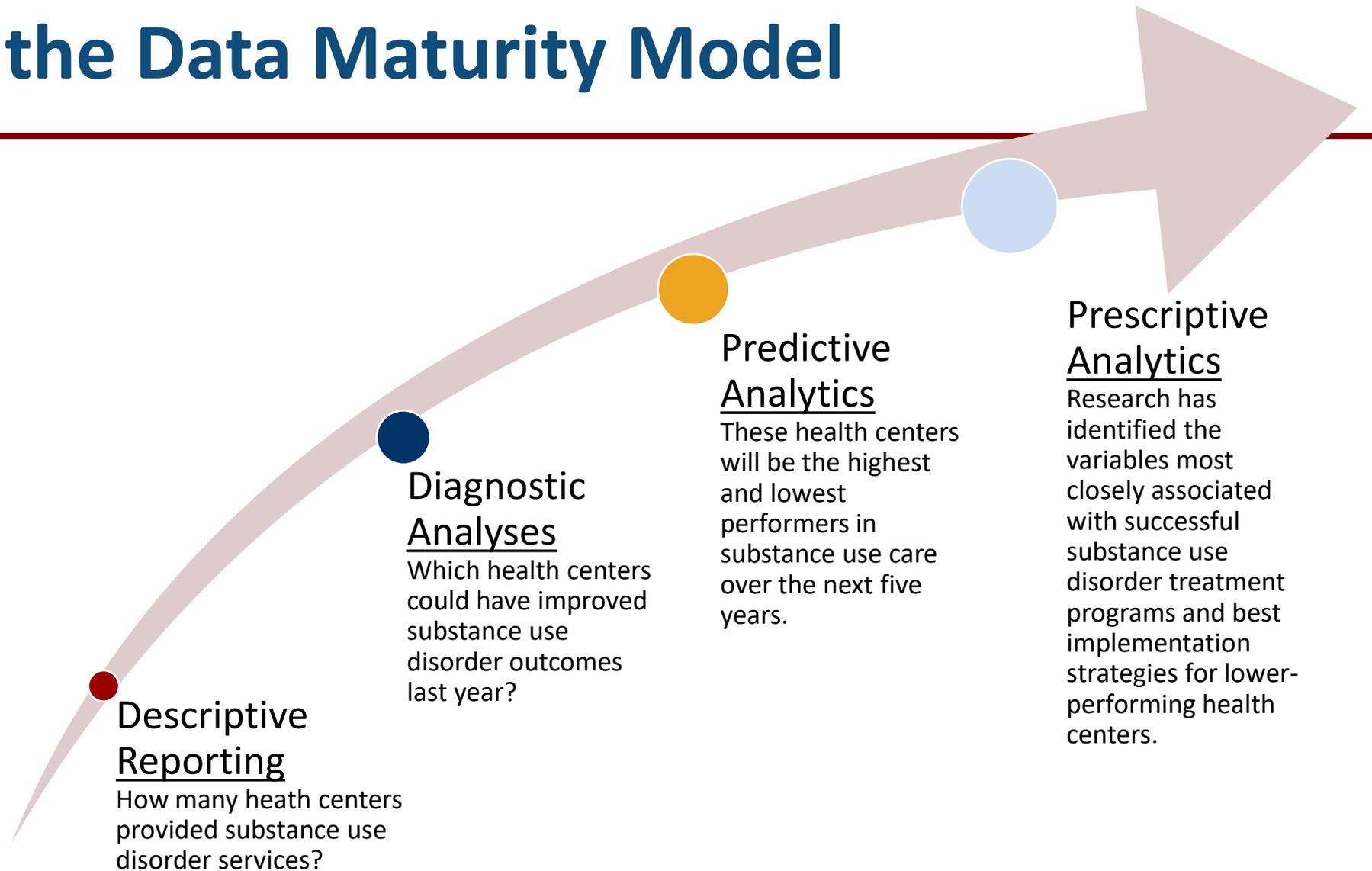
- Understand what UDS+ is, its purpose, UDS+ reporting formats, and submission expectations
- Understand the history of FHIR and how United States Core Data for Interoperability (USCDI) standards can help revolutionize Health Center Program data
- Improve health center program recipients' understanding of FHIR policy standards
- Review UDS Test Cooperative and how to participate in UDS+ proof of concept testing and other UDS Modernization efforts



# Advancing the Data Maturity Model

## Current State

Available Uniform Data System (UDS) data are *aggregated* and *retrospective* which leaves many questions unanswered and does not fully utilize the predictive power of data for decision making



# UDS Patient Level Submission (UDS+)

UDS+ is...

- Beginning with the 2023 UDS, BPHC will accept patient-level report data.
  - UDS Tables PBZC, 3A, 3B, 4, 6A, 6B, and 7

