



# SCHCCN

SOUTH CAROLINA HEALTH CENTER CONTROLLED NETWORK

## Navigating Uncharted Waters: Leveraging HCCNs to Enhance Readiness for UDS+ through DRVS

azara2024  
USER CONFERENCE APR 30-MAY 2 | BOSTON, MA



# About Us

**1979**

South Carolina Primary Health Care Association was founded.

**2016**

South Carolina Health Center Controlled Network (SCHCCN) was established.

**25**

Organizations supported, including **22** CHCs, **1** AWP, and **2** LALs.

**20**

SCHCCN members, including **18** CHCs, **1** AWP, and **1** LAL.

# Get To Know The Network



SCHCCN

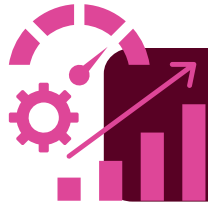
SOUTH CAROLINA HEALTH CENTER CONTROLLED NETWORK



# What is UDS?



# UDS Purpose



**Performance Monitoring**



**Policy & Funding Decisions**



**Quality Improvement**

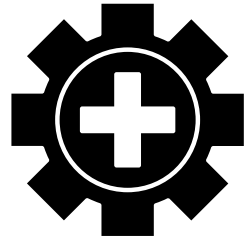


**Public Accountability**

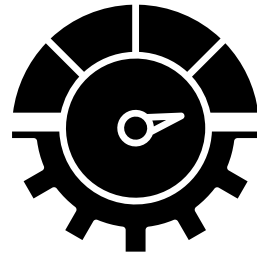
# Key Components of UDS



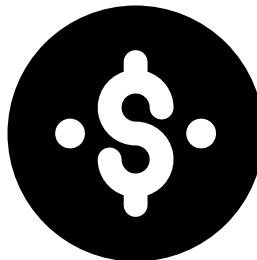
**Patient  
Demographics**



**Clinical  
Services**



**Clinical  
Outcomes**



**Operational &  
Financial Data**

# UDS Modernization

## Historical Projects

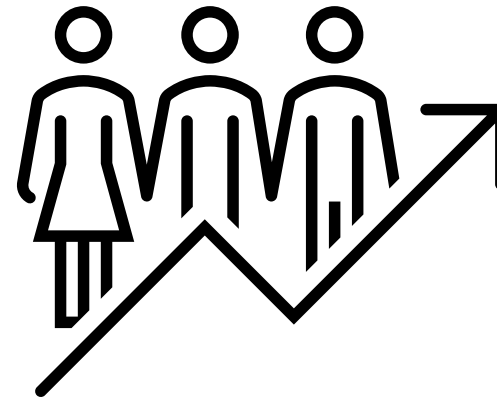
Focused on **creating reporting tools** to help submit UDS data via the Electronic Handbooks (EHBs) system

## Current Initiatives

Aims to **reduce reporting burden, improve data quality, and better measure program services and outcomes**



