Phillip Stringfield:

Hello, everyone. I know we are right at the top of the hour, so we'll give folks just a couple of more seconds to join in. We want to welcome you to day two of our NACHC hosted UDS+ Testing Forum. My name is Phillip Stringfield. I serve as the Deputy Director of Health Center Operations here with NACHC Health Center Operations and Governance Functional area. I'm so glad to have you all with us as we embark on day two of the testing forum. As we get started, I'm going to go ahead and hand things over to my colleague, Dr. Julia Skapik NACHC CMIO to review a couple of things about today's forum and get us started.

Dr. Julia Skapik:

Okay? So thanks so much for everyone for joining us. I want to thank Andrew Hamilton and Jason Greer, the leads of the UTC. We had come up with this idea together, which is how do we help health centers know about what's been going on in UDS+ testing and UDS+ preparations at their partner organization level, either their vendor or their network, and how do we help all of you plan for what's been forecast at HRSA, which is that all health centers for 2024 reporting year I.E. in 2025 will need to at least submit something in UDS+ to the UDS+ program. Now we don't think, and it has been implied that that will not be all of the content of UDS, but knowing that you'll have to be prepared to do something, we wanted to give you the opportunity many months in advance to be thinking about what is your strategy for that time, but also to be aware that there's ongoing test submissions happening in the UDS+ cohorts testing program.

And so we've also given vendors opportunity to tell you where they are with their own testing. Are they bringing health centers into that test reporting process? What are their best practices? And then how do you engage with them either now or later in the year to plan for testing now and in 2025 submission? I will say that yesterday we did have some federal partners on the phone and they were kind enough to answer a handful of questions, but the goal here is really to hear from our vendor reporters. So there may be questions that we're not in a position to answer and if so, we'll send you to the right place. Okay?

Phillip Stringfield:

Thank you so much.

Dr. Julia Skapik:

I just want to thank again all the vendors and folks who have agreed to present this information for the purpose of helping to support health centers with success in UDS+. Thank you.

Phillip Stringfield:

And just so that way we level set our schedule today, we got through the most of it yesterday, but today we'll be featuring two additional vendors, HRP vendors, and we'll be having about 20 minutes with each of them. So that is safe to say we will not be here for two full hours. We probably will be able to get you back to work by 2:00. So thank you all for sticking with us for these two presentations.

And just to help navigate us with some housekeeping, we are in Zoom webinar, so your lines have been muted. And then we do ask that you please direct all of your questions to the Q&A section. That's going to be the best way for our presenters to see them and respond to them, and things can get lost in the chat and we'll probably limit the chat. So please make sure you direct most of your questions to the Q&A. I will be sure to get them answered for you. If you do have a specific question that you would like to verbalize, you can raise your hand and we'll be able to unmute you to do so. So with that, I'm going to go ahead and hand things over to our first presenter today. We have Jill Meredith with NextGen Healthcare.

Jill Meredith:

Thanks Phillip, appreciate that. I'm delighted to be here today. I'm going to start sharing my screen and go into presentation mode here with our deck. So good afternoon. My name is Jill Meredith. I am the head of the government reporting products and tools at NextGen of which UDS and subsequently UDS+ are a big part. So I wanted to give you an update on where we are. Some of you may have been in our large client user group last week, but some of it may be a repeat for you, but if it's new, thank you for coming back or coming here to hear the information. So UDS+ reporting, what are we doing? It's a very good question. So we are NextGen Healthcare successfully met HRSA's synthetic data testing standards and worked with health centers to successfully submit live data in Cohort one.

And we were delighted to partner with HRSA and participating in the early stages of this testing program has helped HRSA, us, everyone to really learn and prepare to support our health centers further down the road as we move into later stages of the UDS modernization process. We work closely with our affiliated partners and the UTC and are very proud to be the only EHR vendor to have submitted live data directly from our source application in Cohort one. We worked with our HCCN partners at OSIS and Heartland, and UTC Steering Committee partners at Delaware Valley Community Health, Isaiah Nathaniel and Rebecca Rudd at OSIS. And there are countless other people who I am missing, but those are the big people we want to give a shout-out to in really helping us work with health centers and analyze the data and understand the gaps, and it's been an amazing learning process for us.