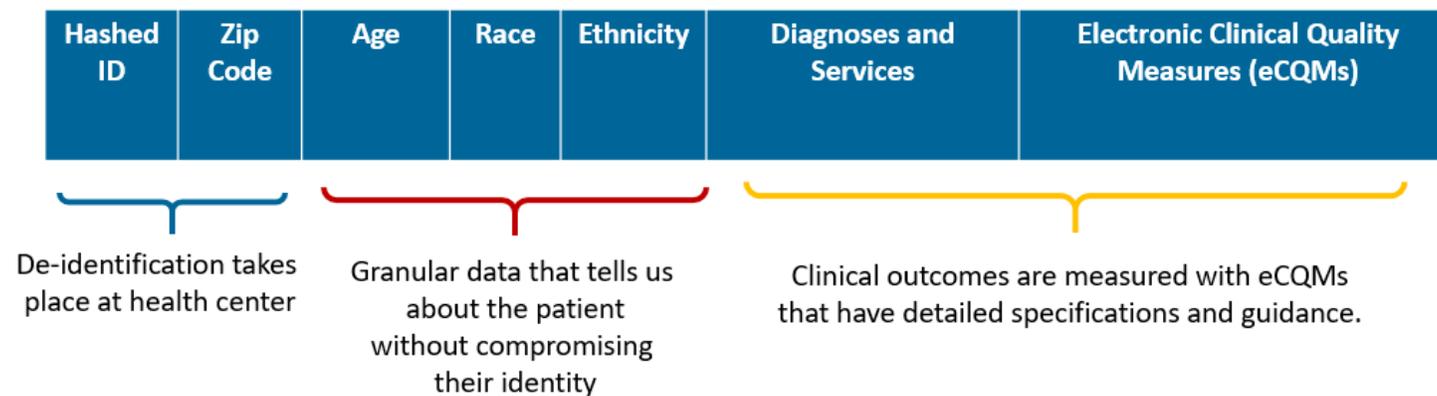
UDS+ does not...

- Collect full copies of data directly from patients' electronic medical records.
- Collect patient identifiers.

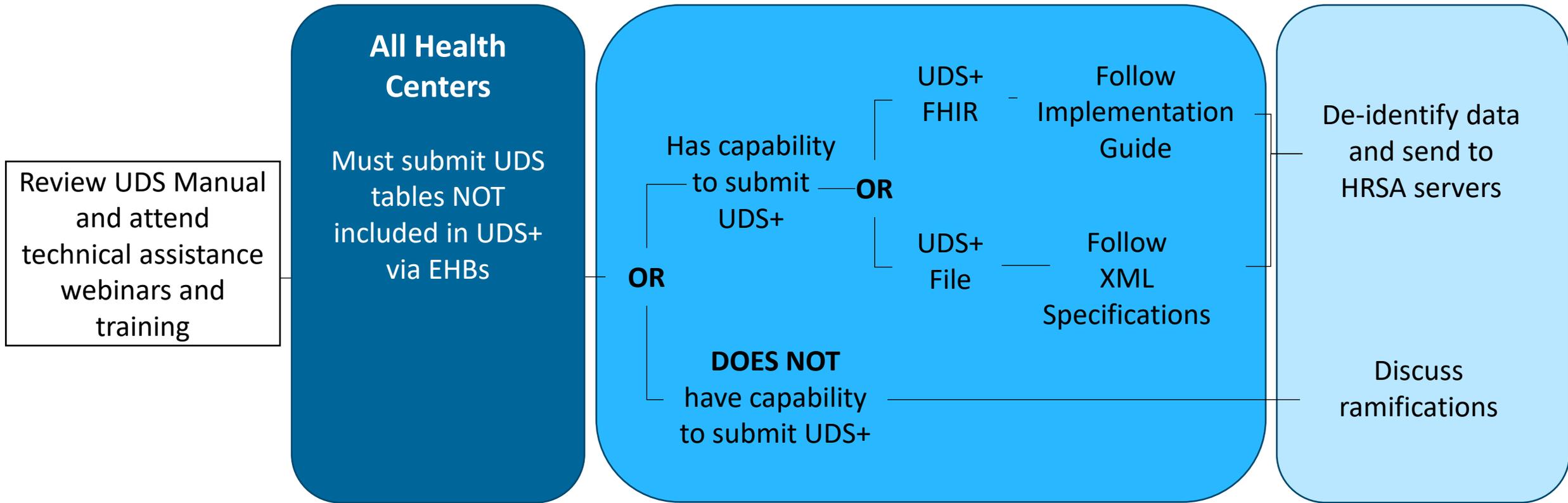
BPHC plans to accept UDS+ data in two ways:

- Manual file upload system & Fast Healthcare Interoperability Resources (FHIR)

**For more information, visit:** [Uniform Data System \(UDS\) Modernization Initiative](#)



# Reporting Overview: UDS+ Reporting Structure



BPHC is seeking volunteers for development and testing of proposed systems.

Please indicate your interest via the [BPHC Contact Form](#).



# Move to Fast Healthcare Interoperability Resources (FHIR) based Health Information Exchange

## Meaningful Use (MU)

- American Recovery and Reinvestment Act (ARRA)
- Health Information Technology for Economic and Clinical Health (HITECH Act)
- Consolidated Clinical Document Architecture (C-CDA) Transitions of Care
- Patient Portal, Electronic Clinical Quality Measures (eCQMs), Registry, Security

## Medicare Access and CHIP Reauthorization Act (MACRA)

- 2015 Edition of Certification
- Application Programming Interface (API) Requirement
- Initial Common Data Elements (CDEs): Vital Signs, Date of Birth
- Unique Device Identification (UDI) for Medical Devices, Health Concerns, Goals

## 21<sup>st</sup> Century Cures

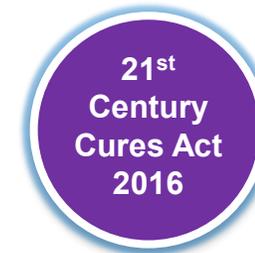
- Federal Health Information Technology Strategic Plan
- Migration of MU Common Clinical Data Set to United States Core Data for Interoperability (USCDI)
- Removing barriers to data sharing for clinical use
- EHR Vendors Required to Implement FHIR (by the of 2022)

## 2022 and Beyond Future

- Centers for Medicare and Medicaid Services (CMS) moves to digital quality measures
- United States Core Data for Interoperability (USCDI) version 2 & 3
- United States Core Data for Interoperability Plus (USCDI+)

# ONC and the 21<sup>st</sup> Century Cures Act

- ONC is charged with formulating the **federal government's health IT strategy** to advance national goals for better and safer health care through an **interoperable nationwide health IT infrastructure**