What is UDS+





# UDS+ Purpose



**Increased Data  
Precision**



**Improved  
Quality of Care**



**Enhanced  
Reporting  
Efficiency**



**Better Support  
for Research  
and Policy  
Analysis**

# UDS+ Test Submission

# EHR Vendor Engagement



**FHASES**

A Solution for  
Case Management

 Son Information Systems



# Data Hygiene

**Standardize Data Entry Process**

**Regular Training and Education**

**Implement Data Validation Rules**

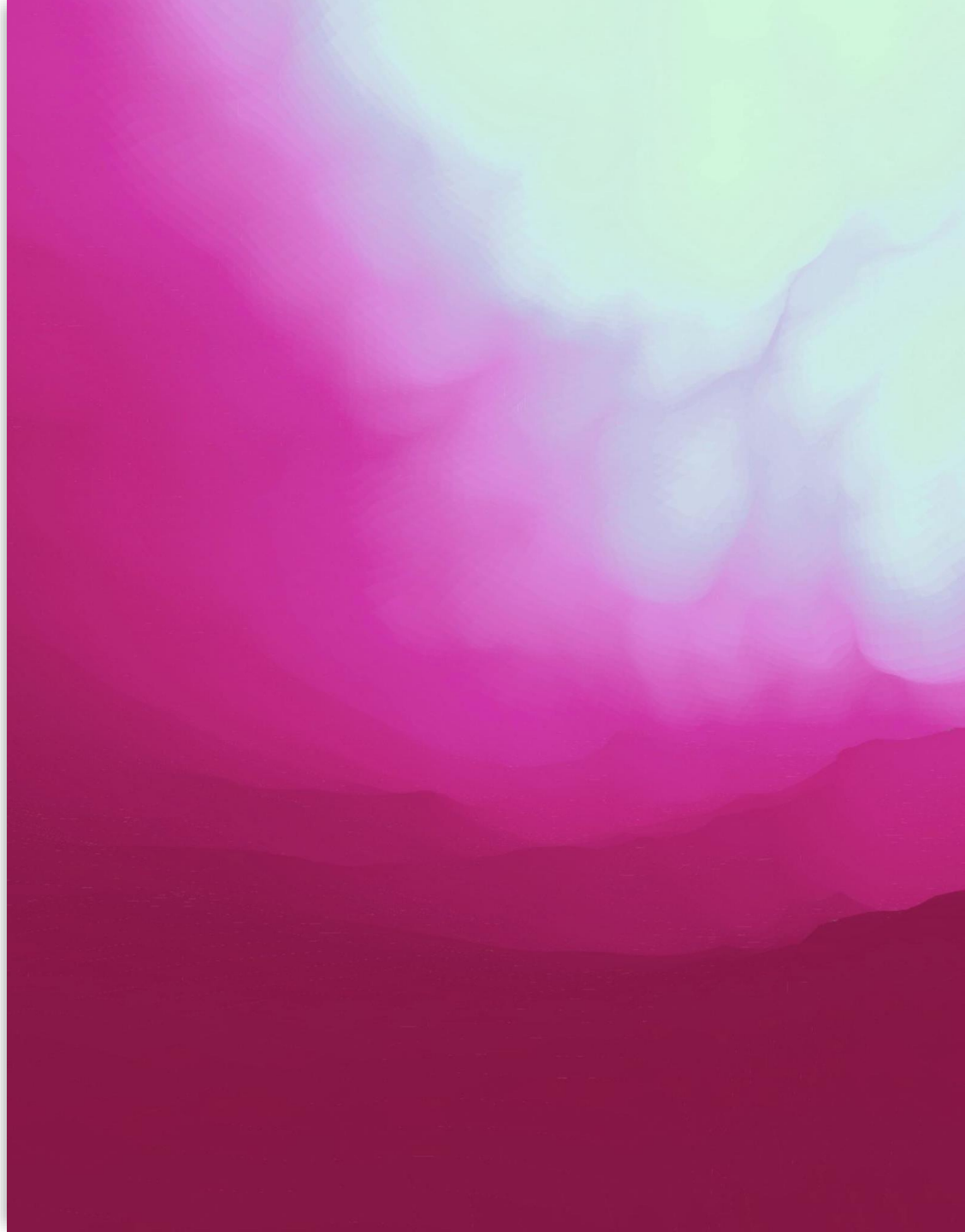
**Perform Routine Quality Data Audits**

**Manage Duplicate Records**

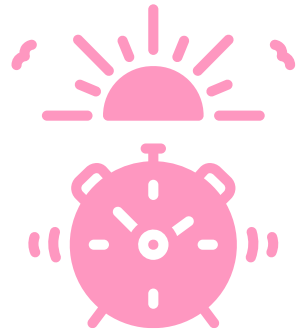
**Ensure Data Security & Confidentiality**

