

azara2025

USER CONFERENCE APR 29–MAY 1 | BOSTON, MA

The Road to UDS+

Leveraging DRVS for Data Accuracy
& Compliance

Presented By

Michael T. Edwards

Director of Training and Quality,
MS Health Safe Net

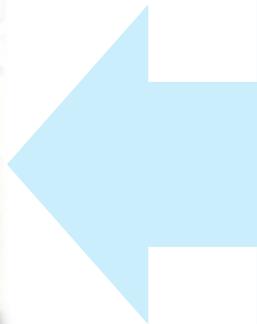


Speaker



Michael Edwards

Director of Training and
Quality, MS Health Safe
Net



SPEAKER



MAPPING



Incorporated in 2011, Mississippi Health Safe Net (MHSN) is a HRSA funded Health Center Controlled Network (HCCN), with the goal of assisting all community health centers in Mississippi to become patient-centered medical homes, achieving Meaningful Use and acting as the centralized health information technology resource for Mississippi's Federally Qualified Health Centers.



MHSN ensures data security and privacy of patient and Participating Health Centers (PHC) confidential and protected information, while implementing data-sharing strategies with its PHCs and the Community Health Center Association of Mississippi (CHCAMS). MHSN is managed via a Management Services Agreement with CHCAMS.



MS Health Safe Net has a membership of 17 health centers soon to be 20 pending grant approval



HCCN ENGAGEMENT OVERVIEW



**Knowledge of KEY
Health Center Staff
is crucial to a
successful project.**



**Facilitate Monthly
Super User calls.**



**Health Center
staff trainings.
(*new/existing staff*)**



**Participate at
health center staff
meetings, calls
and/or trainings.**



Pathway to Progress

Learn how to document clinical measures for UDS+ submissions accurately, understanding data accuracy's significance in reporting outcomes, thus enhancing UDS+ data quality.

Learn and apply data hygiene promising practices to ensure compliance with UDS+ requirements, fostering collaboration for continuous improvement.

Create action plans for ongoing UDS+ readiness, integrating session insights to transition smoothly and stay updated on evolving reporting needs.

BRAIN
TEASER

BRAIN
TEASER

BRAIN
TEASER

BRAIN
TEASER

The Road to Readiness

**Origins of
MS Health Safe Net's
Data Hygiene Initiative**



UDS+ 2024 Reporting Year: Submission Requirements



2024 UDS+ Submissions
Due by **May 30, 2025**

- 1 Submit data for your *medical* patients
- 2 Submit *all* the demographic tables data
 - **Table:** Patients by ZIP Code
 - **Table 3A:** Patients by Age and by Sex
 - **Table 3B:** Demographic Characteristics
 - Updates to align to Executive Orders
 - **Table 4:** Selected Patient Characteristics

(Managed Care Utilization lines are NOT required for UDS+ CY 2024 reporting)

3

Submit **1 eCQM** from the measures listed below:

- **Table 6B:** Quality of Care Measures
 - Breast Cancer Screening
 - Cervical Cancer Screening
 - Colorectal Cancer Screening
- **Table 7:** Health Outcomes and Disparities
 - **Controlling High Blood Pressure***
 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)

** Recommended measure*



azara
healthcare

UDS+ Testing (Cohort 1 and 2)



Initial Data Hygiene / UDS+ Information Session



**November 2, 2022
@ 10 AM**

**Keeping Data Clean and
Proper Data Hygiene**

PICKED ALL MY
weeds
BUT KEPT
THE FLOWERS.
BUT I KNOW IT'S
NEVER REALLY OVER...
Kelly Clarkson



November 2, 2022

PCA QI WORKGROUP and MS HEALTH SAFE NET

Michael T. Edwards – Director of Training and Quality



Keeping Data Clean and Proper Data Hygiene

PICKED ALL THE WEEDS
BUT KEPT THE FLOWERS.

KELLY CLARKSON

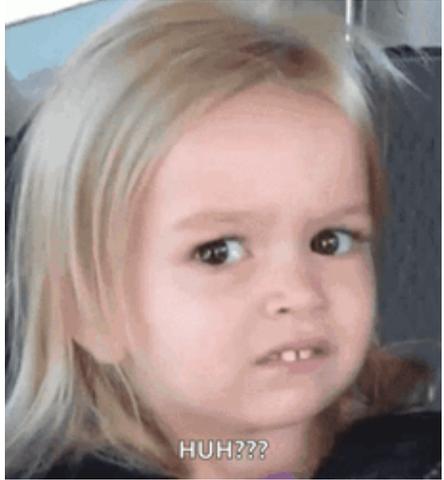


Initial Data Hygiene / UDS+ Information Session

Participants were polled during the session the following questions:



What frequency does your health center perform validation audits on data?



Have you heard of UDS+ prior to today's session?



Have you read or have knowledge of the UDS PAL 2023?

UDS 2023 Clinical Updates Roundtable

CHCAMS ANNEX BUILDING
6508 Dogwood View Pkwy, Suite D
Jackson, Mississippi 39213

Thursday, July 13, 2023

9:30 AM – 2:00 PM

(Lunch will be provided)

AGENDA

9:30 am – 10 am ----- Sign-in/Arrival

10 am – 11 am ----- July 2023 UTC Monthly Meeting *(watch/listen to Zoom)*
Super User Call updates if UTC call is not full hour.

11 am – 12 pm ----- UDS+ reporting documentation / TABLE 6A (2023 UDS updates).

12 pm – 12:30 pm ----- LUNCH

12:30 pm – 2 pm ----- Table 6B and Table 7 (2023 UDS updates).

2 pm ----- Open Discussion / Evaluation / Adjourn

Uniform Data System

2023 MANUAL

Health Center Data Reporting Requirements



BRAIN
TEASER

BRAIN
TEASER

BRAIN
TEASER

BRAIN
TEASER



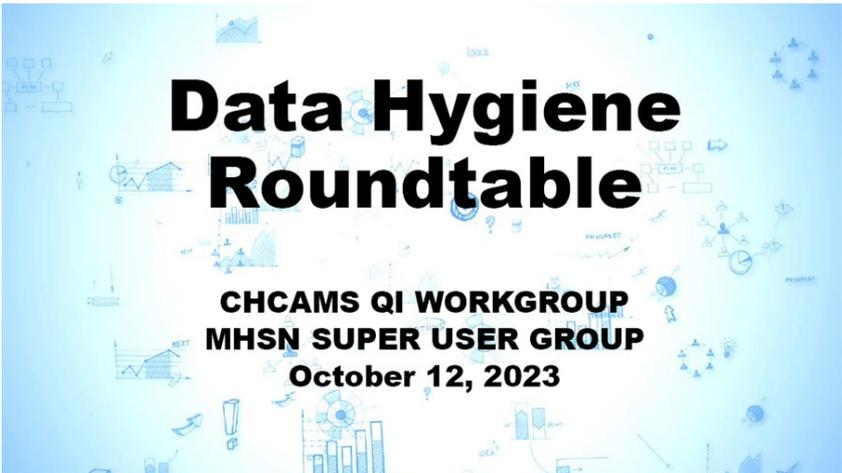
Data Hygiene Protocol Roundtable

CHCAMS ANNEX BUILDING
6508 Dogwood View Pkwy, Suite D
Jackson, Mississippi 39213

Thursday, October 12, 2023
10:00 AM – 2:00 PM
(Lunch will be provided)

AGENDA

- 9:30 am – 10 am ----- Sign-in/Arrival
- 10 am – 10:30 am ----- HCCN Super User Updates
- 10:30 am – 11 am ----- UDS+ and Data Hygiene
- 11 am – 12 pm ----- Importance of Data Hygiene
Benefits/Obstacles/Training/Policy/Procedure
- 12 pm – 1:00 pm ----- LUNCH and LEARN 
- 1 pm – 2 pm ----- Measure Matrix / Data Validation Calendar
- 2 pm ----- Evaluation / Adjourn
- Optional
- 2pm – 3pm ----- UTC (UDS+) October Meeting via Zoom





Data Hygiene Roundtable (UDS Reporting)

CHCAMS ANNEX BUILDING
6508 Dogwood View Pkwy, Suite D
Jackson, Mississippi 39213

Thursday, January 11, 2024

10:00 AM – 2:00 PM

(Lunch will be provided)

AGENDA

- 9:30 am – 10 am ----- Sign-in/Arrival
- 10 am – 10:30 am ----- HCCN Super User / QI Workgroup Report Outs
- 10:30 am – 11 am ----- **2024 UDS PAL OVERVIEW**
- 11 am – 12:30pm ----- **2023 UDS REPORT (Clinical Tables) DEEP DIVE**
- 12:30 pm – 1:15 pm ----- LUNCH sponsored by  PicassoMD
- 1:15 pm – 2 pm ----- HCCN and PCA updates
- 2 pm ----- Evaluation / Adjourn



| DIABETIC PATIENTS WITH Hba1c > 9% OR UNREPORTED | Individual CHC 2022 Performance | 2022 MS CHC Average | Variation from Statewide Average | 2022 National CHC Average | Variation from National Average | Healthy People 2030 Goal | Variation From HP2030 Goal |
|---|--|----------------------------|---|----------------------------------|--|---------------------------------|-----------------------------------|
| Aaron E. Henry Community Health Services Center | 33.4% | 31.3% | 2.1% | 30.4% | 3.0% | 11.6% | -21.8% |
| Access Family Health Services | 19.5% | 31.3% | -11.8% | 30.4% | -10.9% | 11.6% | -7.9% |
| Amite County Medical Services | 15.8% | 31.3% | -15.5% | 30.4% | -14.6% | 11.6% | -4.2% |
| Central Mississippi Health Services | 34.9% | 31.3% | 3.6% | 30.4% | 4.5% | 11.6% | -23.3% |
| Claiborne County Family Health Center | 31.7% | 31.3% | 0.4% | 30.4% | 1.3% | 11.6% | -20.1% |
| Coastal Family Health Center | 29.1% | 31.3% | -2.2% | 30.4% | -1.3% | 11.6% | -17.5% |
| Delta Health Center | 27.7% | 31.3% | -3.6% | 30.4% | -2.7% | 11.6% | -16.1% |
| East Central Mississippi Health Care | 25.5% | 31.3% | -5.8% | 30.4% | -4.9% | 11.6% | -13.9% |
| Family Health Care Clinic | 35.4% | 31.3% | 4.1% | 30.4% | 5.0% | 11.6% | -23.8% |
| Family Health Center | 40.4% | 31.3% | 9.1% | 30.4% | 10.0% | 11.6% | -28.8% |
| G.A. Carmichael Family Health Center | 47.3% | 31.3% | 16.0% | 30.4% | 16.9% | 11.6% | -35.7% |
| Greater Meridian Health Clinic | 42.5% | 31.3% | 11.2% | 30.4% | 12.1% | 11.6% | -30.9% |
| Jackson-Hinds Comprehensive Health Center | 34.1% | 31.3% | 2.8% | 30.4% | 3.7% | 11.6% | -22.5% |
| Jefferson Comprehensive Health Center | 40.9% | 31.3% | 9.6% | 30.4% | 10.5% | 11.6% | -29.3% |
| Mallory Community Health Center | 32.6% | 31.3% | 1.3% | 30.4% | 2.2% | 11.6% | -21.0% |
| Mantachie Rural Health Care | 22.4% | 31.3% | -8.9% | 30.4% | -8.0% | 11.6% | -10.8% |
| North Mississippi Primary Health Care | 17.3% | 31.3% | -14.0% | 30.4% | -13.1% | 11.6% | -5.7% |
| Northeast Mississippi Health Care | 35.3% | 31.3% | 4.0% | 30.4% | 4.9% | 11.6% | -23.7% |
| Outreach Health Services | 40.5% | 31.3% | 9.2% | 30.4% | 10.1% | 11.6% | -28.9% |
| Southeast Mississippi Rural Health Initiative | 31.3% | 31.3% | 0.0% | 30.4% | 0.9% | 11.6% | -19.7% |

2
0
2
2

EMR  

- ATHENA
- ECW
- EPIC
- NEXTGEN



Data Hygiene Roundtable



UDS+ Preparation and Workflow Analysis Day

**MHSN SUPER USER GROUP
CHCAMS QI WORKGROUP
June 11, 2024**



Data Hygiene Roundtable (UDS+ Preparation and Workflow Analysis Day)