So Cohort two, Cohort one testing happened. It was very extensive, pretty raw data kinds of situations were happening, and in Cohort two, the testing phases will occur in two phases. So we had some people participate in our beta testing who've already done this phase one. So they chose not to submit in Cohort one but are going to submit in Cohort two. And they have done this phase one, which is uploading, validating and de-identifying lists of patients, starting with small batches of synthetic data, making sure that the whole process works, getting the data in, de-identifying it, that it matches, counts match, et cetera. Then moving to small batches of real patient data for additional validation just to make sure that if there were any testing scenarios we might not have been able to capture with the synthetic data. We're leveraging our certified technology Bulk FIHR API to pull data from the applications, and that is a prerequisite to be on the certified version to participate in this testing part because our Bulk FHIR API is going to be a big piece of the modernization process as we move forward.

Phase two is de-identifying, sending the de-identified patient test data to HRSA in a test submission process. So we assist clients in bulk uploading that full universe of data and submitting that data to HRSA by June 30th. So it is a process. We are walking our clients through, a lot of hands-on, a lot of hand-holding. We're doing quite a bit of the technical things in the background on their behalf as we learn all of the technical pieces that are a part of this.

So the biggest part for our clients is uploading and validating the data and making sure that it aligns with what they intend to report, what is actually present in their EHR, et cetera. So we're retrieving the data from the Bulk FHIR API, doing this initial testing and then reviewing the resources, et cetera. So this is just a screenshot of the bulk upload screen where clients can upload and ultimately view and review data, generate their Manifest and submit. So this is a super familiar slide. Probably everyone has shown this to you, but there are three cohorts as you know. We are ready for Cohort two, which actually starts today. We do have a little bit of data that we need to get from HRSA before we can begin. So the registration process goes through HRSA and they provide us a site ID that's a HRSA site ID within the actual submission API. And without that actual identification, we cannot begin to submit data.

So we have this information for our Cohort one submitters who did not complete that process and are working into Cohort two, but we have not received that information for anyone who just registered for the first time in Cohort two. And we did hear from HRSA today that they expect to have that information to us by the 10th of May. And so once we receive that information, we'll be able to move forward with anyone who registered for the first time to be a part of Cohort two.

So speaking thereof, what's the process? So we continue to engage with HRSA as we're moving in. If you intend to participate in Cohort two, you have to fill out the BPHC contact form to let HRSA know of your intent. There is a current issue with registration. I think it may be resolved. At the time I put this slide in, there was a problem with the registration form asking clients for information they didn't have and didn't need to put in. It was vendor-related information that we had to provide to HRSA once you've registered. So I think that's fixed now, but ultimately you fill out this form. And for people who have been part of Cohort one with us and done testing, we're going to do some spot validation of additional use cases with HRSA. They have updated the implementation guide. There's a new version out and there are a few changes, and we had to adjust our submission process to align with that.

The added focus in Cohort two is clients who have more data sources than actually right out of the EHR. So if you've integrated other platforms such as a dental platform like maybe Dentrix or you have other external systems where you get your data in some other format, we're working with clients who have several different types of formats that we're integrating for this submission process. HRSA, as I said, sends us this registration information and they do that on a weekly basis. So what they send us is your UEI, your grant number. They are sending this submission ID that is your identifier for your data in that data Lakehouse and until we get that piece of data from HRSA, we cannot submit your data because it won't know where to go. So as I said, they intend to provide that information for Cohort two registrants to us they said by the 10th of May. They intend to finish that up this week and get that out to us.

So there's a little bit of lag time from when you register to when you're all set up in HRSA system to when they send you to us. And as we receive confirmation from HRSA regarding your BPHC registration, we will reach out to you to say that. So don't panic if there's maybe a week lag time in there. We are just waiting for HRSA to send us your information to go ahead and confirm that you have signed up, are ready to participate, and then we move from there.