**Encourage User Feedback**

**Cleanse Data Regularly**



# Stay in the Know



## **Engage**

In the process  
early & often



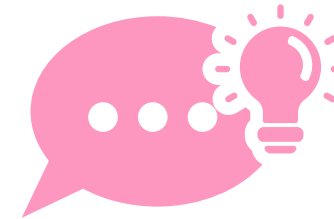
## **Participate**

In feedback  
sessions &  
workshops



## **Focus**

On patient care  
& data quality



## **Suggest**

Improvements for  
training & support



## **Collaborate**

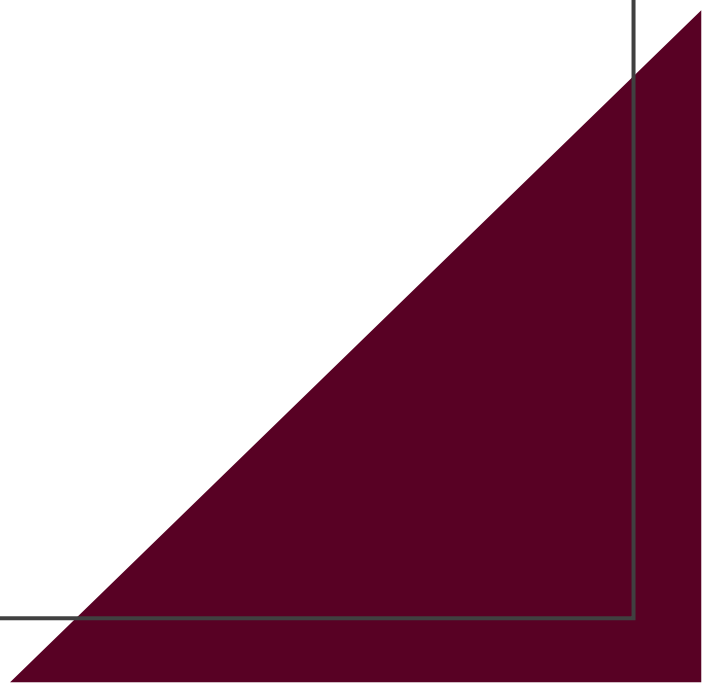
With peers



## **Follow Up**

On your feedback

# Roles



# Health Centers

**Data Provision and Validation**

**Testing and Feedback**

**Implementation and Adoption**

**Advocacy and Representation**

**Utilization of Data for Improvement**

**Collaboration and Sharing Best  
Practices**

**Contribution to a Learning Health  
System**

# PCAs



**Networking and Peer Support**

**Collaborative Learning and Improvement**

**Advocacy and Representation**



# HCCNs

**Data Management and IT  
Support**

**Innovation and Technology  
Adoption**

**Economies of Scale**

**Resource Sharing**



December 6, 2023

In anticipation of CY2023 UDS+ electronic data submission of patient-level detail (which is voluntary, but actively encouraged by HRSA for CY2023), Azara Healthcare has begun to collect the information necessary to facilitate this transmission. As part of the process, we need to ensure we know who from your organization will be authorized to 'opt in' your health center for the HRSA data submission. While your administrators will continue to have full control over who can access and view reports and measure data, only one person per organization will be able to authorize and 'opt in' the transmission of your data to HRSA from Azara DRVS. Before submission, the authorized user will be prompted to confirm their Health Center information (including Grantee # and UEI) and acknowledge they have reviewed the information to be sent and are authorized to initiate the submission.

By completing the information below and signing this form, you agree that the named staff member is authorized to submit your health center's UDS+ information to HRSA from Azara DRVS. If the named staff member does not have an Azara DRVS login, one will be created for them.