CHCAMS ANNEX BUILDING
6508 Dogwood View Pkwy, Suite D
Jackson, Mississippi 39213

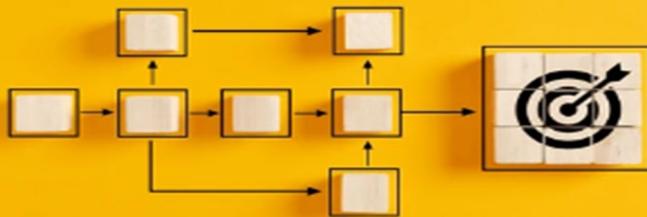
Tuesday, June 11, 2024
10:00 AM – 2:00 PM
(Lunch will be provided)

AGENDA

- 9:30 am – 10 am ----- Sign-in/Arrival
- 10 am – 10:15 am ----- 2024 UDS Updates / UDS+ Prep
- 10:15 am – 11:30 am ----- **Interactive Real-Time Workflow Analysis**
Preventative Cancer Screenings (Cervical, Colorectal, Breast)
- 11:30 am – 12:00pm ----- LUNCH sponsored by 
- 12:00 pm – 1 pm ----- **Brain Health Webinar**
Advancing Brain Health by Strengthening Primary Care Frameworks in the African American and Latino Communities
Presented by: Dr. Kina White, Dr. Stephanie Monroe, and Daphne Delgado
- 1 pm – 2 pm ----- **Workflow Analysis Completion / Data Validation Procedure**
- 2 pm ----- **Evaluation / Adjourn**



Data Hygiene Roundtable



**Workflow Analysis and
UDS 2024 Performance Day
August 29, 2024**



Data Hygiene Roundtable

(Workflow Analysis and UDS 2024 Performance Day)

CHCAMS ANNEX BUILDING
6508 Dogwood View Pkwy, Suite D
Jackson, Mississippi 39213

Thursday, August 29, 2024

10:00 AM – 2:00 PM

(Lunch will be provided)

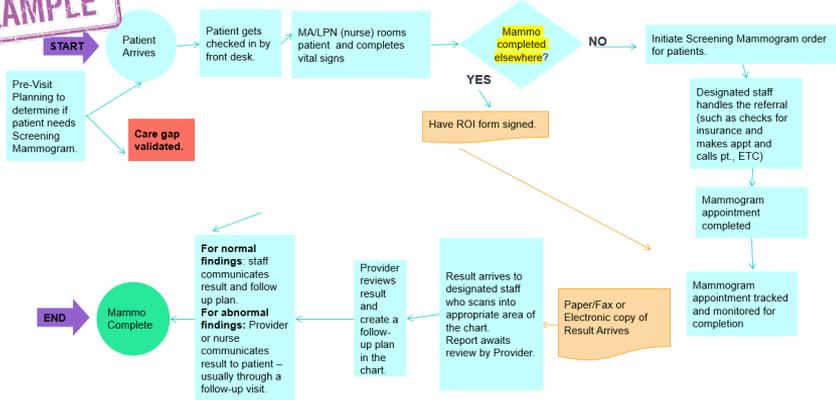
AGENDA

- 9:30 am – 10 am ----- Sign-in/Arrival
- 10 am – 10:15 am ----- 2024 UDS+ Requirements
- 10:15 am – 10:30 am ----- 2023 Summary / 2024 Performance
- 10:30 am – 11:30 am ----- Interactive Real-Time Workflow Analysis
Preventative Cancer Screenings (Cervical, Colorectal, Breast)
- 11:30 am – 12:15pm ----- Demo of Azara's EHR Plug-In (Lunch)
- 12:15 pm – 1:45 pm ----- Workflow Analysis Completion
- 1:45 pm – 2 pm ----- Data Validation Calendar/Matrix
- 2 pm ----- Evaluation / Adjourn

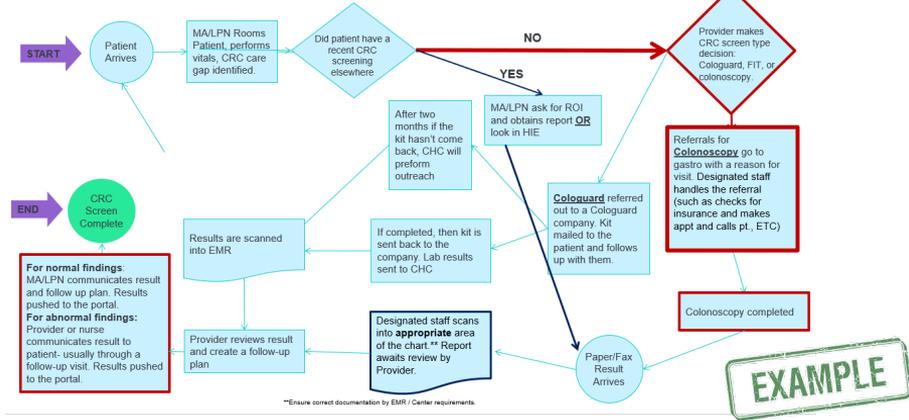


Breast Cancer Screen—Workflow Analysis Day (Care Gap showing)