## Laying the foundation of EHRs across the industry

- \$40B CMS investment to subsidize EHRs for hospitals and ambulatory providers
- ONC certification of EHR systems to support CMS and CDC programs

## Leveraging EHRs to drive value

- Prohibits providers, technology developers, and health information networks from “information blocking” (“preventing, discouraging, or interfering with access, exchange, or use of information”)
- Requires access to information through APIs “without special effort”
- Requires nationwide governance for health information exchange networks – Trusted Exchange Framework and Common Agreement

# What are Fast Healthcare Interoperability Resources (FHIR)?

- Standards that define how healthcare information can be exchanged between different computer systems regardless of how it is stored in those systems
- Next generation of Health Level 7 (HL7) Standards
- Built from a set of modular components called “resources”
- The “resources” can be bundled into any combination to support many uses for data sharing



For a summary definition and most current FHIR version, visit the [HL7 website](#).



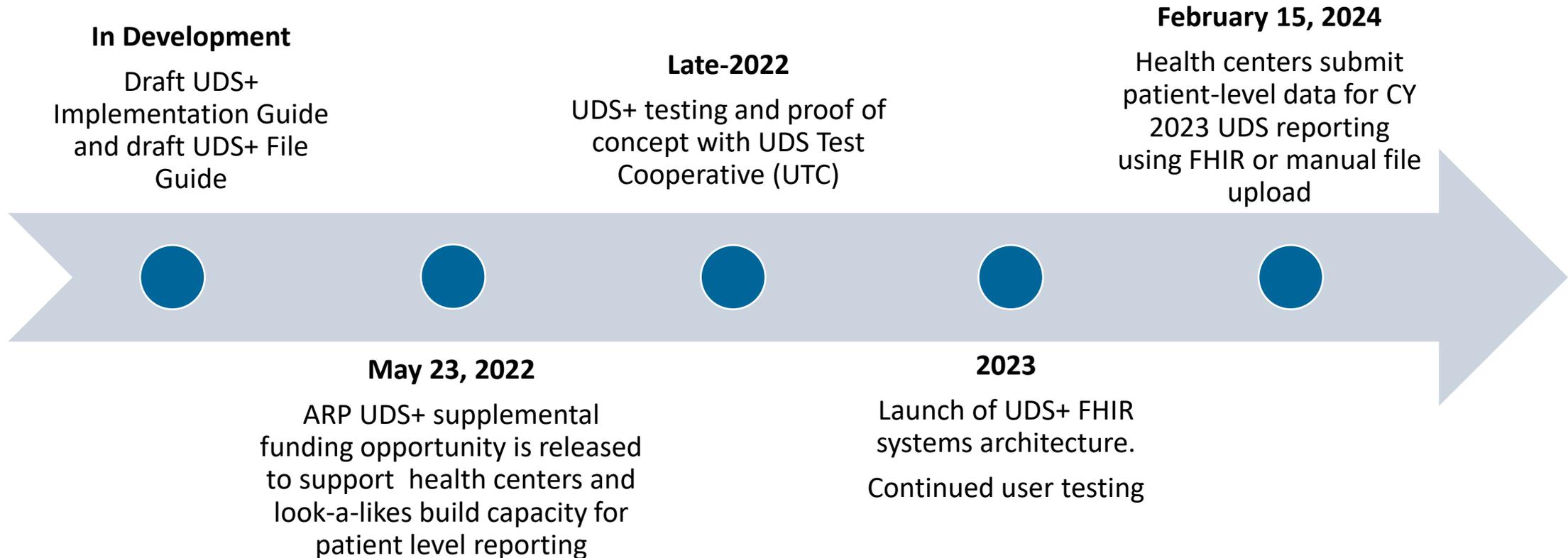
# FHIR API Requirements



- **Open “application programming interfaces” (APIs) and apps are what make it easy to check your bank account or buy stocks or order meal delivery on your smartphone**
  - We want providers and patients to have that same experience the health care system
- **21<sup>st</sup> Century Cures Act requires availability of APIs that can be accessed “without special effort”**
  - ONC rule takes steps to prevent business and technical barriers to information-sharing
- **By December 31, 2022, all certified technology developers required to deploy a standard FHIR API across their entire customer base**
  - Will create a climate for innovation as apps can now be developed that will work across all EHR systems



