



Performance Measures and the HIV Quality Measures (HIVQM) Module

Ryan White HIV/AIDS Program

HIV/AIDS Bureau

November 15, 2023



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

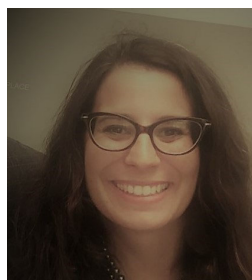
My name is Isia Benson. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the HIVQM.

Today's Webinar is Presented by:



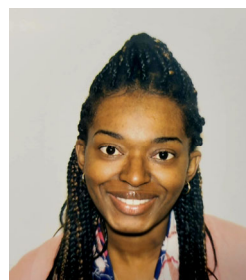
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Today's webinar is presented by Imogen Fua from RWHAP Data Support, the experts on RWHAP reporting requirements, and Julie Vitale representing the DISQ team's work with client-level data. Imogen will be walking you through the steps of completing the HIVQM Module and Julie will provide an overview of importing your data into the module. Today's presentation is intended for both folks who are completing the HIVQM for the first time as well as a refresher for those who have done it before.

Throughout the presentation, we will reference some resources that we think are important. To help you keep track of these and make sure you have access to them immediately, I am going to chat out the link to a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able

to ask questions directly “live” at the end of the presentation. You can do so by clicking the “raise hand” button (on your settings) and I will conference you in.

Now before we start, I’m going to answer one of the most commonly asked questions about the slides. The recording of today’s webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

Disclaimer

Today's webinar is supported by the following organizations and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), or the U.S. government.

The DISQ Team is comprised of CAI, Abt Associates, and Mission Analytics and is supported by HRSA of HHS as part of a cooperative agreement totaling over \$4 Million.

Ryan White Data Support is comprised of WRMA, CSR, and Mission Analytics and is supported by HRSA of HHS as part of a contract totaling over \$7.2 Million.

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Now I'd like to turn the webinar over to Imogen.

Webinar Presentation Overview

Overview of the HIVQM Module & Performance Measures

Accessing the HIVQM Module & Entering Data

Importing Your Data

Technical Assistance Resources

Questions and Answers

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Thank you, Isia. Hello everyone and thank you for joining us today. We will be going over a very useful tool known as the HIV Quality Measures Module or the HIVQM Module that was created by HAB. It was created so that you had a tool to help you monitor your performance measures and assess your services to HIV clients. The HIVQM is voluntary so you choose to use it and you choose what performance measures you want to monitor.

This webinar will present basic information on the HIVQM so this is perfect for new people but also a great a refresher for seasoned users.

First, I will give an overview (**click**) of the HIVQM Module and Performance Measures. Next, I will walk you through how to access (**click**) the Module and manually enter data into the Module.

Julie, will then jump in to walk you through importing (**click**) your data into the HIVQM Module via a CSV file. So you can either manually enter data or import your data. We will close the webinar by going over (**click**) technical assistance resources available to you and end with a (**click**) questions and answers session.

We also want to hear from you today so throughout the webinar, so we have incorporated some poll questions, and we encourage you to participate so we can get a general sense of your experience with the Module and how you're using it or how you'll want to use it.

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So let's kick off the presentation with a poll. I am going to turn the presentation over to Isia to pull up our first poll.

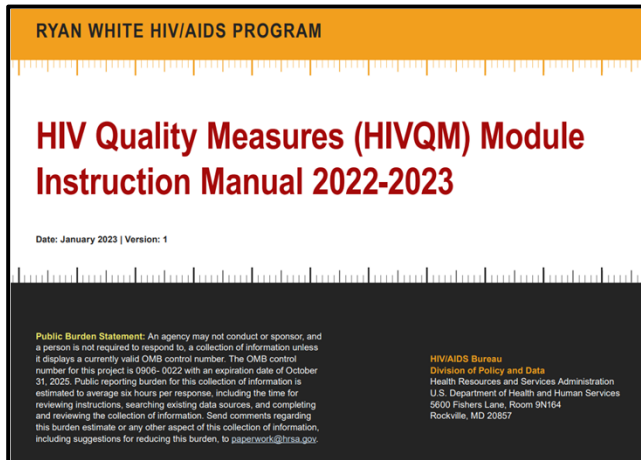
Poll #1: How many times have you used the HIVQM Module to enter your performance measures data?

- We have entered data into the Module 1-2 times.
- We have entered data into the Module 3+ times.
- We are planning to enter data into the Module for the first time during this year.
- We have not yet decided about entering data into the HIVQM Module but

want to learn more about it.

Thank you, Isia. It's great to see new users as well as seasoned users. For those of you who are just starting to explore the Module, don't hesitate to reach out to Data Support or DISQ with questions. I will go over our contact information towards the end of this presentation. For those of you who are seasoned users, we would especially like to hear about your experience so feel free to share any lessons learned and to participate in the Q&A portion of this webinar.

HIVQM Instruction Manual



The HIV Quality Measures (HIVQM) Module Instruction Manual is available [here](#) on the Target HIV website.

Please note that the 2022-2023 HIVQM Module Instruction Manual is available on the Target HIV website. The HIVQM Instruction Manual will cover the information outlined in this webinar today. It is an invaluable resource. On this slide is a hyperlink to the manual on the Target HIV website.

What is the HIVQM?

- A voluntary tool to monitor HAB performance measures to assess the quality of your services
- Available for each recipient and subrecipient who provides HIV care services
- Allows users to prioritize and select performance measures most applicable to your organization, setting, patient population and epidemic
- Allows recipients to obtain reports that compare providers within their state, regionally, nationally, as well as by Ryan White program part

So, what is the HIVQM Module and why use it?

The HIVQM Module is a voluntary tool created by HAB to help recipients and subrecipients monitor their progress on HAB performance measures. Its basically a tool to help you assess the quality of their services and highlight any gaps or areas of improvement. It is available for each recipient and subrecipients.

The HIVQM Module allows users to prioritize and select performance measures most applicable to their organization, setting, patient population and epidemic. So, you decide which performance measures you want to enter and look at.

And last, but not least, the HIVQM Module allows recipients to obtain reports that compare providers within their state, regionally, nationally, as well as by Ryan White program part. And I will go over these reports in a few slides.

How do you use the HIVQM Module?