What can you do to get ready for this process? So these are some findings that we had. I'll go into them a little more depth on the next slide, but race and ethnicity was a big bottleneck in terms of the data submission. So as you know, there were a lot of changes in 2023 for the granularity of specific race and ethnicity categories. It goes even deeper in this process. And the big thing is mapping, making sure that everything is mapped. So in file maintenance in NextGen, which is sort of the system set up part of the application, just making sure that all of your mappings are in line for race, for ethnicity, for LOINC code mapping, for any in-house labs you have. And we can assist you with that process. If you know what you're doing, you can go ahead and start looking at that. But as we bring you on board, we will walk you through that, talk you through that, show you what we're talking about so that you can then make the adjustments as you need.

Some health centers have to pass some of those types of mapping and clinical things through committees or work with clinical technical staff. So we want to be respectful of that and not just tell you exactly what to do, but knowing that these are places we're going to be looking into. There may be other workflow validations that are needed as well because this process in terms of the submission via FHIR, is completely based on codified data elements LOINC, SNOMED, CPT, race and ethnicity designations from the CDC, all of it codified data elements. And so making sure that you're following those types of workflows in order to capture that information. The other thing that you can do to get ready is figure out who's going to be doing this. Who on your staff are you going to designate to work with NextGen to test and submit your data?

So you might need technical staff who could access your database. If you're hosted by NextGen, we handle all of that for you with your permission obviously. But then you might also need clinic staff who assist with the configurations, who's going to help do the data review and data validations of these particular testing patients. You might need to know and pull lists of your test patients, understand who they are and what they're testing so that you can validate that information in the solution that we have for NextGen. So speaking of the things that we learned, race and ethnicity, there were some additional constraints. Birth sex were also constraints. So null flavors meaning you can't say unknown, you can't

leave it blank. It's not allowed for birth sex reporting in UDS+ even though it is allowed in the USCDI Core. So a birth sex has to be male or female. There's no, it's binary, there's no other option.

And at this moment in time, HRSA is not aligned with USCDI. There's been a lot of conversation around that, and in future versions there is information around gender identity, et cetera. But the birth sex constraint is a little bit of a challenge for some health centers. Race and ethnicity, so it can be described at a high level like I am American Indian or Alaska Native, but the UDS+ reporting is looking at the lower detailed level of race and ethnicity and they started to do that this year with some of the Asian race designations and some of the Hispanic ethnicity designations. So they either have to be null mapped to null or the detailed values. So they have to exist.

And the big thing we've seen is people haven't mapped these unknown or we asked but they wouldn't tell us kind of values to the appropriate terminology that is going to be accepted through the FHIR submission process. So ASKU is one of them, UNK for unknown. So just making sure, and again, we will walk you through all of that mapping. If you're super savvy, you can do it yourself ahead of time, but we'll walk you through, make sure everything is all set up and that you have all of those bases covered. And then if you don't, that'll come out in the testing and we can shore it up on the back end.

So as I said, goes much deeper into race and ethnicity. There is adherence to CDC categorizations. I put a link here, I don't know if we're sending decks out or not, but if so there's a link here and you can see it goes to the CDC.gov where the race and ethnicity charts are. They're not just looking for white at the high level, but more detailed. Are you of European descent? Are you Irish? There's more descriptive values and really looking at that based on your population. If you don't have a large tribal population, you might not get into it. Or maybe if you are in an area where you have a large tribal population of a specific tribe, you might get into more detailed race and ethnicities there. Same for ethnicity looking for more than just Hispanic or Asian. And if you to report last year created your own other Asian pick list value for last year's reporting, you have to map it to the appropriate CDC codified data, and that will allow you to leverage that for your reporting.

So it is acceptable to use null flavors, and null flavors means unknown values for these categorizations. Oops, sorry, I didn't mean to go there. So this is just a view of some of the CDC elements that you can see here. So at the top you've got American Indian or Alaska Native. That can break down and so that's your R-one, your top level of race, but anything that starts with R-one will roll up to American Indian or Alaska Native. So you're going to see just someone who identifies as American Indian would roll up to that larger category. But as I was talking about tribes earlier, if I'm an Apache, that is a certain level of the hierarchy code, but I might be a specific type of Apache specific Apache tribe, a Lipan Apache and that all of these, because R-one is the beginning rolls right up to the top of this very first concept code.

