Disclosures

Presenter(s) has no financial interest to disclose.

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PESG, HRSA, and LRG staff as well as planners and reviewers have no relevant financial or nonfinancial interest to disclose.

Commercial Support was not received for this activity.

Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Understand the requirements of the Ryan White Services Report (RSR)

2. Understand how the Health Resources and Services Administration, HIV/AIDS Bureau uses RSR data and the importance of high-quality data

3. Identify common data quality issues and solutions

4. Locate resources to help you improve data quality

5. Troubleshoot and address data quality issues for the 2018 RSR

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

http://ryanwhite.cds.pesgce.com

Presenters

Paul Mandsager: Health Resources and Services Administration, HIV/AIDS Bureau

Ellie Coombs: The DART Team, Provides technical assistance regarding the RSR

- Organizes and presents RSR-related webinars
- Conducts data quality outreach
- Works with system vendors to improve reporting
- Provides one-on-one technical assistance: Data.TA@caiglobal.org
- Provides content for TargetHIV: https://targethiv.org/library/topics/rsr

Maria Freshman: Data Coordinator, Washington University School of Medicine

J. Phoenix Smith: Director Office of HIV CARE, Alameda County Public Health Department

Presentation Outline

Overview and Progression of the RSR

Remaining Challenges

Tips and Solutions: Voices from the Field

- o Washington University School of Medicine
- o Alameda County Public Health Department

Data Quality Exercise on Using the Upload Completeness Report (UCR)

30,000 Ft. Overview of the RSR

	Recipient Report	Provider Report	Client-level data file
Who does it?	Recipients	Direct providers of service (recipients and subrecipients)	Direct providers of service (recipients and subrecipients)
How many?	One for each grant	One across all Parts/contracts	One across all Parts/contracts, but providers can submit multiple
What is it?	Organizational information Funded subrecipients and services	Organizational information Types of services provided	Demographic, service, and clinical information for eligible clients
How is it submitted?	Online form in the Electronic Handbooks (EHBs), prepopulated with data in the Grantee Contract Management System	Online form in the EHBs or RSR Web System, prepopulated with data in the Recipient Report	XML file uploaded under the Provider Report

Data Systems Used to Create Client-Level Data

Own XML Function
2%

TRAX
6%

CAREWare
55%

Other RSR-Ready
System
37%
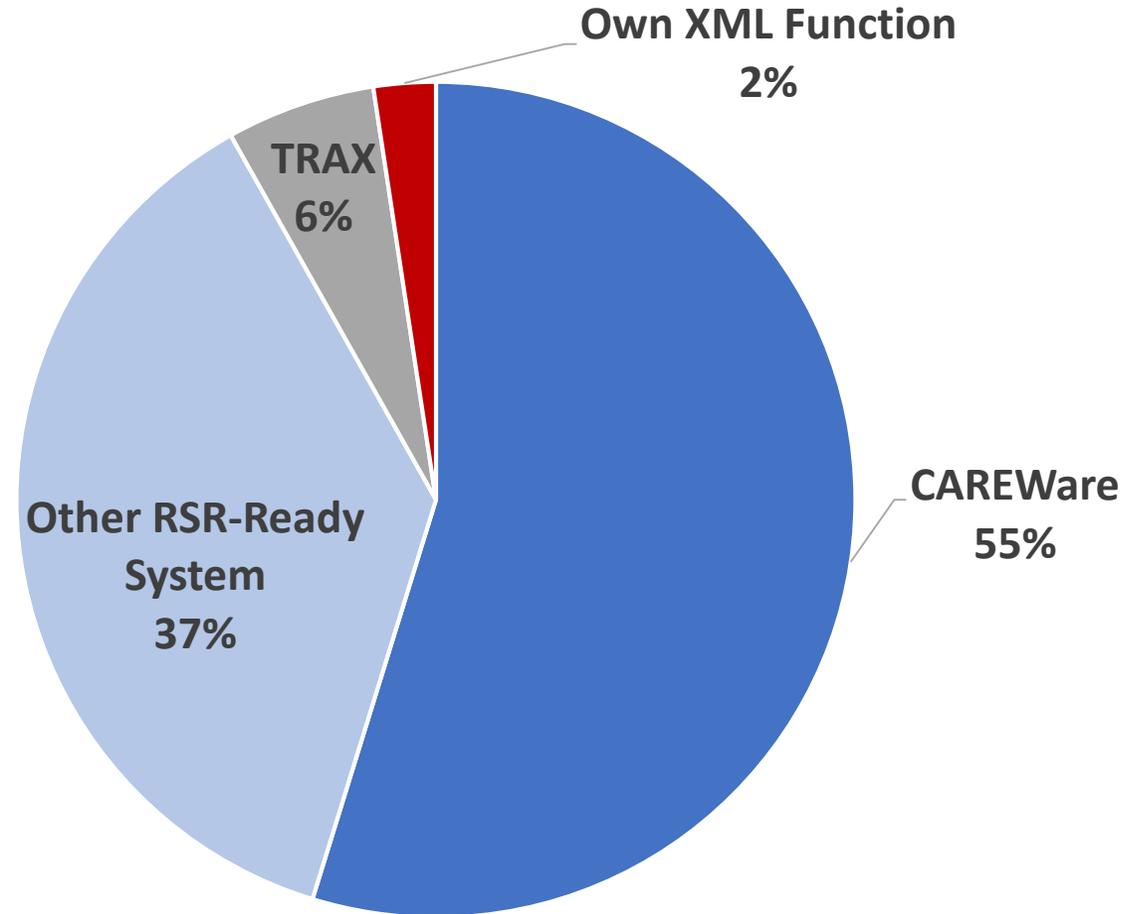
Why Data Quality Matters