Enter HAB performance measures data, including demographic data, four times a year



Create your organizational summary reports



Manually enter data or upload your data via CSV file, including from CAREWare



Compare your performance with other organizations who also enter data in the Module

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Now, let's talk about how to use the HIVQM Module.

(click) Both recipients and subrecipients can enter performance measures data 4 times a year so you can monitor your progress over time. Those that receive funding from multiple parts only need to access the Module once to enter data. For example: If an agency receives Part A and C funding, they will only need to enter data once. And both the Part A and C grant recipients of record will have access to those data.

(click) There are two ways you can enter your data. You can either enter your data manually or you can upload your data via a CSV file.

(click) After you have entered your performance measures data into the Module, you will be able to immediately generate summary reports that includes calculations to show how you are achieving the goals of the performance measures you entered.

(click) You can also generate reports that compare your performance with other organizations who have also entered data into the Module.

HIVQM Module - Timeline

HIVQM Module Opens	HIVQM Module Closes	Reporting Period
December 1, 2023	December 31, 2023	October 1, 2022 – September 30, 2023
*March 1, 2024	March 31, 2024	January 1, 2023 – December 31, 2023 *(and reporting periods in previous year)
June 1, 2024	June 30, 2024	April 1, 2023 – March 31, 2024
September 1, 2024	September 30, 2024	July 1, 2023 – June 31, 2024

This is the reporting timeline for the HIVQM Module. As mentioned, you will be able to enter performance measures into the HIVQM Module up to four times a year. The Module opens in December, March, June and September. Each time, you will have the entire month to enter your data.

Each month also has an assigned reporting period which is a 12-month period for each performance measurement. So, next month, in December, when the Module is open, you should only enter performance measure data for the 12-month period of October 1, 2022 – September 30, 2023.

I also want to mention that one time per year when the Module opens in March the system allows you access to edit or enter data for the previous four reporting periods. That means, if you have any updates or found some errors in previous reporting periods, you will be able to edit them during this time. You will also be able to enter new data for previous reporting periods if you happened to have missed a reporting month when the Module was open.

Components of the HIVQM Module

1. Provider Information

Consists of four prepopulated data points about the provider (generated from the latest RSR)

2. Performance Measures

Choose and enter aggregate data on select performance measure

3. HIVQM Reports

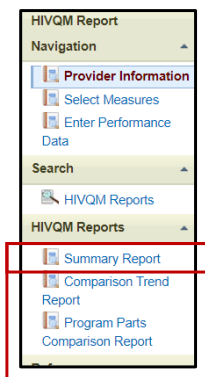
- Summary Report
- Comparison Trend Report
- Program Parts Comparison Report

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The HIVQM Module comprises three parts:

1. **(click)** The first part is the Provider Information page which consists of four prepopulated data points about the provider (generated from the latest RSR)
2. **(click)** The second part is the Performance Measures section which is where you can choose and enter aggregate data on select clinical measures. I will discuss these categories a little later in this presentation. All clients who receive HIV services, regardless of funding source, can be included in the HIVQM Module
3. **(click)** And the third part of the HIVQM Module is the HIVQM Reports where recipients can generate provider-level reports based on their own data as well as compare their data to other recipients and/or subrecipients who have entered data into the Module.

HIVQM Reports



HIVQM Summary Report										
Organization Name:						Report ID:				
State:						Region: HRSA Region				
Report Start Date: 09/01/2023						Report End Date: 09/30/2023				
<p>NOTE: This information is only representative of those organizations that have submitted data to this system. The State and Regional columns are automatically displayed when four or more organizations within the corresponding State and Region submit the HIVQM data.</p>										
Category	Performance Measure Title	Case load	Records Reviewed	Provider Numerator	Provider Denominator	Provider Percent	State Percent	Regional Percent	National Percent	
Core Measures	Viral Load Suppression	657	631	551	631	87%	83%	84%	86%	
Core Measures	Prescribed Antiretroviral Therapy	657	631	628	631	99%	96%	97%	97%	
Core Measures	Medical Visits Frequency	657	445	315	445	70%	61%	62%	62%	
Core Measures	Clap In Medical Visits	657	503	65	503	12%	15%	14%	14%	
Core Measures	PCP Prophylaxis	657	42	28	42	66%	60%	67%	72%	
All Ages Measures	Influenza Vaccination	657	418	21	418	5%	38%	37%	44%	
All Ages Measures	TB Screening	657	620	609	620	98%	91%	91%	91%	
Adolescent and Adult Measures	Cervical Cancer Screening	657	215	117	215	54%	47%	46%	46%	
Adolescent and Adult Measures	Chlamydia Screening	657	629	259	629	41%	74%	75%	74%	
Adolescent and Adult Measures	Gonorrhea Screening	657	629	256	629	40%	72%	73%	73%	
Adolescent and Adult Measures	Hepatitis B Screening	657	631	601	631	95%	95%	94%	92%	
Adolescent and Adult Measures	Hepatitis B Vaccination	657	202	110	202	54%	61%	68%	65%	
Adolescent and Adult Measures	Hepatitis C Screening	657	631	537	631	85%	95%	95%	94%	
Adolescent and Adult Measures	HIV Risk Counseling	657	631	598	631	94%	73%	74%	77%	
Adolescent and Adult Measures	Oral Exam	657	631	17	631	2%	17%	18%	19%	
Adolescent and Adult Measures	Pneumococcal Vaccination	657	544	271	544	49%	66%	73%	74%	
Adolescent and Adult Measures	Substance Use Screening	657	631	572	631	90%	69%	69%	70%	
Adolescent and Adult Measures	Syphilis Screening	657	629	514	629	81%	67%	69%	69%	

So, let's just go over the HIVQM reports that the Module can generate.

You can access your reports via the navigation bar (**click**). There are three different types of reports.

Let's look at the first report type which is the Summary Report data (**click**) which as you can see here. At the top (**click**), it will display your agency name, your state, Report ID, region and reporting period. In the report, (**click**) it will list your core measures and the data you entered. (**click**)The next three columns allows you to compare your data with state, regional and national data. Remember that these data only include agencies that have entered their data into the HIVQM Module.