EXAMPLE

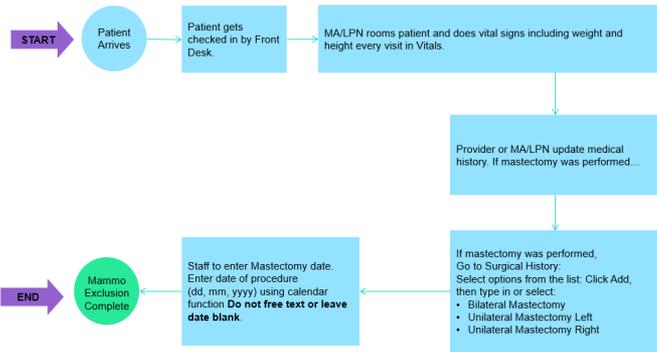


Colorectal Cancer Screen Workflow —Workflow Analysis Day

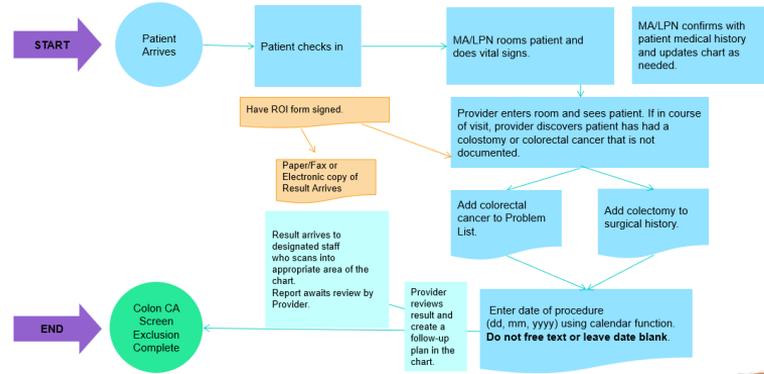


Breast Cancer Screen Exclusion Workflow —Workflow Analysis Day

EXAMPLE

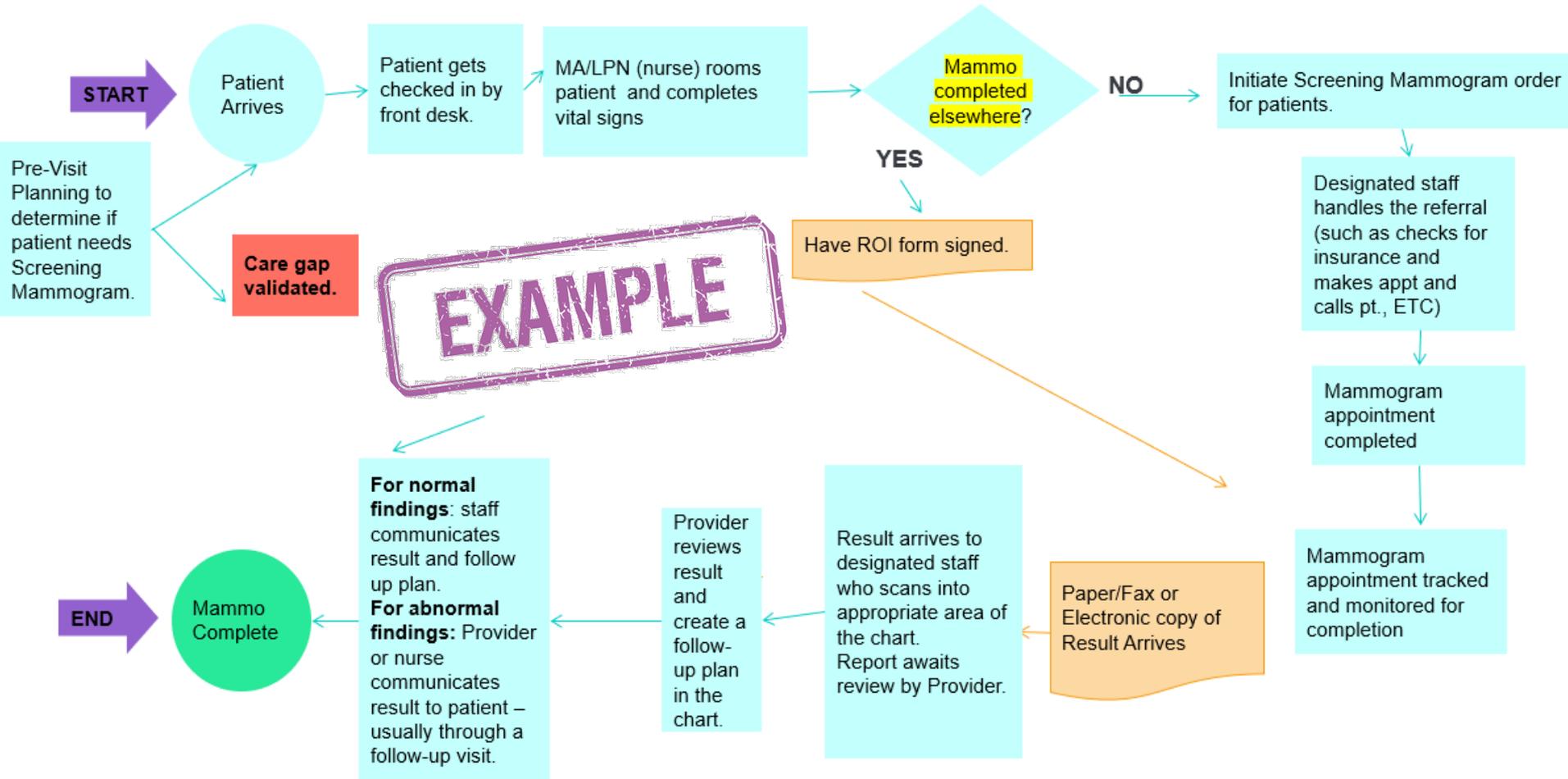


Colon Cancer Screen Exclusion Workflow —Workflow Analysis Day

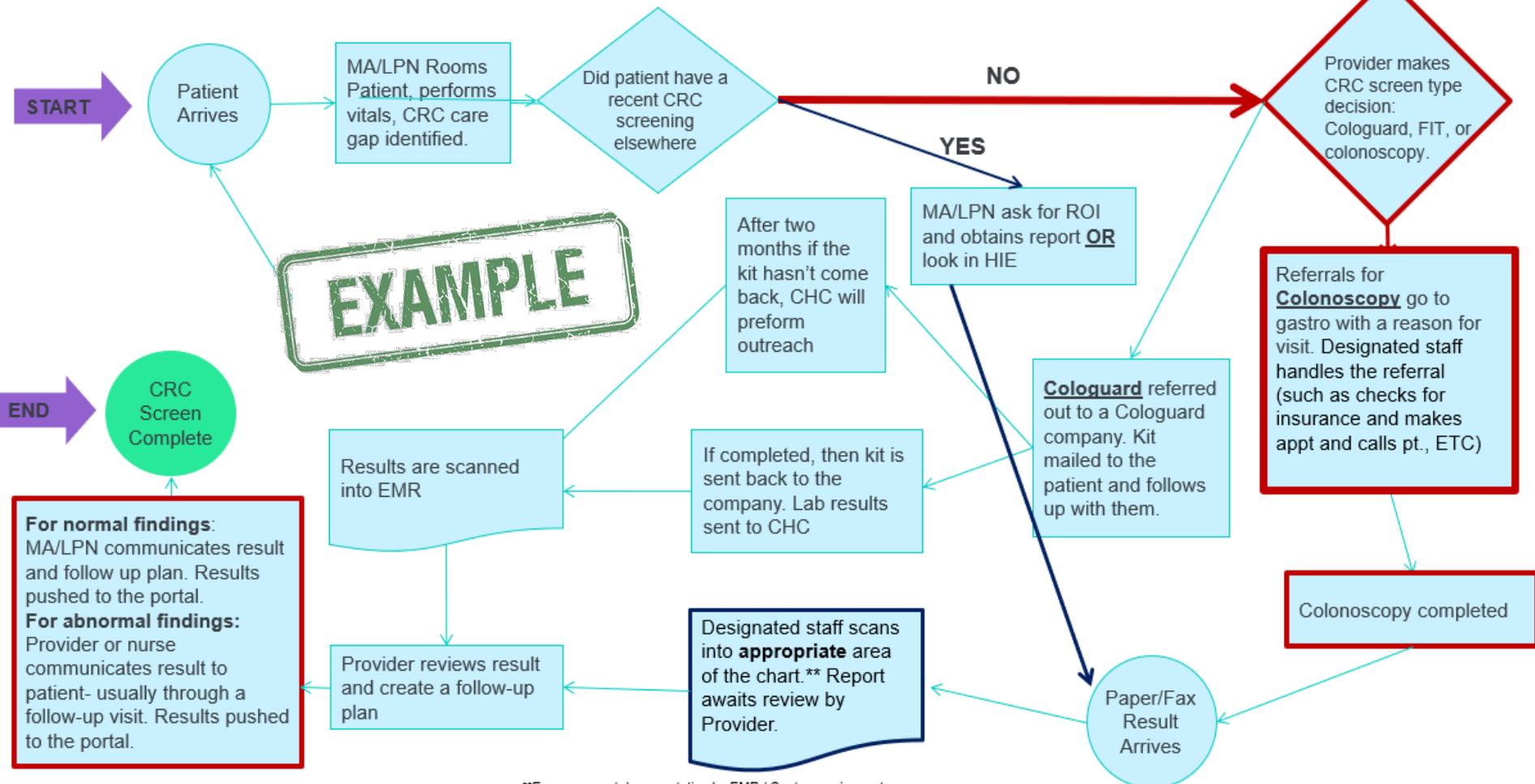


EXAMPLE

Breast Cancer Screen—Workflow Analysis Day (care Gap showing)

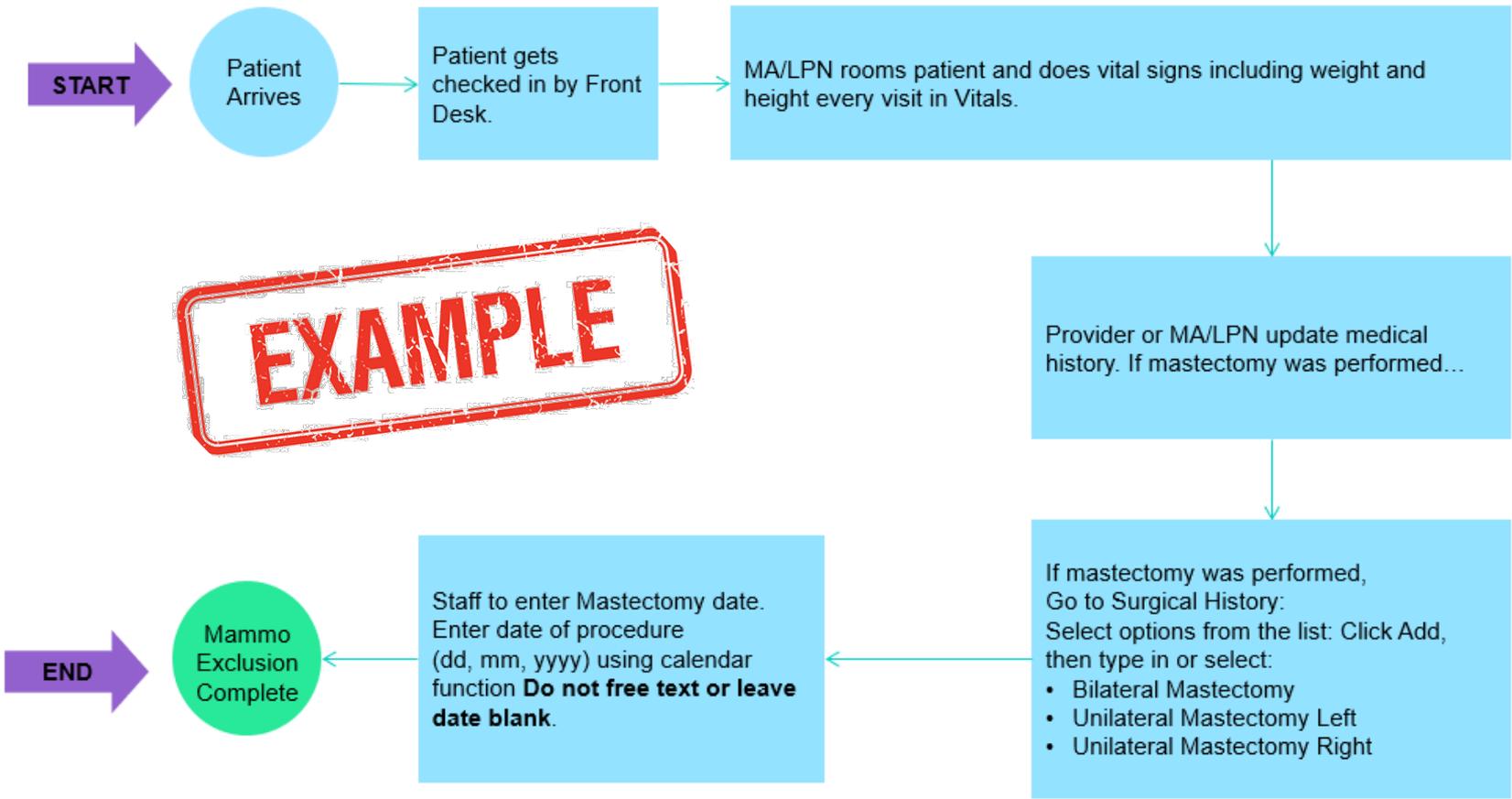


Colorectal Cancer Screen Workflow —Workflow Analysis Day



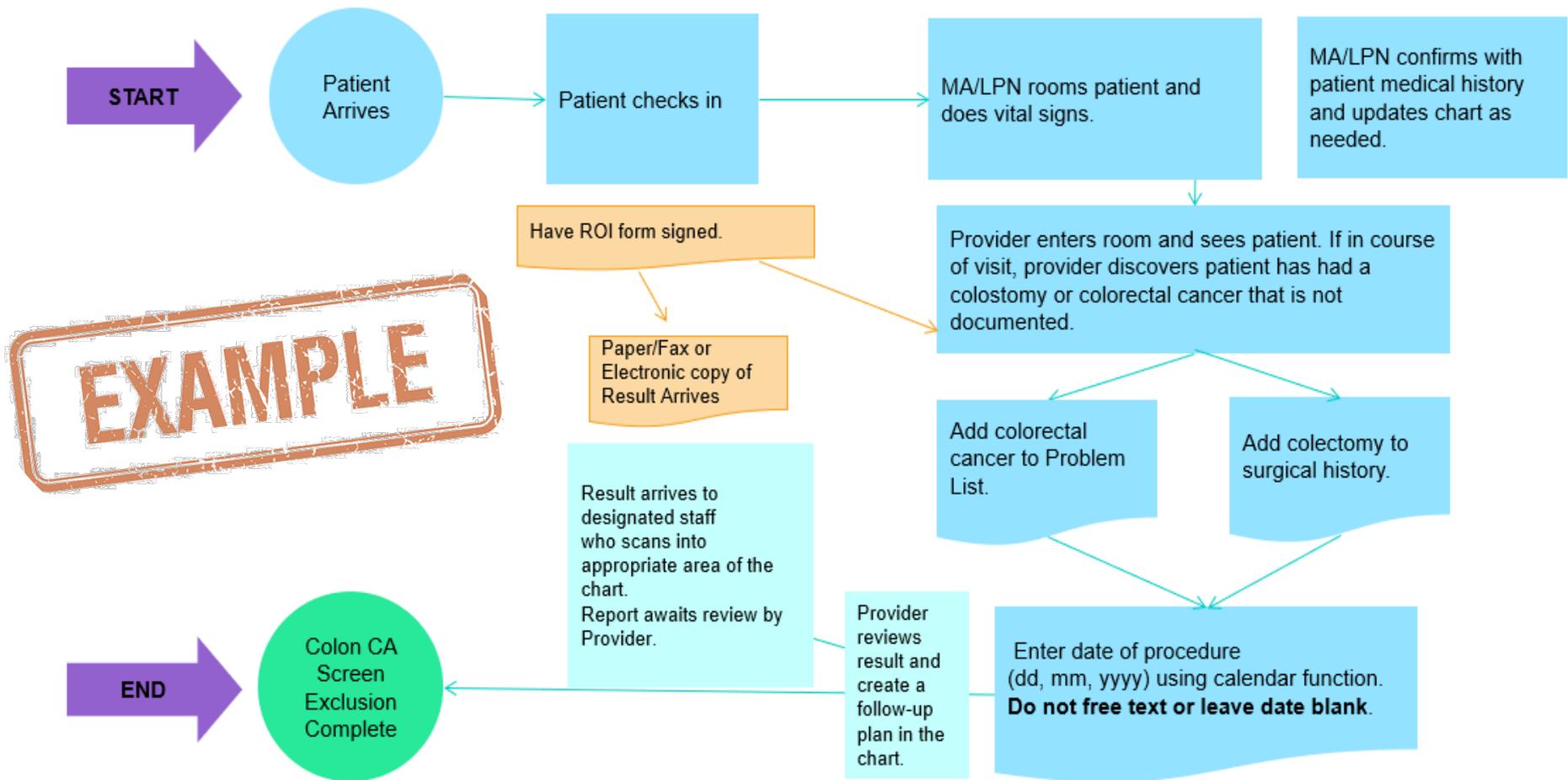
**Ensure correct documentation by EMR / Center requirements.

Breast Cancer Screen Exclusion Workflow —Workflow Analysis Day



EXAMPLE

Colon Cancer Screen Exclusion Workflow —Workflow Analysis Day



| DIABETIC PATIENTS WITH Hba1c > 9% OR UNREPORTED | Individual CHC 2023 Performance | 2022 Performance | Variation from 2022 Performance | 2023 MS CHC Average (2022- 31.3%) | Variation from Statewide Average | 2023 National CHC Average (2022-30.4) | Variation from National Average | Healthy People 2030 Goal | Variation From HP2030 Goal |
|---|--|-----------------------------|--|--|---|--|--|---|---|
| Aaron E. Henry Community Health Services Center | 32.70% | 33.4% | -0.70% | 35.36% | -2.66% | 28.81% | 3.89% | 11.6% | -0.2% |
| Access Family Health Services | 15.09% | 19.5% | -4.41% | 35.36% | -20.27% | 28.81% | -13.72% | 11.6% | -0.2% |
| Amite County Medical Services | 14.81% | 15.8% | -0.99% | 35.36% | -20.55% | 28.81% | -14.00% | 11.6% | -0.2% |
| Central Mississippi Health Services | 32.83% | 34.9% | -2.07% | 35.36% | -2.53% | 28.81% | 4.02% | 11.6% | -0.2% |
| Claiborne County Family Health Center | 28.68% | 31.7% | -3.02% | 35.36% | -6.68% | 28.81% | -0.13% | 11.6% | -0.2% |
| Coastal Family Health Center | 28.00% | 29.1% | -1.10% | 35.36% | -7.36% | 28.81% | -0.81% | 11.6% | -0.2% |
| Delta Health Center | 28.13% | 27.7% | 0.43% | 35.36% | -7.23% | 28.81% | -0.68% | 11.6% | -0.2% |
| East Central Mississippi Health Care | 24.16% | 25.5% | -1.34% | 35.36% | -11.20% | 28.81% | -4.65% | 11.6% | -0.2% |
| Family Health Care Clinic | 57.70% | 35.4% | 22.30% | 35.36% | 22.34% | 28.81% | 28.89% | 11.6% | -0.2% |
| Family Health Center | 39.42% | 40.4% | -0.98% | 35.36% | 4.06% | 28.81% | 10.61% | 11.6% | -0.2% |
| G.A. Carmichael Family Health Center | 57.44% | 47.3% | 10.14% | 35.36% | 22.08% | 28.81% | 28.63% | 11.6% | -0.2% |
| Greater Meridian Health Clinic | 27.36% | 42.5% | -15.14% | 35.36% | -8.00% | 28.81% | -1.45% | 11.6% | -0.2% |
| Jackson-Hinds Comprehensive Health Center | 29.44% | 34.1% | -4.66% | 35.36% | -5.92% | 28.81% | 0.63% | 11.6% | -0.2% |
| Jefferson Comprehensive Health Center | 72.91% | 40.9% | 32.01% | 35.36% | 37.55% | 28.81% | 44.10% | 11.6% | -0.2% |
| Mallory Community Health Center | 29.27% | 32.6% | -3.33% | 35.36% | -6.09% | 28.81% | 0.46% | 11.6% | -0.2% |
| Mantachie Rural Health Care | 14.34% | 22.4% | -8.06% | 35.36% | -21.02% | 28.81% | -14.47% | 11.6% | -0.2% |
| North Mississippi Primary Health Care | 28.08% | 17.3% | 10.78% | 35.36% | -7.28% | 28.81% | -0.73% | 11.6% | -0.2% |
| Northeast Mississippi Health Care | 28.60% | 35.3% | -6.70% | 35.36% | -6.76% | 28.81% | -0.21% | 11.6% | -0.2% |
| Outreach Health Services | 41.49% | 40.5% | 0.99% | 35.36% | 6.13% | 28.81% | 12.68% | 11.6% | -0.2% |
| Southeast Mississippi Rural Health Initiative | 28.54% | 31.3% | -2.76% | 35.36% | -6.82% | 28.81% | -0.27% | 11.6% | -0.2% |