Your program through the lens of poor data quality
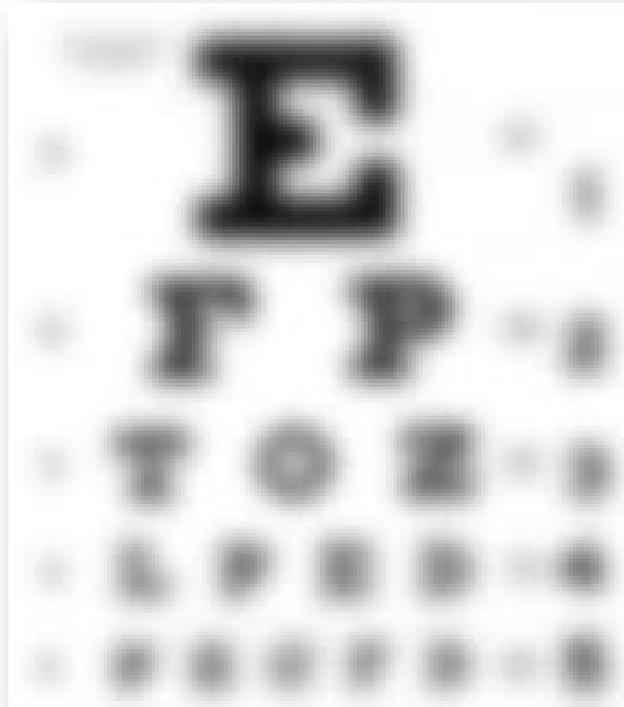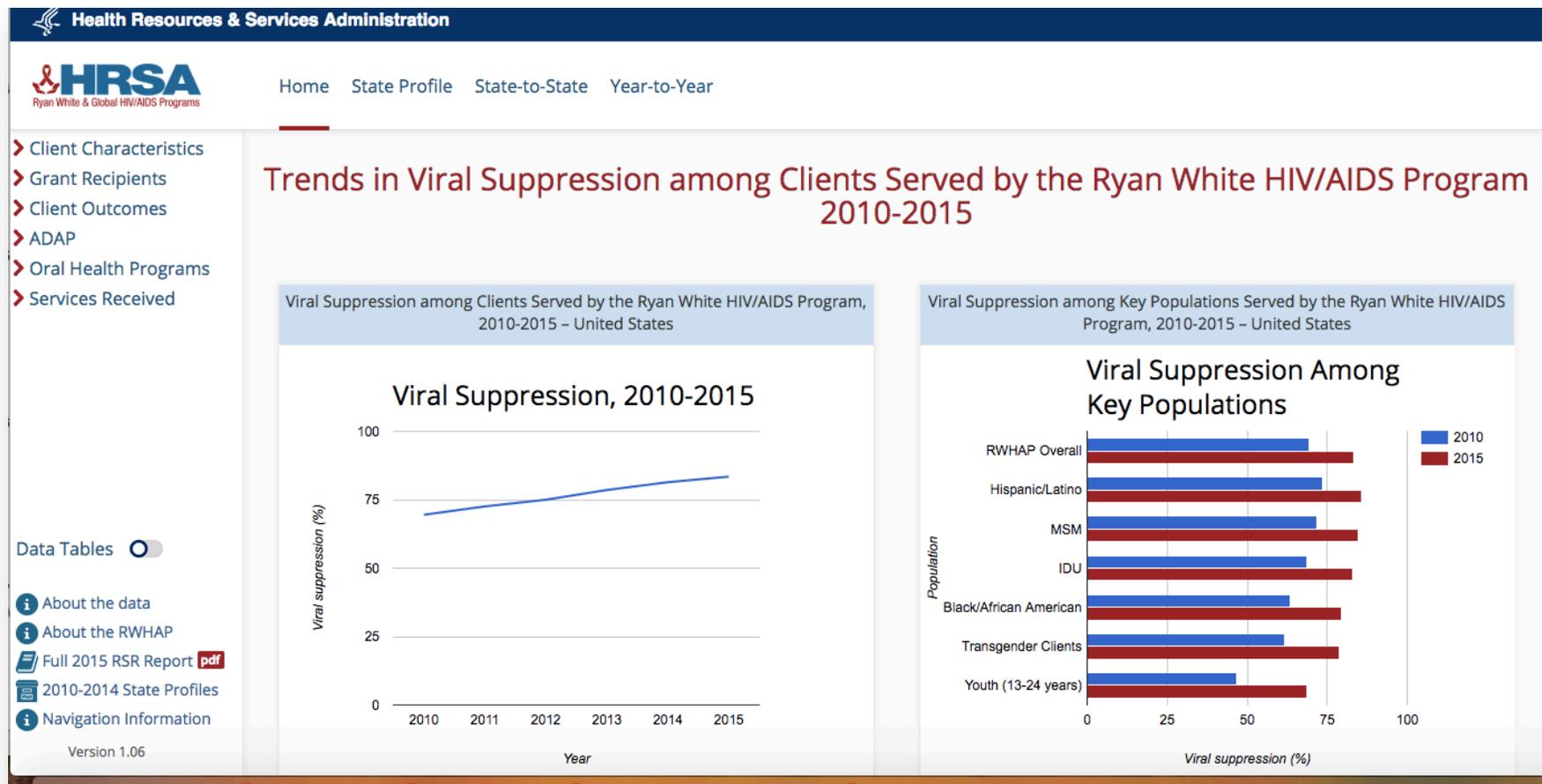
Why Data Quality Matters
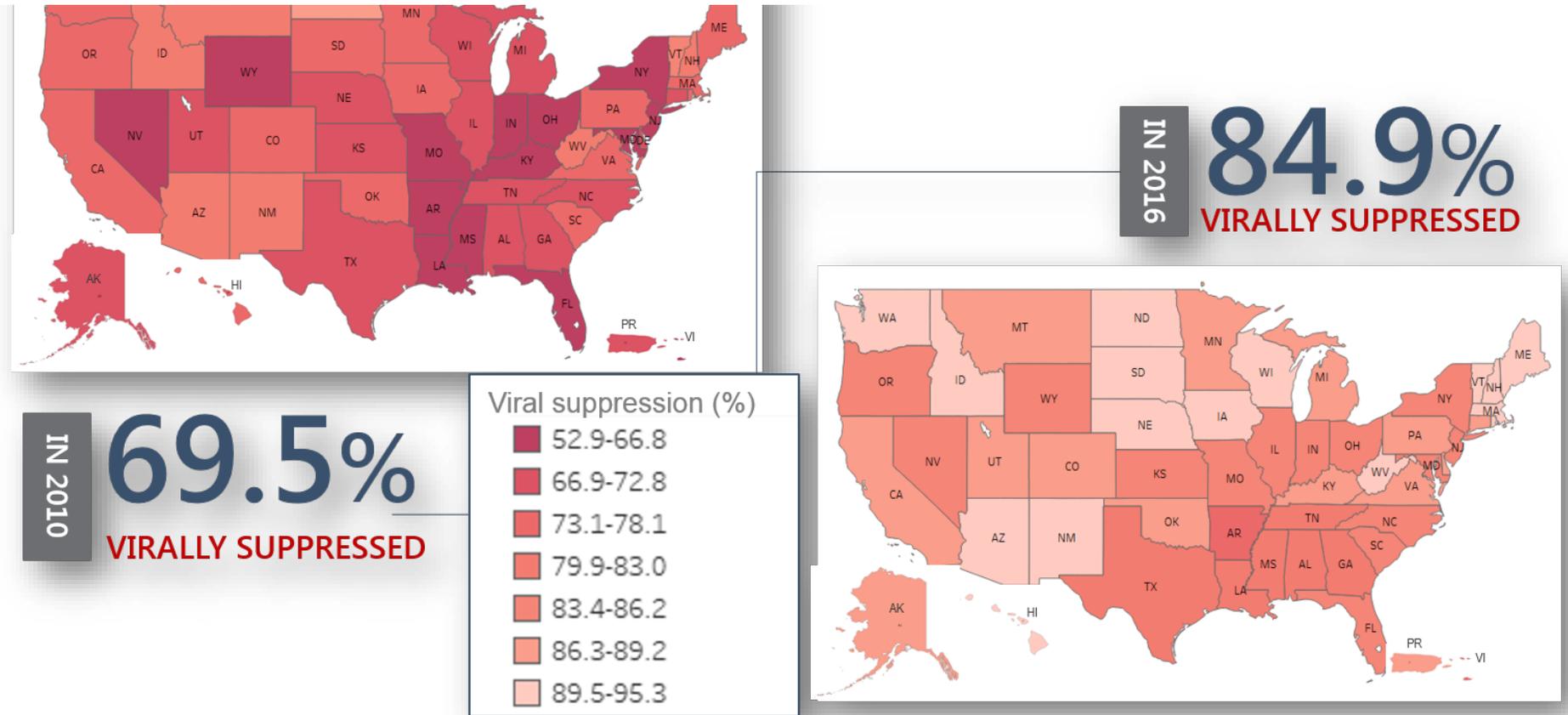
Good data provide a clear image of the good work you do

RSR Data Help RWHAP Funders and Stakeholders Learn More about the Program

State Profiles: https://hab.hrsa.gov/stateprofiles2015/#/

RSR Data Help You Monitor the Impact of Program Activities Over Time

IN 2016 **84.9%** VIRALLY SUPPRESSED

IN 2010 **69.5%** VIRALLY SUPPRESSED

Viral suppression (%)
- 52.9-66.8
- 66.9-72.8
- 73.1-78.1
- 79.9-83.0
- 83.4-86.2
- 86.3-89.2
- 89.5-95.3

