

SUMMARY OF NEXTGEN CALL #2

JANUARY 14TH, 2021

Introduction

A 2020 survey conducted by the DISQ Team on Electronic Health Records (EHRs) and the Ryan White HIV/AIDS Program (RWHAP) found that NextGen is a commonly used system among RWHAP providers. On January 14, 2021, the DISQ Team hosted a meeting with providers who use NextGen to discuss strategies, challenges, and best practices for using NextGen to complete the RWHAP Services Report (RSR). This memo describes how NextGen users create the RSR and employ strategies to capture RSR-required fields. If you would like to be connected with another NextGen, please email the [DISQ](#) Team.

Update on 2020 RSR: Creating the File from NextGen's RSR Utility **(February 2, 2021)**

A NextGen system representative confirmed that the system will be updated to create the 2020 RSR around late-February 2021. Please contact NextGen to confirm whether your system is also being updated.

If you are unable to update NextGen in time, you can create the 2020 RSR with the 2019 utility. **You will need to manually edit the version number in your XML file from 5 0 0 to 5 1 0. Your file will be missing the two new RSR data elements.** The HIV/AIDS Bureau (HAB) is aware of this limitation. You will receive a warning for missing data. Indicate in the comments that you are using NextGen's 2019 RSR utility and plan to update the system before the submission of the 2021 RSR.

Importing data into other systems

Representatives from TriYoung and San Ysidro discussed the strategies they use to electronically extract data from NextGen and import data into CAREWare and ARIES.

TriYoung

- A call attendee stated that they worked with TriYoung to set up coding to create an automatic data query that gets exported once a week via Provider Data Import (PDI) file and is sent securely to TriYoung. TriYoung notifies the agency of errors and the agency is responsible for keeping TriYoung updated about staff changes. Insurance and lab data are captured automatically, while some medication data are entered manually. After the data is verified in the PDI file, that file gets imported into CAREWare.
 - In order to do this, TriYoung added that they received a direct connection to the NextGen database. The biggest challenge was matching clients across data

systems. Their recommendation for other agencies is assign a unique identifier for each client between the two systems.

- The DISQ Team stated that NextGen has the capability to extract data via report format. If agencies can build a tool to transfer that data from the NextGen report into the PDI, it can be automated to run once a week. However, agencies need to determine how they can identify the clients that need to be reported on the RSR.
- A call attendee stated that they are using RWHAP funds to pay for a consultant to set up this electronic bridge. DISQ mentioned that they understand that creating these bridges is resource intensive and advised agencies to determine how much money in staff labor is spent on double data entry to justify the potential expenses for a contractor to build a bridge.
- TriYoung confirmed that services get automatically extracted from NextGen into CAREWare and they are mapping those services from NextGen to CAREWare through provider names and not CPT codes.

Identifying Ryan White clients

- A call attendee reported that in NextGen, they have a grant flag for all patients who are Ryan White eligible. Once that box is checked, those individuals can be filtered.
- Another call attendee stated that they have an HIV template to identify which clients are Ryan White. The template is used to access the HIV client demographics information that must be entered at the time of the service in order to capture the latest data.
- Another call attendee stated that they use the providers as the determining factor. However, that produces another challenge because providers often change. To determine that they have identified the right clients, they decided to specify whether the clients were HIV positive.
- Whether or not you use the RSR utility application (i.e., the NextGen function that creates the RSR), you can still use the HIV template. The extract is only used for identifying which clients are Ryan White. Once they have identified the clients, then they can identify the insurance information and update services, labs, and medication on a regular basis.
- A call attendee stated that they created the client ID by utilizing a person ID from NextGen.

Creating the RSR in NextGen

San Ysidro

A call attendee from San Ysidro Health described their process of creating the RSR from NextGen's RSR utility.

San Ysidro purchased the RSR utility application several years ago but were not able to use it. In the meantime, they used TRAX to generate the XML for the RSR. Eventually, their IT department helped them set up the NextGen RSR utility. They also worked with a NextGen consultant to help them update the RSR utility application as needed as well as the Ryan White template, a data entry screen, that contains a majority of the information needed for the RSR. That information would be pulled into the RSR utility to correct any errors. Using the RSR utility has been difficult because there have had some difficulties communicating with the NextGen consultant to receive the necessary updates to the RSR utility application. NextGen has not updated the application, so they are currently not able to capture all the data needed for the 2020 RSR.

NextGen not updated for the 2020 RSR

- Call attendees expressed concern over the lack of communication from NextGen representatives. One attendee stated that they have contacted NextGen numerous times and have not received information on when the utility will be updated to create the 2020 RSR, including the two new RSR data elements. This attendee was able to speak with a representative at NextGen and was notified that NextGen was not aware of the new RSR data elements and did not provide a timeline for when the system would be updated. Furthermore, the chief analyst previously working with the RSR has left the organization and they are currently training a new person.
- Kerry Cianos from NextGen initially responded to the ticket, and DISQ will communicate this issue with HAB. DISQ informed attendees that there is a chance that the system will not get updated and users might not be able to capture the two new data elements in the 2020 RSR; however, they should still have a compliant file in order to submit the report successfully.
- A call attendee stated that they tried to upload an XML and received an error message stating that their schema was incorrect. DISQ stated that if that user is using the “Check Your XML” feature, they will try to review this attendee’s XML to identify the error. (The provider was later able to successfully upload the file after manually changing the version number in the XML file from 5 0 0 to 5 1 0.)
- A call attendee inquired how they should address the missing data in their RSR submission if they are if they are not able to include those two new data points.
 - The DISQ Team stated that according to the [RSR Validation Report](#), if those two new data elements are missing, users will receive a warning that will need to be addressed in a comment. DISQ advised that users state in their comment that they are a NextGen user and the vendor did not update their utility to incorporate those new data elements and they are working with NextGen to get it updated.

- DISQ also stated that some providers use [TRAX](#) to submit additional data elements not reported in the main XML file. This additional file just needs the basic demographics that are used to create the encrypted Unique Client Identifier (eUCI) (first name, last name, full date of birth and gender ID) and whatever additional data elements they want to include. Providers could use this approach to submit the two new data elements.
- Another attendee inquired about how to handle free text data or other options for HIV risk factor in NextGen that show up as missing when data is extracted from the system. DISQ responded that since there is no “other” response for HIV risk factor, users should submit with the missing data. Missing data for risk factor will not come up as an error or warning.

COVID-19 impact on viral load suppression rates

- A user stated that they anticipate their viral load suppression rates to decrease due to the COVID-19 pandemic and inquired how HAB plans to address this. The DISQ Team did not have an answer to that but stated that HAB understands that these are unprecedented times and that clients may have a hard time accessing services and medication. As a result, there may be a national viral load suppression rate decrease. The DISQ Team stated that they will try to get information about this issue from HAB.