

### Moving Beyond Data Completeness: Ensuring RSR Data Reflect Services Being Provided

Ryan White HIV/AIDS Program Services Report (RSR) HIV/AIDS Bureau
December 8, 2021





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

My name is Hannah Craig. 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 Services Report, or RSR.

### Today's Webinar is Presented by:





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**Hannah Craig** Data.TA@caiglobal.org









Today's Webcast is presented by Debbie Isenberg from the DISQ Team. Debbie will provide you with an overview of progress on data completeness activities. She'll review findings from targeted RSR outreach and strategies that providers have identified to both address missing and inaccurate data.

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, my colleague Ruchi is 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. We will address all questions during the Q&A portion at the end of the webinar.

Before we get started, 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 document are usually available within two weeks.

#### **Disclaimer**



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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 \$4,000,000.00.

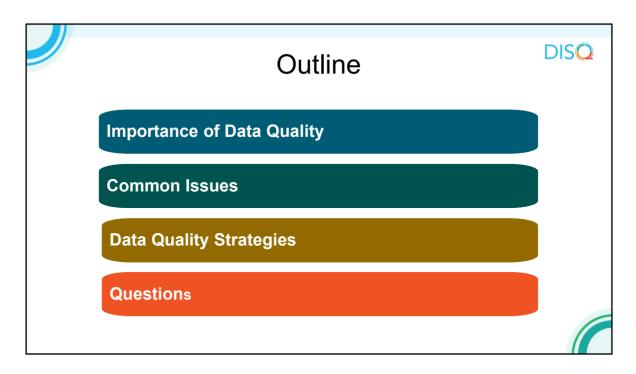
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Now I'd like to turn the webinar over to Debbie.



Thanks for the introduction Hannah, and thanks to all of you for joining us today.

As Hannah noted, today's webinar is about data completeness and quality. I'll start with reviewing the importance of data quality. I don't just mean if data are complete. We're also reviewing what was reported – we want to be sure that the data you submitted reflect your program activities. Then, I'll talk about some common data quality issues we've encountered through our outreach activities. Finally, We'll discuss some strategies to address the challenges that were identified.

Don't worry if you have questions-we'll have time at the end of the webinar to address them.

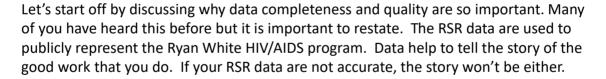
Now let's go ahead and get started!



#### **RSR Data Count!**

- RSR data are used to publicly report information about the Ryan White HIV/AIDS Program
- RSR data should accurately reflect your program activities
- Check out the 2020 RWHAP Annual Client-Level Data Report on the HAB website

Join the HAB webinar on December 9<sup>th</sup> from 2-3 ET for a first look at the 2020 data!

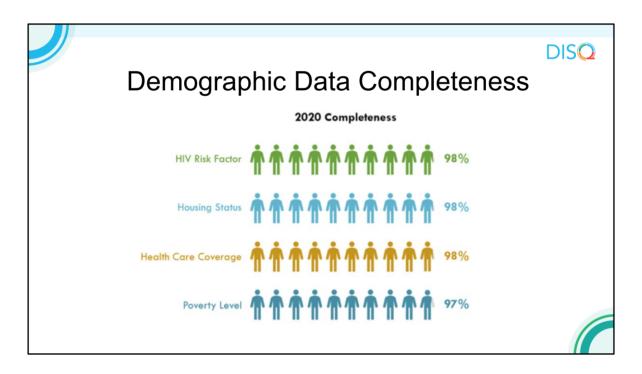


In addition, good quality data can help you improve quality of care, but poor quality data cannot. If your data do not reflect your actual program activities, you can't use it to improve your performance.

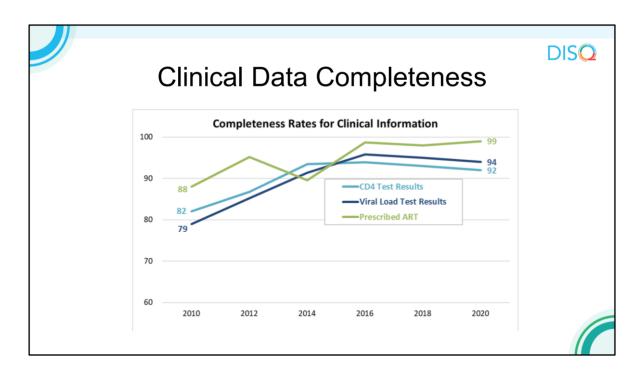
HAB just released the annual client level data report on the HAB website and they are also hosting a webinar to review the 2020 data tomorrow. You can click on these links to get more information.