HIVQM Reports

HIVQM Report

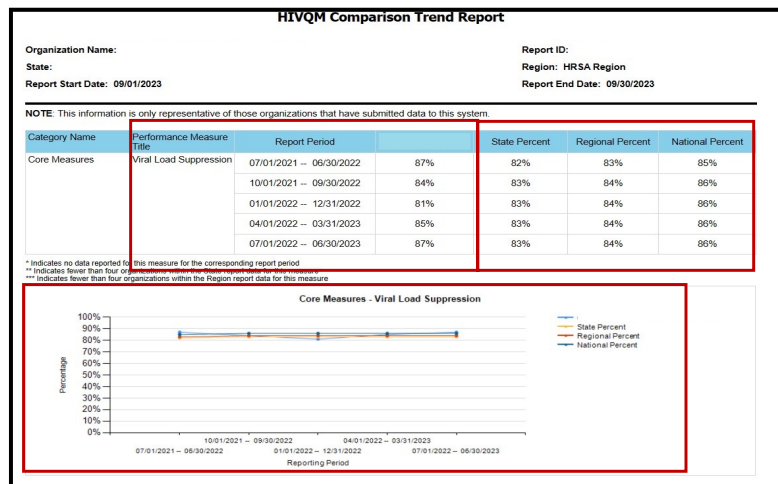
Navigation

- Provider Information
- Select Measures
- Enter Performance Data

Search

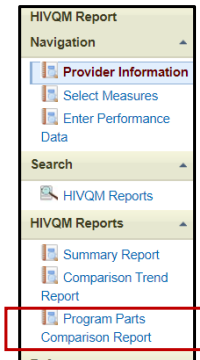
HIVQM Reports

- Summary Report
- Comparison Trend Report
- Program Parts Comparison Report



The next report is the Comparison Trend Report. **(click)**The comparison trend report lets you look at your data over a period of up to 5 years so you have look at your progress over that time period. So this agency has only entered data from 2021 to now so that is what is showing. **(click)**It also will let you compare your data at the state, regional and national level over those years. **Click)** At the bottom, it also gives you a nice line graph. **Click**

HIVQM Reports



HIVQM Program Parts Comparison Report

Report Start Date: 09/01/2023 Report End Date: 09/30/2023

NOTE: This information is only representative of those organizations that have submitted data to this system.

Category	Performance Measure Title	Part A Percent	Part B Percent	Part C Percent	Part D Percent	National Percent
Core Measures	Annual Retention in Care	--	--	--	--	--
ADAP Measures	Application Determination	--	--	91%	--	91%
Medical Case Management (MCM) Measures	Care Plan	64%	58%	56%	64%	60%
Adolescent and Adult Measures	Cervical Cancer Screening	43%	49%	45%	61%	49%
Adolescent and Adult Measures	Chlamydia Screening	81%	70%	71%	75%	73%
Oral Health Measures	Dental and Medical History	--	--	100%	--	100%
Oral Health Measures	Dental Treatment Plan	75%	73%	73%	70%	73%
HIV Exposed Children Measures	Diagnostic Testing to Exclude HIV Infection in Exposed Infants	--	--	--	--	--
ADAP Measures	Eligibility Recertification	--	--	--	--	--
ADAP Measures	Formulary	--	--	--	--	--
Medical Case Management (MCM) Measures	Gap in Medical Visits	27%	23%	22%	--	24%
Core Measures	Gap in Medical Visits	16%	11%	12%	12%	13%
Adolescent and Adult Measures	Gonorrhea Screening	81%	68%	69%	75%	72%
Adolescent and Adult Measures	Hepatitis B Screening	89%	94%	92%	96%	93%
Adolescent and Adult Measures	Hepatitis B Vaccination	58%	68%	65%	80%	68%
Adolescent and Adult Measures	Hepatitis C Screening	90%	95%	94%	97%	95%
All Ages Measures	HIV Drug Resistance Testing Before Initiation of Therapy	--	100%	100%	100%	100%

Lastly, let's look at the Program Parts Comparison Report. **(click)**

The Program Parts Report shows you how each Ryan White Part is doing with each performance measure. The last column also shows you the national percentage to compare the Parts to. **(click)**



Now, we are curious to know how you are using or would like to use the HIVQM Module. So, I will turn the presentation over to Isia again to conduct the next poll.

**Poll #2: How do you use/would you use your data from the HIVQM Module?
Choose all that apply.**

- Share/would share with staff to help us on our quality improvement projects.
- Compare/would compare our performance measures with state, regional and/or national level data.

- Compare/would compare our performance measures with other RWHAP providers.
- We use/would use the data to set goals.
- We use/would use our data to highlight our efforts in our reports for various stakeholders.
- Other

Good to see how you are using or would like to use your data. Feel free to share with us any stories or products that may have resulted from using the Module. Just a plug - there is the RW conference next year – it would be great to see some posters. So if you are searching for ideas for the conference, consider sharing your experience with this HIVQM. At the end of the webinar, I will also list a couple of HAB resources if you need any help on using your data.

Access the HIVQM Module via RSR Inbox

The screenshot displays the 'RSR Provider Report Inbox' interface. The main content area shows a table with the following data:

Report ID	Provider Name	Reg Code	Reporting Period	Modified Date	Status	Action	Clients	Action History
123456	Coaching Flood Ltd	51129	RSR 2022 Annual	3/20/2023 11:43:58 AM	Submitted		805	

The left navigation panel includes the following items:

- Inbox
- Provider Report
- Check your XML
- Search
- Provider Reports
- Administration
 - Edit Registration
 - Change Password
 - Print Requests
- References
 - Merge Rules
 - Validation Rules
- Performance Measures
 - HIVQM Inbox**
- Emerging Initiatives
 - CDR Inbox

Additional text in the interface includes: 'For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@wvma.com' and 'Logged in as: Provider. The HAB Web Applications also require Adobe Acrobat Reader 5 or higher installed on your PC. To download Adobe Acrobat Reader, click '.

So let's move on to how to access the Module. The Module is accessible via your most recent RSR deliverable which all recipients and subrecipients have access to. Recipients navigate to the RSR deliverable by way of the grants tab and subrecipients navigate to the RSR deliverable by way of the organization tab. If you have any questions or issues accessing the RSR or the HIVQM Module, please contact Data Support.

When you are in your RSR Inbox (**click**), you will see the link for the HIVQM Inbox toward to bottom of the left navigation panel. Click (**click**) on that link and you will be brought to you HIVQM Inbox.