Health Center Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Executive Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
HRSA Grantee #: \_\_\_\_\_  
EIN/TID#: \_\_\_\_\_  
  
Authorized Signatory: \_\_\_\_\_  
Authorized Signatory (Print): \_\_\_\_\_  
Date: \_\_\_\_\_

Name of DRVS - UDS+ Submitter: Chandra Beasley  
Email: chandrab@scphca.org  
Phone: 803-361-9313 or 803-788-2778

www.azarahealthcare.com | 70 Blanchard Road, Suite 100 | Burlington, NC 27019

## < UDS+ Submission

### Acknowledgment & Authorization

To OPT IN to submitting 2023 UDS+ data, please fill out the required fields in the submission form below, and select OPT IN. Participation is voluntary and participating centers will not be penalized for inaccurate or incomplete data. You may choose to UPDATE information or OPT OUT any time before February 15th.

Please note that submission of UDS 2023 via the Electronic Handbook is required and considered the official data of record for Calendar Year 2023 Reporting.

For more information on UDS+, click [here](#).

CENTER	<input type="text" value="Anchorage Neighborhood H"/>	AUTHORIZING USER	<input type="text" value="Rachel Huntcherson"/>	PHONE*	<input type="text"/>		
ADDRESS 1*	<input type="text"/>	ADDRESS 2	<input type="text"/>	CITY*	<input type="text"/>	STATE*	<input type="text" value="v"/>
GRANT #* ⓘ	<input type="text" value="H80CS00146"/>						
UEI* ⓘ	<input type="text"/>						

\* Indicates a required field

On behalf of [center name], I, [auth user name], agree the above information is correct to the best of my knowledge and authorize Azara Healthcare, LLC to submit UDS 2023 via UDS+ to HRSA.