EMR  

ATHENA

ECW

EPIC

NEXTGEN

2023





Data Hygiene Roundtable

(Final UDS/UDS+ 2024 Reporting Preparation Day)

CHCAMS ANNEX BUILDING
6508 Dogwood View Pkwy, Suite D
Jackson, Mississippi 39213

Thursday, November 14, 2024

9:30 AM – 2:30 PM

(Lunch will be provided)

AGENDA

- 9:00 am – 9:30 am ----- Sign-in/Arrival
- 9:30 am – 10:00 am ----- Activities / PRIZES
- 10:00 am – 10:15 am ----- MSDH MIIX Update
- 10:15 am – 11:30 am ----- Care Gap Review (Interactive)
- 11:30 am – 12:00pm ----- *UDS Q&A with Jillian Maccini*
- 12:00 pm – 12:30 pm ----- LUNCH
- 12:30 pm – 2:30 pm ----- Data Validations (Interactive)
- 2:30 pm ----- Evaluation / Adjourn





Data Hygiene Roundtable

2025 KICKOFF MEETING

CHCAMS ANNEX BUILDING
6508 Dogwood View Pkwy, Suite D
Jackson, Mississippi 39213

Thursday, February 20, 2025

10:00 AM – 2:00 PM

(Lunch will be provided)

AGENDA

(order of events subject to change)

- 9:30 am – 10:00 am ----- Sign-in/Arrival
- 10:00 am – 10:15 am -----MSDH MIIX Update
- 10:15 am – 11:30 am ----- 2024 UDS Reporting Outcomes
- 11:30 am – 12:00pm ----- 2025 UDS Program Assistance Letter (PAL)
- 12:00 pm – 12:30 pm -----Lunch Sponsored by 
- 12:30 pm – 1:30pm----- 2025 eQIM Encounter Codes and Clinical Quality Measure Updates
- 1:30 pm – 2:00pm ----- 2025 Data Hygiene Awareness Calendar
- 2:00 pm ----- Evaluation / Adjourn



**BRAIN
TEASER**

**BRAIN
TEASER**

**BRAIN
TEASER**

**BRAIN
TEASER**

Only 10% people get this

Setup Email Subscriptions



Search Subscriptions... 🔍

All Enabled Disabled

Schedule a report to be emailed to a custom list of recipients. Only scorecards and dashboards may be emailed as they contain no PHI. All schedules are set to your Local Time Zone.

| CENTER ▾ | SUBSCRIPTION NAME ▾ | REPORT NAME | FREQUENCY | NEXT SEND (LOCAL) | LAST SENT (LOCAL) | LAST STATUS |
|----------|----------------------------------|-------------|-----------|---------------------|---------------------|-------------|
| MS - PCA | 2024 UDS CROSTAB CENTER COMPARED | | Weekly | 03/10/2025 08:00 AM | 03/03/2025 08:00 AM | Successful |
| MS - PCA | UDS CROSTAB CENTER COMPARED | | Weekly | | | Successful |

GETTING STARTED

UDS 2023 CQMs

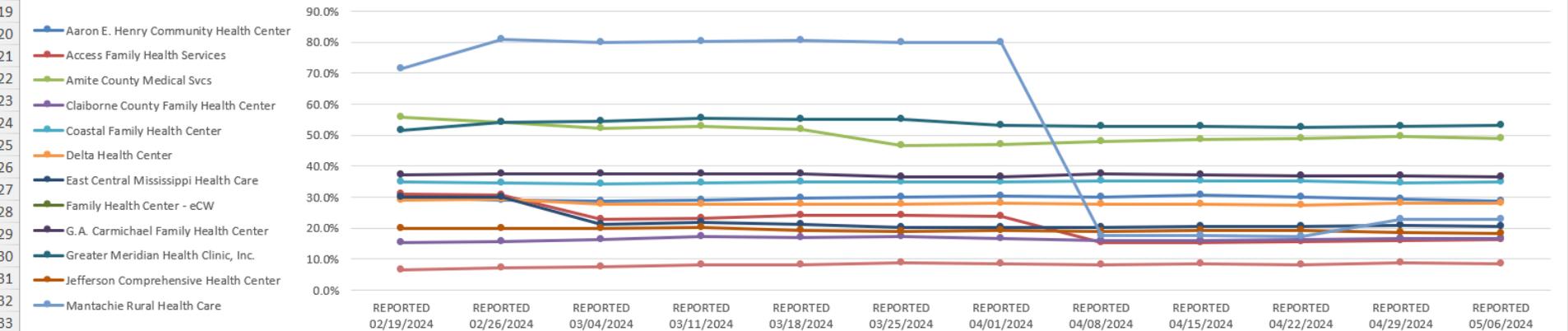
Run on 2/19/2024 2:00:39 PM

| CENTER | CHILDHOOD IMMUNIZATION STATUS (CMS 117V11) | CHILD WEIGHT ASSESSMENT / COUNSELING FOR NUTRITION / PHYSICAL ACTIVITY (CMS 155V11) | BMI SCREENING AND FOLLOW-UP 18+ YEARS (CMS 69V11) | DEPRESSION REMISSION AT TWELVE MONTHS (CMS 159V11) | SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (CMS 2V12) | TOBACCO USE: SCREENING AND CESSATION (CMS 138V11) | COLORECTAL CANCER SCREENING (CMS 130V11) | CERVICAL CANCER SCREENING (CMS 124V11) | BREAST CANCER SCREENING AGES 50-74 (CMS 125V11) | HYPERTENSION CONTROLLING HIGH BLOOD PRESSURE (CMS165V11) | DIABETES A1C > 9 OR UNTESTED (CMS 122V11) | STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE (CMS347V6) | IVD ASPIRIN USE (CMS 164V7) | HIV SCREENING (CMS 349V5) | HIV AND PREGNANT | HIV LINKAGE TO CARE | DENTAL SEALANTS FOR CHILDREN BETWEEN 6-9 YEARS (CMS 277V0) |
|--|--|---|---|--|--|---|--|--|---|--|---|--|-----------------------------|---------------------------|------------------|---------------------|--|
| Aaron E. Henry Community Health Center | 1.9% | 21.4% | 34.9% | 0.0% | 66.7% | 74.5% | 7.5% | 30.0% | 32.0% | 62.7% | 62.6% | 84.7% | 89.0% | 39.3% | 0.0% | 91.7% | 0.0% |
| Access Family Health Services | 8.3% | 55.6% | 82.3% | 6.7% | 75.8% | 92.1% | 59.6% | 31.1% | 50.7% | 72.2% | 46.1% | 91.3% | 91.3% | 34.8% | 0.0% | 0.0% | 0.0% |
| Amite County Medical Svcs | 0.0% | 79.1% | 97.5% | 8.8% | 62.9% | 96.7% | 69.7% | 55.9% | 55.2% | 87.5% | 42.3% | 96.0% | 88.2% | 59.6% | 0.0% | 0.0% | 0.0% |
| Claiborne County Family Health Center | 0.0% | 51.2% | 89.3% | 0.0% | 92.2% | 67.7% | 23.3% | 15.2% | 27.5% | 62.0% | 66.9% | 77.5% | 94.4% | 36.3% | 0.0% | 0.0% | 0.0% |
| Coastal Family Health Center | 26.9% | 74.9% | 82.4% | 8.5% | 86.9% | 87.5% | 20.2% | 34.8% | 40.7% | 57.4% | 77.8% | 81.2% | 81.2% | 47.0% | 0.5% | 83.3% | 0.0% |
| Delta Health Center | 2.3% | 87.1% | 89.2% | 0.0% | 87.7% | 71.2% | 11.1% | 29.1% | 4.6% | 39.7% | 52.5% | 80.6% | 78.8% | 24.4% | 0.0% | 0.0% | 0.0% |
| East Central Mississippi Health Care | 8.7% | 25.7% | 41.0% | 3.0% | 42.3% | 62.8% | 21.3% | 30.0% | 36.5% | 62.6% | 50.8% | 80.6% | 84.0% | 24.6% | 0.0% | 0.0% | 0.0% |
| Family Health Center | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| G.A. Carmichael Family Health Center | 0.0% | 80.4% | 87.7% | 9.1% | 86.0% | 83.4% | 27.1% | 37.1% | 33.6% | 53.5% | 80.2% | 79.7% | 69.6% | 21.7% | 0.0% | 100.0% | 0.0% |
| Greater Meridian Health Clinic, Inc. | 0.0% | 58.0% | 60.7% | 6.5% | 72.9% | 79.7% | 34.2% | 51.5% | 1.8% | 69.9% | 61.5% | 86.7% | 90.2% | 44.1% | 0.0% | 50.0% | 0.0% |
| Jefferson Comprehensive Health Center | 0.0% | 59.9% | 54.0% | 0.0% | 80.7% | 88.4% | 32.7% | 20.0% | 22.2% | 64.3% | 68.9% | 76.8% | 68.2% | 29.1% | 0.0% | 0.0% | 0.0% |
| Mantachie Rural Health Care | 0.0% | 98.7% | 88.8% | 3.6% | 86.4% | 99.6% | 48.3% | 71.3% | 75.2% | 82.9% | 45.9% | 88.7% | 87.8% | 48.9% | 0.0% | 0.0% | 0.0% |
| Outreach Health Services | 0.0% | 45.7% | 77.3% | 15.0% | 87.7% | 81.6% | 8.8% | 6.6% | 16.5% | 50.6% | 72.2% | 85.7% | 76.0% | 7.3% | 0.0% | 0.0% | 0.0% |

Tracking of Trends Spreadsheet

| | A | B | C | D | E | F | G | H | I | J | K | L | M |
|----|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 1 | Cervical Cancer Screening (CMS 124v11) | REPORTED 02/19/2024 | REPORTED 02/26/2024 | REPORTED 03/04/2024 | REPORTED 03/11/2024 | REPORTED 03/18/2024 | REPORTED 03/25/2024 | REPORTED 04/01/2024 | REPORTED 04/08/2024 | REPORTED 04/15/2024 | REPORTED 04/22/2024 | REPORTED 04/29/2024 | REPORTED 05/06/2024 |
| 2 | Aaron E. Henry Community Health Center | 30.0% | 29.20% | 28.70% | 29.10% | 29.60% | 30.00% | 30.5% | 30.1% | 30.7% | 30.0% | 29.5% | 28.7% |
| 3 | Access Family Health Services | 31.1% | 30.80% | 23.00% | 23.30% | 24.20% | 24.10% | 23.9% | 15.4% | 15.5% | 15.7% | 16.0% | 16.4% |
| 4 | Amite County Medical Svcs | 55.9% | 54.20% | 52.10% | 52.90% | 52.00% | 46.80% | 47.1% | 48.1% | 48.7% | 48.9% | 49.7% | 48.9% |
| 5 | Claiborne County Family Health Center | 15.2% | 15.60% | 16.30% | 17.40% | 16.90% | 17.20% | 16.7% | 16.0% | 16.1% | 16.4% | 16.8% | 16.7% |
| 6 | Coastal Family Health Center | 34.8% | 34.70% | 34.30% | 34.50% | 34.90% | 35.00% | 34.9% | 35.1% | 35.2% | 35.1% | 34.6% | 35.0% |
| 7 | Delta Health Center | 29.1% | 29.40% | 27.70% | 27.90% | 27.70% | 27.60% | 28.1% | 27.7% | 27.7% | 27.5% | 28.1% | 28.0% |
| 8 | East Central Mississippi Health Care | 30.0% | 30.10% | 21.20% | 21.90% | 21.20% | 20.20% | 20.4% | 20.3% | 20.5% | 20.7% | 20.9% | 20.6% |
| 10 | Family Health Center - eCW | | | | | | | | | | | | |
| 11 | G.A. Carmichael Family Health Center | 37.1% | 37.40% | 37.60% | 37.50% | 37.40% | 36.60% | 36.7% | 37.4% | 37.1% | 36.9% | 36.8% | 36.7% |
| 12 | Greater Meridian Health Clinic, Inc. | 51.5% | 54.30% | 54.60% | 55.40% | 55.10% | 55.00% | 53.2% | 53.0% | 52.8% | 52.5% | 53.0% | 53.2% |
| 13 | Jefferson Comprehensive Health Center | 20.0% | 20.00% | 19.80% | 20.10% | 19.20% | 18.90% | 19.3% | 19.1% | 19.3% | 19.2% | 18.7% | 18.4% |
| 14 | Mantachie Rural Health Care | 71.3% | 81.00% | 79.80% | 80.20% | 80.70% | 80.00% | 79.9% | 17.7% | 17.5% | 17.3% | 22.7% | 23.0% |
| 15 | Outreach Health Services | 6.6% | 7.30% | 7.60% | 8.10% | 8.30% | 8.70% | 8.5% | 8.2% | 8.6% | 8.3% | 8.8% | 8.5% |

Cervical Cancer Screening YTD (week to week) 2024



Inform the Health Center



😊 Reply ↶ Reply All → Forward 📧 ⋮

Mon 4/22/2024 10:29 AM

UDS measures that might need attention



Michael Edwards

To JAREN EARNEST (jearnest@mantachieclinic.org); Morgan Windham; Kimetta Hardges
Cc Joseph Grice

You replied to this message on 4/24/2024 8:42 AM.