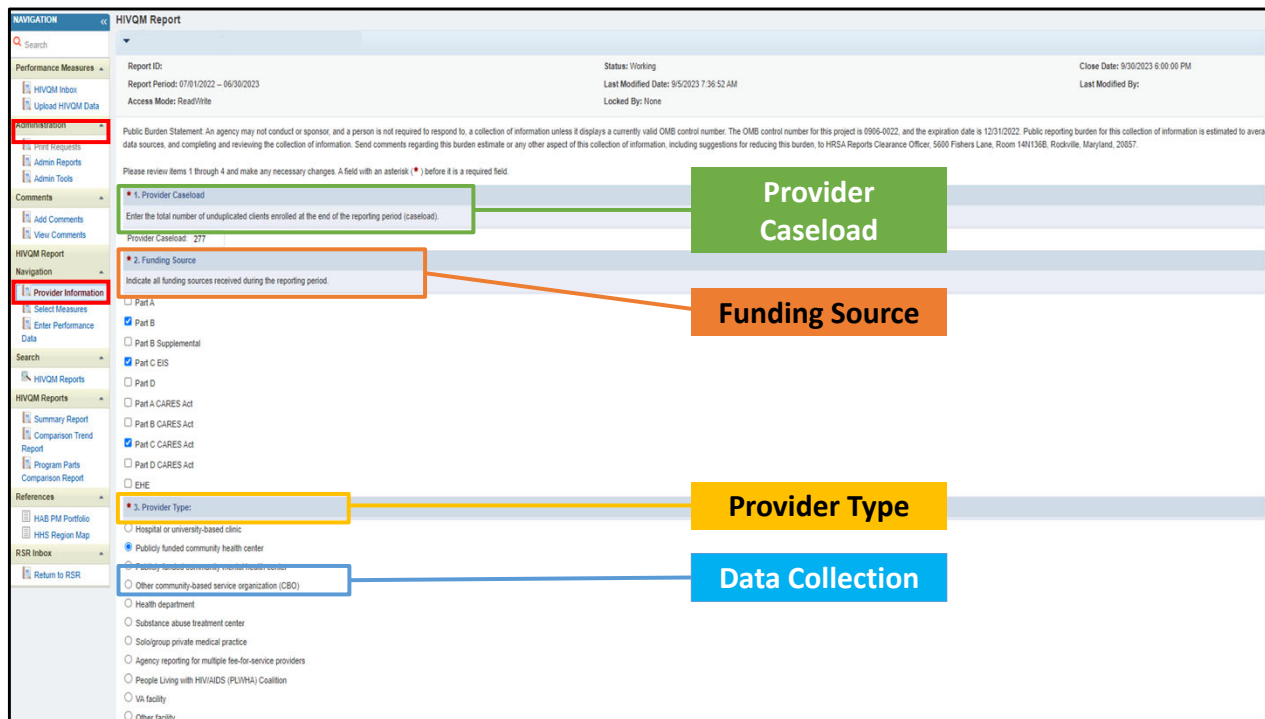
HIVQM Inbox

The screenshot displays the 'HIVQM Report Inbox' interface. On the left is a navigation menu with categories like Performance Measures, Administration, Search, HIVQM Reports, References, and RSR Inbox. The main content area features a table with the following data:

Report ID	Provider Name	Reg Code	Reporting Period	Status	Action
0	Coaching Flood Ltd	51129	07/01/2022 - 06/30/2023	Not Started	Create

Below the table, there are navigation controls (back, forward, page size: 25) and a '1 items in 1 pages' indicator. A help message is visible: 'For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-440-9356 or email to RyanWhiteDataSupport@wrma.com'. The user is logged in as 'Provider' and a note mentions that Adobe Acrobat Reader 5 or higher is required.

Once inside the HIVQM Inbox, you will see a list (**click**) of providers that you have access to and are able to enter data for. For Recipients, you will be able to enter data for yourself as well as any of your subrecipients. For subrecipients, you will only see the provider organizations that you have access to. Click on the “Create” (**click**) icon under the action column and it will bring you to the first page of the HIVQM Module. If you have accessed the HIVQM Module previously during the reporting period, the icon will say “Open”.



Title: HIVQM Provider Information Page

The first page of the HIVQM Module is the Provider Information page (**click**). On this page you will enter basic information about your organization.

This information includes:

- (**click**) Provider Caseload, defined as the total number of unduplicated clients enrolled at the end of the reporting period
- (**click**) Funding Source, indicating all your agency’s funding sources received during the HIVQM reporting period. You must select at least one funding source, and you can select more than one if applicable to your agency
- (**click**) Provider Type, indicating the agency type that best describes your agency. If you choose Other facility, please specify a description. You must indicate at least one provider type.
- (**click**) and scrolling down the page a bit will reveal the Data Collection section which requires you to select an option regarding how your organization collects data and what data collection system your organization uses.

After you have entered all your organizations provider information, click the save button at the bottom of the page. Next, on the left navigation panel, find the **(click)** “Select Measures” link.

Select Measures

Report ID: 07012022-06/30/2023
Status: Working
Close Date: 9/30/2023 6:00:00 PM
Report Period: 07/01/2022 - 06/30/2023
Last Modified Date: 9/5/2023 7:35:52 AM
Last Modified By:
Access Mode: Read/Write
Locked By: None

Select the performance measures on which you will report.

Performance Measure Title	Category Id
Core Measures	1
<input checked="" type="checkbox"/> Viral Load Suppression	
<input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy	
<input checked="" type="checkbox"/> Medical Visits Frequency	
<input checked="" type="checkbox"/> Gap in Medical Visits	
<input checked="" type="checkbox"/> PCP Prophylaxis	
All Ages Measures	2
<input type="checkbox"/> HIV Drug Resistance Testing Before Initiation of Therapy	
<input checked="" type="checkbox"/> Influenza Vaccination	
<input checked="" type="checkbox"/> Lipids Screening	
<input checked="" type="checkbox"/> TB Diagnosis	
Adolescent and Adult, Children Measures	3
HIV Infected Children Measures	4
HIV Exposed Children Measures	5
<input type="checkbox"/> Diagnosis Testing to Exclude HIV Infection in Exposed Infants	
<input type="checkbox"/> Neonatal Zidovudine Prophylaxis	
<input type="checkbox"/> PCP Prophylaxis for HIV Exposed Infants	
Medical Case Management (MCM) Measures	6
<input checked="" type="checkbox"/> Care Plan	
<input type="checkbox"/> Gap in Medical Visits	
<input checked="" type="checkbox"/> Medical Visit Frequency	
Oral Health Measures	7
ADAP Measures	8
Systems Level Measures	9

Choose the measures you would like to enter aggregate data by expanding the header and selecting the checkbox to the left of the measure. You can choose up to 45 clinical measures under nine main categories.

