Summary of First Quarterly Athena Systems User Call

On February 13, 2020, the DART team hosted the second quarterly meeting with providers who use Athena to discuss strategies, challenges, and best practices for using Athena for Ryan White HIV/AIDS Program (RWHAP) data management and to complete the RWHAP Services Report (RSR). Fifteen participants attended the webinar. This memo provides an overview of the discussion. Contact information regarding attendees has been shared on the last page with participant permission. If you would like to be connected with another Athena user not listed in this document, please email the DART team.

2019 RSR Issues

DART commenced the call with an update on the issues that have occurred during the RSR 2019 submission period:

- **TRAX**: The issue involving TRAX has been resolved and users can now generate files in TRAX. For the fix to work, you will need to reinstall. Please note you might be to uninstall first before reinstalling. There is also a major change in .CSV services: service delivered file only contains insurance premium support and pharmacy assistance.

- **Provider ID**: Many users reported that their XML file was processed with the following error message: "The following ProviderID does not belong to the current organization or the second-level provider." That issue has been resolved as of 2/14.

- **ZIP Code**: You can upload a .CSV file with client counts by ZIP code. There is a template available for download in the Provider Report. Please watch for leading zeros and counts should be de-duplicated across systems. Lastly, if a client does not have a ZIP code and the service location zip code cannot be used, you can report 99999 for those clients.

- **HIV Diagnosis Year**: The HIV diagnosis is only required for "new" clients. All HIV-positive clients are included in the denominator, inflating the missing rate. DART advised users to ignore this issue for now.

How Athena Users Create the RSR

- DART indicated that since Athena is not RSR ready, most Athena users do double data entry into Athena and CAREWare or use TRAX to create the RSR. Some Athena users import data from Athena into CAREWare.

- DART inquired if attendees have built a bridge from Athena into CAREWare. All respondents answered no and they are doing manual entry. An attendee also stated that they have been creating an MS Access file and mapping it in CAREWare. Since this task was cumbersome, they are now using the Provider Data Import (PDI).

- Another user stated that they are using CAREWARE to create the RSR because it is a requirement for their Part B funding. They also use a separate CAREWare system for their Part C funding. DART inquired whether they would consider dropping the Part C system and use TRAX and the attendee agreed that that is a good suggestion. Furthermore, this attendee is not only entering medical visit data in CAREWare, but they are also entering dental, behavioral health,

medicine, and lab data. Their behavioral health data is captured in Athena and the dental services are in Dentrix. They have a bridge between Dentrix and Athena.

- DART doesn't recommend that providers use CAREWare for reporting purposes unless they are required to, or they find value in other CAREWare features.

- If users aim to drop CAREWare, they can fill out the RSR crosswalk, which contains all the data elements required for the RSR. DART advised that users fill out the crosswalk to determine where each data element lives in Athena and work with Athena to add any necessary fields and extract data in the format required by TRAX.

- DART inquired about suggestions for any creating an import process from Athena to ARIES given an ARIES representative was on the call. The attendee answered that it requires a lot of collaboration between AIRES and the provider, but a challenge is the lack of skillset at the agency level.

Capturing RW Services in Athena

- An attendee indicated that Athena allows users to easily input medical care. They are working on a way to get case managers identified as a provider in Athena, so they can track case management services. This has been an improvement for them, and they are working to integrate case management because medical information and support services are often in different systems.

- After case managers are identified as providers, they are working to capture services as a non-billable visit. These non-billable visits would be tracked like a medical visit where a claim and a code would be created in Athena and the coding will be specific to care coordination. They also want to have schedule templates for care coordinators. If the care coordinator is absent, someone else can view their schedule in Athena.

Importing Lab Values into Athena

- An attendee stated that they were finding that lab reports were being submitted as "see comment." During their import process, Athena was creating another variable and putting the "see comment" values in a separate field. DART advised that the attendee try to isolate the problem to see if it's a particular lab. The attendee agreed to investigate whether it is more than one lab with these kinds of values. This attendee stated that they use ARIES TX to produce the RSR. They import data from multiple EHRs and are seeing non-quantitative values in several EHRs. They think this issue is linked to the lab.

- Another attendee stated that they work with many imports. Their labs interface with their HER, and most of their labs come through electronically. They have a challenge with results being scanned images and it is hard to map those values.