Good Morning,
As we discussed last week and in more detail Friday the cervical cancer screening measure should start improving after this week. Hopefully the LOINC code Azara applies to "pap smear specialist" will resolve the issue. But I wanted to send this notice just like I am sending to other centers about their trends.

I have been tracking the UDS year to date report in Azara week to week since submission. The color coding is for change from previous week green for an increase of 0.1% or more and red is lower than the previous week. I noticed today that this measure has been in red for 3+ weeks in a row. This measure could stabilize and improve by next week's report, but I wanted to ensure that you were aware of the downward trend.

| Cervical Cancer Screening (CMS 124v11) | REPORTED 02/19/2024 | REPORTED 02/26/2024 | REPORTED 03/04/2024 | REPORTED 03/11/2024 | REPORTED 03/18/2024 | REPORTED 03/25/2024 | REPORTED 04/01/2024 | REPORTED 04/08/2024 | REPORTED 04/15/2024 | REPORTED 04/22/2024 |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Mantachie Rural Health Care | 71.3% | 81.0% | 79.8% | 80.2% | 80.0% | 80.0% | 79.9% | 17.7% | 17.5% | 17.3% |

Happy to answer any questions or help with data validations if needed.

Thanks,

Michael T. Edwards

Director of Training and Quality

Pronouns: he / him / his (why pronouns matter)

Mississippi Health Safe Net

| | REPORTED 03/25/2024 | REPORTED 04/01/2024 | REPORTED 04/08/2024 |
|---|------------------------|------------------------|------------------------|
| % | 80.0% | 79.9% | 17.7% |

Example #2

UDS measures that might need attention



Michael Edwards
 To Olugboyega Ransome-Kuti, MD; Yolanda Hill
 Cc Joseph Grice
 Bcc Ashlee McFarland

Good Morning,
 I have been tracking the UDS year to date report in Azara week to week since submission. The color coding is for change from previous week--green for an increase of 0.1% or more and red is lower than the previous week. I noticed today that these measures have been in red for 3 weeks or more in a row. The measures could stabilize and improve by next week's report, but I wanted to ensure that you were aware of the downward trend.

| Tobacco Use: Screening and Cessation (CMS 138v11) | REPORTED 02/19/2024 | REPORTED 02/26/2024 | REPORTED 03/04/2024 | REPORTED 03/11/2024 | REPORTED 03/18/2024 | REPORTED 03/25/2024 | REPORTED 04/01/2024 | REPORTED 04/08/2024 | REPORTED 04/15/2024 | REPORTED 04/22/2024 |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Greater Meridian Health Clinic, Inc. | 79.7% | 79.6% | 78.9% | 79.3% | 80.0% | 80.2% | 79.8% | 79.3% | 77.8% | 76.1% |

| HIV Screening (CMS 349v5) | REPORTED 02/19/2024 | REPORTED 02/26/2024 | REPORTED 03/04/2024 | REPORTED 03/11/2024 | REPORTED 03/18/2024 | REPORTED 03/25/2024 | REPORTED 04/01/2024 | REPORTED 04/08/2024 | REPORTED 04/15/2024 | REPORTED 04/22/2024 |
|--------------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Greater Meridian Health Clinic, Inc. | 44.1% | 43.4% | 43.7% | 43.9% | 44.3% | 44.3% | 44.5% | 44.2% | 44.0% | 43.8% |

| Cervical Cancer Screening (CMS 124v11) | REPORTED 02/19/2024 | REPORTED 02/26/2024 | REPORTED 03/04/2024 | REPORTED 03/11/2024 | REPORTED 03/18/2024 | REPORTED 03/25/2024 | REPORTED 04/01/2024 | REPORTED 04/08/2024 | REPORTED 04/15/2024 | REPORTED 04/22/2024 |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Greater Meridian Health Clinic, Inc. | 51.5% | 54.3% | 54.6% | 55.4% | 55.1% | 55.0% | 53.2% | 53.0% | 52.8% | 52.5% |

Happy to answer any questions or help with data validations if needed.

Thanks,

Michael T. Edwards
 Director of Training and Quality
 Pronouns: [he / him / his](#) ([why pronouns matter](#))



UDS 2024 CQMs

Run on 5/6/2024 2:11:12 PM

| CENTER | BMI SCREENING AND FOLLOW-UP 18+ YEARS (CMS 69V12) | BREAST CANCER SCREENING AGES 50-74 (CMS 125V12) | CERVICAL CANCER SCREENING (CMS 124V12) | CHILDHOOD IMMUNIZATION STATUS (CMS 117V12) | COLORECTAL CANCER SCREENING (CMS 130V12) | DEPRESSION REMISSION AT TWELVE MONTHS (CMS 159V12) | DIABETES A1C > 9 OR UNTESTED (CMS 122V12) | HIV SCREENING (CMS 349V6) | HYPERTENSION CONTROLLING HIGH BLOOD PRESSURE (CMS165V12) | SCREENING FOR DEPRESSION AND FOLLOW-UP PLAN (CMS 2V13) | STATIN THERAPY FOR THE PREVENTION AND TREATMENT OF CARDIOVASCULAR DISEASE (CMS 347V7) | TOBACCO USE: SCREENING AND CESSATION (CMS 138V12C) | CHILD WEIGHT ASSESSMENT / COUNSELING FOR NUTRITION / PHYSICAL ACTIVITY (CMS 155V12) | IVD ASPIRIN USE (CMS 164V7) | DENTAL SEALANTS FOR CHILDREN BETWEEN 6-9 YEARS (CMS 277V0) | HIV LINKAGE TO CARE | HIV AND PREGNANT |
|--|---|---|--|--|--|--|---|---------------------------|--|--|---|--|---|-----------------------------|--|---------------------|------------------|
| Aaron E. Henry Community Health Center | 43.4% | 30.8% | 28.7% | 2.1% | 9.2% | 0.0% | 45.3% | 39.5% | 62.9% | 73.5% | 82.2% | 70.0% | 22.7% | 86.1% | 0.0% | 95.7% | 0.0% |
| Access Family Health Services | 88.1% | 55.3% | 16.4% | 4.8% | 60.9% | 11.3% | 27.2% | 33.5% | 74.8% | 83.7% | 88.2% | 96.3% | 58.1% | 89.9% | 50.0% | 0.0% | 0.0% |
| Amite County Medical Svcs | 99.0% | 64.0% | 48.9% | 0.0% | 73.6% | 14.3% | 23.7% | 61.5% | 87.3% | 64.7% | 93.2% | 97.9% | 89.2% | 89.2% | 0.0% | 0.0% | 0.0% |
| Claiborne County Family Health Center | 87.6% | 35.7% | 16.7% | 0.0% | 26.1% | 0.0% | 40.8% | 35.0% | 70.1% | 93.7% | 76.5% | 77.6% | 64.7% | 81.1% | 0.0% | 0.0% | 0.0% |
| Coastal Family Health Center | 85.9% | 43.6% | 35.0% | 30.5% | 21.9% | 14.2% | 32.6% | 46.5% | 60.4% | 88.9% | 79.7% | 89.8% | 80.7% | 82.0% | 0.0% | 92.9% | 0.3% |
| Delta Health Center | 90.4% | 4.5% | 28.0% | 11.5% | 10.1% | 2.9% | 38.8% | 24.7% | 42.7% | 88.3% | 78.0% | 76.0% | 89.0% | 73.2% | 37.5% | 100.0% | 0.0% |
| East Central Mississippi Health Care | 45.7% | 41.3% | 20.6% | 9.6% | 21.1% | 3.7% | 37.6% | 27.0% | 64.4% | 52.4% | 81.9% | 74.3% | 36.3% | 85.9% | 0.0% | 0.0% | 0.0% |
| Family Health Center | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% |
| G.A. Carmichael Family Health Center | 88.7% | 36.2% | 36.7% | 2.2% | 26.4% | 15.2% | 65.6% | 21.8% | 58.5% | 89.3% | 76.7% | 85.8% | 86.0% | 71.6% | 0.0% | 100.0% | 0.0% |
| Greater Meridian Health Clinic, Inc. | 63.1% | 2.3% | 53.2% | 7.7% | 31.6% | 13.1% | 44.9% | 44.0% | 69.8% | 79.9% | 86.5% | 73.0% | 71.5% | 90.1% | 0.0% | 100.0% | 0.0% |
| Jefferson Comprehensive Health Center | 63.7% | 20.8% | 18.4% | 0.0% | 30.8% | 0.0% | 51.6% | 25.6% | 64.4% | 89.5% | 72.1% | 93.9% | 72.9% | 76.3% | 0.0% | 0.0% | 0.0% |
| Mantachie Rural Health Care | 88.2% | 80.2% | 23.0% | 7.7% | 49.4% | 7.6% | 28.5% | 48.8% | 85.9% | 90.9% | 89.7% | 98.1% | 98.5% | 86.5% | 0.0% | 0.0% | 0.0% |
| Outreach Health Services | 80.7% | 19.4% | 8.5% | 0.0% | 8.3% | 25.0% | 57.9% | 8.6% | 49.4% | 89.1% | 84.8% | 80.4% | 46.8% | 77.3% | 0.0% | 0.0% | 0.0% |

Health Center Performance Summary: First 6 Months of 2024

Overview: *Based on the data from AZARA DRVS for the first half of 2024, three health centers have shown notable performance across 15 UDS (Uniform Data System) measures. The performance metrics are categorized into top performer, top 3, and top 5 statuses.*

Health Centers Performance

1. Amite County Medical Services

- Top Performer: 7 out of 15 measures
- Top 3 Performance: 12 out of 15 measures
- Top 5 Performance: 13 out of 15 measures

2. Mantachie Rural Health Clinic

- Top Performer: 2 out of 15 measures
- Top 3 Performance: 9 out of 15 measures
- Top 5 Performance: 10 out of 15 measures

3. Access Family Health Services

- Top Performer: 2 out of 15 measures
- Top 3 Performance: 7 out of 15 measures
- Top 5 Performance: 9 out of 15 measures



Health Center Performance Summary: First NINE Months of 2024

Overview: Based on the data from AZARA DRVS for the **first nine months of 2024**, three health centers have shown notable performance across 15 UDS (Uniform Data System) measures. The performance metrics are categorized into top performer, top 3, and top 5 statuses.