The categories include **(click)** Core Measures, **(click)** All Ages, **(click)** Adolescent and Adult, Children, **(click)** HIV Infected Children, **(click)** HIV Exposed Children, **(click)** Medical Case Management, **(click)** Oral Health, **(click)** ADAP, and **(click)** Systems-Level.

Select Measure

The screenshot displays the HIVQM Report interface. On the left, a sidebar contains navigation options like 'Performance Measures', 'Administration', 'Comments', 'HIVQM Report', 'Navigation', 'Provider Information', 'Select Measures', 'Enter Performance Data', 'Search', 'HIVQM Reports', 'HIVQM Reports', 'Summary Report', 'Companion Trend Report', 'Program Plans', 'Companion Report', 'References', 'Add the Portfolio', 'HIV Region Map', 'ESR Index', and 'Return to HQR'. The main area shows a list of performance measures under various categories: Core Measures, All Ages Measures, Adolescent and Adult Measures, HIV Infected Children Measures, and Medical Case Management (MCM) Measures. Three red boxes highlight the 'Core Measures', 'All Ages Measures', and 'Medical Case Management (MCM) Measures' sections. A red box also highlights a question mark icon in the right column of the list. A pop-up window on the right provides details for the selected measure: 'HIV Viral Load Suppression'. The pop-up includes a title, description, records reviewed, numerator, denominator, and a link to detailed guidance. An email address 'Email: RWHPQuality@hrsa.gov' is displayed in a red box at the bottom right of the pop-up.

Title
HIV Viral Load Suppression

Description
Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Records Reviewed
Number of unduplicated client records reviewed for this performance measure.

Numerator
Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator
Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year.

Detailed Guidance is Available at
<https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

Email: RWHPQuality@hrsa.gov

Here's an example. Here you can see this provider has selected measures under (**click**) Core, All Ages, and Medical Case Management by checking their respective boxes. I want to point out the Question Mark Icon (**click**) on the right of each performance measure. If you click on this icon, an information box will appear that provides the definition of the selected performance measure as well as what data you will need to enter.

So I am going to click on viral load suppression, a pop-up window appears and you see a description of the performance measure, definitions of records reviewed, the numerator, the denominator and a link to the detailed guidance on the HRSA HAB website.

You'll want to pay close attention to the definitions of what numbers you should be entering in the numerator and denominator to get the correct percentage for a specific performance measure. So for example, for the numerator of the viral load performance measure, you will enter the number of patients from the denominator who had a viral load less than 200 copies/ml at their last test during the measurement year. The denominator is the number of patients, regardless of age, with a diagnosis of HIV, and had at least one medical visit in the measurement year.

You can find out more information about these performance measures by visiting the HRSA HAB website. There you can find a wealth of information on definitions and frequently asked questions. You can also call email HAB for specific questions and here is the email. **(click)**

After now that you've chosen the performance measures you'd like to enter and reviewed the definitions, click the save **(click)** button at the bottom of the page and you are ready to enter your data.

Tips for Entering Performance Data

For **Records Reviewed**, you must enter a number less than or equal to your caseload number entered in the Provider Information page.

The **Records Reviewed** number must be greater than or equal to the denominator.

The **numerator** must be less than or equal to the denominator.

If your **numerator** is less than 20% of the **denominator**, you will receive an alert to make sure this number is correct.

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Please keep in mind the following tips when entering your data:

- **(click)** For **Records Reviewed**, you must enter a number less than or equal to your caseload number entered in the Provider Information page.
- **(click)** The **Records Reviewed** number must be greater than or equal to the Denominator.
- **(click)** The **Numerator** must be less than or equal to the Denominator.
- **(click)** If your **Numerator** is less than 20% of the Denominator, you will receive an alert to make sure this number is correct. Correct the Numerator or ignore the alert if the Numerator is correct.

Performance Measures Data

The screenshot displays the HIVQM Report interface. The main content area is titled "Performance Measure Data" and lists various measures under categories like "Core Measures", "All Ages Measures", and "Adolescent and Adult Measures". Each measure has a "View/Edit" link to its right. In the left navigation bar, the "Enter Performance Data" link is highlighted with a red box. Additionally, the "View/Edit" link for "Viral Load Suppression" is highlighted with a red box.

Measure	Action
Viral Load Suppression	View/Edit
Prescribed Antiretroviral Therapy	View/Edit
Medical Visits Frequency	View/Edit
Gap in Medical Visits	View/Edit
PCP Prophylaxis	View/Edit
Influenza Vaccination	View/Edit
Lipids Screening	View/Edit
TB Screening	View/Edit
Cervical Cancer Screening	View/Edit
Chlamydia Screening	View/Edit
Gonorrhea Screening	View/Edit
Hepatitis B Screening	View/Edit
Hepatitis B Vaccination	View/Edit
Hepatitis C Screening	View/Edit
HIV Risk Counseling	View/Edit
Oral Exam	View/Edit
Pneumococcal Vaccination	View/Edit
Substance Use Screening	View/Edit
Syphilis Screening	View/Edit

To start entering data, click on Enter Performance Data on the left navigation bar. This is your Performance Measures Data page, where you will see your list of all the performance measures you selected from the previous page. We are going to go ahead and use viral load suppression as an example to enter some data. So click on the View/Edit link (**click**) link to the right of viral load suppression.

Performance Measures Data – Edit

The screenshot displays the 'HIVQM Performance Measure Data - Edit' interface. At the top, it shows the report ID (071013022), report period (06/30/2023), and status (Working). Below this, the 'Viral Load Suppression' section is visible, with a note that row 1 includes all client records. A table with columns for Age Min, Age Max, Gender, Race/Ethnicity, HIV Risk Factor, Records Reviewed, Numerator, Denominator, and Provider Percent is shown. A form for adding a new record is highlighted with a red box, containing fields for Age Min, Age Max, Gender, Race/Ethnicity, HIV Risk Factor, and Records Reviewed (marked with a red asterisk). Below the form are fields for Numerator and Denominator (both marked with red asterisks) and an 'Update' button. The page footer includes contact information for HRSA Help Desk and a note about Adobe Acrobat Reader.