And so that's all mapped in file maintenance. You don't have to do any of this type of mapping. You just have to put whatever values you have that might not be pre-populated that maybe you've created over the years and make sure they're mapped to the appropriate concept codes. It's not as hard as it sounds, and we'll help you. So best practices, and you'll hear this over and over again from every vendor is the leveraging of codified data. It helps in achieving not only accurate UDS reporting, but it ensures that consistency and data completeness. And adhering to that best practice in populating that data improves patient care because it leads to improved accuracy in data exchange. So yes, these things could be mapped externally. There's a number of ways that that can be done. And in certain situations, that may be necessary based on the data that UDS Plus is wanting because not everything that they are asking for is aligned with national standards that have been approved by ONC.

You'll hear a lot of alphabet soup like USCDI, and there are currently five versions I think floating out there and different vendors are at different places with their versioning in the application that is currently in client's hands. And HRSA is aware of that and is making these adjustments. But over time we'll get there, and that drives interoperability, data exchange, better patient care as people transition from one care setting to another. And so the mapping of your data external to your system doesn't assist you in that

process. So we're really working hard to help make it easier to map and help you with the mapping so that it all happens and you can focus on your clinical workflows.

So updates from UDS Plus, again, this may be a repeat for some folks who've seen other presentations, but there were some gaps that were identified in the testing validation on the HRSA side once all the data was submitted from Cohort one. There were more than this, but this one did apply to us where ages of patients who are 90 years or older needs to be reported in a specific way. HRSA doesn't want to know that a patient is 90 or 91 or 92, they just want to know that they're 90 or older. They're in one group that is that age range, and that was omitted from the IG. And so HRSA made a one-time update to the data in the data Lakehouse for anything that did get submitted. And then we have made the update in our solution so that further submissions will comply with that guidance. And it is corrected in the 1.02 version of the IG. So we'll be compliant with all of our future submissions. That update has been made. Again, there were a couple of others, but this was the only one that applied to us.

So 2024 UDS reporting requirements. As everyone knows there's going to be something that's FHIR, we're not sure what it is yet. HRSA has indicated they'll announce it at the end of the summer, maybe the beginning of the fall. They're waiting to see what kind of data gets submitted and what is the validity and what is the accuracy of that data that is there, what's the quality of what they're getting? They haven't announced it yet, but we are prepared to assist in that reporting requirement. So leveraging the solution that we have, clients would be able to do that, we think very strongly it'll probably be demographic data, but we're all in the dark. But we do have plans to once we find that out to incorporate or make any changes that are necessary to the solution that we have to comply with how they want that to be done.

Our clients, we have a reporting tool for the EHB, our UDS console and clients who have the UDS console will be able to easily leverage that solution, but it will be available to all of our clients. So you can work with your account managers to understand how you would get access to that, but we do have a plan in place for you to get in touch with us and to leverage the application to do that. So it's the solution that we've built, that's what we plan to do. And like I said, we'll formulate a specific how to process beyond just engaging with us once we know what those specifications are. So in the interim, we have this Better Outcomes collaboration space that's open to all NextGen clients, a way to achieve better healthcare outcomes for your organization, your patients. And this is available in our Success Community.

So if you search Better Outcomes, there are groups. There is a group called Better Outcomes, and you can join it. There's a lot of conversation in there about best practice workflows, codified data workflows, et cetera. But that is an option there for you to look overall holistically at how you can better improve your quality of care at your practice.

So that is the end of my presentation. I see some questions.

Dr. Julia Skapik:

Thank you very much, Jill. So I'll be happy to read the questions from the chat.

Jill Meredith:

Sure.

Dr. Julia Skapik:

If you notice in the Q&A some questions have already been answered by folks, but let's take the NextGen specific questions here since we only have two presentations today. I think we can take a couple extra minutes to do that.

