



# Creating the RSR Client-Level Data File

Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR)  
HIV/AIDS Bureau  
January 27, 2021



Today's webinar is presented by Tiffany Smith. Today's webinar will help you choose the best software option for creating the RSR client-level data file given your organization's current data management system and resources. Tiffany, also from the DISQ team, will give us an introduction on the available options.

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.





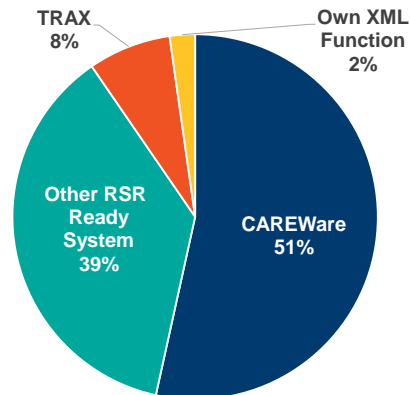
## RSR Client-Level Data File

- One record for each RWHAP eligible client, including:
  - Demographics
  - Services
  - Clinical data
- Must be uploaded in specific XML format

As you may know, in the RSR, you are required to submit de-identified client-level demographic, service, and clinical data.

You must upload these data in a specific XML format.

## Systems Used to Create the File



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Let's take a step back. There are three main strategies for creating your client-level data file. The first is to use an RSR-Ready System. These are data management systems that create the XML file for you. As you can see by the blue on this pie chart, the vast majority of provider files created in 2019 were created with one of these systems. CAREWare is the most commonly used RSR-Ready System.

About 2% of files were created by providers that developed their own file generation functions. These are typically subrecipients of Part A or B recipients that developed their own data management systems and added the XML generation function. Finally, 8% of files in 2019 were created by TRAX.

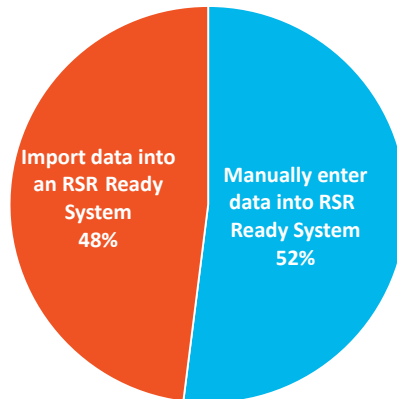








## Most Providers Manually Enter Data



As you can see by the blue on the pie chart, most manually enter data into the RSR-Ready System however we did see a slight decrease in manual entry from last year to this year. This is great because we like to see people decrease manual data entry. About half of providers who enter data manually do so because they don't have the capacity to build an electronic bridge. About 30% feel that manual entry leads to more accurate and complete data. A smaller share simply don't have enough clients to warrant the bridge.











## Example Crosswalk (CAREWare)

| Field ID | Field Name                        | Coding                                                                                                                                                                                  | Location in CAREWare                                                                           |
|----------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| SV4      | Unique client ID (eUCI)-Encrypted | Encrypted using hash function                                                                                                                                                           | Auto-calculated by CAREWare from first and last name, date of birth, and gender of each client |
| 4        | Client's year of birth            | YYYY                                                                                                                                                                                    | Demographic tab from the Date of Birth of Client                                               |
| 5        | What is the client's ethnicity?   | Hispanic/Latino<br>Non-Hispanic/Latino                                                                                                                                                  | Demographics tab                                                                               |
|          | Demographics (Select one)         | <ul style="list-style-type: none"> <li>• Mexican, Mexican American, Chicano/a</li> <li>• Puerto Rican</li> <li>• Cuban</li> <li>• Other Hispanic, Latino/a or Spanish origin</li> </ul> | Demographics tab                                                                               |

RSR data element

Where it lives in CAREWare

Here's what an example crosswalk looks like for CAREWare.