# UDS+ Implementation Timeline



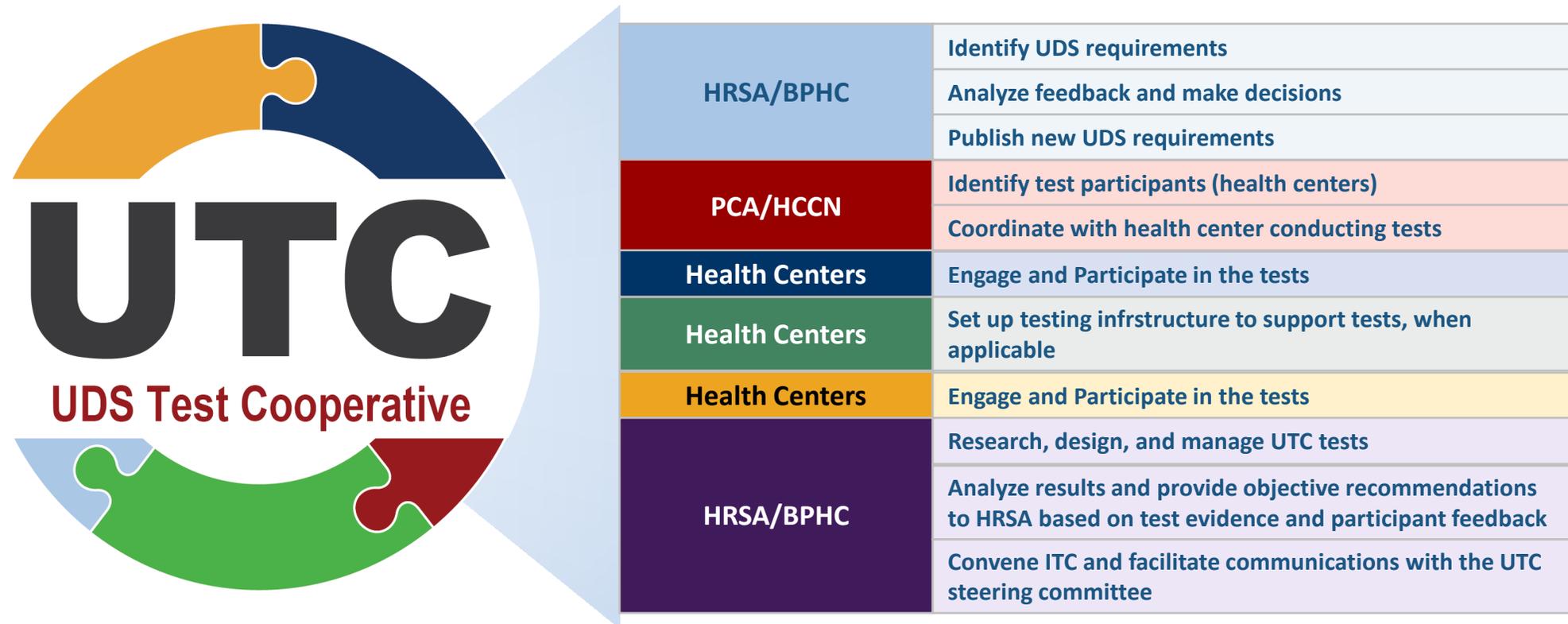
# USCDI vs USCDI+

USCDI	USCDI+
Comprises a core set of data needed to support <b>patient care</b> and <b>facilitate patient access</b> using health IT	Comprises a core set of data needed to specifically <b>support the needs of the agency's partners</b>
Establishes a consistent baseline of data elements that can be <b>broadly reused across use cases</b> , including those outside of patient care and patient access	Establishes a consistent baseline of data elements that are <b>tailored to specific, high-priority, agency use cases</b>
Expands incrementally over time via a weighing both anticipated benefits and <b>industry-wide impact</b>	Expands rapidly over time via weighing federal <b>agencies and agency partners' priorities and high impact</b> use cases



# UDS Test Cooperative (UTC)

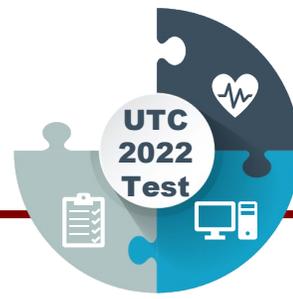
A forum for representative stakeholders to provide feedback on potential UDS changes.



To join the UTC, please communicate your interest to HRSA using the [BPHC Contact Form](#).

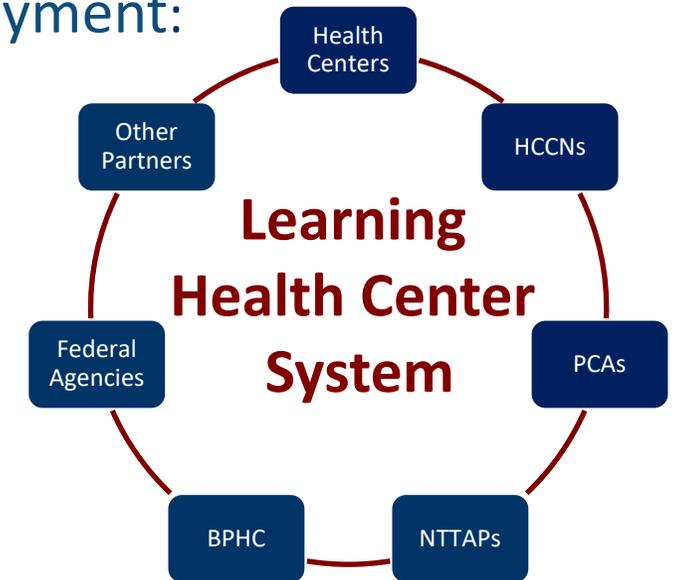


# UTC 2022 Testing: UDS+ FHIR and UDS+ File



## Purpose

- Test *functionality* of two FHIR Servers and select one for deployment:
  1. Microsoft Azure FHIR Server
  2. HAPI FHIR Server (Open Source)
- Test *ingestion* of UDS+ data using two submission processes:
  1. UDS+ FHIR
  2. UDS+ File (XML manual upload option)



## Anticipated Impacts

- 🏠 **More Accurate Data:** data reflects program services and outcomes with greater accuracy
- 📄 **Less Burden:** gathered electronically with less manual data entry reduces health center burden

# Participant Q&A



# UDS+ Resources

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To support your transition to patient level reporting, please take advantage of the following resources:

## UDS+ Technical Office Hours during the NACHC CHI

- When: **August 30<sup>th</sup>, 2022**
- Time: **10 am to 2 pm CDT**
- Room: **Picasso**

## HRSA Webpages:

- [UDS Modernization](#)
- [UTC](#)
- [Primary Care Digest](#)



# Thank You!

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## Office of Quality Improvement (OQI)

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

Send inquiries via the [BPHC Contact Form](#).