This will take you to the Performance Measures Data – Edit page.

This page lists all the fields that you can enter data for. You will see in the middle of the page, records reviewed (**click**), numerator and denominator. These are your main data. These are required data you must enter in every record you create as indicated by the red asterisk.

You also see demographic fields (**click**) which you can choose to enter. Some agencies want to see a breakdown of how they are doing according to these demographics which include age, gender, race/ethnicity and risk factor.

Once you've entered your data, it will be kept in what's called a record. Click on Update (**Click**) to save your record.

You can add a new record by clicking (**click**) the plus button to the left of "Add new record" at the top of the page.

Entering Your First Record

The screenshot shows the 'HIVQM Performance Measure Data - Edit' interface. The main heading is 'Viral Load Suppression'. A red box highlights the 'Add new record' button. Below this, a table lists performance measures with columns for Age Min, Age Max, Gender, Race/Ethnicity, HIV Risk Factor, Records Reviewed, Numerator, Denominator, Provider Percent, and Action. The 'Records Reviewed' field is set to 277, 'Numerator' to 256, and 'Denominator' to 277. A red box highlights the 'Update' button. The interface also includes a navigation menu on the left and a footer with contact information.

So let's enter our first record and continue with the viral load suppression example. Again, note that for your first record of your chosen performance measure, you must first enter the required main data: records reviewed, numerator and denominator. **(click)**. The demographic data fields are grayed out – you will have to create a new record if you are adding these data.

So for this record, I entered 227 for records reviewed because that's the number of client records I reviewed for viral load suppression. Of those 227, I also found that all of the 227 clients had a diagnosis of HIV and had at least one medical visit in the measurement year – that's the definition of your denominator under viral suppression. The definition for the numerator is the number of records that had a viral load less than 200 copies/ml at their last test during the measurement year. In this instance, I found 256 of the 227 clients that fit that definition.

So you are done with entering your first record.

To add demographic data, you need to add a new record. **(click)**

Don't forget to click the "Update" link **(click)** to save your first record.

Summary Table – Row 1

Viral Load Suppression

Row 1 includes all client records for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific sub-groups (e.g. males only or 25-44 yr olds only).

	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-	277	256	277	92%	Edit

Age Max:
Gender:
Race/Ethnicity:
HIV Risk Factor:
Records Reviewed: 277
Numerator: 256
Denominator: 277
Update Cancel
Page Size: 50
1 item in 1 pages
Go Back

Once we click “Update”, our data is saved in a Summary Table or Summary Report (click). Row 1 shows all the data we entered and the calculation or percentage, showing that 92% of our clients diagnosed with HIV, had a viral load less than 200 copies/ml at their last HIV viral load test during the measurement year.

Now, let’s dig a bit deeper into the data and add some demographics. To add demographic data, click on the plus sign (click) by “Add new record” at the top of the page.

Entering Demographic Data

The screenshot shows the 'HIVQM Performance Measure Data - Edit' interface. The main content area is titled 'Viral Load Suppression' and includes a table with columns: Age Min, Age Max, Gender, Race/Ethnicity, HIV Risk Factor, Records Reviewed, Numerator, Denominator, Provider Percent, and Action. A red box highlights the 'Add new record' form, which contains the following fields:

- Age Min: 20
- Age Max: 100
- Gender: Male
- Race/Ethnicity: --Select Race/Ethnicity--
- HIV Risk Factor: Male to Male sexual contact (MSM)

Summary statistics for the selected record are shown below the form:

- Records Reviewed: 277
- Numerator: 78
- Denominator: 80

An 'Insert' button is located at the bottom of the form. The table below the form shows the following data for the selected record:

Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
20	100	Male	--Select Race/Ethnicity--	Male to Male sexual contact (MSM)	277	78	80	92%	Edit

Once in this new record, which is our second record, you will notice the demographic data fields are no longer grayed out. For an example, I have entered some sample data (**click**). We are interested in looking at clients who are between the ages of 20 and 100, who are male, and an MSM risk factor. We reviewed those same 277 records, there were 80 clients who fit our demographic selections and 78 had a viral load suppression less than 200 copies/ml at their last test. Let's click on insert (**click**) to add this data in our Summary Report.

Demographic Data in your Summary Report

Success: Information saved successfully.

Maingeneral Medical Center

Report ID: 122726 Status: Working Close Date: 9/30/2022 11:59:59 PM
Report Period: 07/01/2021 - 06/30/2022 Last Modified Date: 11/4/2022 11:30:49 AM Last Modified By: risa@vrma.com
Access Mode: Read/Write Locked By: None

Viral Load Suppression

Row 1 includes all client records for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific sub-groups (e.g. males only or 25-44 yr olds only).

	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-	175	98	125	78%	Edit
2	20	100	Male	-	Male to Male sexual contact (MSM)	175	65	80	81%	Edit Delete

So, here we have our Summary Report with the first record with main data and our second record with demographics. You can see that 81% of your clients with MSM as a risk factor had a viral load suppression less than 200 copies/ml at their last test during the reporting period. You can continue looking at other demographics or add more performance measures by clicking on Add new record. **(click)**

If you realized you entered the wrong data, **(Click)** just click on Edit or if you decided you didn't want to look at this demographic after all, you can delete.

So that is how you enter your data into the HIVQM. Please do reach out to Data Support if you need assistance in entering your data.

And that ends my basic presentation on what the HIVQM Module is and how to enter data manually. Now we will go to another poll before Julie takes over. Isia?



Poll #3: How do you enter data into the HIVQM Module?

- We enter/would enter data manually.
- We would like more TA on how to enter data manually.
- We upload/would upload our data.
- We would like more TA on how to upload data.

Thank you for your answers to this. We have heard different preferences on whether to enter data manually or to import your data. If you need help in either method, or if you want to see which would work best for your agency, please reach

out to Data Support or DISQ.

It's all yours, Julie.

Uploading Data in the HIVQM Module

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Julie: Thank you, Isia, and thanks to everyone for participating! Thank you, Imogen for going into detail about the HIVQM, I appreciate the framing you have provided. For those interested in learning more about uploading data for the HIVQM module, this next part is for you!