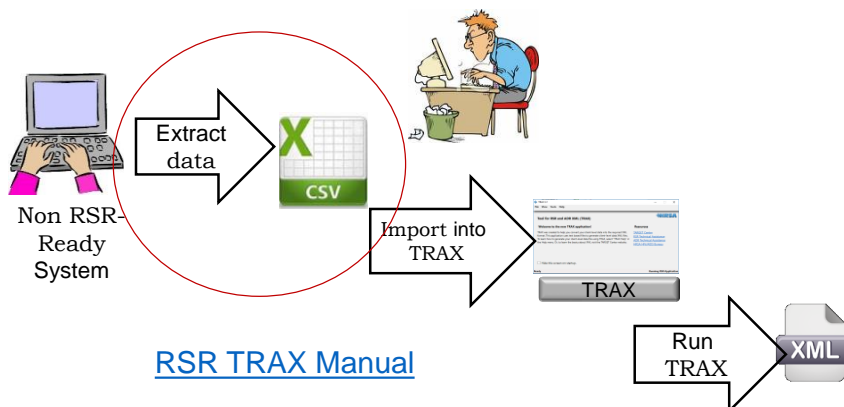
As you can see, the crosswalk will identify the responses that are required for the RSR client-level data, as well as where that information is housed in the system. These crosswalks will help you become familiar with where your RSR data is coming from.

If you use a system other than CAREWare, contact your vendor to receive your system's crosswalk.





## TRAX Process



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Here is a simplified version of the process. First, you input your data into your non RSR-Ready System as usual. When you are ready to create the XML file, you extract the RSR client-level data from that system, then format those data into twelve .CSV files as input. .CSV is basically a spreadsheet format, like Excel. TRAX generally involves extraction of EHR data, although some small providers collect data in Excel or Access and convert the data into the correctly structured XML format.

Then, you import these files into TRAX. Finally, you run TRAX to generate the XML file.

TRAX is an easy to install, self-updating application. As I said before, this diagram is pretty simplified. The hardest part by far is getting data out of your system and into those 12 .CSV files.

For detailed, step-by-step instructions on using TRAX to create your XML file, I encourage you to review the RSR TRAX webinar that was hosted last December.

- Get your IT staff on board now
- Have all required fields within your system
  - Map current fields to RSR data elements
  - Create new fields

If you plan to use TRAX, get your IT staff on board now. They will do the work of getting the data out of your EHR and formatted correctly. This work will involve mapping data elements you are already collecting to those in the RSR. It's possible that you aren't collecting all of the RSR data elements. If that's the case, then you'll need to add the fields into your data collection process.

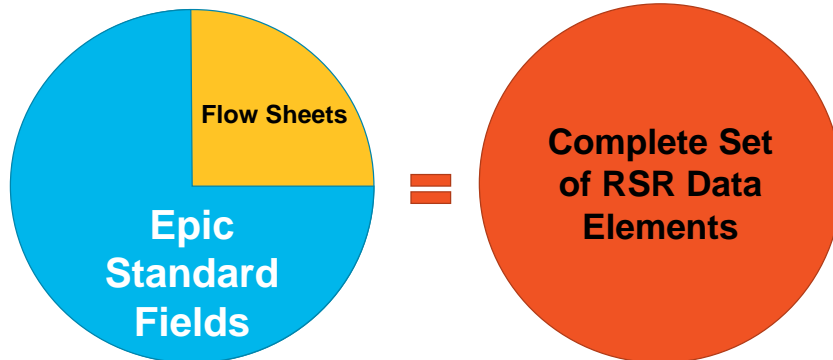
## Additional Resources

- [TRAX download package](#)
- [TRAX webinar](#)
- [Previous webinar with recipient/provider presentations](#)

Here are some additional resources for TRAX and more information about generating your XML file. As a reminder, these slides will be posted online so you don't need to worry about copying down these links now. They're also available in the resource document chatted out earlier.

You can also find these materials on the TARGET Center website by searching for "TRAX" in the field at the top right. This will bring up all of the resources related to TRAX.

## Profile from the Field: TRAX Part 1



In this example, this medical provider uses Epic as their EHR. Because the EHR does not capture all required data elements, the provider's IT staff created flow sheets.

