RSR UCR Bootcamp

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

February 21, 2024

Welcome to today's webinar. Thank you so much for joining us today!

My name is Ellie Coombs. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the Ryan White HIV/AIDS Program Services Report (RSR).

Today, we're going to dive deep into the Upload Completeness Report or UCR. It's a great tool to help you check your data quality, and we want to make sure you're using it to its potential.

This webinar is more informal than some of other others, so we enabled the chat feature. This means you can chat out questions to us and your colleagues, and your colleagues can answer them right back in the chat. If you'd like to pose a question to the organizers, you can do that in the Q/A. We'll get to those at the end of the webinar.

As usual, my colleague Isia is going to chat out a link to this presentation so you can access all the resources we reference. The recording will be posted in about a week. The written Q/A and 508 compliant slides will be available in two weeks.

Grab Your UCR!

- Log into the EHBs
- Navigate to the:
  - 2022 RSR if you haven't uploaded a 2023 file
  - 2023 RSR if you have
- Access and open the PDF version of the UCR
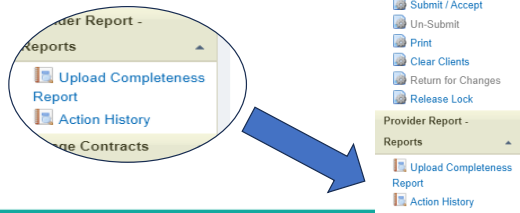
Before I start, I want to make sure everyone has access to their UCR. That way you can ask questions about your data and possibly identify data quality issues and solutions during this very call!

Log in to the EHBS. Navigate to the Provider Report. If you haven't uploaded a 2023 file yet, go to your 2022 RSR. Once you're in, click on Upload Completeness Report.*

No luck - Put your email address and provider name in the Q/A box and my colleague will email it to you.

If you are not able to get your UCR now, this webinar is still valuable, so please stay with us!

Disclaimer

What is the Upload Completeness Report?

- Summarizes your client-level data, comparing current submission to the last
- Is available in the RSR Web System in multiple formats
- Serves as a great tool to check the quality of your data

I'm assuming this is not your first webinar, but just in case you haven't heard us say it before, the UCR summarizes your client-level data. There is a table for each data element, comparing your current submission to your last. You can download it from the RSR Web System within the EHBs after you upload your file. It's a great tool to make sure your data reflect your program.

Resources on the UCR

- [UCR Training Module](#)

- [RSR in Focus](#)

We've actually been trying to get you to use the UCR for years, so we've already created some cool resources. There is an interactive training module in addition to an RSR in Focus. No excuses!

Poll #1

What is your experience with the UCR?
- I review it every RSR
- I've accessed it once or twice
- I am familiar with it, but have never used it
- Never heard of it

Before we go on, I want to get a feel of how many of you have used the UCR. – Can you please launch the poll?

What is your experience with the UCR?
I review it every RSR
I've accessed it once or twice
I am familiar with it, but have never used it
Never heard of it

Population	2023			%
	N	%		%
Total clients submitted	3699	100.0	3539	100.0%
Clients with at least one service of any kind	3699	100	3539	100.0%
Clients with at least one Core Medical Service	3695	9__%	3530	99.7%
Clients with at least one OAHS, MCM, CM, or Housing Service	2535	8.5%	2501	70.7%
HIV-positive clients with at least one OAHS Service	1133	30.6%	1095	30.9%

Callouts on slide:
- Does the change from one year to the next make sense?
- Are there clients without services?
- Does it make sense that the provider provides outpatient ambulatory health services (OAHS) for a small subset?

Ok, take a look at your first table. It tells you the total number of clients your reported and the number and percent with any service and a service within these major groups. First, check to make sure all your clients have services. They shouldn't be reported if they don't.

Also, make sure the subcategories make sense. For example, this provider only provides outpatient ambulatory health services or OAHS to 30% of their clients. Does that seem right?