Uploading Data

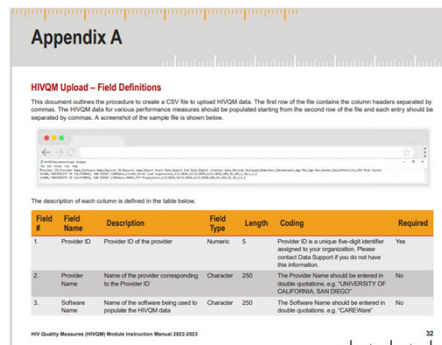
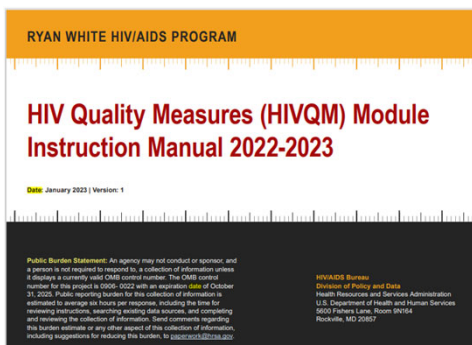
The HIVQM will allow you to upload all of your data at once instead of manually entering measures one at a time



The HIVQM will allow you to upload all of your data at once in a .CSV file instead of manually entering measures one at a time.

Uploading Data

Appendix A of the manual has the codes you'll need



Since most of you will have completely different ways to do this, I can refer you to the HIVQM manual and specifically Appendix A, for more information on creating this file. I will also go over other TA resources available to you at the end of the presentation.

Uploading Data

- Email DISQ (at data.ta@caiglobal.org) for a .CSV template

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date	Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	115	125					
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	78	80	20	100	1		1
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	56	67	20	100	1		4
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	45	50	20	100	1		2
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022	175	118	125					

If you'd like the CSV template that the system will accept, email the DISQ team and we'll share the file with you.

Preparing your CSV File

Viral Load Suppression

Row 1 includes all client records for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific sub groups (e.g. male only or 25-44 yr olds only).

Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-	175	115	125	92%	Edit
2	20	100	Male	-	Male to Male sexual contact (MSM)	175	78	80	97%	Edit Delete
3	20	100	Male	-	Heterosexual contact	175	56	67	83%	Edit Delete
4	20	100	Male	-	Injection drug use (IDU)	175	45	50	90%	Edit Delete

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date	Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	115	125					
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	78	80	20	100	1		1
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	56	67	20	100	1		4
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	45	50	20	100	1		2
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022	175	118	125					

The CSV file has all of the same data that Imogen walked through, and a few extra fields to make sure your data are in the right report.

Preparing your CSV File

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022

(click)

Preparing your CSV File

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022

Information about
your agency

The first two columns are basic information about your agency, the ID assigned to you in the system and your provider name. You can reach out to the Data Support team if you need assistance populating this information.

Preparing your CSV File

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022

System used to
create the file

The next column is the system you used to create the file. As a note, these first 3 columns will be the same for every row.

Preparing your CSV File

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022

The measure code and name
for the data in the row

The next 2 columns indicate the performance measure. You'll see here that I have 4 rows of viral load suppression data, and 1 row of prescribed ART. We'll get into why I have multiple lines in a moment. Refer to Appendix A for the Measure IDs – note that you'll receive an error in the system if these don't match exactly with the codes in the manual.

Preparing your CSV File

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022

The reporting period

Next up is the reporting period, which will also be the same for every row.

Preparing your CSV File

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022

The date you created the report

And finally on this section, this column is the date that you created the report.

Preparing your CSV File

Viral Load Suppression

Row 1 includes all client records for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific sub groups (e.g. male only or 25-44 yr olds only).

+ Add new record											
Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action	
1	-	-	-	-	-	175	115	125	92%	Edit	
2	20	100	Male	-	Male to Male sexual contact (MSM)	175	78	80	97%	Edit Delete	
3	20	100	Male	-	Heterosexual contact	175	56	67	83%	Edit Delete	
4	20	100	Male	-	Injection drug use (IDU)	175	45	50	90%	Edit Delete	

Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report Creation Date	Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	115	125					
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	78	80	20	100	1		1
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	56	67	20	100	1		4
348	DISQ	CAREWare	Core01	Viral Load Suppression	7/1/2021	6/30/2022	9/30/2022	175	45	50	20	100	1		2
349	DISQ	CAREWare	Core02	Prescribed Antiretroviral Therapy	7/1/2021	6/30/2022	9/30/2022	175	118	125					

The next section of the CSV file has all of the same data that Imogen walked through, and a few extra fields to make sure your data are in the right report.

Preparing your CSV File

Viral Load Suppression

Row 1 includes all client records for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific sub groups (e.g. male only or 25-44 yr olds only).

Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-	175	115	125	92%	Edit
2	20	100	Male	-	Male to Male sexual contact (MSM)	175	78	80	97%	Edit Delete
3	20	100	Male	-	Heterosexual contact	175	56	67	83%	Edit Delete
4	20	100	Male	-	Injection drug use (IDU)	175	45	50	90%	Edit Delete

Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
175	115	125					
175	78	80	20	100	1		1
175	56	67	20	100	1		4
175	45	50	20	100	1		2
175	118	125					

Many of the columns in the .CSV file match the columns in the HIVQM report records that Imogen populated earlier.

Preparing your CSV File

Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
-	-	-	-	-
20	100	Male	-	Male to Male sexual contact (MSM)
20	100	Male	-	Heterosexual contact
20	100	Male	-	Injection drug use (IDU)

Records Reviewed	Numerator	Denominator
175	115	125
175	78	80
175	56	67
175	45	50

Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
175	115	125					
175	78	80	20	100	1		1
175	56	67	20	100	1		4
175	45	50	20	100	1		2
175	118	125					

They are just in a different order!

Preparing your CSV File

Records Reviewed	Numerator	Denominator
175	115	125
175	78	80
175	56	67
175	45	50

Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
-	-	-	-	-
20	100	Male	-	Male to Male sexual contact (MSM)
20	100	Male	-	Heterosexual contact
20	100	Male	-	Injection drug use (IDU)

Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
175	115	125					
175	78	80	20	100	1		1
175	56	67	20	100	1		4
175	45	50	20	100	1		2
175	118	125					

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These columns are your data themselves, which Imogen went over when discussing how to enter your data manually.