## Profile from the Field: TRAX

### Part 2

- Clinicians must be trained and monitored on correct use of flow sheets
- Data monitored monthly to check for missing items
- Daily reports on clients with an appointment, highlighting missing items

The provider monitors the data entered into the follow sheet and trains clinicians on proper data entry.

The provider also runs a list the clients for the day and the data that might be missing. This is great for quality of care purposes too. If a client is missing data on a cervical cancer screen, maybe that client needs a cervical cancer screen!

## Profile from the Field: TRAX

### Part 3

- Initial effort:
  - SQL code to pull data
  - Crystal Reports to format data in correct .CSV file structure
- Ongoing effort: 1-2 hours to create and upload the RSR

The provider uses SQL code to pull data from the Epic database and Crystal Report to format the data in the correctly structured .CSV file template. While this initial programming took some time, not it takes him just an hour or two to create the XML file and upload it to the RSR Web System.

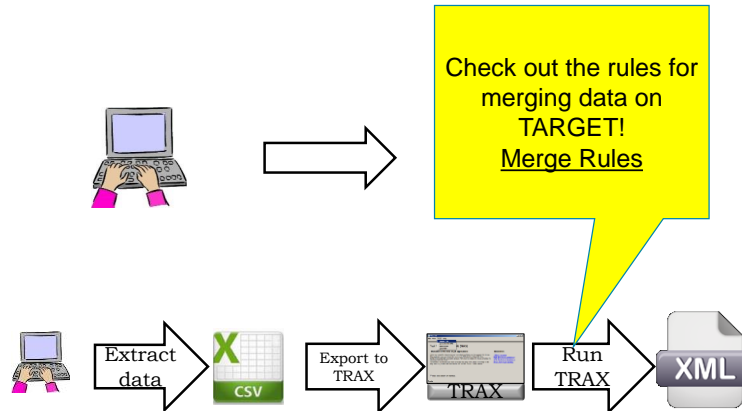
## Your Own XML Export Function

- Requires the most programming expertise
- [Follow the XML schema](#)
- [Use the eUCI Application](#)

The final and most resource-intensive option for creating your XML is to build your own export function. This option definitely requires the most expertise. Typically, it's the Part A and B recipients that adopt this approach.

Make sure you follow the requirements defined by the XML schema and use the eUCI Application, which creates and encrypts the UCI from data elements in your system. You can download the resources on this slide from the TARGETHIV website, but they are also included in the resource chatted out earlier.

## You Can Use Multiple Strategies



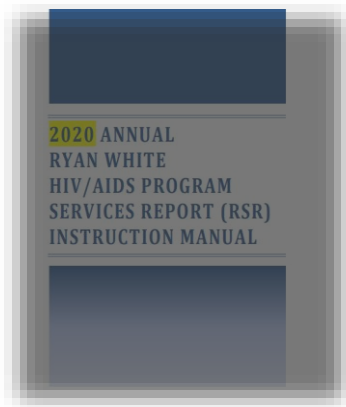
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You can also submit multiple files, such as the one generated from your RSR-Ready System and one from your other, non RSR-Ready system. You can use TRAX to create the file from the non RSR-Ready System.

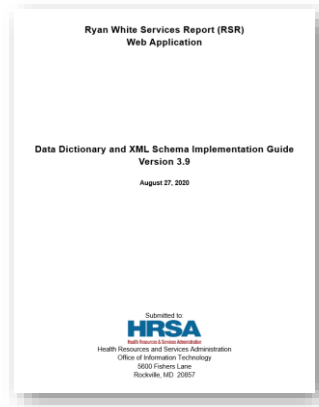
Once you've uploaded the files to HAB, HAB will merge client records in these files based on the eUCI. If this is your approach, make sure to check out the merge rules on TARGET. You'll want to know when and why data are overwritten or appended.



# Key Documents



[RSR Instruction Manual](#)



[RSR Data Dictionary](#)

Now that you're experts in the options you can use to create your XML file, let's take a closer look at what an XML is and the process for uploading your data.

These 2 key documents will guide you in completing your RSR and getting your client-level data ready for upload. On the left is the RSR Instruction Manual, which gives detailed information about the reporting requirements and RSR data elements.