Do you notice any major changes from the previous reporting period? If so, is that a reflection of a program or policy change or a change in data quality?

I want to note that there are lots of acronyms on this slide, which can be overwhelming. MCM is medical case management and CM is non-medical case management.

Poll #2

Do your counts reflect your program?
- Yes
- Almost
- Not really
- Not sure

Let's take a pulse to see how you feel about these data.

Do your counts reflect your program?
Yes
Almost *(maybe total counts seem right, but your services are off)*
Not really *(both total and service counts are off)*
Not sure

Feel free to chat in issues, and we can get to those later in the session.

Why You Might Have Issues with Client Counts
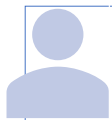
	Correct clients not included		Correct services not included

You may have issues because you are including clients who are not eligible for RWHAP or excluding clients who are. Maybe you are not reporting a service category correctly.

Isia, anything in the chat you want to report out?

Denominators in Subsequent Tables

Vital Status (Item 2)

2023 Denominator: Clients with OAHS, EHE Initiative Services, MCM, or CM services (N = 2535)

2022 Denominator: Clients with OAHS, EHE Initiative Services, MCM, or CM services (N = 2501)

Response Category	2023		2022	
	N	%	N	%
Deceased	5	0.2%	2	0.1%
Alive	2527	99.7%	2497	99.8%
Unknown	0	0.0%	0	0.0%
Missing/Out of range	3	0.1%	2	0.1%

Let's move on to the other tables in the report. There is a table for each RSR data element. At the top of the table, you'll see the data element name and the denominator. Who is required to have that data element based on services provided.

In other words, the system is smart; only required clients show up in each of the subsequent tables

Denominators in Subsequent Tables

- Understanding denominators helps you understand reporting requirements
- You know what percent of required clients have missing data

"I don't provide that service, so I don't need to report that data"
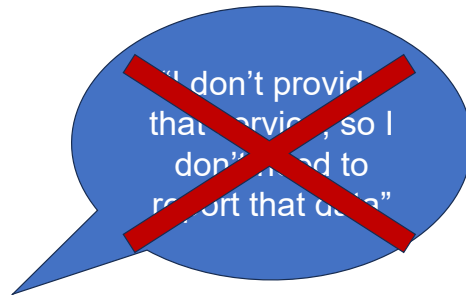
Not an excuse

Understanding denominators helps you understand reporting requirements.

Also, you know what percent of required clients have missing data. I've definitely heard folks say, well, I didn't report that data because I'm not required to report it. That's not an excuse. The table will only include required clients.

Quiz 1: What is this Table Showing Us?

Hispanic Subgroups* (Item 68)
2023 Denominator: Clients with any service whose ethnicity is "Hispanic" (N = 329)
2022 Denominator: Clients with any service whose ethnicity is "Hispanic" (N = 291)

Response Category	2023 N	2023 %	2022 N	2022 %
Mexican, Mexican American, Chicano/a	240	72.9%	217	74.6%
Puerto Rican	17	5.2%	16	5.5%
Cuban	2	0.6%	3	1.0%
Other Hispanic	71	21.6%	58	19.9%
Missing/Out of range	5	1.5%	0	0.0%

We're going to do a little quiz on what this table is telling us. This is the Hispanic Subgroup data element. For all Hispanic clients reported, you have to report their subgroup, Mexican, Puerto Rican, Cuban, etc.

I'm going to ask Isia to launch the quiz:

What is the table showing us?

a)   The provider is missing Ethnicity (data element 5) for five clients
b)   **The provider served 329 Hispanic clients in 2023**
c)   **Most of the provider's Hispanic clients were of Mexican descent**
d)   About 5% of all the provider's clients were Puerto Rican

Please check all that apply.