Health Centers Performance

1. Amite County Medical Services

- Top Performer: 6 out of 15 measures
- Top 3 Performance: 10 out of 15 measures
- Top 5 Performance: 13 out of 15 measures

2. Access Family Health Services *(previously 3rd overall)*

- Top Performer: 3 out of 15 measures
- Top 3 Performance: 9 out of 15 measures
- Top 5 Performance: 11 out of 15 measures

3. Mantachie Rural Health Clinic *(previously 2nd overall)*

- Top Performer: 1 out of 15 measures
- Top 3 Performance: 9 out of 15 measures
- Top 5 Performance: 10 out of 15 measures



UDS 2024 CHC TRENDS

Monitoring UDS measures YTD weekly and comparing to previous week(s) for downward trends and/or low performance overall.

| Breast Cancer Screening Ages 50-74 (CMS 125v11) | REPORTED 05/20/2024 | REPORTED 05/27/2024 |
|--|------------------------|------------------------|
| Greater Meridian Health Clinic, Inc. | 2.2% | 46.3% |

| Colorectal Cancer Screening (CMS 130v11) | REPORTED 07/08/2024 | REPORTED 07/15/2024 |
|---|------------------------|------------------------|
| Delta Health Center | 9.6% | 15.1% |

| Child Weight Assessment / Counseling for Nutrition / Physical Activity (CMS 155v11) | REPORTED 07/29/2024 | REPORTED 08/05/2024 |
|--|------------------------|------------------------|
| East Central Mississippi Health Care | 44.2% | 77.9% |

Validation Findings

Things that needed to be addressed before health centers could even begin to prepare for UDS+ testing or submission.



Childhood Immunizations

- Interface Connection
- Historical Documentation

Repeat Blood Pressure

- Vital Sign entry
- Discontinue note box entries

Pap vs HPV record capture (performed outside of health center)

- Separate documentation method for HPV to capture the 5-year lookback correctly

Lab results (medical records or in house)

- Workflow for capturing lab results that impact clinical measures
- Ensure in house labs correct setup

Adult BMI

- Countable visit encompasses more than medical.
- Update workflow to included patients seen dental, BH, etc.

Exclusion Criteria

- Proper documentation
- Discontinue note box entries

Child Weight Measure Scorecard

Child Weight Assessment / Counseling for Nutrition / Physical Activity Scorecard ⓘ

REPORT

PERIOD

2025

CENTERS

All Centers

RENDERING PROVIDERS

All Rendering Provid...

GROUPING

No Grouping

TARGETS

Primary

Secondary

Not Met

REPORT

| MEASURE | RESULT | TARGET | NUMERATOR | DENOMINATOR |
|---|--------|---------|-----------|-------------|
| ⓘ Child Weight Assessment / Counseling for Nutrition / Physical Activity (CMS 155v12) | 58.9% | 77.4% | 9,935 | 16,864 |
| ⓘ Child Weight Screening / BMI (CMS 155v12 Breakout) | 97.7% | Not Set | 16,471 | 16,864 |
| ⓘ Child Weight Screening / Nutritional Counseling (CMS 155v12 Breakout) | 62.6% | Not Set | 10,549 | 16,864 |
| ⓘ Child Weight Screening / Physical Activity (CMS 155v12 Breakout) | 64.3% | Not Set | 10,847 | 16,864 |
| ⓘ BMI Percentile - Questionable | 2.2% | Not Set | 741 | 33,923 |

Description Of The Child Weight Scorecard

Child Weight Assessment / Counseling for Nutrition / Physical Activity Scorecard

Created By: michael@mshsn.org

Created On: 2/11/2025 4:26:30 PM

Modified By: Azara

Modified On: 3/30/2025 4:38:36 PM

Child Weight Assessment / Counseling for Nutrition / Physical Activity Scorecard

Compares the current UDS eQCM version of all 3 components (BMI, Nutr. Counseling, and Phy. Activity)

to

BMI (Height, weight, and body mass index (BMI) percentile recording in the last 12 months)

and

Nutritional Counseling (Patients who had counseling for nutrition performed during the measurement period)

and

Physical Activity (Patients who had counseling for physical activity performed during the measurement period)

BMI PERCENTILE- QUESTIONABLE: Pediatric patients with a 'questionable' BMI Percentile entry.

Centers can use this scorecard to monitor which component of the measure is being missed the most and work to improve that area.

Tobacco Measure Scorecard

Tobacco Measure Scorecard

REPORT

PERIOD

2025

CENTERS

All Centers

RENDERING PROVIDERS

All Rendering Provid...

GROUPING

No Grouping

TARGETS

 Primary

 Secondary

 Not Met

| MEASURE | RESULT | TARGET | NUMERATOR | DENOMINATOR |
|---|--------|----------------|-----------|-------------|
|  Tobacco Use: Screening and Cessation (CMS 138v12) | 85.9% | 80.0% | 21,131 | 24,612 |
|  Tobacco Use: Screening (CMS 138v12 Breakout Pop 1) | 89.6% | <i>Not Set</i> | 22,045 | 24,612 |
|  Tobacco Users (CMS 138v12 Modified) | 19.1% | <i>Not Set</i> | 4,713 | 24,612 |
|  Tobacco Use: Cessation (CMS 138v12 Breakout Pop 2) | 80.7% | <i>Not Set</i> | 3,802 | 4,713 |
|  Tobacco and Smoking Status - Questionable | 0.0% | <i>Not Set</i> | 28 | 217,895 |

Description of the TOBACCO SCORECARD

Tobacco Measure Scorecard

Tobacco UDS measure and its components comparison.

UDS MEASURE: Patients aged 12 years and older who were screened for tobacco use or use of electronic nicotine delivery system (ENDS) one or more times during the measurement period AND who received cessation intervention during the measurement period or in the six months prior to the measurement period if identified as a tobacco or ENDS user.

TOBACCO USE: SCREENING--Tobacco or nicotine screen during the measurement period

TOBACCO USERS: Most recent screen is tobacco or nicotine user.

TOBACCO USE: CESSATION--

Tobacco screen in the last 12 months OR ENDS Status in the last 12 months

AND Most recent screen is tobacco user

AND Tobacco cessation during the measurement period or in the six months prior to the measurement period

- Cessation counseling
- Pharmacotherapy ordered
- Active pharmacotherapy

OR - ENDS Status is user

AND

- Nicotine cessation during the measurement period or in the six months prior to the measurement period
- Cessation counseling
- Pharmacotherapy ordered
- Active pharmacotherapy

TOBACCO AND SMOKING STATUS- QUESTIONABLE: Status is null OR Status is not identified as "N", "Y", or "R/Reformed/Former"

Centers can use this scorecard to monitor which component of the measure is missing the most and work to improve that area.

Statin Therapy Scorecard



Statin Therapy Scorecard ⓘ

REPORT

PERIOD

2025

CENTERS

All Centers

RENDERING PROVIDERS

All Rendering Provid...

GROUPING

No Grouping

TARGETS

■ Primary

■ Secondary

■ Not Met

REPC

| MEASURE | RESULT | TARGET | NUMERATOR | DENOMINATOR |
|--|--------|---------|-----------|-------------|
| ⓘ Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS 347v7) | 82.7% | 80.0% | 16,645 | 20,124 |
| ⓘ Statin Therapy ASCVD (CMS 347v7 Breakout) | 89.5% | Not Set | 5,156 | 5,763 |
| ⓘ Statin Therapy Diabetes Ages 40-75 (CMS 347v7 Breakout) | 84.4% | Not Set | 11,562 | 13,702 |
| ⓘ Statin Therapy - Elevated LDL Ages 20-75 (CMS 347v7 Breakout) | 85.3% | Not Set | 1,964 | 2,302 |
| ⓘ Adult LDL < 100 | 14.9% | Not Set | 9,714 | 65,107 |
| ⓘ LDL - Questionable | 1.3% | Not Set | 280 | 21,930 |

Description Of The Statin Therapy Scorecard

STATIN THERAPY Scorecard

Created By: michael@mshsn.org

Created On: 2/12/2025 3:07:17 PM

Modified By: Azara

Modified On: 2/19/2025 10:31:32 AM

STATIN THERAPY - -UDS Measure: Patients considered at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period.

STATIN THERAPY ASCVD : Patients with ASCVD and on Statin Therapy.

DM AGE 40-75--Patients age 40-75 with Diabetes and on Statin Therapy

ELEVATED LDL 20-75: Patients age 20-75 with LDL>190 and on Statin Therapy.

ADULT LDL<100: Percentage of patients 18 and older who's most recent LDL in the past year was < 100.

LDL-QUESTIONABLE: LDL lab records with a result that is questionable or potentially invalid.

Depression Scorecard



Depression Scorecard ⓘ

REPORT

PERIOD

2025

CENTERS

All Centers

RENDERING PROVIDERS

All Rendering Provid...

GROUPING

No Grouping

TARGETS

Primary

Secondary

Not Met

| MEASURE | RESULT | TARGET | NUMERATOR | DENOMINATOR |
|---|--------|---------|-----------|-------------|
| ⓘ Screening for Depression and Follow-Up Plan (CMS 2v13) | 77.6% | 80.5% | 50,588 | 65,203 |
| ⓘ Depression Screen Positive w/Follow-up (CMS 2v12 Breakout) | 50.1% | Not Set | 748 | 1,493 |
| ⓘ Depression Utilization of the PHQ-9 Tool (CMS 160v6, NQF 0712) | 66.6% | Not Set | 4,424 | 6,643 |
| ⓘ Depression Screen - Adolescents with Depression | 72.4% | Not Set | 415 | 573 |
| ⓘ Depression Screen - Adults with Depression | 68.0% | Not Set | 7,410 | 10,902 |
| ⓘ PHQ-2 Depression Screen - Questionable | 0.3% | Not Set | 340 | 107,974 |
| ⓘ PHQ-9 Depression Screen - Questionable | 0.0% | Not Set | 0 | 117,564 |
| ⓘ Depression Remission at Twelve Months (CMS 159v12) | 8.6% | 18.2% | 301 | 3,513 |
| ⓘ Depression Remission at Six Months (CMS 159v12 Modified) | 18.2% | Not Set | 645 | 3,543 |

Description Of The Depression Scorecard

Depression Scorecard

Modified By: Azara

Modified On: 2/19/2025 11:20:17 AM

DEPRESSION SCORECARD

Screening for Depression and Follow-Up: Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of or up to two days after the date of the qualifying encounter.

Depression Screen Positive w/Follow-Up: Patients aged 12 years and older with a positive screening for depression on the date of the qualifying encounter or 14 days prior to the date of the encounter using an age appropriate standardized depression screening tool and a follow up plan documented on the date of the qualifying encounter.

Depression Utilization of the PHQ-9 Tool: The percentage of patients age 18 and older with the diagnosis of major depression or dysthymia who have a completed PHQ-9 during each applicable 4 month period in which there was a qualifying visit.

Dep Screen-Adolescents with Depression: Patients 12-17 years of age who have a diagnosis of depression and have completed a depression screening within the last 12 months

Dep Screen-Adults with Depression: Patients 18 years of age or older who have a diagnosis of depression and have completed a depression screening within the last 12 months.

PHQ-2 Questionable: PHQ-2 Depression Screens with a result that is 'questionable' or potentially invalid.

PHQ-9 Questionable: PHQ-9 Depression Screens with a result that is 'questionable' or potentially invalid.

Depression Remission at 12 months: Patients 12 years of age and older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.

Depression Remission at 6 months: Patients 12 years of age and older with major depression or dysthymia who reached remission 6 months (+/- 60 days) after an index event.

Centers can use this scorecard to monitor which component of the measure is being missed the most and work to improve that area.

Childhood Immunization Scorecard

Unpublished

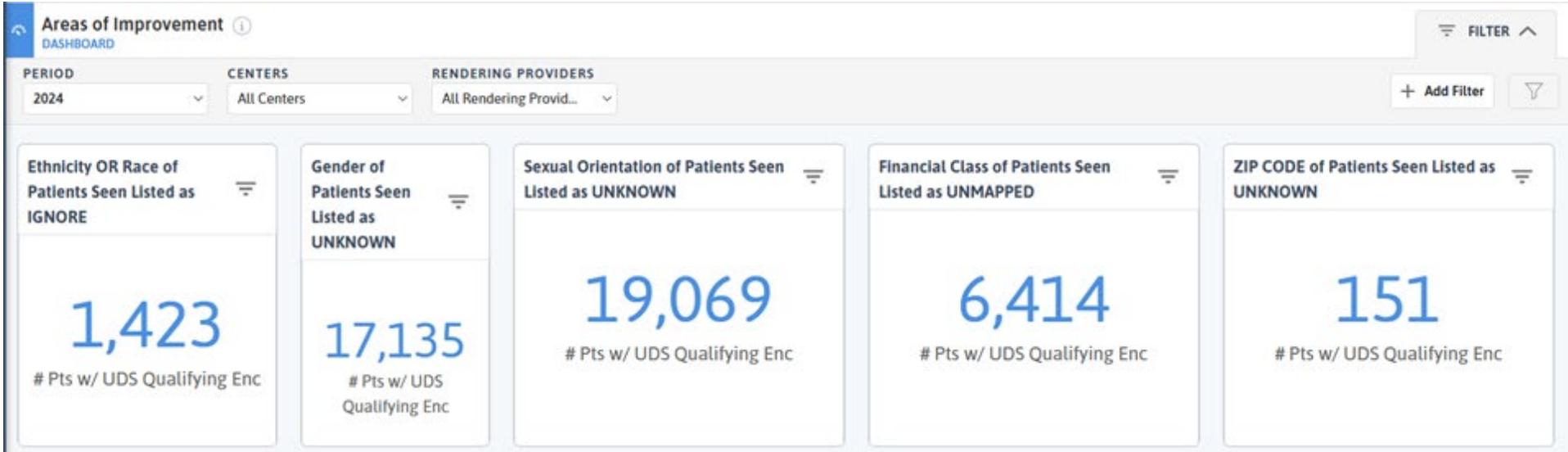
HCCN Childhood Immunization Scorecard REPORT JUST MICHAEL@MSHSN.ORG

PERIOD: 2025 CENTERS: All Centers RENDERING PROVIDERS: All Rendering Provid...