Annual Client-Level Data Reports: https://hab.hrsa.gov/data/data-reports

RSR Data Help You See How Your Area Compares to the Nation

Table 14c. Viral suppression among Ryan White HIV/AIDS Program clients, by year and eligible metropolitan area and transitional grant area, 2012–2016—United States and 3 territories

| | 2012 | | | 2013 | | | 2014 | | | 2015 | | | 2016 | | |
| | | Viral suppression | | | Viral suppression | | | Viral suppression | | | Viral suppression | | | Viral suppression | |
	Total No.	No.	%	Total No.	No.	%	Total No.	No.	%	Total No.	No.	%	Total No.	No.	%
Eligible metropolitan area															
Atlanta, GA	8,738	6,481	74.2	10,447	7,972	76.3	11,081	8,613	77.7	11,862	9,408	79.3	12,296	9,966	81.1
Baltimore, MD	6,276	4,653	74.1	7,253	5,717	78.8	5,742	4,604	80.2	9,040	7,606	84.1	9,047	7,761	85.8
Boston, MA	4,526	3,805	84.1	5,276	4,508	85.4	5,392	4,777	88.6	5,698	5,105	89.6	5,761	5,273	91.5
Chicago, IL	11,291	8,883	78.7	11,947	9,487	79.4	12,150	9,956	81.9	14,255	11,707	82.1	14,673	12,373	84.3
Dallas, TX	4,621	3,344	72.4	4,643	3,500	75.4	4,700	3,655	77.8	6,633	5,148	77.6	7,320	5,834	79.7
Detroit, MI	3,772	2,616	69.4	2,455	1,820	74.1	2,254	1,729	76.7	4,204	3,400	80.9	4,382	3,625	82.7
Ft. Lauderdale, FL	5,569	4,068	73.1	4,549	3,648	80.2	5,097	4,317	84.7	7,249	5,974	82.4	4,931	4,075	82.6
Houston, TX	7,080	4,882	69.0	7,287	5,338	73.3	7,799	6,031	77.3	10,421	8,141	78.1	10,730	8,439	78.7
Los Angeles, CA	17,752	13,237	74.6	11,914	9,536	80.0	10,067	8,322	82.7	17,664	14,271	80.8	16,358	13,899	85.0
Miami, FL	7,175	5,018	69.9	6,617	4,924	74.4	7,511	6,000	79.9	7,111	5,879	82.7	7,784	6,434	82.7
Nassau Suffolk, NY	904	726	80.3	1,097	883	80.5	1,336	1,087	81.4	1,318	1,166	88.5	1,291	1,154	89.4
New Haven, CT	2,064	1,671	81.0	1,357	1,124	82.8	1,335	1,199	89.8	1,565	1,390	88.8	1,526	1,354	88.7
New Orleans, LA	2,771	1,575	56.8	2,605	1,536	59.0	2,767	1,976	71.4	3,691	2,890	78.3	4,491	3,755	83.6
New York, NY	24,400	17,685	72.5	22,509	17,470	77.6	24,005	19,232	80.1	28,554	23,781	83.3	29,778	25,381	85.2
Newark, NJ	4,275	2,894	67.7	4,038	2,911	72.1	3,456	2,598	75.2	2,672	2,075	77.7	2,526	2,055	81.4
Orlando, FL	2,440	1,772	72.6	2,213	1,803	81.5	2,570	2,056	80.0	1,955	1,639	83.8	2,121	1,779	83.9
Philadelphia, PA	12,416	9,541	76.8	12,970	10,301	79.4	13,226	10,922	82.6	13,740	11,732	85.4	14,217	12,241	86.1
Phoenix, AZ	534	324	60.7	723	632	87.4	936	748	79.9	1,035	885	85.5	1,790	1,639	91.6
San Diego, CA	4,208	3,482	82.8	4,699	4,037	85.9	4,628	4,032	87.1	4,948	4,442	89.8	5,099	4,598	90.2
San Francisco, CA	3,733	2,920	78.2	2,561	2,072	80.9	2,370	1,912	80.7	3,679	3,108	84.5	1,752	1,476	84.3
San Juan, PR	4,306	3,242	75.3	5,791	4,492	77.6	5,881	4,740	80.6	8,405	7,068	84.1	8,068	7,020	87.0
Tampa-St. Petersburg, FL	3,336	2,516	75.4	3,741	2,906	77.7	3,718	2,967	79.8	4,348	3,441	79.1	4,059	3,380	83.3
Washington, DC	8,790	6,820	77.6	8,896	7,035	79.1	8,870	7,395	83.4	9,117	7,729	84.8	9,218	7,752	84.1
West Palm Beach, FL	500	355	71.0	141	141	100.0	1,902	1,538	80.9	1,917	1,597	83.3	2,048	1,672	81.6
Subtotal EMAs[a]	150,591	111,853	74.3	145,555	113,656	78.1	147,192	119,165	81.0	178,017	147,110	82.6	180,183	152,053	84.4

2016 Client-Level Data Reports:

https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2016.pdf

RSR Data Help Your Project Officer Learn More About Your Program

Upload Completeness Report:
https://targethiv.org/library/rsr-focus-how-use-2017-rsr-upload-completeness-report