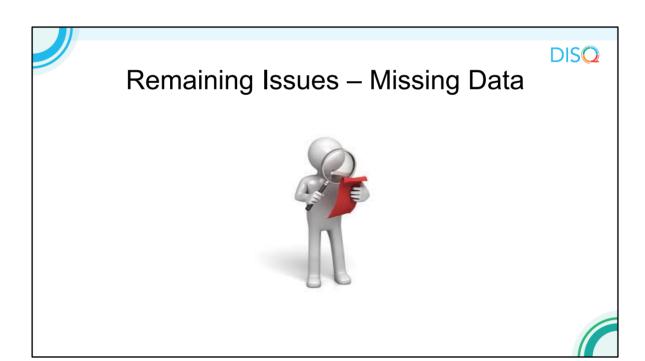
So even though you were providing HIV care during COVID, your data look great! They are very complete thanks to all of your hard work.



Data Completeness Rates in the 2020 RSR were fairly similar from the prior year and are all very high.



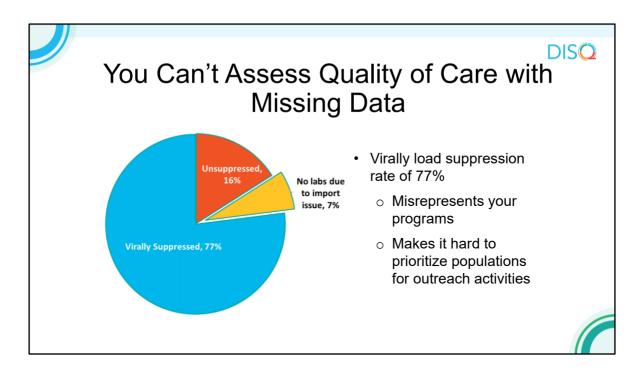
Clinical data completeness has also improved over time. Viral load data completeness increased from 79% in 2010 to 94% in 2020. While that was a slight decrease from 2019 (96%), it's amazing it is that high even with COVID. It's such an important data element for measuring RWHAP outcomes.



So we know that even with these successes, some of you still struggle with missing data. Your submission is missing key data regarding the important work that you're doing. If data are missing, you also can't assess the quality of care that you are providing. Let's walk through a quick example.



Say you run a report and see that about 23% of your clients aren't virally suppressed. This just doesn't look right to you given your great outreach efforts.



When you dig a little deeper, you see that you are actually missing 7% of viral loads due to an import issue from your lab.

Once you fix that data quality issue, you can better prioritize populations for outreach activities to those clients who are truly unsuppressed.

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## Remaining Issues – Inaccurate Data







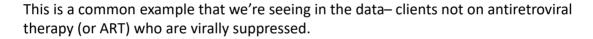
Care Reported



The second data quality issue that some of you are trying to address is inaccurate data. That means that even though data are reported, they don't accurately reflect the care that you are providing. So rather than seeing this, people see this. Again, let's walk through an example

# You Can't Assess Quality of Care with Incorrect Data

			Prescribed ART			
		Yes			No	
Virally	Yes		74%		10%	
Suppressed	No		6%		10%	



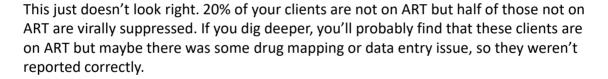
In this matrix, you see the share of clients on ART who are suppressed (74%), on ART who are not suppressed (6%), not on ART and not suppressed (10%), and finally, clients who are not on ART who are virally suppressed (also 10%).



# You Can't Assess Quality of Care with Incorrect Data (continued)

		Prescribed ART		
		Yes	No	
Virally	Yes	74%	10%	
Suppressed	No	6%	10%	

- 20% of clients not on ART; half are virally suppressed
  - o Misrepresents your programs
  - o Makes it hard to target clients for outreach



Once again, this data quality issue may make it hard for you to prioritize activities to those who need to be prescribed ART.

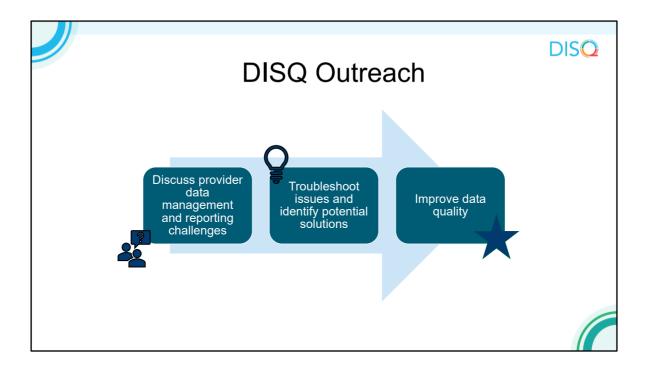
The reason that we conduct RSR outreach each year is to help you address both of these issues.