On the right is the RSR Data Dictionary and Schema Implementation Guide, which provides the assigned codes for the data elements and response options. These documents go hand in hand to create a complete picture of how to complete your report.

# RSR In Focus on EHR Data

[Using Your Electronic Health Record \(EHR\) to Capture and Report RSR Data](#)

January 2016

## RSR in Focus

### Using Your Electronic Health Record (EHR) to Capture and Report RSR Data

The majority of Ryan White HIV/AIDS Program providers use electronic health record (EHR) systems to capture client demographic, health, and service data. Many of these systems, such as Epic and GE Centricity, are not RSR-ready, meaning they do not have a functionality that allows providers to easily create the Ryan White Services Report (RSR) directly from the underlying data. Instead, providers can rely on one of two options to create the RSR: 1) TRAX with data extracts and 2) CAREWare through data imports. This document provides an overview of these options, in addition to data collection and extraction considerations.

**TRAX with Data Extracts**

TRAX is a free tool developed by HAB that creates the RSR from structured data. Providers can extract data from their EHR, format them in the proper structure, import them into TRAX, and generate the RSR.

**TRAX and Epic: Community Medical Centers**

On January 14, 2015, Community Medical Centers gave a presentation on its process to generate the XML file from TRAX and Epic. The content of the presentation is summarized below. Watch the [video](#) to learn more and/or contact the [D&I team](#) if you would like to talk to a representative from Community Medical Centers directly. Here is an overview of required steps:

- 1. Data entry:** Clinical and administrative staff input client data into Epic throughout the day. Many data elements required by the RSR are already part of Epic and collected through regular clinical practice. To capture other data elements, IT staff developed *flowsheets*—customized data entry screens. Community Medical Center staff emphasize that flowsheets require clinician training and feedback to make sure data are being input correctly. They monitor data early so they are not surprised by incomplete data or a misinterpretation of data element definitions.
- 2. Data storage:** Data are automatically loaded from Epic into a SQL database once a day. IT staff then run analytical reports from this database.
- 3. Data extracts:** IT staff extract data from this database using SQL programming code. They use Crystal Reports to format the data into the 12 .CSV files that TRAX requires. While the initial coding was time intensive, now that it's in place, it just takes Community Medical Centers a couple of hours to create the RSR.

Furthermore, you might benefit from this resource on using your EHR for capturing and reporting data for the RSR. Available on the TARGETHIV website are short cheat sheets called “RSR in Focus,” which highlight different aspects of reporting.





## TA Resources

- The DISQ Team:
  - [Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org)
  - [Sign up for the DISQ listserv](#)
  - [Submit a DISQ TA request](#)
- EHBs Customer Support Center:
  - 877-464-4772
  - [Submit an EHBs TA Request](#)
- Ryan White HIV/AIDS Program Data Support:
  - [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com)
  - 888-640-9356
- CAREWare Help Desk:
  - [cwhelp@jprog.com](mailto:cwhelp@jprog.com)
  - 877-294-3571
  - [Join the CAREWare listserv](#)

The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements, such as helping recipients who do not know what to do or where to start; determining if recipient systems currently collect required data; assisting recipients in extracting data from their systems and reporting it using the required XML schema; and connecting recipients to others that use the same data system. The DISQ team also deals with data quality issues and provides TA on TRAX and the eUCI Application. The TARGETHIV website has a wealth of materials and links, including the RSR Instruction Manual and Data Dictionary, which are critical resources for preparing for the RSR. All the past webinars and links to future events are also found on TARGET.

Data Support addresses RSR-related content and submission questions. Topics include: Interpretation of the RSR Instruction Manual and HAB's reporting requirements; allowable responses to data elements of the RSR Recipient Report and client-level data file; policy questions related to the data reporting requirements; and data-related validation questions.

The HRSA Contact Center addresses RSR software-related questions, including the Electronic Handbook (or EHB) and the RSR Web System. They are your best resource for navigation, registration, access, and permissions in these systems. Finally, the CAREWare help desk is best able to assist you with any of your CAREWare-related questions.