RSR Data Inform Technical Assistance Efforts

https://targethiv.org/news/building-futures

History of the RSR Data Quality Efforts

Focus on submission

Focus on completeness
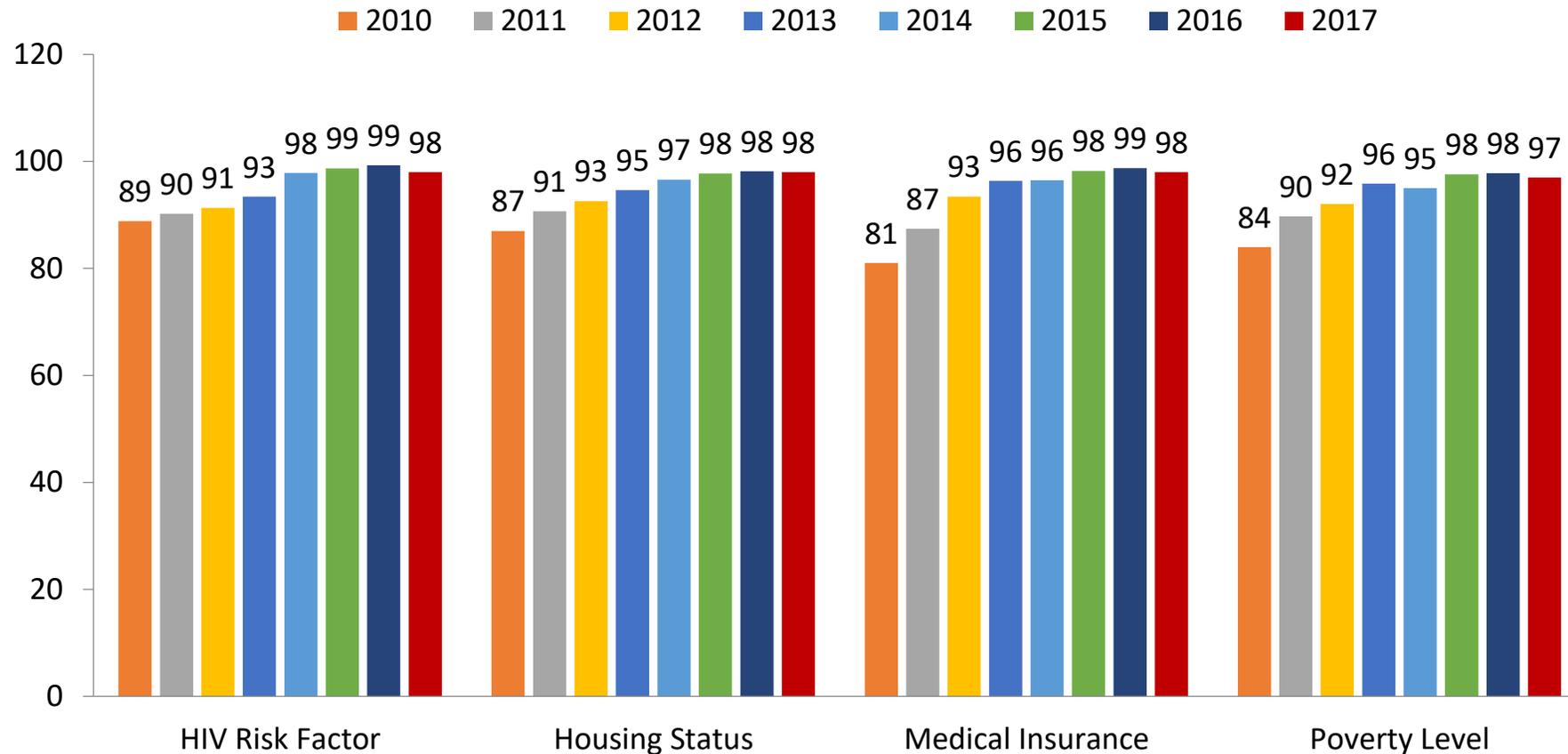
Focus on accuracy

2009 ➡ 2018

Completeness Efforts

Tools available in the RSR Web System

- Upload Completeness Report (UCR)
- Validation warnings

Outreach, focus on:

- Viral load
- Prescription of Antiretroviral Therapy (ART)
- Poverty level
- Health insurance
- Housing
- Risk factor

Completeness Rates for Client Demographics

Legend: 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

Category	2010	2011	2012	2013	2014	2015	2016	2017
HIV Risk Factor	89	90	91	93	98	99	99	98
Housing Status	87	91	93	95	97	98	98	98
Medical Insurance	81	87	93	96	96	98	99	98
Poverty Level	84	90	92	96	95	98	98	97

Completeness Rates for Clinical Information

Legend: 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

CD4 Test Results: 82, 86, 87, 89, 93, 94, 94, 94

Viral Load Test Results: 79, 82, 85, 89, 91, 96, 96, 96

Prescribed ART: 88, 93, 95, 96, 90, 99, 99, 99
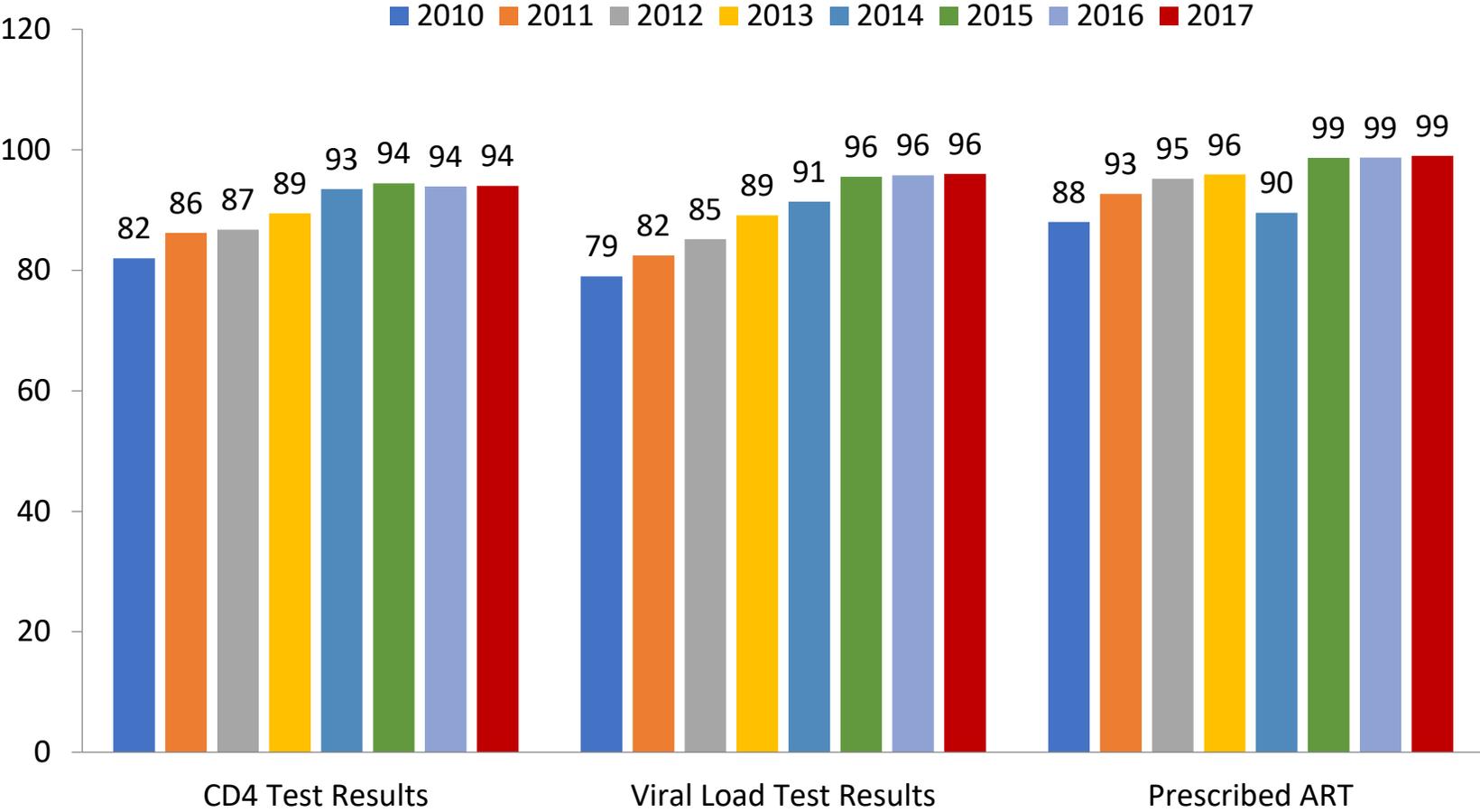
Data Accuracy Efforts

Starting with 2015 data: outreach to providers with high share of no responses for clinical data

2017 data: ART prescription

- o High share of no responses
- o High viral load suppression rates for people not on ART

Outreach Outcomes

Shift to capturing services as structured data

Mapping new codes to the corresponding RSR data elements as codes become available

Better use of the Not Medically Indicated category

Presentation Outline

Overview and Progression of the RSR

Remaining Challenges

Tips and Solutions: Voices from the Field

Data Quality Exercise on Using the Upload Completeness Report (UCR)

