UDS Clinical Action Areas Briefs

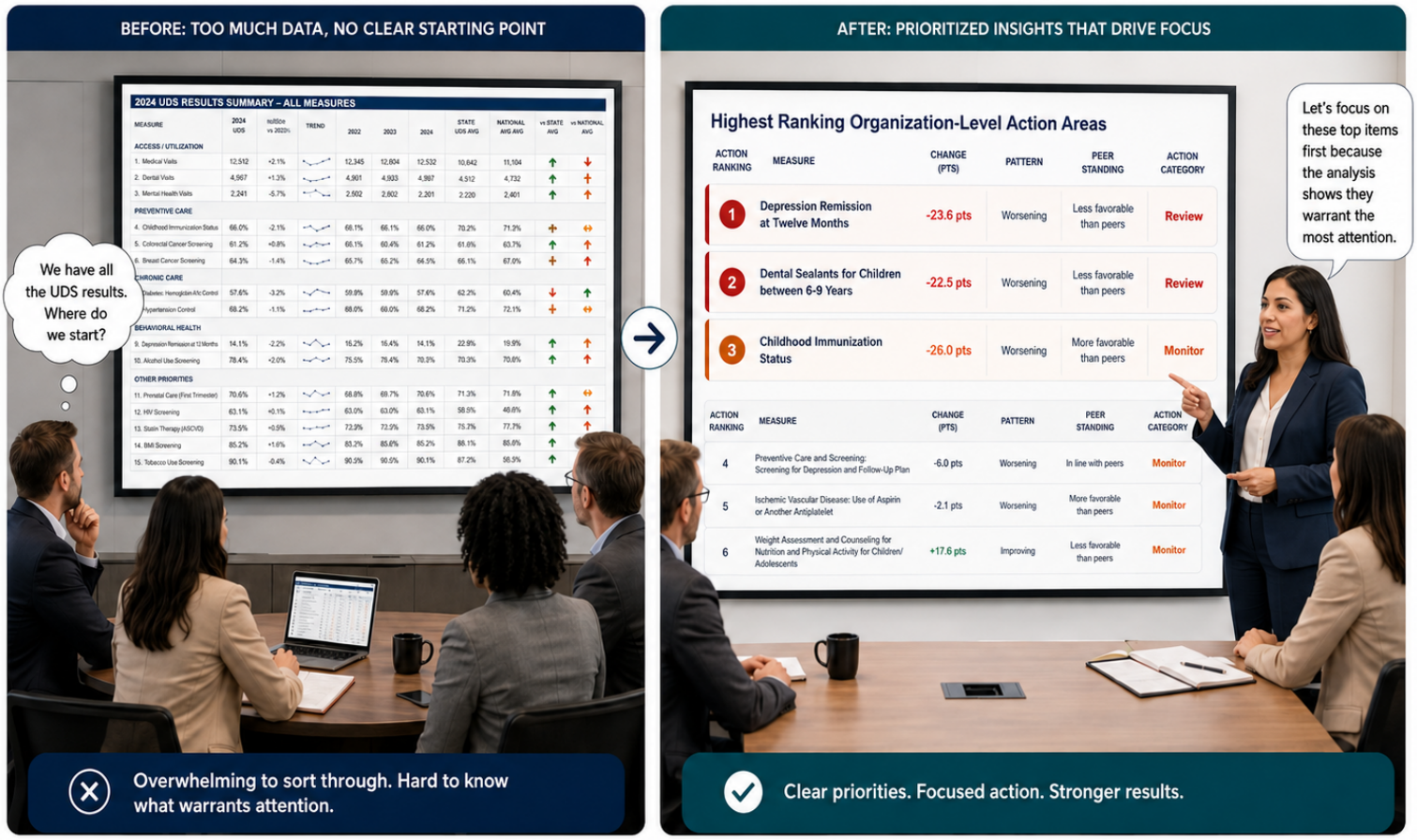
Turn UDS data into analysis your team can act on.