Jill Meredith:

Sure.

Dr. Julia Skapik:

So the first question is what are the specific tasks for us to upload the data? I have a report writer who currently writes SQL reports, gets the data in a CSV format, then manually or uploads the data into EHB. How is the new UDS process different for them?

Jill Meredith:

So at the moment it isn't different for EHB reporting. For this UDS+ process, all we need is your universe. What is the universe of patients that you had and their person ID in NextGen? So that's that long grid that identifies them, and all you need is that person ID, their first name, their last name in an Excel spreadsheet, and that gets uploaded into the current solution. We have plans to integrate that so that you don't have to do an upload. But right now for testing, just to make sure that we're all aligned, we are wanting clients to upload the universe that they sent specifically to HRSA for reporting so for comparison's sake.

Dr. Julia Skapik:

So it looks like Michelle did speak to this in the Q&A section, but just to reiterate, for assistance with integration of more data sources, is the first step in that process submitting a request to HRSA BPHC to participate in cohort testing?

Jill Meredith:

Yes, it is. You have to fill out the BPHC contact form so that they give us all the information that we can use to submit your data. But if you have an external data source, we did have a couple of people from Cohort one who had external data sources. They signed up for Cohort one, but they had external data and so we've been working with them directly. You could email me or Michelle directly beforehand so that we can get started on understanding what is that data source, etc. But we can do that, but we wouldn't be able to do anything in terms of doing the submission until that BPHC contact form is filled out.

Dr. Julia Skapik:

And then one more question, not all responses for R/E which I assume to be race and ethnicity need to be at the granular level, correct? I think the question is about do you need to just support the granular level or do you need to go back to the patient and fill in that gap if it's there?

Jill Meredith:

You need to support the granular level. And generally speaking, we see the granular level. There's a lot of these unknown values at the granular level, and that's been the big sticking point is there are many ways that health centers have decided to put that question in from just unknown to, ask but unknown to exactly the way it is in the exact question on the form in the EHB. And historically, they've asked that question and maybe they don't ask it in this particular way anymore, but even those old values need to be mapped. If you have somebody who's come in and you don't necessarily update the race and ethnicity every time they come in, you've got to map any value that might be present in your data set. So that's been the big sticking point. So it's really about the mapping more than it is having to go back and change anything.

Dr. Julia Skapik:

All right, that was excellent. And I don't see any more questions in chat or Q&A, so I think with that we'll move to our last presenter.

Jill Meredith:

Great. Thank you.

Dr. Julia Skapik:

Thank you, Jill.

Phillip Stringfield:

Welcome Carrie, and the rest of the eClinicalWorks team.

Carrie Leong:

Thank you, Phillip. Hi, everyone. Good afternoon. My name is Carrie Leong from eClinicalWorks. I'm one of the leads on the UDS team delivering UDS reporting for close to a decade now. And I'd like to first thank NACHC for inviting us to this testing forum today so I can share our UDS+ updates with you. eClinicalWorks has been in partnership with HRSA on the UTC committee for over a year now, and we've been working with them on vamping their implementation guide, working with them to answer any questions from the vendor side. So with the UDS modernization being ushered in, we're very excited about the new initiative for FHIR submission and sharing this journey with you. At eClinicalWorks, UDS comes with a suite of capabilities and tools for our health centers. We have new features designed to streamline your submission process and improve your compliance.

At eClinicalWorks, UDS+ is a fully integrated solution inside the EMR, and here's where you can expect as a UDS+ client. One, we have a tailored implementation support team for you where you'll have a dedicated team to ensure smooth transition with customizable training. Two, we have two new tools to ease your documentation and improve your compliance. These two automated tools are called the CQW tool and the To-Do feature. Both of these tools are going to be available on the front end of eClinicalWorks, and they'll be able to guide you to find gaps in care or gaps in documentation for your patients. As you know with FHIR submission, it is very important that the data you put in is in the correct format, it's in the correct code, so using our two automated tools within the EMR will be able to help you transition to UDS+, but also filling in the gaps in documentation.