The correct answers are b and c.
The first answer is wrong because the provider is missing Hispanic subgroup for 5 clients, not the Ethnicity data element.
The provider indeed served 329 Hispanic clients. This is the denominator in the percent calculation.
And, yes, most clients are of Mexican descent.

Continuous Variables

The UCR assigns categories to continuous variables

Poverty Level Percent (Item 9)
2023 Denominator: Clients with OAHS, MCM, CM or EHE Initiative services (N = 3321)

Response Category	2023		2022	
	N	%	N	%
Below 100%	2153	64.8%	N/A	N/A
100 -138%	277	8.3%	N/A	N/A
139 – 200%	255	7.7%	N/A	N/A
201 – 250%	155	4.7%	N/A	N/A
251 – 400%	146	4.4%	N/A	N/A
401 – 500%	20	0.6%	N/A	N/A
More than 500%	19	0.6%	N/A	N/A
Missing/Out of range	296	8.9%	N/A	N/A

I want to talk about poverty level because it has a slightly different table structure, and that structure is reflected in multiple data elements. This is what we call a continuous variable, meaning you report the actual percent. However, the UCR groups these values into categories to help you review the data.

What to Look For: Missing Data

Housing Status (Item 10)
2023 Denominator: Clients with OAHS, MCM, CM, Housing or EHE Initiative services (N = 3321)

Response Category	2023 N	2023 %	2022 N	2022 %
Stable	1000	30.1%	N/A	N/A
Temporary	421	12.7%	N/A	N/A
Unstable	200	6.0%	N/A	N/A
Missing/Out of range	1700	51.2%	N/A	N/A

Ok, now that we have a good idea on how to interpret these tables, let's identify what to look for.

First, missing data. Check out the final row in each table. This provider has not reported housing data for over half of its clients.

Aim for Less than 10% Missing

- Viral load
- ART prescription
- HIV risk factor
- Federal poverty level
- Housing status

We really aim to have less than 10% missing, especially for these five key data elements.

Race

- Multiple responses so percentages can add up to more than 100%
- Race should be self-reported (not assigned by provider staff)
- It's Ok for race to be missing if client opts not to report. For example, some Hispanic clients may not identify with a specific race

Race* (Item 6)
2023 Denominator: Clients with any service (N = 3413)
2022 Denominator: Clients with any service (N = 3527)

Response Category	2023 N	2023 %	2022 N	2022 %
American Indian or Alaska Native	20	0.6%	24	0.7%
Asian	49	1.4%	40	1.1%
Black or African American	2170	63.6%	2355	66.8%
Native Hawaiian or Other Pacific Islander	0	0.0%	0	0.0%
White	1078	31.6%	1079	30.6%
Missing/Out of range	102	3.0%	37	1.0%

We get a lot of questions on race.

Race should be self-reported (not assigned by provider staff)
It's Ok for race to be missing if client opts not to report. For example, some Hispanic clients may not identify with a specific race

Multiple responses so percentages can add up to more than 100%

Poll #3

Are you missing more than 10% for any data elements?
- Yes, several
- Just one or two
- No
- Not sure

Check your report. Are you missing more than 10% for any data elements. Which ones?

Are you missing more than 10% for any data elements?
Yes, several
Just one or two
No
Not sure

- Feel free to chat out issues or questions.

Why You Might Have Missing Data

Not collected from clients	Not recorded by staff

Not imported

Why might you have missing data? Maybe the element is not part of your intake process so you're not collecting it from your clients. or, maybe you're collecting it, but it's not being recorded in a place that makes it easy for extraction and reporting. Finally, maybe you are importing data from one system to another, and the data didn't get properly included in the import.

Isia, is there anything you want to mention from the chat.

Check for Patterns that May Not Reflect <u>Client Characteristics</u>

- HIV status
  - High percentage of clients with AIDS
  - High percentages of clients who are HIV negative
    - Babies born to people with HIV who were "indeterminate" and then tested negative
    - Affected clients who receive support services to benefit a person with HIV
- High percentage of "Other plan" for health insurance

Ok, what else to look for?