Preparing your CSV File

Your performance data

Records Reviewed	Numerator	Denominator
175	115	125
175	78	80
175	56	67
175	45	50

Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
-	-	-	-	-
20	100	Male	-	Male to Male sexual contact (MSM)
20	100	Male	-	Heterosexual contact
20	100	Male	-	Injection drug use (IDU)

Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
175	115	125					
175	78	80	20	100	1		1
175	56	67	20	100	1		4
175	45	50	20	100	1		2
175	118	125					

This includes the total number of records you reviewed for the data element, and the numerator and denominator for the performance measure calculation.

Preparing your CSV File

Demographic data

Records Reviewed	Numerator	Denominator
175	115	125
175	78	80
175	56	67
175	45	50

Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
-	-	-	-	-
20	100	Male	-	Male to Male sexual contact (MSM)
20	100	Male	-	Heterosexual contact
20	100	Male	-	Injection drug use (IDU)

Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
175	115	125					
175	78	80	20	100	1		1
175	56	67	20	100	1		4
175	45	50	20	100	1		2
175	118	125					

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Finally, you can enter demographic data in the last columns of the CSV template. As mentioned before, you may have more than one row for a performance measure. The first row is blank because we are reporting data without any demographic breakdown. The next three rows show the demographic details for each subpopulation. You and your team can decide which subpopulations you would like to report on.

Preparing your CSV File

Gender Codes

The valid Gender values are each assigned a unique Gender Code. The following table depicts the Gender codes for each Gender value.

Gender Code	Gender
1	Male
2	Female
3	Transgender (all)
4	Transgender Male to Female
5	Transgender Female to Male
6	Transgender Other

Demographic data

Gender = Male

Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
20	100	1		1
20	100	1		4
20	100	1		2

Refer to Appendix A of the manual for the codes you'll use for these columns – for example, a gender of "1" here means you are uploading data for clients who identify as male.

Upload your Data

The screenshot displays the HRSA Electronic Handbooks interface. The main heading is "Upload your Data". The interface shows a navigation menu on the left with "Upload HIVQM Data" highlighted. A success message is displayed at the top: "Success: The last uploaded file is processed successfully. Please click the Validation Result link in the Upload Summary table to review any alerts." Below this, the "HIVQM Data Upload" section is visible, including a "File to Upload:" field and an "Upload" button. An "Upload Summary" table is shown at the bottom with the following data:

Total # of records in this file	Total # of records that failed validation	Total # of records with alerts	Uploaded Date and Time	View
121	0	121	04/08/2021 04:52:10 PM	Validation Result

1. Click Upload HIVQM Data

2. Select and upload your CSV file

Once your data are ready for upload, access the HIVQM module and **(click)** click “Upload HIVQM Data” from the lefthand navigation panel. On this page, **(click)** you can select your file for upload.

If your file passes the system checks, **(click)** you’ll see a green Success message at the top of your screen. If your file does not pass, you’ll get an error report that you can use to fix any issues in your data.



So now we have our last poll. We would like to hear from you about your experience with the HIVQM module. Isia, could you launch the last poll, please?

Poll #4: What are some challenges you are facing in using the HIVQM. Choose all that apply.

- Need more training and information on the using the HIVQM
- Our data system capabilities makes it hard to enter the data
- We don't have the staff capacity and/or other resources
- Competing priorities with other data-related activities
- Other

- *We haven't had any challenges using the HIVQM. ← NEW*

Technical Assistance Resources

Ryan White Data Support

888-640-9356

RyanWhiteDataSupport@wrma.com

The Data Integration, Systems, & Quality (DISQ) Team

Data.TA@caiglobal.org

[Sign up for the DISQ listserv](#)

[Submit a DISQ TA Request](#)

CAREWare Help Desk

877-294-3571

cwhelp@jprog.com

[Join the CAREWare listserv](#)

EHBs Customer Support Center

877-464-4772

[Submit an EHBs TA Request](#)

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Thank you for participating in our last poll and sharing the challenges you may be facing. Let's review the technical assistance resources available to assist you while working on the HIVQM Module.

(click) Contact Data Support if you have any questions about navigating the HIVQM Module or need help resolving any validation issues.

(click) DISQ is available if you need help creating your CSV file and addressing data quality issues.

(click) The CAREWare Help Desk can also help with creating your CSV file, specifically from CAREWare.

(click) And finally, you can contact the EHBs Customer Support Center for assistance with the EHBs, including registration, access and permissions, and EHBs navigation.

Online Resources



[TargetHIV Website](#)

- [HIVQM Instruction Manual](#)
- [Stories from the Field](#)



[HRSA HAB Website](#)

- HAB Email: RWHAPQuality@hrsa.gov
- Clinical Quality Management (CQM) Listserv: RWHAPCQM@LIST.NIH.GOV

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There are several technical assistance resources available to you online as well. The TargetHIV website is your source for HAB information and technical assistance. On the HIVQM homepage you can find resources related to the HIVQM Module including past webinars, the HIVQM Instruction Manual and Stories from the Field. Today's webinar and the Q&A will also be posted on this page in a couple of weeks.

There is also a HAB email address listed on this slide where you can direct questions on performance measures and other programmatic data collection questions. This email address is monitored daily.

Additionally, there is a listserv for clinical quality management available to you. This is where you can inquire and collaborate with other colleagues on clinical quality management programs.



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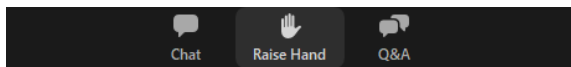
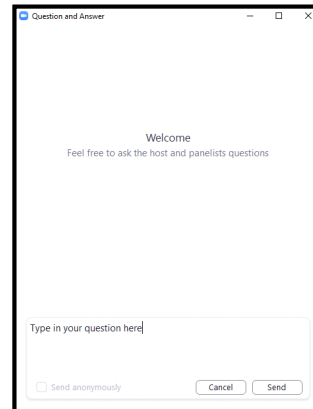
This concludes our presentation. Thank you again for joining us today and participating in our polls. Now I will turn it over to Isia to facilitate the Q&A portion of the webinar.

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.



Isia: 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. I am 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, I'll be able to allow you to unmute and ask your question. We do 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.