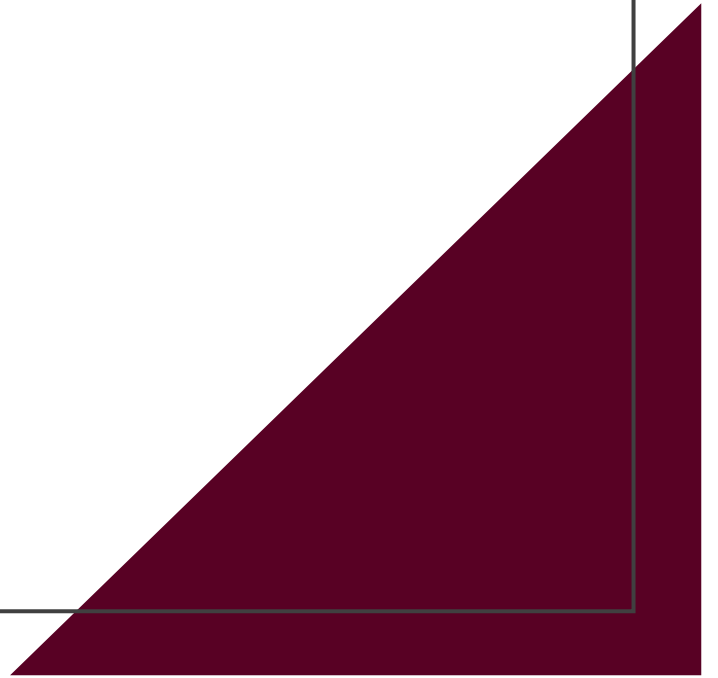
OPT IN

OPT OUT

# azara2024

USER CONFERENCE **APR 30–MAY 2 | BOSTON, MA**

## **UDS+ Preparation**



# Wins

**Enhanced Data Accuracy**

**Evidence-Based Decision Making**

**Increased Funding Opportunities**

**We were able to do voluntary submissions for 10 of our PHCs**

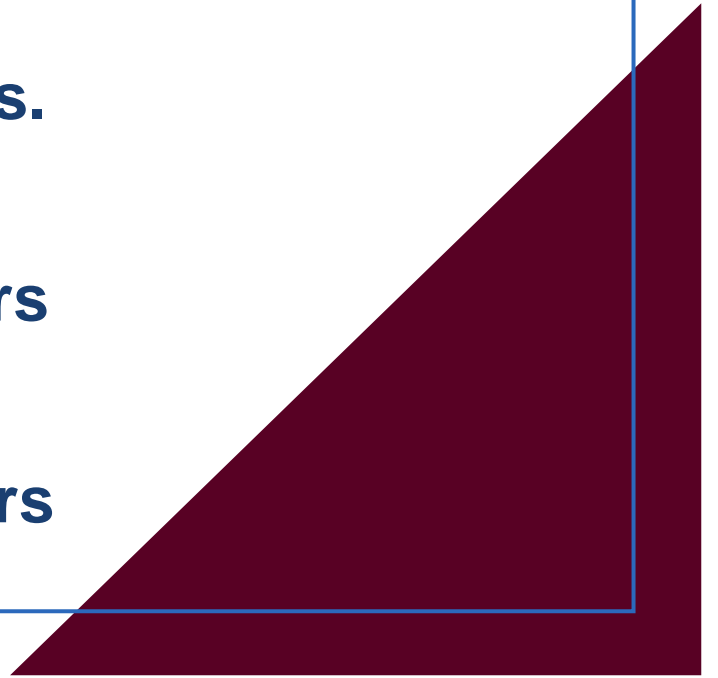
# Challenges

**Not all our health centers have dental integrated in their EHR**

**Addressing fear of variance in EHB submission vs. UDS+ test submission**

**Latency in HRSA communication on health centers requirements to submit**

**Obtaining the UEI numbers from our health centers**



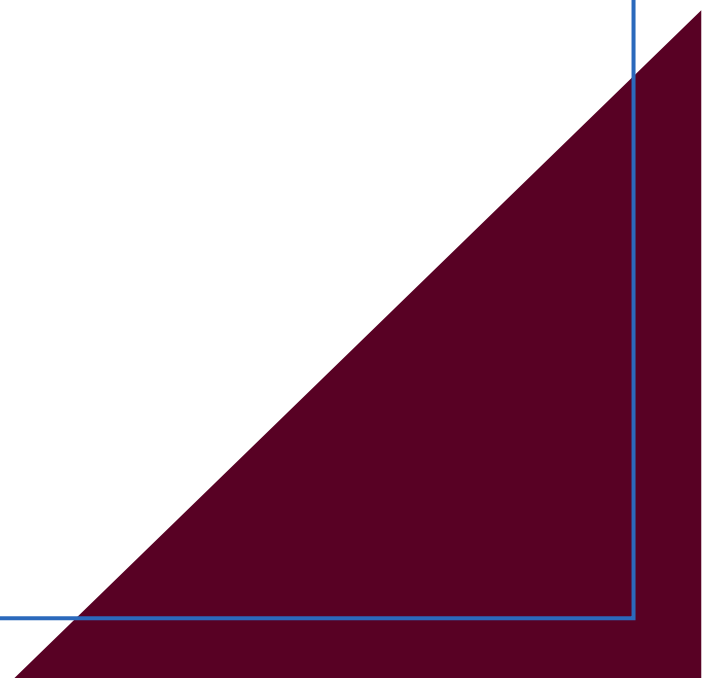
# Lessons Learned

**Adapting to Regulatory Changes**

**Streamlining Integration of EDR and EHR processes**

**Emphasizing Data Quality and Integrity**

**Celebrating Achievements and Successes**



# The Road to UDS+



**APRIL 2024**

**Cohort 1  
Submissions**  
**Completed**

HRSA to conduct reviews  
with participating centers

**JUNE 2024**

**Cohort 2  
Submissions**

**Voluntary UDS+  
Reporting:**

Second/last round of  
CY23 UDS+ submissions  
to HRSA

\*Centers who do not have all  
patient data within a single  
EHR can participate in  
Cohort 2