Check for patterns that may not accurately reflect the clients you serve?

Check HIV status, do you have a high percentage of people with AIDS or without HIV. As a reminder, Ryan White focuses on people with HIV. The only people without HIV in the report should be babies born to someone with HIV who were indeterminant and then tested negative or affected clients who receive support services to benefit the person with HIV, such a childcare services for a child of someone with HIV.

Also, are you reporting a lot of folks with other plan for health care coverage? This should be rarely used; if not, you might be using it incorrectly.

Check for Patterns that May Not Reflect Actual <u>Care Delivery</u>

- High percentage of clients not on ART
- High percentage of client with no syphilis screen
- Why?
    - Program quality: People aren't getting screened/meds
    - Data quality: People are getting screened, but the data are not reported

Finally, check for patterns that may not reflect actual care delivery

Some basic ones are people not on ART or without a syphilis screen. If you have lots of folks not on ART or who weren't screened for syphilis, you may have a program quality issue in that you're not providing this needed care. Alternatively, you may have a data quality problem. And, you can resolve program quality issues with poor data quality.

Date Distribution

Housing Status Collected Date (Item 11)
2023 Denominator: Clients with OAHS, MCM, CM, Housing or EHE Initiative services (N = 2989)

Response Category	2023		2022	
	N	%	N	%
Jan-March	77	2.6%	N/A	N/A
Apr-June	29	1.0%	N/A	N/A
Jul-Sept	464	15.5%	N/A	N/A
Oct-Dec	1942	65.0%	N/A	N/A
Missing/Out of range	477	16.0%	N/A	N/A

HIV/AIDS Status (Item 12)
2023 Denominator: Clients with OAHS, MCM, CM or EHE Initiative services (N = 2989)

Uneven distribution makes sense because they could do their assessments at one time

Month of OAHS dates (Item 48)

Response Category	2023		2022	
	N	%	N	%
Jan-March	3052	24.7%	3471	24.6%
Apr-June	3227	26.1%	3647	25.9%
Jul-Sept	3233	26.1%	3787	26.9%
Oct-Dec	2862	23.1%	3188	22.6%
Missing	0	0.0%	0	0.0%
Out of range	0	0.0%	0	0.0%

Counts represent the number of OAHS visits in a given time period. Counts may contain duplicates, as clients can receive more than one OAHS visit during the time period.

OAHS visit dates should be evenly distributed

There are multiple tables that group dates into categories. This one is housing status collection dates. You'll note that a lot of dates fall in Oct. or Dec. Is that a data quality problem? Not necessarily. This data element collects when the last housing status was checked, which likely occurred at the end of the year.

However, we wouldn't expect to see that pattern in OAHS dates as people get care all year round. Here we would expect to see a move even distribution.

Service Table

CLD ID#	Response Category	2023			2022		
		N	%	Visits	N	%	Visits
16	Outpatient/Ambulatory Health Services	1138	30.8%	4992	1095	30.9%	4929
18	Oral Health Care	322	8.7%	1238	353	10.0%	1216
19	Early Intervention Services (EIS)	0	0.0%	0	0	0.0%	0
21	Home Health Care	0	0.0%	0	0	0.0%	0
22	Home and Community-Based Health Services	0	0.0%	0	0	0.0%	0
23	Hospice	0	0.0%	0	0	0.0%	0
24	Mental Health Services	20	0.5%	344	34	1.0%	379
25	Medical Nutrition Therapy	168	4.5%	209	153	4.3%	209
26	Medical Case Management, including Treatment Adherence	2494	67.4%	16324	2472	69.9%	17650

- Percentage of total clients with a given service
- Eyeball the average number of service visits per client

Check out service definitions in PCN 16-02: PCN 16-02 as a resource
https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/service-category-pcn-16-02-final.pdf

Let's take a look at the service table. It lists the number and percent of clients with a service and the total number of services. I like to estimate the average number of services per client. This shows that clients get about four oral health services a year, which may make sense if clients have high needs.