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[bphc.hrsa.gov](http://bphc.hrsa.gov)



[Sign up for the \*Primary Health Care Digest\*](#)





## 2022 NACHC Community Health Institute (CHI) & EXPO

# HRSA | BPHC Health Center Workforce Well-being Survey

**Larry Horlamus, Director, Quality**

**Eric Turer, Survey Data Team Lead, John Snow, Inc.**



# Disclosures (Larry Horlamus and Eric Turer)

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# Health Center Workforce Well-being Survey Speakers

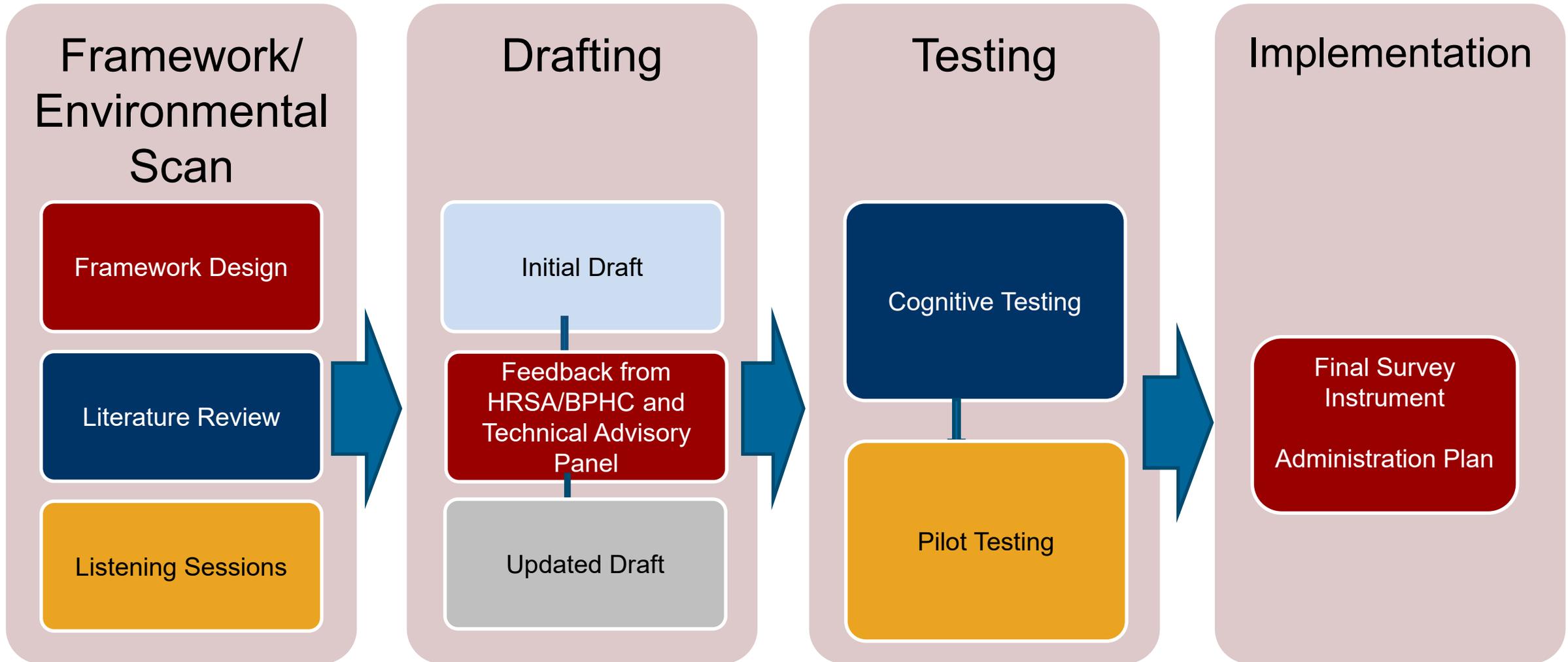


**Larry Horlamus, MS**  
Deputy Director, Quality  
Health Services Resources Administration



**Eric Turer, MBA**  
Survey Data Team Lead  
John Snow, Inc. (JSI)

# Workforce Well-Being Survey Was Scientifically Developed and Tested



# Upcoming Activities and Deliverables



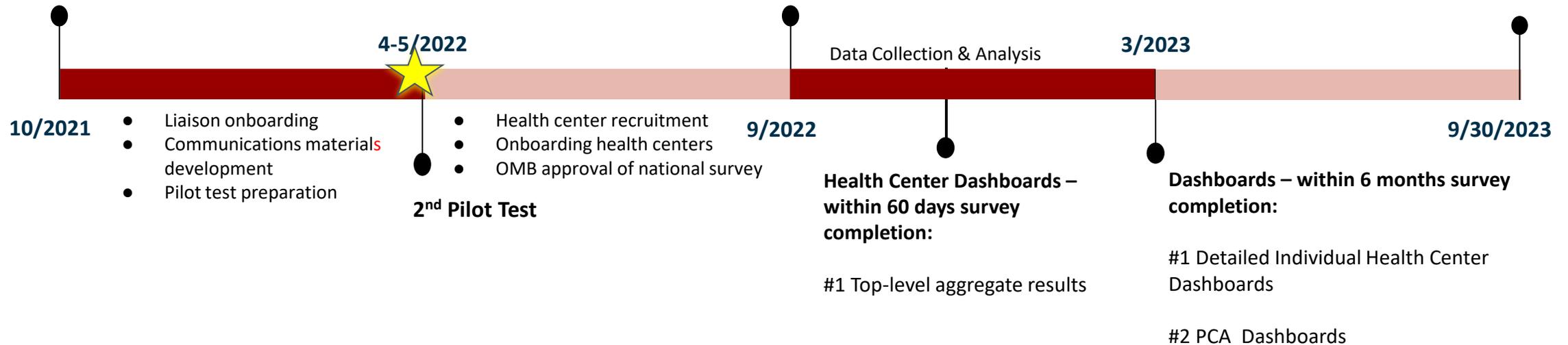
# Project Timeline and Key Deliverables

Year 1: Engagement & Pilot

Year 2: Survey Administration, Analysis, & Reporting

## Communication & Marketing Activities

## National Survey Launch



# Survey Launch

- **Survey launch: Fall of 2022**
- **Email invitations will be sent to each staff email provided**
  - A “test” email will be sent several weeks prior to launch
    - Health center contact will be notified in advance of the test
    - Identify whitelisting and other delivery problems
    - Remove staff that have left since list provided
- **Survey launch will be conducted in daily cohorts over a month**
  - Cohorts allow effective support and avoid spam flagging
  - Health centers by state will be launched close together
  - Each cohorts survey will remain open to responses for one month
  - Several reminder emails will be sent to non-respondents
  - Health centers will not be told who has/has not responded