GROUPING: No Grouping TARGETS: Primary Secondary Not Met

| MEASURE | RESULT | TARGET |
|--|--------|---------|
| Childhood Immunization Status (CMS 117v12) | 12.8% | 38.9% |
| Childhood Immunization Status - DTP (CMS 117v11 Breakout) | 56.3% | Not Set |
| Childhood Immunization Status - IPV (CMS 117v10 Breakout) | 73.2% | Not Set |
| Childhood Immunization Status - MMR (CMS 117v10 Breakout) | 78.2% | Not Set |
| Childhood Immunization Status - HIB (CMS 117v11 Breakout) | 68.4% | Not Set |
| Childhood Immunization Status - HEPB (CMS 117v10 Breakout) | 51.4% | Not Set |
| Childhood Immunization Status - VZV (CMS 117v11 Breakout) | 77.7% | Not Set |
| Childhood Immunization Status - PCV (CMS 117v10 Breakout) | 54.5% | Not Set |
| Childhood Immunization Status - HEPA (CMS 117v10 Breakout) | 74.6% | Not Set |
| Childhood Immunization Status - ROT (CMS 117v11 Breakout) | 59.9% | Not Set |
| Childhood Immunization Status - FLU (CMS 117v11 Breakout) | 27.6% | Not Set |

Areas of Improvement (Front Office)



Areas of Improvement (Front Office)

Description of widgets

Areas of Improvement ✕

Created By: michael@mshsn.org

Created On: 2/11/2025 10:16:00 PM

Modified By: michael@mshsn.org

Modified On: 2/19/2025 7:03:10 PM

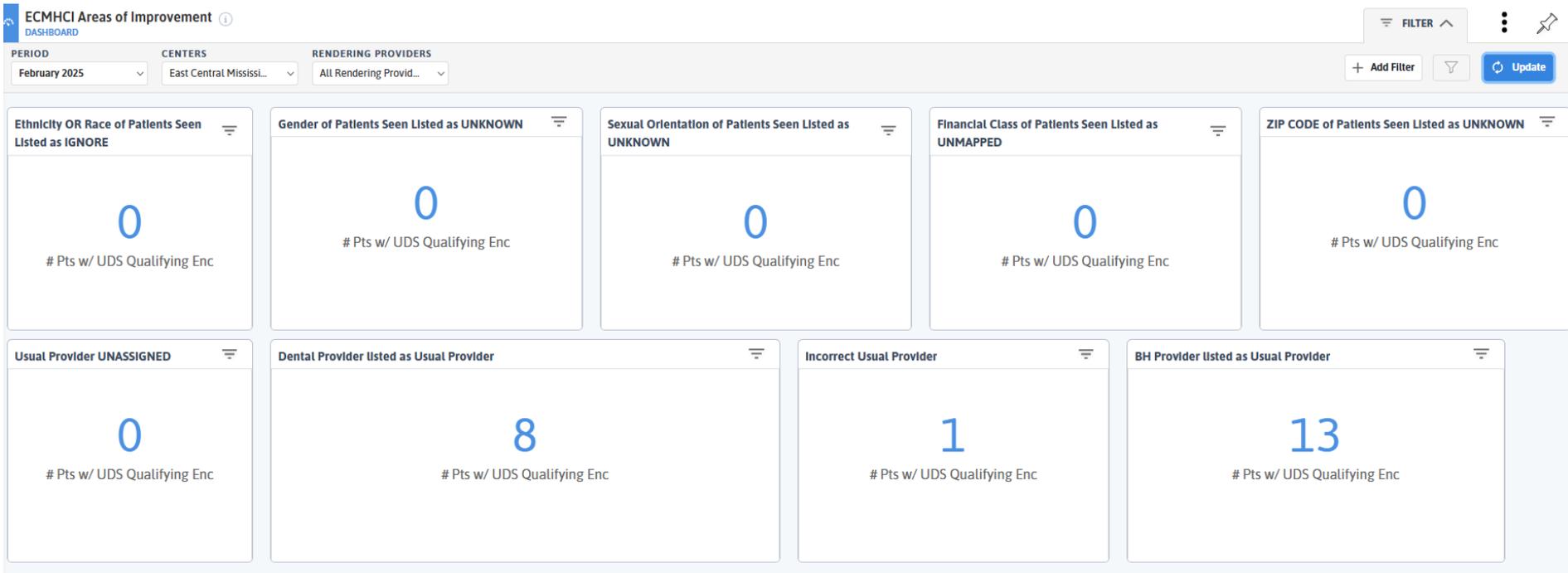
Areas of Improvement--this will aide with front desk validation of data collection.

Patients who had a encounter identified as qualifying during the reporting period--Most recent encounter in the last 12 months identified as an encounter between a patient and a licensed or credentialed provider who exercises independent professional judgment in providing services.

Each widget is filtered to IGNORE, UNKNOWN, etc.



Health Center Specific Utilization Of Areas of Improvement Dashboard



Health Center Specific Utilization Of Areas of Improvement Dashboard

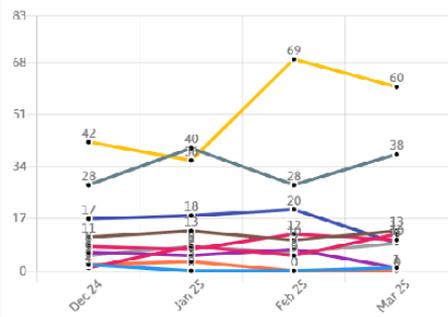
Explanation of the last row of widgets

- **Usual Provider UNASSIGNED:** looks at encounters for the time period and if Usual Provider is listed as “unassigned”
- **Dental Provider listed as Usual Provider:** looks at encounters for the time period and if Usual Provider is listed as “Dental Provider”(each center selects dental providers in a filter) and filters by rendering provider as medical providers (easier to create a medical provider group for this)
 - This shows patients who see both medical and dental and determine which provider should be true PCP.
- **Incorrect Usual Provider:** looks at encounters for the time period and if Usual Provider is listed as “any non-provider” such as nurse etc. that is used for scheduling purposes only not for qualifying encounters for UDS.
- **BH Provider Listed as Usual Provider:** looks at encounters for the time period and if Usual Provider is listed as “Behavior Health Provider”(each center selects BH providers in a filter) and filters by rendering provider as medical providers (easier to create a medical provider group for this)
 - This shows patients who see both medical and BH and determine which provider should be true PCPC.

HCCN Data Health - Lab Volume

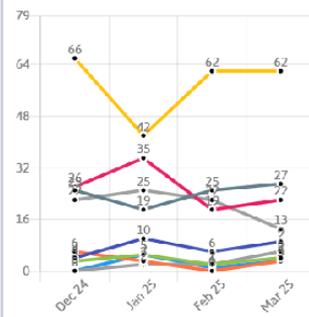


Colorectal Cancer-FOE



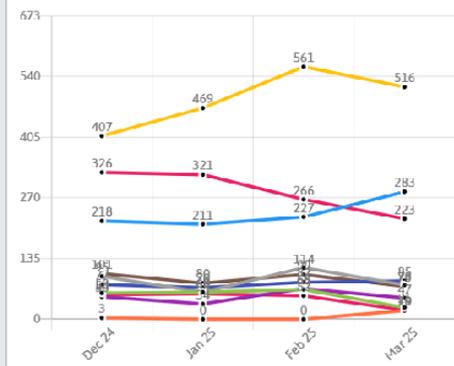
- Family I Health Center
- Aaron E. Henry Community Health Center
- Southeast Mississippi Rural Health Initiative
- Greater Meridian Health Clinic, Inc.
- Coastal Family Health Center
- Jefferson Comprehensive Health Center
- Mantachie Rural Health Care
- North Mississippi Primary Health Care
- East Central Mississippi Health Care

Colorectal Cancer-FIT-DN



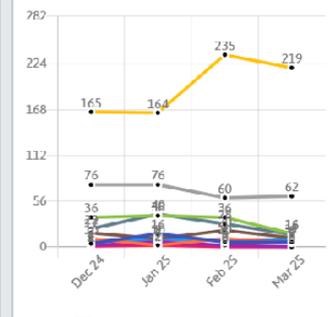
- East Central Mississippi Health Care
- Southeast Mississippi Rural Health Initiative
- Access Family Health Services
- Mantachie Rural Health Care
- Amite County Medical Svcs
- Coastal Family I Health Center
- North Mississippi Primary Health Care
- Delta Health Center
- Family Health Center

Cervical Cancer-PA



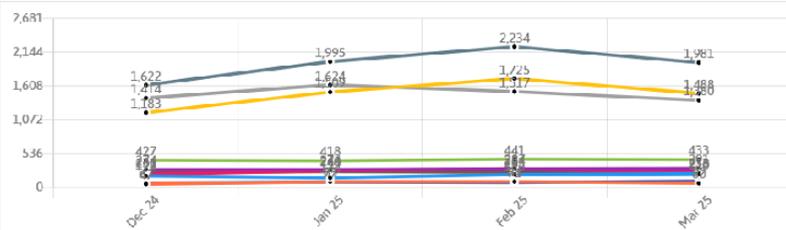
- Family Health Center
- Access Family Health Services
- Outreach Health Services
- Coastal Family Health Center
- Jefferson Comprehensive Health Center
- North Mississippi Primary Health Care
- Greater Meridian Health Clinic, Inc.
- Amite County Medical Svcs
- Aaron E. Henry Community Health Center

Cervical Cancer-HP



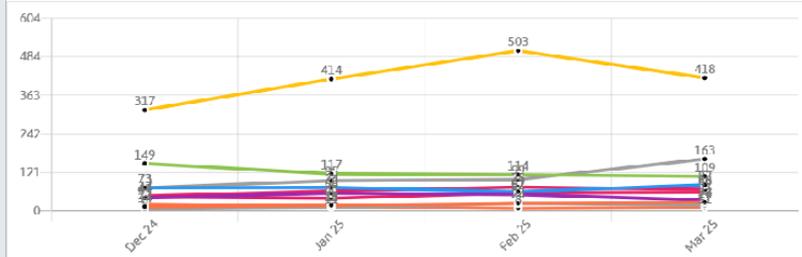
- Access Family Health Services
- Claborne County Family Health Center
- Mantachie Rural Health Care
- Coastal Family Health Center
- Jefferson Comprehensive Health Center
- Aaron E. Henry Community Health Center
- Southeast Mississippi Rural Health Initiative
- Amite County Medical Svcs
- Delta Health Center
- Family Health Center

A1c



- Family Health Center
- Access Family Health Services
- Outreach Health Services
- Coastal Family Health Center
- Jefferson Comprehensive Health Center
- Claborne County Family Health Center
- Greater Meridian Health Clinic, Inc.
- Aaron E. Henry Community Health Center
- Southeast Mississippi Rural Health Initiative
- North Mississippi Primary Health Care

HIV Screen



- Family Health Center
- Access Family Health Services
- Outreach Health Services
- Coastal Family Health Center
- Jefferson Comprehensive Health Center
- North Mississippi Primary Health Care
- Greater Meridian Health Clinic, Inc.
- Amite County Medical Svcs
- Aaron E. Henry Community Health Center

HCCN PHC Utilization vs UDS Measures YTD

Health Center Utilization Report

| CENTERS | REPORTS |
|---------------------------------------|---------|
| Amite County Medical Svcs | 20,609 |
| Access Family Health Services | 7,669 |
| Coastal Family Health Center | 7,205 |
| Claiborne County Family Health Center | 5,812 |