Large Changes from One Year to the Next

- May accurately reflect changes in your program or health care delivery landscape
  - Changed eligibility criteria
  - Added new services
- May reflect a correction in reporting
- May reflect a problem in reporting

Finally, look at changes in trends from year to year.

They may accurately reflect changes in your program or health care delivery landscape
        Maybe you changed eligibility criteria
         or added new services

May reflect a correction in reporting
May reflect a problem in reporting

Chat It In!

Do your data pass the giggle test? What looks off? Why?

Understanding Tricky Logic

- Linkage to care data elements (mistake in the UCR calculation)
- For EHE providers
  - New clients served
  - Received services in the previous year

Ok, I want to talk through some tricky logic and point out a mistake in the UCR. Let's start with the linkage to care data elements, and then move onto the two elements for EHE providers, whether the client is new and if not, whether they received services in the previous year.

Linkage to Care

Data Element	Denominator
HIV Diagnosis Year (72)	Clients with a diagnosis year reported *(required for "new" clients only). New can be new to the agency or with a new diagnosis*
HIV Positive Date (Item 73)	OAHS clients with an HIV diagnosis year in the reporting period
OAHS Linkage Date (Item 74)	OAHS clients with an HIV diagnosis year in the reporting period

Correct! The only clients with missing data have a diagnosis year *after* the reporting period

Incorrect! The denominator is everyone who got OAHS, resulting in a lot of people listed as missing. Disregard.

Correct! Only includes people with an HIV diagnosis in 2023

You report HIV diagnosis year for all *new* clients with OAHS, medical case management, non-medical case management or EHE services. Now, this is just required for new clients, meaning they were recently diagnosed with HIV or transferred to your clinic. Because the UCR can't know who is actually new, the denominator is all clients with a diagnosis year reported. In other words, the numerator and denominator are almost the same. The only clients in the denominator who are not in the numbers are those with a diagnosis year after the reporting period.

For all those clients with an HIV diagnosis year in the reporting period, you report the date they received a positive HIV diagnosis and then the next OAHS visit after that date. Now, the calculation for the HIV positive date is incorrect. It's out of all clients with OAHS, medical case management, non-medical case management or EHE services, not just those with a diagnosis year in the reporting period. So, you'll see lots of missing data here. Just disregard that missing row.

The linkage date on the other hand is correct – it only includes those with a diagnosis date in 2023.

EHE Providers

Data Element	Denominator
New Client (76): *Did the client receive HIV services for the first time at your agency in the reporting period?*	Any client with a service
Client Received Service Previous Year (Item 77): *If no, did the client receive services in the previous reporting period?*	Clients: • With OAHS, EHE initiative services, MCM, or CM services and • Are NOT New Clients including Missing/Out of range

I want to talk about the two data elements for EHE providers. If you're not an EHE provider, you don't need to report these data elements. You can spend the next couple of minutes reviewing your UCR to identify questions or issues.

EHE providers have to report for all clients whether they are new to the agency in the reporting period.

IF not, the provider should report whether they received a service during the previous year. Note that this second element is only for clients with OAHS, medical case management, non-medical case management or EHE services.

Helps You Identify Three Types of Clients

Data Element	Response		
New Client (76): Did the client receive HIV services for the first time at your agency in the reporting period?	Yes	No	No
Client Received Service Previous Year (Item 77): If no, did the client receive services in the previous reporting period?	N/A	Yes	No
What it means?	New (new to the agency, new diagnosis)	Engaged in care and receiving ongoing services	Got reengaged in care

These data elements help HAB determine whether clients fall into one of three categories:

- New
- Engaged in care and receiving ongoing services – not new and received services in the previous year.
- And, finally, Got recently engaged in care – not new, but didn't receive services in the previous year.