Remaining Challenges

Percent of Providers that Reported Level of RSR Data Accuracy in EHR Survey

Legend: ■ Very Accurate ■ Mostly Accurate ■ Somewhat or Not Very Accurate
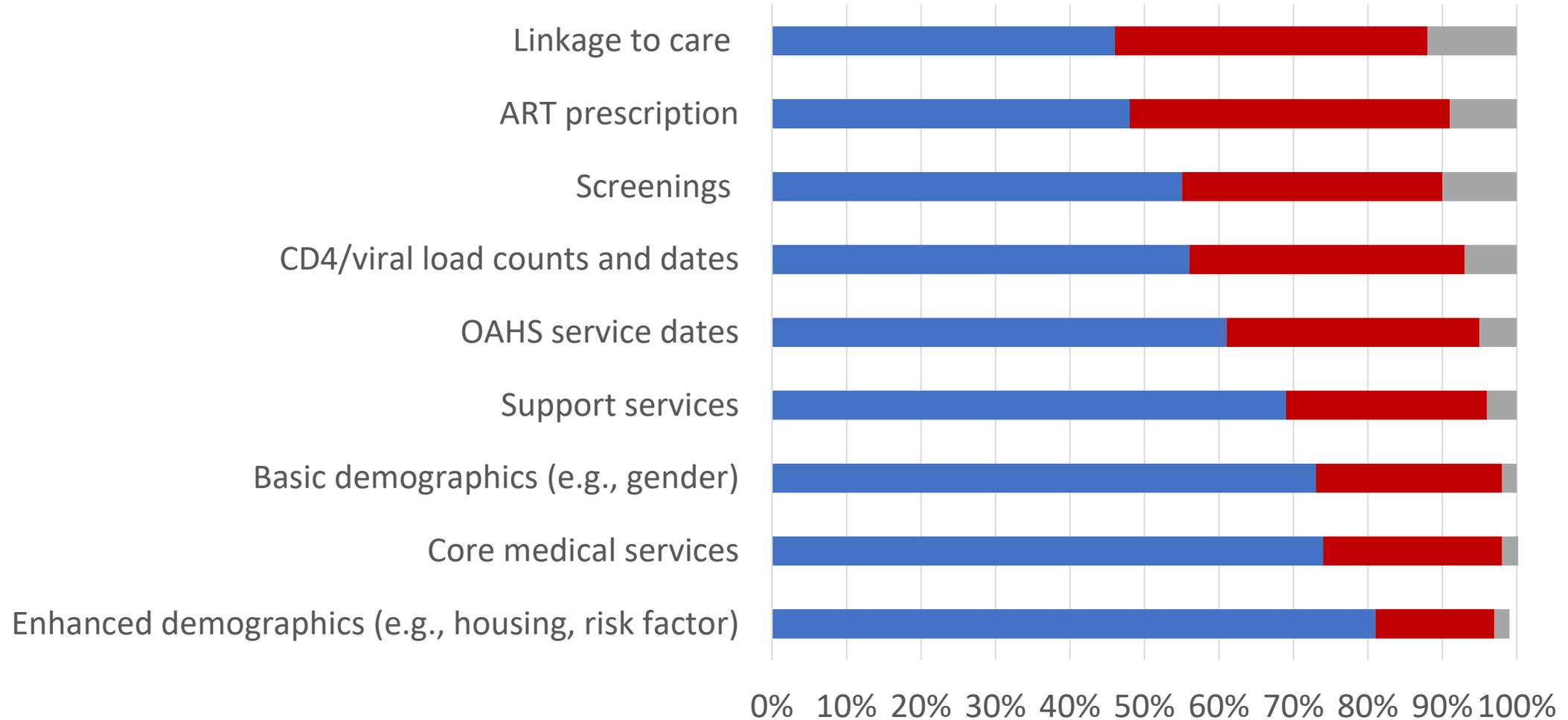
Managing Multiple Data Systems

Most providers use an EHR to maintain their client-level data <u>and</u> an RSR-Ready System to prepare for the submission

EHR

Allscripts
Athena
GE Centricity
Cerner
Epic
Sage

Both
eCW
NextGen
SucessEHS

RSR-Ready System

AIRS
ARIES
CAREWare
Casewatch
CHAMP
CPCDMS
eCOMPAS
eShare
Provide
SCOUT
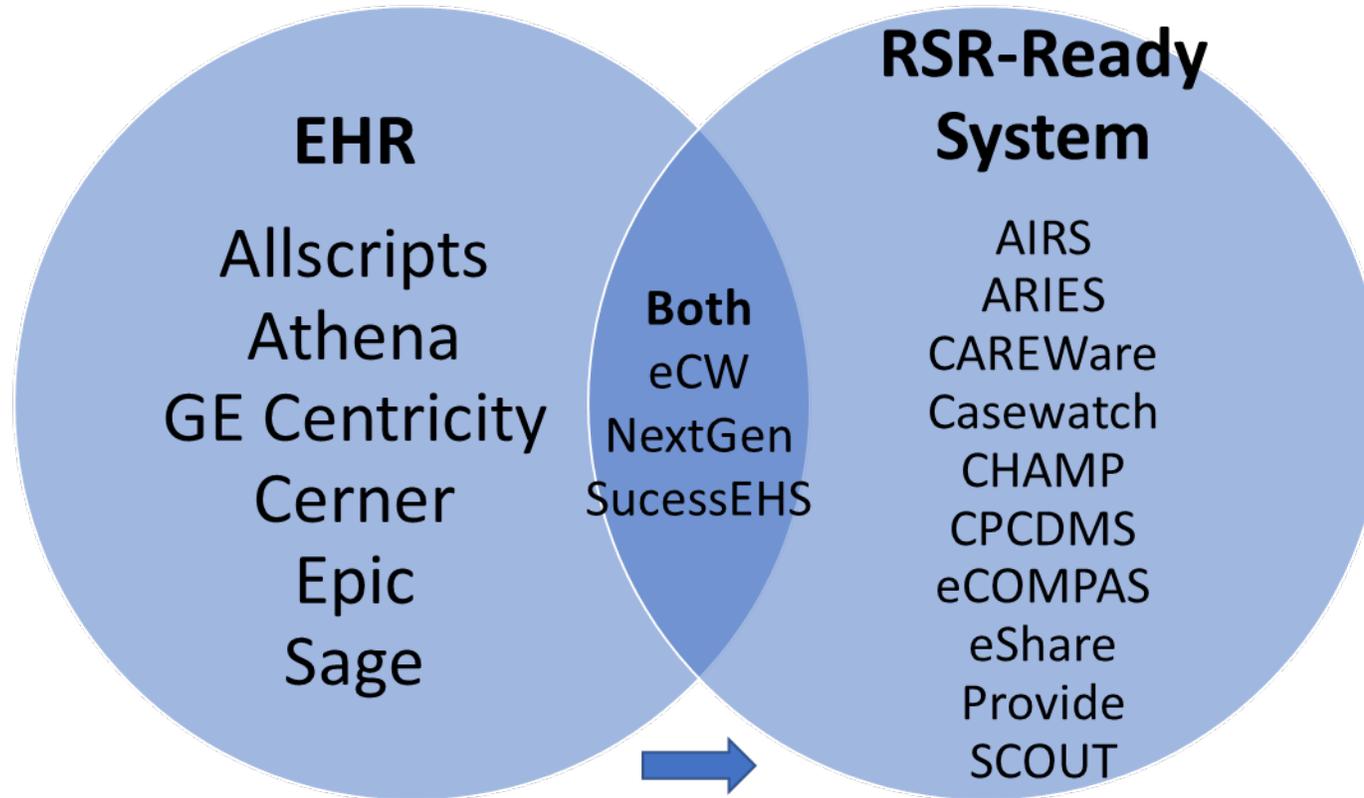
Managing Multiple Data Systems

Of the survey respondents that use an EHR for regular clinical care and an RSR-Ready System for reporting:

- o 64% manually enter data into the RSR-Ready System

- o 28% import EHR data into the RSR-Ready System

- o 8% use both methods

Managing Multiple Data Systems

Challenges with manual entry

- o Data not as complete
- o Data not as up-to-date
- o Inconsistencies between systems

Data imports can save time in the long-run, but take into consideration:

- o Unstructured data
- o Changing codes
- o Complexity of mapping

Presentation Outline

Overview and Progression of the RSR

Remaining Challenges

Tips and Solutions: Voices from the Field

- o Maria Freshman, Data Coordinator, Washington University School of Medicine

- o J. Phoenix Smith, Director Office of HIV CARE, Alameda County Public Health Department

Data Quality Exercise on Using the Upload Completeness Report (UCR)

Washington University – St. Louis

- Multiply Funded/Multi-level Provider

- All Parts A-D; F

- 2017 Medical and Support Service total Clients served: N= 2,746

- We use both an:
  - ➤ RSR-Ready System for our Part C .xml - SCOUT
  - ➤ Non RSR-Ready System for Part A, B, C, D and F .xml - TRAX
    - Check your XML feature in the EHB
    - Upload Completeness Report

September 26, 2018 Webinar

How familiar are you with the RSR?