Thirdly, we are releasing a new analytics suite of interactive dashboards, standard EBO dashboard and exception reports. All this is used by you to track your own data, providing insight to your compliance and taking action. A lot of our UDS clients are familiar with our EBO UDS package where we have exception reports for you to track any gaps in documentation on the EBO side. With UDS+, we will have interactive dashboard where you can showcase how you're doing on specific measures and also demographic information where you can display that during a meeting with your higher-ups. Lastly, with our UDS+, you can take control of your electronic data submission in a secure manner using FHIR. All the new features I've mentioned, we can actually schedule a full demo with you if you can email health centers at eClinicalWorks.com. Now let's talk about how you can get started with eClinicalWorks.

We're excited to announce that eClinicalWorks has completed the HRSA synthetic testing, and clients can now register for the UDS FHIR testing under Cohort two. The Cohort two has started today, and it will run until June 30th. With HRSA, we're expecting year-round testing and different cohorts that we're going to be participating in. Now for this cohort, we're going to be able to focus on some of the floor measures such as all demographic reports, zip code, three A, three B, four, six A. We'll also have our clinical reports from Table six B, specifically cervical cancer screening and colorectal cancer screening, as well as Table seven for diabetes and hypertension.

With our testing, there will be a bulk upload of actual real patient data submission, and they'll be de-identified. Now in order to participate in our FHIR testing, clients will need to upgrade to version 12.0.2 or version 12.0.3. As you go through the implementation, your UDS Plus project manager will be able to assist you to make sure you have the correct infrastructure and upgrades. Now, before you could participate in the UDS+ FHIR testing, you'll need to register as Cohort two. To do that, you're going to go

onto the HRSA website under Uniform Data System, click on UDS Plus onboarding. The BPHC contact form will be available to you to enter your health center information. When you scroll to the bottom, one of the thing that you need to pay attention to is the reporting system. You can select Vendor Management System, and under Section C, you can select eClinicalWorks as the vendor you're providing authorization for. This piece is important, so then we can submit data on your behalf.

After that to engage us, you can create a UDS case, provide the BPHC submission number and the UEI number. While we wait for HRSA to provide the registration number to us to confirm your registration, we'll reach out to you to start the implementation process. Implementation process at eClinicalworks has two different routes, depending if you are an existing UDS client or a new UDS client. Now, no matter which route you take, you will have a dedicated project manager to assist with the implementation. All implementations will also have access to the UDS Plus monthly webinar where we will be able to provide updates and training. So for our existing UDS clients, the good news is our UDS workflow remains the same. There will be UDS updates as per the HRSA, UDS 2024 manual, as well as any ECQM version updates. But the core workflow remains the same.

So for clients who are comfortable with our core workflow, you may choose to use our eClinicalWorks University online at no cost, where you can do your onboarding and learning. For clients who would like additional training to improve their UDS submission, we can customize training as you need. Perhaps you're looking for training on a couple measures that you are performing lower on or maybe you would like a refresher course on all the measures you have. All of those can be customized both with your needs. As for the new UDS clients who may or may not be aware of our standardized workflow, the implementation will include five days of UDS business analysts and four days of HBI consultant.

Once you get into the implementation process, the first step we're going to have is the UDS+ kickoff process. Here's where you're going to meet your UDS+ team. To assemble the team, you will have your project manager, and depending if you signed on a business analyst or HBI consultant, they may be part of your team. Now, your UDS+ project manager is going to identify a POC from your practice to join the UDS+ team. At the beginning stage, we are going to be talking a lot about the different phases of the project and also setting up the project timeline.

Next for a client who has the UDS+ business analyst, you'll be going through a discovery phase with them. During the phase, they're going to familiarize with your existing workflow in eClinicalWorks. And through that, they're going to be able to identify any variance in workflow and create a gap analysis suggesting their own analytics and workflow solution. Your business analyst will be working hand-in-hand with your HBI consultant to make sure training is tailor-made to your needs. Next up, you'll be meeting your UDS+ HBI consultant. They will be your go-to Guru for any UDS setup or full training. They'll be able to review your gap analysis and provide training to your staff and provider.