**FEBRUARY 2025**

**Calendar Year '24  
Submissions**

**Official UDS Reporting  
Method:**

Electronic Handbook  
(no change)

**Additional  
Requirement:**

A portion of reporting to  
be submitted via UDS+  
(TBA)

**FEBRUARY 2026**

**Calendar Year '25  
Submissions**

**Official UDS Reporting  
Method:**

TBD

# Azara UDS+ Updates



- 4/2** First round of voluntary submissions completed
- Azara was **the first vendor** to successfully send production data to HRSA
  - Azara submitted for **55 centers**



- 5/1** 2<sup>nd</sup> Cohort of voluntary submissions to take place **through end of June**
- Allows centers to participate who **do not have full patient population** within a single system  
(i.e., Dental data is not in DRVS)



- Other** HRSA will have **reviews of UDS+ results** for the centers who submitted
- “Expected” that UDS+ calculated results closely match EHB-reported results

UDS+ reporting requirement for CY2024 **still TBA**



# How Do I Participate?



Centers wanting to participate in Cohort 2 must complete the following Authorization Forms:

## 1 Azara's Executive Authorization Form

A screenshot of the Azara's Executive Authorization Form. The header features the Azara Healthcare logo. The date "December 6, 2023" is displayed. The main text explains that in anticipation of CY2023 UDS+ electronic data submission, Azara Healthcare has begun collecting information to facilitate this transmission. It states that only one person per organization will be able to authorize and 'opt in' the transmission of their data to HRSA from Azara DRVS. The form concludes with a statement that by completing the information below and signing this form, the user agrees that the named staff member is authorized to submit their health center's UDS+ information to HRSA from Azara DRVS. If the named staff member does not have an Azara DRVS login, one will be created for them.

## 3 HRSA's BPHC Onboarding Form

A screenshot of the HRSA's BPHC Onboarding Form. The title is "BPHC Contact Form". Below the title, it says "If you'd like to check the status of an existing ticket [click here](#)". The form is part of the "Uniform Data System (UDS) > UDS+ Onboarding" process. It shows "Section A. Health Center Information" and "Section C. Vendor Authorization". In Section C, there is a dropdown menu for selecting a vendor, with options: "--None--", "Azara", "i2i", and "Relevant Healthcare". A note above the dropdown says "Please select your vendor from the list below \*PLEASE NOTE".

## 2 Azara DRVS UDS+ Submission Form

A screenshot of the Azara DRVS UDS+ Submission Form. The title is "UDS+ Submission". Below the title, it says "Acknowledgment & Authorization". The text explains that to OPT IN to submitting 2023 UDS+ data, the user must fill out the required fields in the submission form below and select OPT IN. It also states that participation is voluntary and participating centers will not be penalized for inaccurate or incomplete data. The form includes fields for CENTER (Anchorage Neighborhood H), AUTHORIZING USER (Rachel Huntcherson), PHONE, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, GRANT # (H80CS00146), and UDI. At the bottom, there is a statement: "On behalf of [center name], I, [auth user name], agree the above information is correct to the best of my knowledge and authorize Azara Healthcare, LLC to submit UDS 2023 via UDS+ to HRSA." There are two buttons: "OPT IN" and "OPT OUT".