Poll Results (single answer required):

I am new to the RSR.	34%
I have completed one or two before.	40%
I have submitted the RSR many times	26%

RSR Training Materials

Resources that might be helpful:

- Data Academy

- Eligible Scope

- PCN #16-02

- Upload Completeness Reports from prior years

# Data Academy

Data Academy Components

- [Building Data Partnerships with Staff and Contractors](#)

- [Ensuring the Security of Your Clients' Data](#)

- [Essential Data Steps: A Self-Assessment](#)

- [Fundamentals of Data Quality](#)

- [Getting Data from Existing Sources](#)

- [HIPAA and Data Sharing](#)
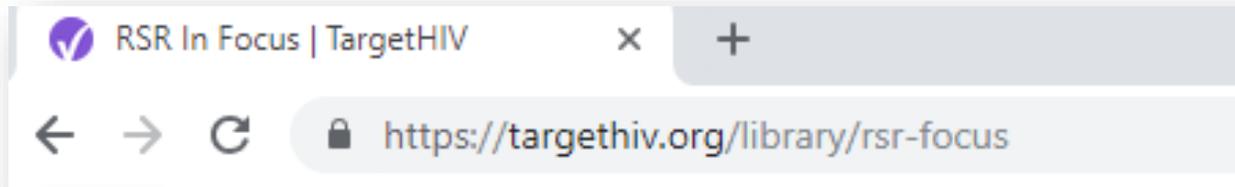
- [Simplify your Data Collection](#)

Watch Online

WATCH PRESENTATION ONLINE

Supporting Files

Printable version of module

Data Academy | TargetHIV

https://targethiv.org/library/data-academy
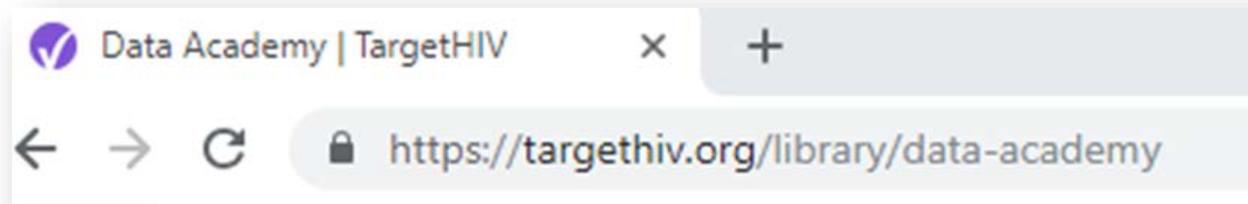
Eligible Scope

RSR In Focus | TargetHIV ✕ +

← → C 🔒 https://targethiv.org/library/rsr-focus

- RSR in Focus: Understanding the Eligible Scope Requirement for 2015 Data

Who counts as an eligible Ryan White client?

To be included in the RSR, the client must:

(1) Meet the grantee's eligibility requirements for Ryan White Program participation and;

(2) Have received at least one of the core medical or support services for which the provider receives Ryan White funding. For a full list of Ryan White service categories, see the RSR Instruction Manual.

PCN #16-02

RSR In Focus | TargetHIV

https://targethiv.org/library/rsr-focus
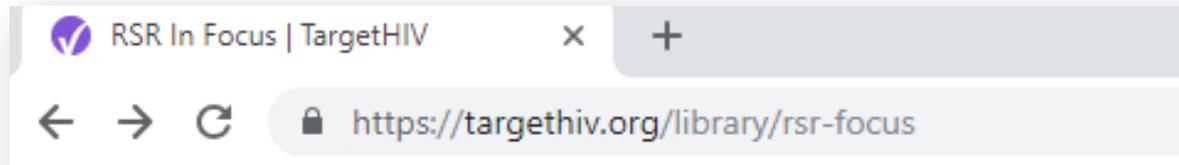
- RSR in Focus: Understanding the Policy Clarification Notice (PCN) 16-02

Policy clarification notice (PCN) #16-02 provides information regarding Ryan White HIV/AIDS Program (RWHAP) client eligibility and program guidance for allowable service categories. It clarifies service category definitions, aligning them across HIV/AIDS Bureau (HAB) documents and activities. This document summarizes the changes that may affect your data management and reporting practices. For a full description of service category definitions and changes, see the published PCN. You can also view Frequently Asked Questions.

This PCN is effective for RWHAP Parts A, B, C, D, and F awards issued on or after October 1, 2016 and affects RSR reporting for 2017.

Resources that might be helpful:

- CHEX

- Check Your XML
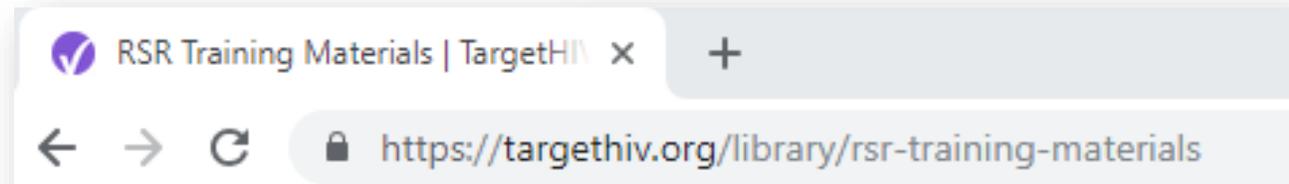
- Upload Completeness Report 2018
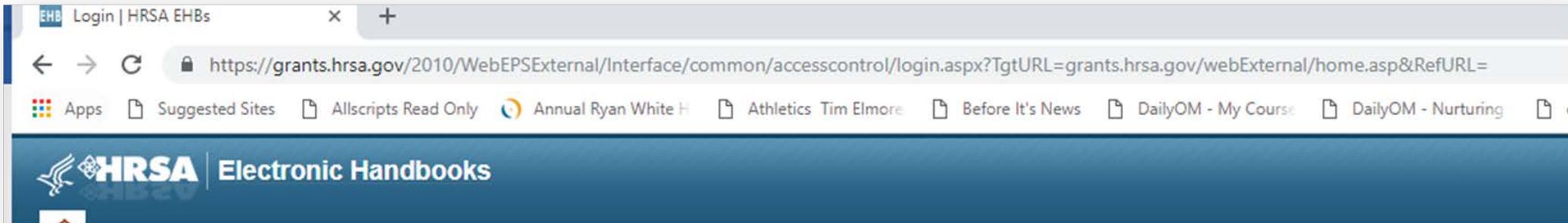
CHEX

If you use TRAX you can validate your data through CHEX prior to using the Check Your XML feature. It is part of the TRAX Download package.