After that, they'll be able to provide training on your analytics, such as the UDS EBO report, the Cognos XI UDS+ analytics dashboard and exception reports. They'll be able to do monthly check-in with you to make sure you are utilizing your reports and analytics to improve your documentation. Finally, your project manager will come in for your UDS+ deployment and submission. They'll work to ensure that you have a complete infrastructure check, making sure you're on the correct V12 version, and also have all the necessary patch deployment. Your project manager will also be able to deploy any EBO package and Cognos XI UDS+ analytics package to you.

Now, after everything has been set up and trained, you'll be able to move on with your test submission process where your project manager will go over the FHIR setup and training. They'll be able to walk you through your first test file submission. And with the eClinicalWorks, you have an integrated UDS submission screen where you can send out the transmission with one click and wait for the HRSA status update here as well. Now for UDS reporting year 2024, as you know, health centers are going to continue submitting aggregated data through EHB as the official submission record. This is still going to be a hybrid year for us. We're expecting a number of different measures that HRSA will require for FHIR

submission, but we will continue to have the UDS EBO package available this year to provide the aggregated number for your manual submission.

It is our goal to provide a seamless implementation to our UDS+ clients, ensuring data accuracy, providing dedicated support, and comprehensive project management. I know FHIR submission is a huge change, and we are ready to take that with you. It will be a new error being rushed in. Again, if you have not seen a full demo where we'll talk about the automated tool, CQW tool, to-do feature, and also a showcase of our UDS+ interactive analytics dashboard, please reach out to healthcenters@eclinicalworks.com.

As always, you can stay up to date with eClinicalWorks and UDS+ through our Health Center newsletter. If you have not signed up for it, make sure you go on to our eCW customer portal under the Help Center Central page. We'll also be attending quarterly meetings with your PCA and HCCN. Thank you for your time today. We look forward to hearing from you.

Dr. Julia Skapik:

I do have a couple questions also in the Q&A. It looks like Sai would like to answer the first question. For ECW, can health centers be on version one 12.0.4 to join the testing cohort?

Sai Sagar:

Yes. So it is 12.0.2.4, and the answer to that question is yes, ECW customers will be able on that.

Dr. Julia Skapik:

Okay, wonderful. One more question. How do PCAs and HCCNs get connected to the ECW calls?

Sai Sagar:

At the moment, we have UDS Plus webinars on a monthly basis that we are conducting with our UDS Plus customers. For PCA and HCCNs, right now, that is the only way for communication, but I take that feedback and we can work with PCAs and HCCNs in terms of communication. We do have a separate webinar and meetings with HCCNs separately.

Phillip Stringfield:

No other questions coming in. All right. Any last comments from...

Dr. Julia Skapik:

Oh, there was one more question for ECW. Is there a deadline to sign up for ECW cohorts? And we should mention that our presenters today have participated already in cohort testing, but that HRSA did indicate yesterday there will be at least a third cohort. So I will turn it back quickly over to the ECW team, and it looks like they're already typing in the chat to answer. Great.

Sai Sagar:

Yep. There is no deadline for the ECW cohort. Anybody can register on HRSA's website first and just give us the information in terms of when they submit, they get a number after they register. So just share that number. And that's basically it.

Dr. Julia Skapik:

Pass it back to you.

Phillip Stringfield:

All right. Well we'll go ahead and get things closed out here. I want to thank all of our HIT vendors that participated in this two-day UDS+ Testing Forum. We couldn't have done it without you and of course, we couldn't have done it without all of our participants. Thank you for sticking with us the past couple of days and asking the right questions and getting all the answers that you need in order to do the work that you need to do. We just ask that you just please take a minute to complete our evaluation. You'll be directed to it right at the end of this webinar. And then of course, as we have said, we will be sure to share any approved and all approved presentations plus the recordings with you all once it's made available. So we'll stay connected everyone. We have our contact information in the emails all right here in the chat for you. So stay connected and keep us posted if there's anything we can do to support you. Take care everyone, and enjoy the rest of your week.