PATIENT VISIT PLANNING (PVP)

| CENTERS | REPORTS |
|---------------------------------------|---------|
| Coastal Family Health Center | 2,996 |
| Access Family Health Services | 2,391 |
| Amite County Medical Svcs | 1,679 |
| Jefferson Comprehensive Health Center | 1,536 |

CARE MANAGEMENT

| CENTERS | REPORTS |
|---------------------------------------|---------|
| Amite County Medical Svcs | 15,243 |
| Claiborne County Family Health Center | 3,740 |
| Outreach Health Services | 1,459 |
| Access Family Health Services | 466 |

2024 Prenatal by Cent

| CENTERS | RESULT |
|---|--------|
| Access Family Health Services | 94% |
| Amite County Medical Svcs | 88% |
| Southeast Mississippi Rural Health Initiative | 70% |

2024 Childhood Immunization by Center

| CENTERS | RESULT |
|------------------------------|--------|
| Coastal Family Health Center | 27.4% |
| Delta Health Center | 27.3% |
| Amite County Medical Svcs | 25.0% |

2024 Cervical Screening by Cen

| CENTERS | RESULT |
|---|--------|
| Amite County Medical Svcs | 63.0% |
| Greater Meridian Health Clinic, Inc. | 49.8% |
| Southeast Mississippi Rural Health Initiative | 46.4% |

2024 Breast Cancer Screening by Center

| CENTERS | RESULT |
|-------------------------------|--------|
| Mantachie Rural Health Care | 84.4% |
| Amite County Medical Svcs | 73.1% |
| Access Family Health Services | 61.2% |

2024 Child Weight by Cent

| CENTERS | RESULT |
|-----------------------------|--------|
| Mantachie Rural Health Care | 99.1% |
| Amite County Medical Svcs | 97.9% |
| G.A. Carmichael | |

2024 Adult Weight by Cent

| CENTERS | RESULT |
|----------------------------------|--------|
| Amite County Medical Svcs | 99.6% |
| Delta Health Center | 91.5% |
| Access Family Health Services | 89.7% |
| North Mississippi Primary Health | 80.1% |

2024 Tobacco by Cent

| CENTERS | RESULT |
|---------------------------------------|--------|
| Access Family Health Services | 99.5% |
| Amite County Medical Svcs | 99.1% |
| North Mississippi Primary Health Care | 97.8% |

2024 Statin Therapy by Cent

| CENTERS | RESULT |
|----------------------------------|--------|
| Amite County Medical Svcs | 93.6% |
| Access Family Health Services | 88.7% |
| Mantachie Rural Health Care | 87.7% |
| North Mississippi Primary Health | 87.7% |

2024 IVD by Cente

| CENTERS | RESULT |
|---------------------------------------|--------|
| Access Family Health Services | 92.3% |
| Greater Meridian Health Clinic, Inc. | 89.1% |
| Claiborne County Family Health Center | 88.0% |

2024 Colorectal Screening t Center

| CENTERS | RESULT |
|-------------------------------|--------|
| Access Family Health Services | 60.8% |
| Amite County Medical Svcs | 59.2% |

2024 HIV Linkage by Cent

| CENTERS | RESULT |
|--------------------------------------|--------|
| G.A. Carmichael Family Health Center | 100% |
| Delta Health Center | 100% |
| Coastal Family Health Center | 97% |

2024 HIV Screening by Cent

| CENTERS | RESULT |
|------------------------------|--------|
| Amite County Medical Svcs | 59.3% |
| Coastal Family Health Center | 47.2% |
| Mantachie Rural Health Care | 45.6% |
| Aaron E. Henry Community | 42.6% |

2024 Depression Screening/FU Plan by Center

| CENTERS | RESULT |
|---------------------------------------|--------|
| Jefferson Comprehensive Health Center | 97.0% |
| Claiborne County Family Health Center | 94.1% |

2024 Depression Remission by

| CENTERS | RESULT |
|---------------------------------------|--------|
| G.A. Carmichael Family Health Center | 31.8% |
| Outreach Health Services | 30.0% |
| North Mississippi Primary Health Care | 22.7% |

2024 Dental Sealant by Cent

| CENTERS | RESULT |
|-------------------------------|--------|
| Access Family Health Services | 75.0% |
| Delta Health Center | 60.0% |
| East Central | |

2024 Low Birth Weight by Cent

| CENTERS | RESULT |
|-----------------------------|--------|
| Mantachie Rural Health Care | 0.0% |
| Family Health Center | 0.0% |
| Delta Health Center | 7.5% |
| Southeast Mississippi Rural | 10.6% |



2024 Hypertension by Cent

| CENTERS | RESULT |
|----------------------------------|--------|
| Amite County Medical Svcs | 90.7% |
| Mantachie Rural Health Care | 86.8% |
| Access Family Health Services | 79.9% |
| North Mississippi Primary Health | 76.0% |

2024 Diabetes by Cent

| CENTERS | RESULT |
|-------------------------------|--------|
| Mantachie Rural Health Care | 15.0% |
| Access Family Health Services | 17.1% |
| Amite County | |



Denotes only measure not showing a top utilization center

**NAME THE
CELEBRITY**

**NAME THE
CELEBRITY**

**NAME THE
CELEBRITY**

**NAME THE
CELEBRITY**



Data Hygiene Project

(MS Health Safe Net)

If you focus on **results**,
you will never **change**.

If you focus on **change**,
you will get **results**.

~**Jack Dixon**

MEASURE MATRIX

**The Building Blocks
of Data Validation**



DATA VALIDATION CALENDAR



Questions?



Contact Me



REGION IV
DIGITAL HEALTH ALLIANCE



BRAIN



TEASERS



Let's
PLAY

1

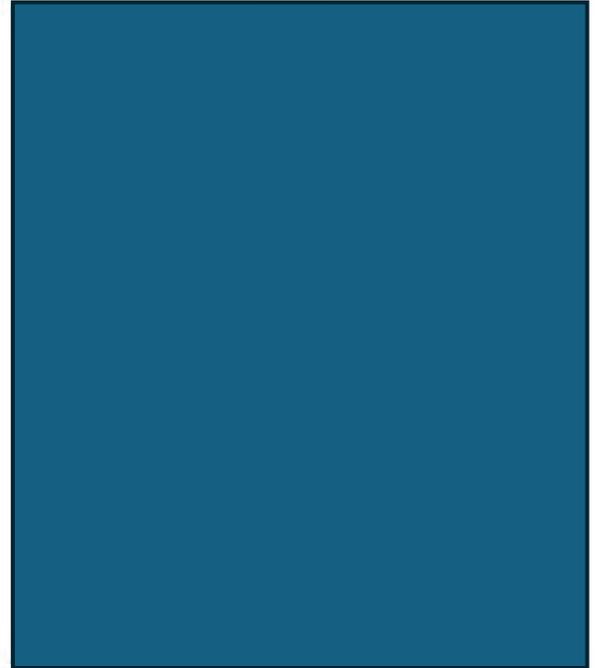
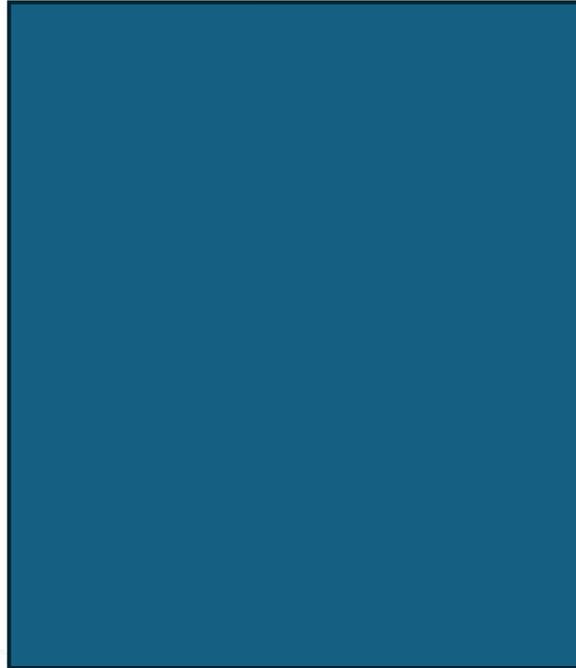
2

3

A

SLIGHTLY

CAST



B MY1111LIFE

HOUSE

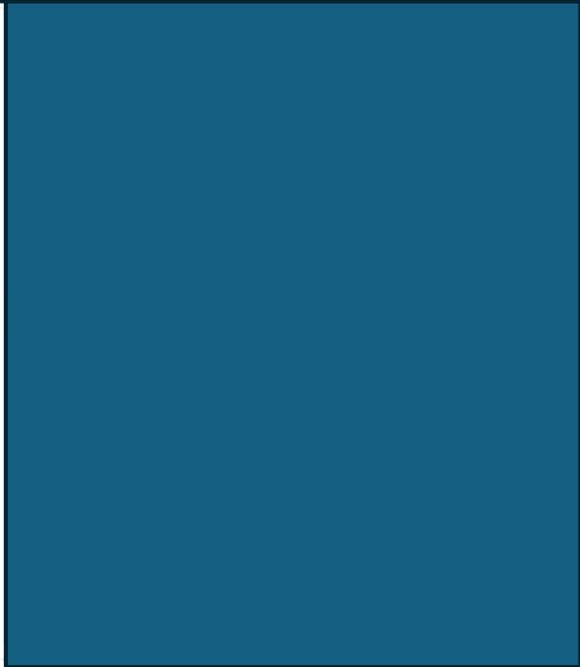
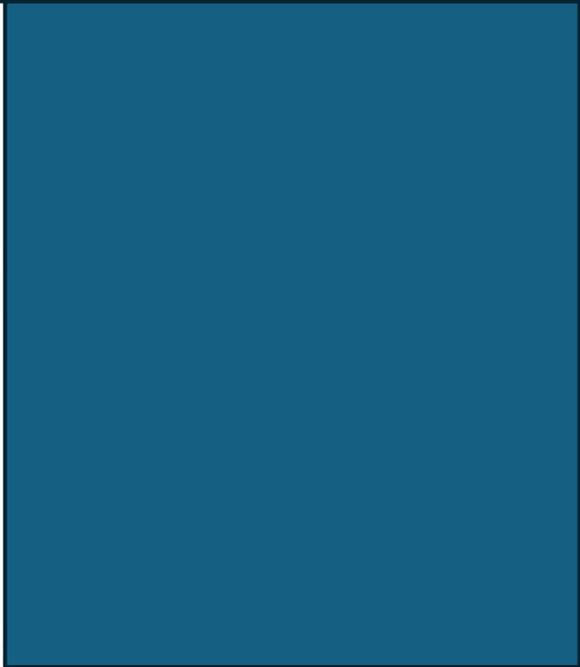
PRAIRIE

C



D

ROWHENME



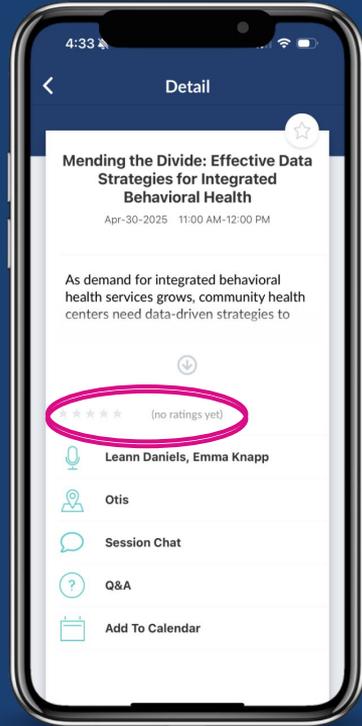
Questions?



We want to hear from you!

Click on the session from your agenda in the conference app.

Click the stars in the center of your screen to rate and provide feedback.



Quick and Easy



Provide brief feedback or ideas



Rate the session and the speaker(s)



Help us continue to improve

Achieve, Celebrate, Engage!



ACE'd it? Share your DRVS success story and become an Azara ACE!

Show your organization has used DRVS to **A**chieve measurable results, **C**elebrate improvement in patient health outcomes, and effectively **E**ngage care teams and/or patients. Stories should showcase how DRVS helped your organization overcome a challenge, the tools and solutions used to drive improvement and details of the successes that resulted from your initiatives. ACEs should be able to provide examples that quantify quality improvement, cost savings, operational efficiency or patient health improvement.

Benefits:

- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Potential to be featured at next year's Azara User Conference
- Win Azara swag!

Submit your success story by completing the form [at this link](#).

azara
healthcare

ACE Program



azara2025

USER CONFERENCE APR 29-MAY 1 | BOSTON, MA

Thanks for attending!