# Data Security and Confidentiality

- **Email addresses and survey responses will be treated as sensitive data**
  - Confidentiality protected before, during and after survey launch
- **Health center leadership will not know who has responded**
- **Email addresses and job titles will be stripped from responses after survey close**
- **No final data file will contain records that could identify an individual**
  - File with job/demographic detail will not allow health center to be identified
  - Health center identified file will have job/demographics generalized
  - Files tested to assure minimum cell sizes at greatest level of detail
  - HRSA has agreed not to receive the fully detailed survey data
- **Dashboards and final reports will be designed/tested to assure no ability to identify or describe individual respondents**



# Sharing Results

- **Survey is intended to inform many audiences:**
  - HRSA / BPHC Program / Policy
  - Individual health center participant organizations
  - Primary Care Associations (PCAs), National Training and Technical Assistance Partners (NTTAPs), among others
  - General / Research knowledge of healthcare workforce issues
- **Results disseminated in several forms**
  - Aggregate national report on findings
  - Data dashboards – dynamic / customizable
  - De-identified data files - respondent and organization level data
- **Access and content of shared data results will depend on confidentiality rules**
  - Individual respondent confidentiality assured
  - Organizational confidentiality protected



# Dashboards

- Within **60 days** of survey closure:
  - Initial dashboards to each health center with the top-level aggregate results for a health center and a comparison to either the state top-level results or the entire survey population thus far.
  - Ex: 35% of Health Center's staff are experiencing burnout, 45% of staff in State are experiencing burnout, and 37% of all respondents thus far are experiencing burnout
- Within **6 months** of survey closure:
  - Each health center will get a detailed individual dashboards that will include their results, along with national, regional, state comparisons.
    - ✓ Will contain breakdowns by select job and demographic categories, based on the number of the respondents in each category for a health center
  - State, regional and national dashboards will be shared with relevant PCAs and partners
    - ✓ Will contain breakdowns of the results by a variety of job categories and demographics



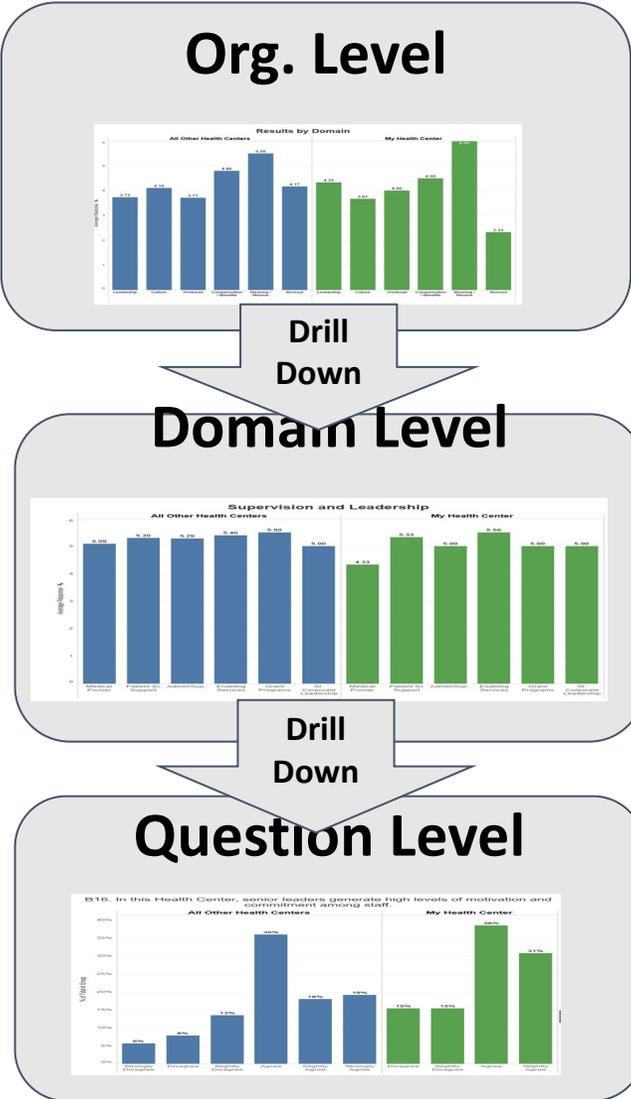
# Dashboards

- **Tableau-based dynamic dashboards**
  - Preliminary - shortly after survey closed, generalize and before cleaning
  - Final - after full cleaning and de-identification, more detailed results
  - Design and functionality to be developed with Health Center/ PCA workgroup
- **Organizational Data**
  - Unique login for each participating health center
  - Staff results broken down to the degree possible given de-identification
  - Aggregate results by 'domain', with ability to drill down to question level
  - PCA access based on health center 'opt-in'

# Dashboards

- **Comparative Data**
  - Groups of other health centers' results on dimensions being shown for each organization
  - Ability to define comparison group on key org attributes
  - Minimum Org-Level Counts
- **National Results**
  - Ability to examine detailed results that can't be shown at health center level