Structured UDS analysis, peer benchmarking, prioritization, and decision support for Community Health Centers and look-alikes.

2025 UDS Briefs are now available.

THE DOMAS GROUP LLC

Raleigh-Durham, North Carolina



The value is not in repackaging UDS data. It is in the analysis that helps teams focus review and support decision-making.

DOMAS applies structured comparison logic, peer benchmarking, action classifications, rankings, and data-quality checks to help identify where attention may be most useful.

Designed for teams asking:

- Which measures should we review first?
- Where is performance improving, worsening, or remaining stable?
- Which results are less favorable than CHC peers?
- Are action areas organization-wide or concentrated at specific sites?
- Where may data quality need to be checked before interpretation?

Leadership, quality, clinical, and operational teams can use the Brief to begin a more focused internal review - without adding another dashboard, recurring meeting, or reporting workflow.

Choose the analytical need

Select the comparison that best matches the question your team needs to answer.

2024 vs. 2025 Public UDS Analysis

Choose this if: Your team wants a year-over-year review of how organization-level UDS performance changed across the two most recent public reporting cycles.

Data needed: None from your organization. DOMAS uses the applicable public UDS data.

2025 Public Baseline vs. Submitted Internal Values

Choose this if: Your team has current or interim UDS values and wants to compare them with the latest public UDS baseline before the next public reporting cycle is available.

Data needed: Organization-level numerator and denominator values for the submitted period.

Your comparison choice determines what is being compared. Your edition determines whether the analysis is organization-level only or includes site-level views.

Both comparison options use the same DOMAS analytical framework for Pattern, Peer Standing, Action Category, Action Ranking, and Peer Context. Site-level analysis is added when the Organization + Site-Level edition is selected.

Choose the level of visibility your team needs

Organization-level analysis identifies what warrants attention. Site-level analysis adds where follow-up may be most useful.

Organization-Level UDS Analysis - $2,500

Best for: Organizations that need a focused review of measure movement, CHC peer context, action classifications, rankings, and data-quality prompts.

Includes: Organization-level analysis and a professionally formatted, bookmarked PDF for internal leadership review.

Data needed: None for the 2024 vs. 2025 Public UDS Analysis. For Public Baseline vs. Submitted Internal Values, provide organization-level numerator and denominator values for the submitted period.

Organization + Site-Level UDS Analysis - starts at $4,500

Best for: Multi-site organizations that need to understand whether action areas are isolated to specific sites or showing up across the organization.

Includes: Everything in the Organization-Level UDS Analysis, plus site-level benchmarking, cross-site pattern detection, site-specific views, and ranked site-level action areas.

Data needed: Site-level numerator and denominator values by measure and site. Organization-level values are also required when the selected comparison uses Submitted Internal Values.

Choose the level of visibility your team needs

Pricing and data requirements

Organization + Site-Level pricing by site count

The prices below apply to the **Organization + Site-Level UDS Analysis** edition.

Site configuration	Price
Up to 2 sites	$4,500
3-5 sites	$5,250
6-10 sites	$6,000
11-25 sites	$8,500
26-75 sites	$13,000
76-150 sites	$19,000
151-250 sites	$26,000

What you provide

Analysis selected	Data needed from your organization
2024 vs. 2025 Public UDS Analysis	None. DOMAS uses the applicable public UDS data for the selected organization and reporting years.
2025 Public Baseline vs. Submitted Internal Values	Organization-level numerator and denominator values for the selected current or interim reporting period.
Organization + Site-Level UDS Analysis	Site-level numerator and denominator values by measure and site. If the selected comparison uses Submitted Internal Values, organization-level numerator and denominator values are also required for the submitted period.

No patient-level records or PHI are required. Submitted values should be validated internally before use.

What DOMAS provides

A structured UDS analysis that combines movement over time, peer context, decision-support classifications, and prioritized review.