- **TRAX User Manual:** This manual has detailed instructions for creating your input files, loading data into TRAX, and creating the client-level data XML file.

- **TRAX Sample Input Files:** These CSV files support the development of TRAX input files by providing you the required table structure.

- **CHEX:** This Excel template is pre-populated with drop down menus and conditional formatting to help you validate your data prior to importing it into TRAX.

	P	Q	R	S
	FirstAmbulat	Pr		cre
1	2/23/2013			
2				
2	5/25/2002			
2	11/14/2012			
2	11/7/1998			
2	11/3/2009			
2	9/21/2010			
2	8/20/1988			
2	11/4/2009			
2	7/11/2014			

Validation:
- Clinical data provided for an individual who is HIV negative or indeterminate (pink)
- Clinical data provided, but no ambulatory visit (blue)
- First OAMC date is after the reporting period (green)
- Birth year greater than OAMC date (purple)
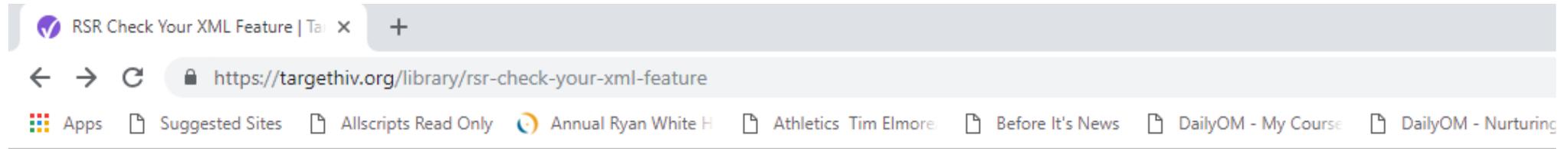- First ambulatory date is missing (yellow)

RSR Training Materials | TargetHIV

https://targethiv.org/library/rsr-training-materials

Check Your XML – Opened 11/19/2018

RSR Check Your XML Feature

RSR Check Your XML Feature

Upload Completeness Report

The UCR helps you review your uploaded data to make sure your data accurately reflect your program.
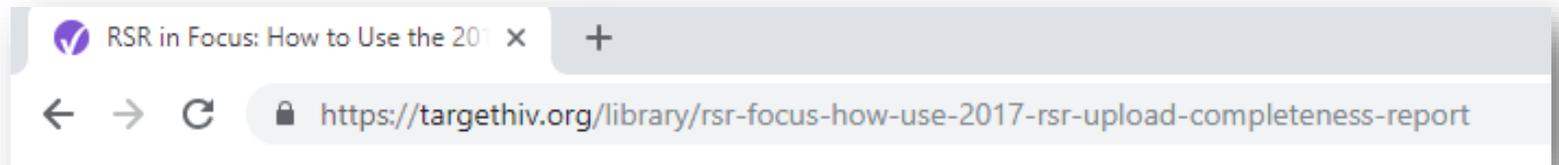
Using and checking your data throughout the year:

end+disparities ECHO Collaborative

The end+disparities ECHO Collaborative is a national initiative to reduce health disparities among four disproportionately affected HIV subpopulations:

- MSM of color

- African American and Latina women

- Transgender people

- Youth aged 13-24
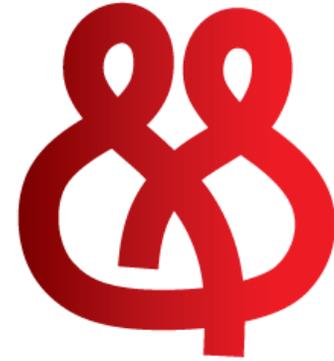
CENTER FOR QUALITY
IMPROVEMENT & INNOVATION

end
+disparities

Using your data:

Transgender People – CQII end+disparities ECHO Collaborative –

Transgender Persons	CY2009	CY2010	CY2011	CY2012	CY2013	CY2014	CY2015*	CY2016	2017
Adults 25+	13	16	23	24	27	32	44	46	48
Youth (13-24)	1	2	5	9	6	9	4	7	10
*In 2015, 7 aged up to adults.									

Identified 11 clients in the Clinic through this collaborative process.

- Clinic medical provider chart review for research 2011-2016
- SCOUT data entry system
- Reaching out to MCM
- Using Hormone Rx from the EMR

Using your data:

Measure	2011 (num/denom)	2011 %	2012 (num/denom)	2012 %	2013 (num/denom)	2013 %	2014 (num/denom)	2014 %	2015 (num/denom)	2015 %	2016 (num/denom)	2016 %	2017 (num/denom)	2017 %	1st Qtr 2018 (num/denom)	1st Qtr 2018%	2nd Qtr 2018 (num/deno)	2nd Qtr 2018%
Prescription of ARV	1483 / 1632	91%	1595 / 1711	93%	1581/1678	94%	1678/1728	97%	1636 / 1719	96%	1742 / 1815	96%	1823 / 1860	98%	1860 / 1901	98%	2061 / 2103	98%
Gap	165 / 1426	12%	279 / 1476	19%	207 / 1482	14%	180 / 1500	12%	182 / 1520	12%	169 / 1400	12%	185 / 1599	12%	207 / 1671	12%	210 / 1678	13%
Medical Visit Frequency	1177 / 1317	89%	1274 / 1450	88%	1257 / 1477	85%	1207 / 1430	84%	1200 / 1454	83%	1273 / 1572	81%	1012 / 1233	82%	1272 / 1449	88%	1292 / 1473	88%
Viral Suppression	1125 / 1614	68%	1319 / 1710	77%	1386 / 1709	81%	1402 / 1723	81%	1471 / 1719	86%	1560 / 1815	86%	1614 / 1860	87%	1631 / 1901	86%	1835 / 2103	87%
Cervical Paps*	338 / 501	67%	325 / 513	63%	301 / 514	59%	208 / 517	40%	244 / 502	49%	390 / 520	75%	416 / 512	81%	400 / 543	74%		
Triple Screen MSM							345 / 899	38%	460 / 915	50%	543 / 952	57%	596 / 1005	59%	703 / 1065	66%		

*Starting in 2016 the Pap measures reflects those women that had a pap in ≤ 3 years.

End of 2017 Active **1,860** ➡ End 2ⁿᵈ QRT 2018 **2,103**

⬆ **n=243**

Oakland, CA Transitional Grant Area

- 35 Ryan White Providers funded for a variety of Core and Support Services

- Alameda County Public Health Department is the Grantee for RY Administration

- All Ryan White Services are contracted to sub-recipients in the community

- Diversity of providers large medical centers, FQHC's, indigenous community based organizations

- Alameda County Public Health Department Ryan White Program was on draw – down status for 4 years

The Problem

- For several years the Oakland TGA saw a decline in the quality of our RSR data

- None of our providers touched the RSR, 1 staff person in the Health Department completed the RSR

- RSR Completion was removed from person providing direct Ryan White Services

- Ryan White providers reported difficulty in using the State Office of AIDS ARIES data system

- Alameda County Public Health Department did not mandate that providers complete the RSR because of community resistance

Total Number of Clients and Clinical Data Reported Dropped Substantially Over Time

Year of RSR Data	Number of Underlined Clients who...		
	Received OAHS	Had a Viral Load Reported	Were Virally Suppressed
2011	2,960	2,207	1,650
2012	2,908	2,504	1,989
2013	2,431	1,556	1,273
2014	1,858	1,172	990
2015	1,172	876	719