# What's being sent to HRSA?

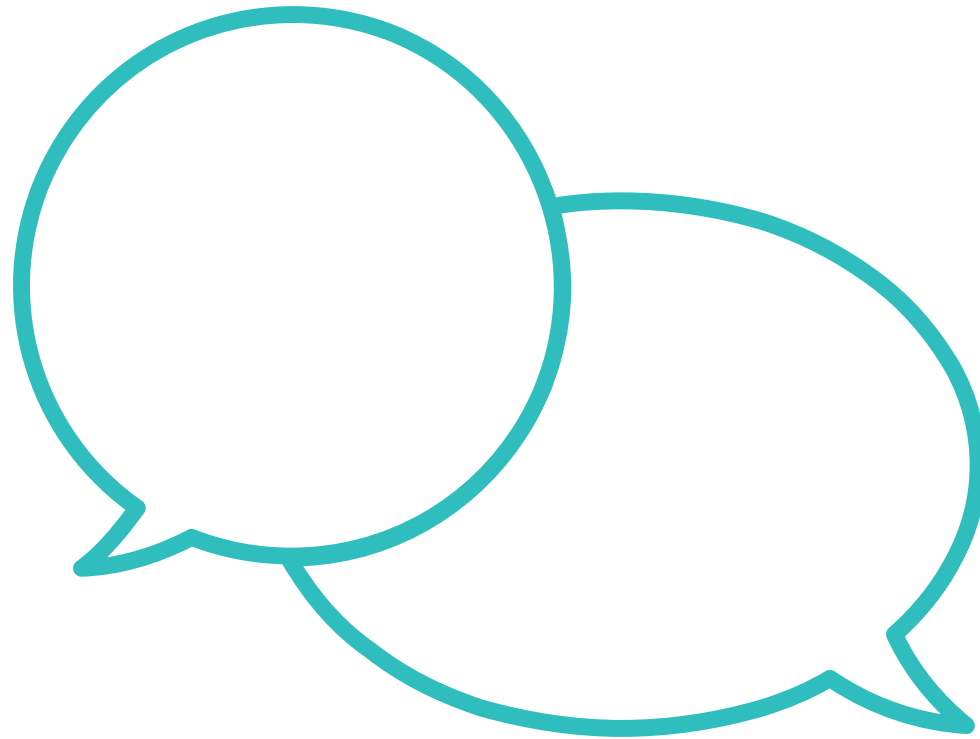
## Demographic Tables

- Patients by Zip Code Table
- Table 3a: Patients by Age and by Sex Assigned at Birth
- Table 3b: Demographic Characteristics
- Table 4: Selected Patient Characteristics
  - Less the member months portion of this table

## Clinical Tables

- Table 6a: Selected Diagnoses and Services Rendered
- A subset of the Clinical Quality Measures on Tables 6b and 7
  - Cervical Cancer Screening, Colorectal Cancer Screening, Controlling High Blood Pressure, Diabetes A1c > 9 or Untested)

# Questions?



# 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
- Win Azara swag!



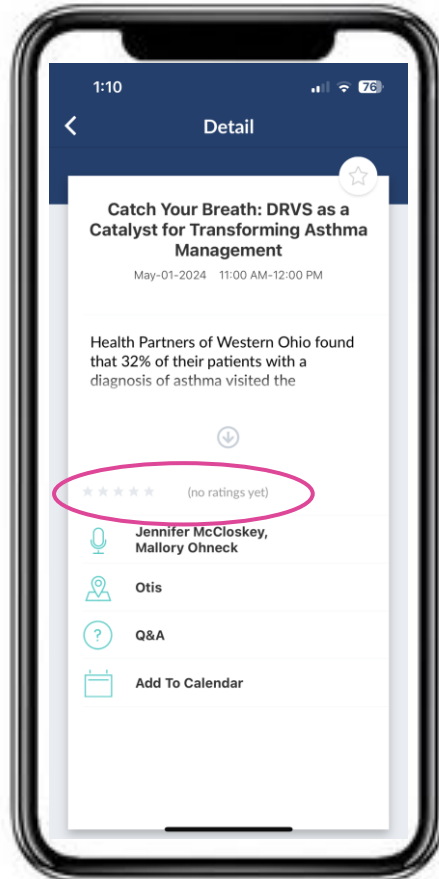
Submit your success story by completing the form [at this link](#) or scan our QR code:

See this year's ACE posters in the Ballroom Foyer!



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



Quick and Easy



Rate the session and  
the speaker(s)



Provide brief  
feedback or ideas



Help us continue to  
improve

# Thanks for attending!