The analysis covers 20 UDS measures in 2025. Eighteen measures are eligible for year-over-year trend analysis; the two SUD treatment measures introduced in 2025 use available peer context rather than prior-year trend.

How the analysis works

Pattern

Shows where performance is moving. DOMAS accounts for whether higher or lower values indicate more favorable performance. Movement of +/-1.0 percentage point or less is classified as No meaningful change; larger direction-aware changes are classified Improving or Worsening.

Peer benchmarks & standing

State and national peer benchmarks use unadjusted means of non-missing public UDS reporting-unit rates among Health Center Program awardees and look-alikes. Within +/-3.0 percentage points of the state peer average is In line. State Peer Standing requires at least 5 peers; 5-9 peers are Limited and fewer than 5 are Undetermined.

Action categories

Available Pattern and Peer Standing are combined into Review, Monitor, Sustain, or Data Check. Measures without prior-year trend use available peer context.

Fallbacks, eligibility & data checks

When state Peer Standing cannot be determined because the peer group is too small or unavailable, classification uses the available Pattern. Data Check indicates that the available data do not support valid performance classification and should be validated before interpretation. Eligibility is measure-specific.

Pattern tells you where performance is moving. Peer Standing tells you where it currently stands relative to state peers. Neither signal tells the full story by itself.

What the analysis produces

Pattern • Peer Standing • Action Category • Action Ranking • Peer Context

A prepared UDS Clinical Action Areas Brief

A professionally formatted, bookmarked PDF that brings the applicable analytical outputs together in one decision-support resource. The Organization + Site-Level edition also includes site-level benchmarking, cross-site pattern views, and site-specific follow-up views.

Ready to move forward?

Choose the purchasing path that fits your organization.

Order a Brief

Use the online order form to select the analysis, provide required information or data files, and complete payment securely.

Expected turnaround: Within two business days after payment and receipt of a complete order.

Need a quote or invoice first?

Request a quote, invoice, or PO-supported invoice for internal approval. No payment or commitment is required to request purchasing documentation.

When your organization is ready to proceed, the purchase is completed through the order form.

Before ordering

Review the UDS Clinical Action Areas Brief Order Terms, including refund, turnaround, correction, and data-submission policies.

Order: uds.thedomasgroup.com

Order terms: terms.uds.thedomasgroup.com

Questions: contactus@thedomasgroup.com

Is this a fit?

A focused option for organizations that want UDS analysis without another dashboard or recurring implementation.

Common needs	Common needs
• Leadership needs a clearer starting point for deciding which UDS measures warrant attention first.	• A multi-site organization needs to know whether signals are broad or concentrated at specific sites.
• The organization wants structured year-over-year analysis rather than a raw data comparison.	• The team wants a professional PDF that can support internal review and discussion.
• Teams need CHC peer context and prioritized review signals.	• The organization wants a ready-to-use resource without adding a dashboard, subscription, or recurring meeting.
• Data-quality questions should be surfaced before interpretation.	• A quote, invoice, or PO-supported process is needed for internal approval.

Availability and custom options

Briefs are offered year-round and updated as new public UDS data become available. Public benchmark comparisons use the most recently available UDS reporting years. Custom pricing is available for recurring reviews, multi-site configurations outside the listed ranges, or custom reporting structures.

View the free sample report or order a UDS Clinical Action Areas Brief at uds.thedomasgroup.com

Product boundaries

UDS Clinical Action Areas Briefs are provided for internal planning, review, and discussion support. They are not formal audits and do not replace internal validation, source documentation review, operational assessment, regulatory guidance, or clinical judgment.

Client-provided organization-level and site-level values are treated as submitted and should be validated internally before being used for formal reporting or operational decisions.

The DOMAS Group LLC is not affiliated with or endorsed by HRSA. UDS data and related public materials remain subject to their applicable source terms and definitions.