# Health Center Dashboard Functionality



- ### Content Controls
- Overall
  - Result Domain
  - Question Level

- ### Comparison Controls
- Geography
  - Special Pops
  - Size
  - Rural/Urban
  - Other....
- \*\* Min Org Count

- ### Org. Level Controls
- Staff Grouping
  - Staff Type
  - Staff Demographics





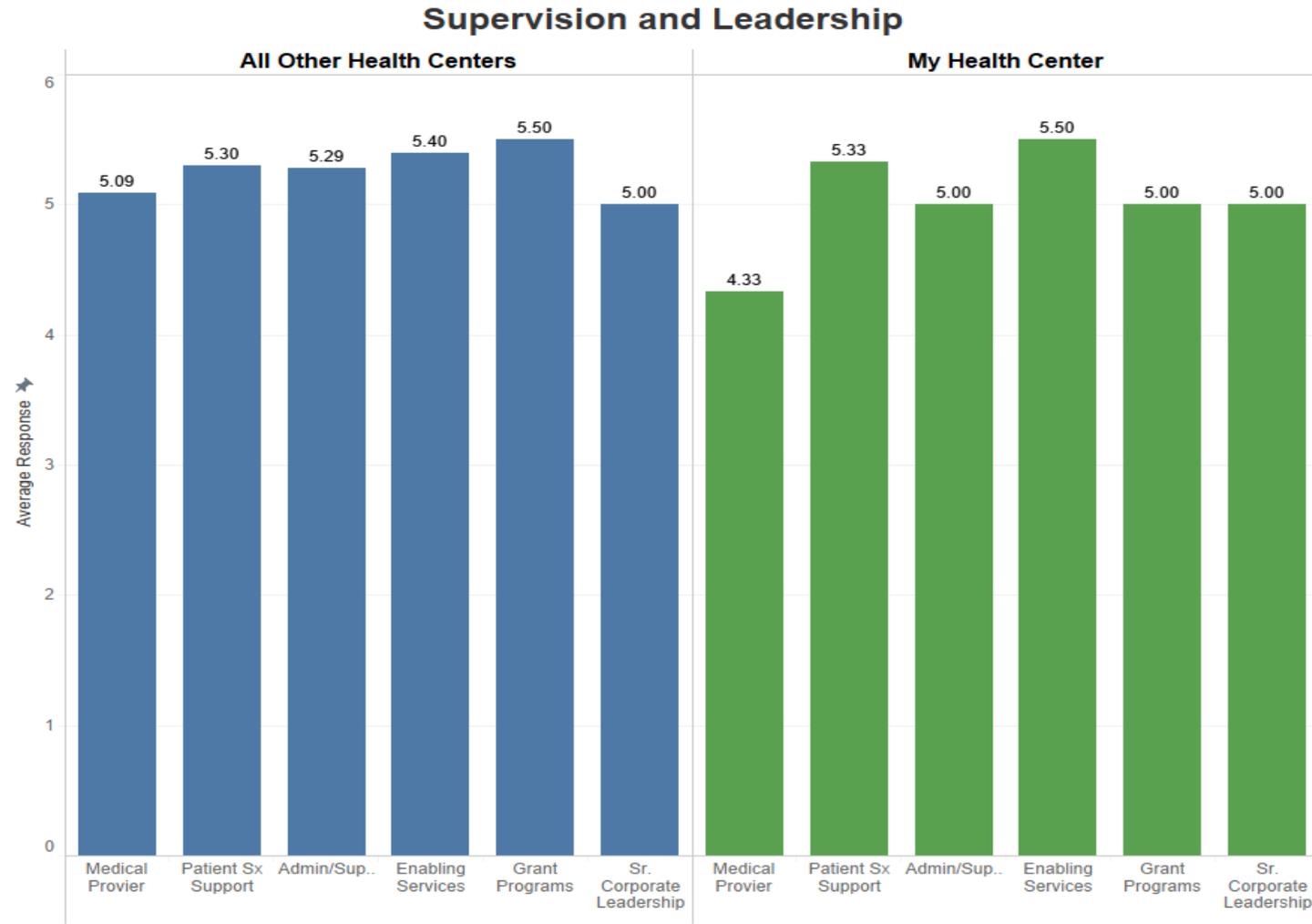
# Dashboard Example Detail - Domain by Area

**Select Filters for Health Centers to be Included**  
 (Note: Must have at least 20 Centers in comparison group)

(All)     (All)    Health Center State(s)  
 FALSE     FALSE    (All)

TRUE     TRUE

(All)     (All)    Urban Rural Flag  
 FALSE     FALSE     Rural  
 TRUE     TRUE     Urban