Fewer than 1,000 Unique Clients had Viral Loads Reported in 2015 and 2016

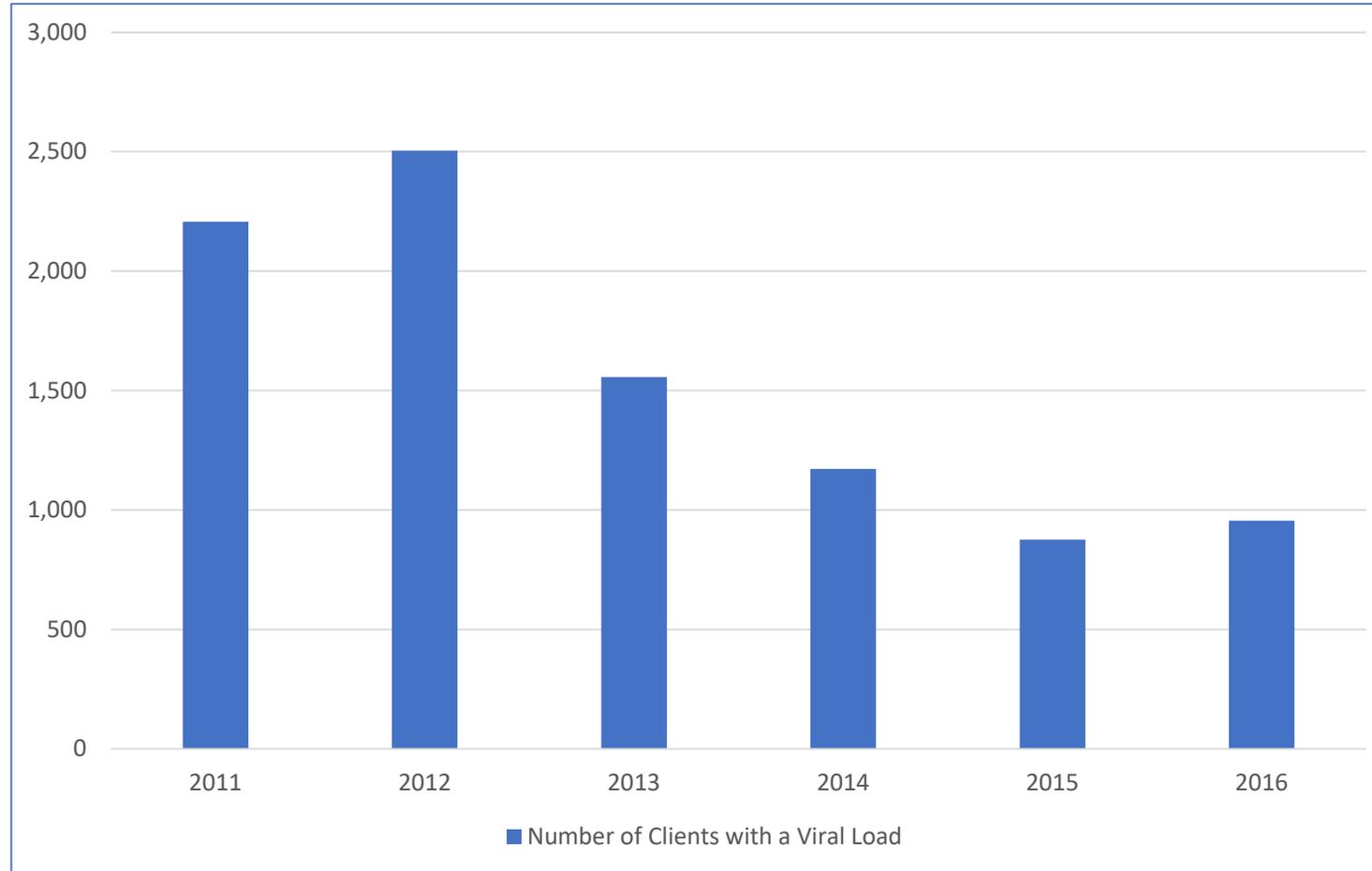

Number of Clients with a Viral Load

The Problem

- For several years the Oakland TGA saw a decline in the quality of our RSR data

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- RSR Completion was removed from person providing direct Ryan White Services

- Ryan White providers reported difficulty in using the State Office of AIDS ARIES data system

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Feedback from Providers

- "Making the meeting about the RSR mandatory put a definite urgency to the issue"

- "We did not understand the importance and purpose of the RSR. The mandatory meeting clarified and explained the background and purpose of the RSR. "

- " I thought completion of the RSR was the County's responsibility. It wasn't until the mandatory meeting that I learned that other jurisdictions across the country required their providers to complete the RSR"

- "I have never received a report back of the RSR for my agency"

- "Individualized support from the Office of HIV Care staff, including coming out to our offices to sit with staff and give them hands on TA was incredibly helpful"

The Solution

- Requested TA from DART and State OAA
- Make a DECISION: Required RY Providers to Complete RSR in 2017
- Support Your Providers, trainings, office hours, field visits
- Collaborate, collaborate, collaborate
- Close the Loop: Share the Data, Clearly communicate the Why

Impact of These Changes

- Some clients see multiple providers, so the <u>duplicated</u> dataset tells us how each individual provider did on data completeness

- The next few slides show the sum of <u>duplicated</u> clients across all providers

- What data are required on the RSR depend on services (e.g., clinical data is only required for clients with OAHS)

Impact of These Changes

- The **total number** of clients decreased a little bit...

	Number of <u>Duplicated</u> Clients who...		
	Received Any Service	**Received OAHS**	**Had a Viral Load Reported**
2016 RSR	4,390		
2017 RSR	4,315		
Change	*-75 clients*		

Impact of These Changes

- But reporting on **service delivery** improved…

	Number of <u>Duplicated</u> Clients who…		
	Received Any Service	**Received OAHS**	**Had a Viral Load Reported**
2016 RSR	4,390	1,224 (28% of all clients)	
2017 RSR	4,315	1,603 (37% of all clients)	
Change	*-75 clients*	*+379 clients*	

Impact of These Changes

- And reporting on **clinical data** improved even more, with the number of clients with at least one viral load test nearly doubling.

	Number of <u>Duplicated</u> Clients who…		
	Received Any Service	**Received OAHS**	**Had a Viral Load Reported**
2016 RSR	4,390	1,224 (28% of all clients)	734 (60% completeness)
2017 RSR	4,315	1,603 (37% of all clients)	1,457 (91% completeness)
Change	*-75 clients*	*+379 clients*	*+723 clients*

Impact of These Changes

- Though the DART Team focused on clinical data, other elements improved as well: for example, insurance status completeness increased from 66% to 96%

- Having providers take ownership of their own reports greatly improved data quality across the board

Presentation Outline

Overview and Progression of the RSR

Remaining Challenges

Tips and Solutions: Voices from the Field

Data Quality Exercise on Using the Upload Completeness Report (UCR)

Answer the Following UCR Questions

Do you notice anything strange about the data?

What data-related issues could be behind this issue?

How could you have spotted this issue prior to RSR submission?

What can be done to improve the quality of the data?

TA Resources

RSR TA brochure - https://careacttarget.org/library/rsr-data-ta-brochure

The DART Team: Data.TA@caiglobal.org

Ryan White HIV/AIDS Program Data Support

- o 888.640.9356; RyanWhiteDataSupport@wrma.com

HRSA Contact Center

- o 877.Go4.HRSA (877.464.4772);
  http://www.hrsa.gov/about/contact/ehbhelp.aspx

CAREWare helpdesk

- o 877-294-3571; cwhelp@jprog.com

RSR listserv: https://careacttarget.org/dart/subscribe