EHE Providers

New Client (Item 76)
2023 Denominator: Clients of EHE-funded providers who received any service (N = 250)

Response Category	2023 N	2023 %	2022 N	2022 %
Yes	25	10.0%	N/A	N/A
No	225	90.0%	N/A	N/A
Missing/Out of range	0	0.0%	N/A	N/A

Client Received Service Previous Year (Item 77)
2023 Denominator: Existing clients of EHE-funded providers with OAHS, MCM, CM or EHE Initiative services who received services in the previous year (N = 225)

Response Category	2023 N	2023 %	2022 N	2022 %
Yes	200	88.9%	N/A	N/A
No	25	11.1%	N/A	N/A
Missing/Out of range	0	0.0%	N/A	N/A

How does this look in the UCR. You see there are 225 clients who were not new. These services as the denominator in the subsequent table.

EHE Providers

25 = New
200 = Engaged in care and receiving ongoing services
25 = Reengaged in care

New Client (Item 76)
2023 Denominator: Clients of EHE-funded providers who received any service (N = 250)

Response Category	2023		2022	
	N	%	N	%
Yes	25	10.0%	N/A	N/A
No	225	90.0%	N/A	N/A
Missing/Out of range	0	0.0%	N/A	N/A

New

Ongoing

Client Received Service Previous Year (Item 77)
2023 Denominator: Existing clients of EHE-funded providers with OAHS, MCM, CM or EHE Initiative services who received services in the previous year (N = 225)

Response Category	2023		2022	
	N	%	N	%
Yes	200	88.9%	N/A	N/A
No	25	11.1%	N/A	N/A
Missing/Out of range	0	0.0%	N/A	N/A

Clients being reengaged in care

Here are our new clients, are clients who have been receiving consistent care, and who get reengaged in care. Check these counts to see if they match your expectation about your program.

RWHAP Technical Assistance Resources

The [RWHAP TA Resources Brochure](#) features information on each RWHAP technical assistance provider, including:

- RWHAP reports they support
- Questions they frequently respond to
- Contact information

Ok, let's bring everyone back for questions! As usual, we like to remind you of our TA resources. Check out this document for available TA providers and their speciality.

📶 Connect with HRSA

To learn more about our agency,
visit

www.HRSA.gov

✉ Sign up for the HRSA *eNews*

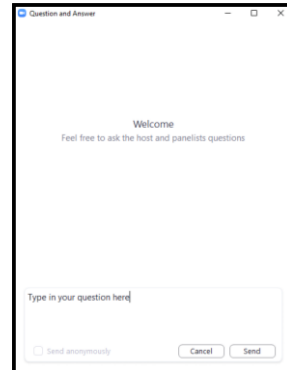FOLLOW US: (f) (🐦) (in) (▶)
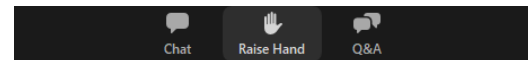
RWHAP
DATA SUPPORT

DISQ

And, don't forget about HRSA.gov.

Let's Hear From You!

- Please use the "raise hand" function to speak. We will unmute you in the order that you appear.

OR

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.

And now to your questions – but first, I would like to remind you that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webinar. We really appreciate your feedback, and use this information to plan future webinars. My colleague Isia is going to put a link out in the chat feature if you would prefer to access the evaluation right now. We'll also send a final reminder via email shortly after the webinar.

As a reminder, you can send us questions using the "Q&A" button on your control panel on the bottom of your screen. You can also ask questions directly "live." You can do this by clicking the "raise hand" button, which is also on your control panel. If you raise your hand, we'll be able to allow you to unmute and ask your question. We hope you consider asking questions "live" because we really like hearing voices other than our own.

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you via email to follow up. Sometimes we need to do some follow-up before providing you with a final answer, so stay tuned for the written Q&A as well for answers to all of your questions.