Gender Identity

(All)  
 Null  
 Female  
 Male

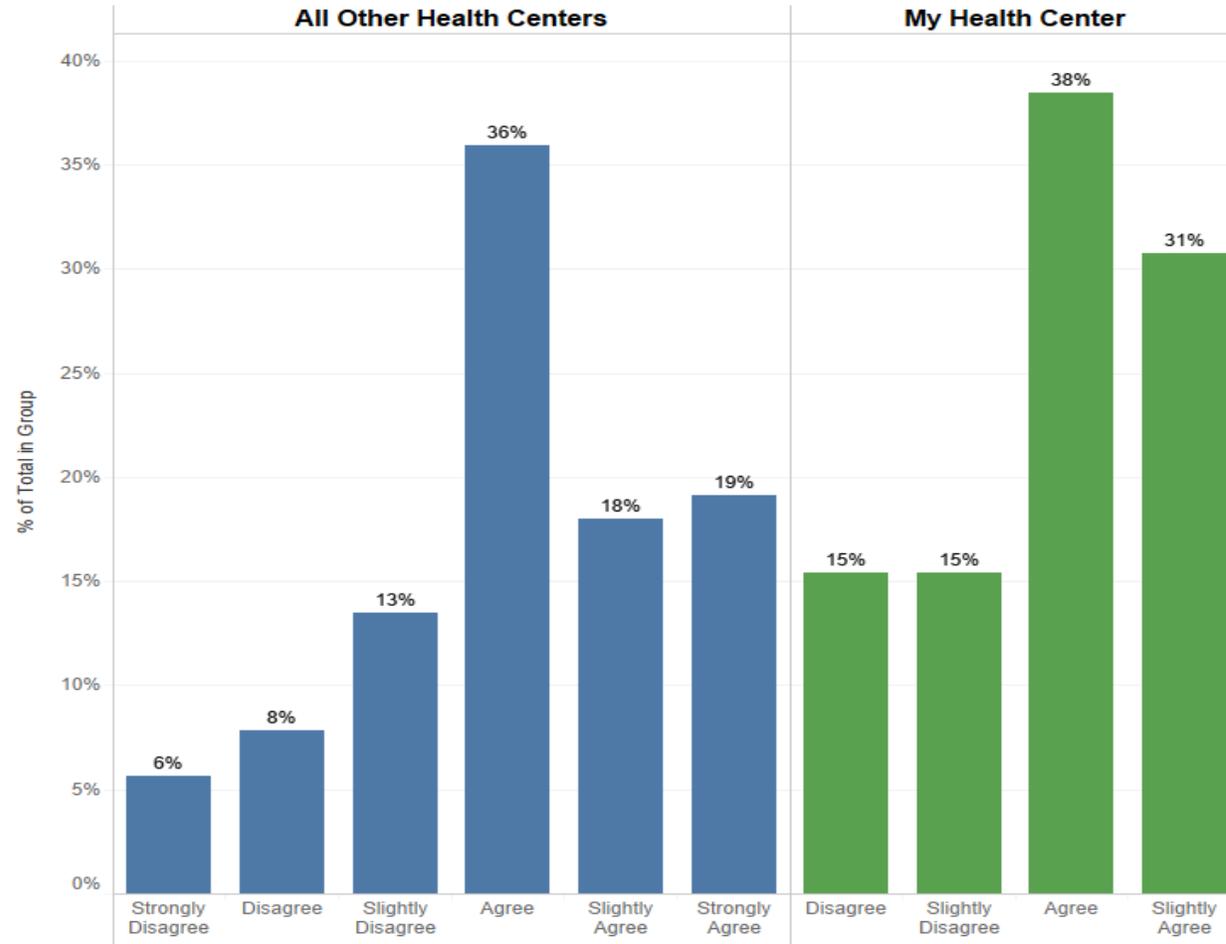
Survey Domain

- Supervision a...
- My Work Team
- Supervision and Leadership
- Culture
- Social Support and Recognition
- Health Center Processes
- Training
- Resources
- Mission Orientation
- Meaningfulness
- Compensation and Benefits
- Professional Growth
- Work Load
- Work-Life Balance
- Moral Distress
- Job Satisfaction
- Burnout
- Engagement
- Intention to Leave



# Dashboard Example Detail - Question Level

B16. In this Health Center, senior leaders generate high levels of motivation and commitment among staff.



#### Gender Identity

- (All)
- Null
- Female
- Male

#### Primary Job

- (All)
- Medical (General Practitioner, Physician ...)
- Pharmacy (Pharmacist, Pharmacy Clerk, ...)
- Administration and Support (Site Manager, ...)
- Behavioral Health / Substance Use (Psyc...
- Dental (Dentist, Dental Technician, Dental...
- Enabling (Case Manager, Transportation ...)
- Facilities (Janitorial Staff, Security Guard, ...)
- Fiscal and Billing (Accounts Payable Clerk...
- Grant Programs and Other Services (WIC...
- Information and Technology (EHR Techni...
- Lab (Pathologist, Laboratory Technician, ...)
- Other Professional Providers (Chiropracto...
- Patient Support (Front Desk Staff, Medical...
- Quality Improvement (Quality Improve...
- Senior Corporate Leadership (Chief Infor...

#### Survey Domain

Supervision and Leadership

#### Survey Question

- B16. In this Health Center, senior leaders gen...
- B9. Communication between my direct supervisor and me is good.
- B10. I am encouraged by my direct supervisor to voice my opinion on is...
- B11. My direct supervisor is a good manager and leader.
- B12. My direct supervisor supports my need to balance work and other I...
- B13. My direct supervisor encourages staff to contribute to decisions ab...
- B14. Communication between senior leaders and employees is good in ...
- B15. My Health Center's senior leaders are skilled and effective.
- B16. In this Health Center, senior leaders generate high levels of motiva...



# Workforce Well-being Resources

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To support your transition to patient level reporting, please take advantage of the following resources:

## Workforce Well-being Office Hours during the NACHC CHI

- When: **August 30<sup>th</sup>, 2022**
- Time: **1pm to 2pm CDT**
- Room: **Dusable**

## HRSA Webpages:

- [Health Center Workforce Well-being Initiative | Bureau of Primary Health Care \(hrsa.gov\)](#)
- [Primary Care Digest](#)



# Thank you! Any questions?

Please visit the HRSA Workforce Well-being Survey/ Well-being Initiative Booth **#1108** for more information

Larry Horlamus  
Deputy Director, Quality  
Bureau of Primary Health Care/HRSA  
lhorlamus@hrsa.gov

Submit questions about the survey or the Workforce Well-being Initiative via the [BPHC Contact Form](#) or call 877-464-4772 from 8:00 a.m. to 8:00 p.m. ET, Monday-Friday (except federal holidays).



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