Before I talk about what we learned from outreach, I wanted to check in with everyone on the call about your RSR data quality from your last submission. Ruchi, can you please launch the poll?

Which of the following best describes your agency's most recent RSR submission?

- O Data were not complete
- O Data were complete but were not accurate
- O Data were complete, accurate, and don't need improvements
- O I didn't do the 2020 RSR submission
- O I'm not sure



So as I mentioned, the DISQ team works with recipients and providers to improve RSR data quality. Part of this work includes annual outreach. The purpose of this outreach is to identify data quality issues, troubleshoot the problem to identify potential solutions, and improve data quality in the next reporting season. Outreach addresses both missing and inaccurate data.



### Round 1 Outreach

- Missing at least 10% of data on one or more of six key data elements:
  - Federal poverty level
  - Health insurance status
  - o HIV risk factor
  - Housing status
  - Viral load
  - Prescribed antiretroviral therapy (ART)
- Email to recipient(s) of providers with missing data
- · 179 recipients were contacted



We completed two rounds of outreach. In the first round, we contacted recipients with providers with more than 10% missing data for six key data elements: federal poverty level, health insurance status, HIV risk factor, housing status, viral load and prescribed antiretroviral therapy.

For this round, we requested that recipients contact their affected providers and follow up with us via email on the problem and solution. We do read comments submitted with the RSR and if they are sufficient, we don't require a response.



#### Round 2 Outreach

- Criteria
  - o Large share of clients missing viral load
  - Large share of clients missing prescribed ART
  - More than 50% of clients not prescribed ART
  - High share of viral suppression for clients reported as not on ART
- 63 providers met criteria
- 40 phone calls were conducted



For our second round of outreach, we contacted providers directly and scheduled calls if they met one or more of the following criteria:

- 1. Large share of clients missing viral load or prescribed ART
- 2. More than 50% of clients not prescribed ART
- 3. High share of viral suppression for clients reported as not on ART

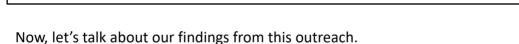
63 Providers met the criteria. We conducted 40 calls with providers to learn more about challenges and identify potential solutions. In some cases, calls were completed with the recipient that funded several of the providers that had data quality issues.



#### RSR Outreach Lessons Learned

- Most issues were data quality, not quality of care
  - Data not reported at all
  - Data reported not accurate
- Eligible services reporting requirements are not fully understood





So what story did outreach tell? We found that most issues were data quality, not quality of care. In other words, there was a problem with the data, so they did not reflect actual program activities. Data were either not reported at all or what was reported was not accurate. We also learned that there was confusion among some of the providers regarding eligible services reporting requirements.

Let's look at the findings in a little more detail.



# Data Quality Issue Often Depends on Submission Strategy

Strategy		Data Mapping/ Migration	Data Collection/ Entry
A	Electronic Import from EHR to RSR-Ready System	•	
CSV	EHR to TRAX	•	
	Manual Entry in RSR-Ready System	•	•

Issues fell into two major buckets: data mapping/migration and data collection and entry.

Data mapping and migration issues impacted providers who import data from an electronic health record (EHR) to an RSR-ready system or TRAX or use an EHR that generates the RSR.

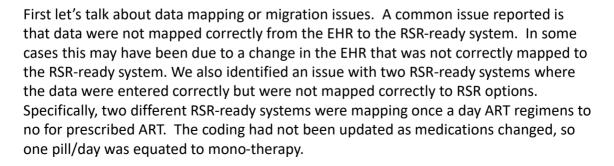
Some providers are entering data into an RSR-ready system and in this year's outreach, we actually identified both data mapping issues within the RSR-ready system as well as issues with data collection or data entry.

Let's review each of these in more detail.



### Data Mapping or Migration Issue

- Data not mapping correctly from EHR to RSR-ready system
- Data entered not correctly mapped to RSR response options
- Data not exported from EHR
- Historical data not migrated when changed to new data system



Some providers also reported that they didn't export the required data because they weren't familiar with the reporting requirements.

We also had some providers report that they changed data systems and in some cases all data were not migrated when they changed.



### Data Collection/Entry Issue

- Data not correctly entered in RSR-ready system
- Staff turnover/new staff so lack of understanding of reporting requirements and how to complete RSR
- Data not entered at all
- Fee-for-service providers so clinical data often not reported
- · Data system not updated
- Data quality not checked before submission

Now let's talk about data collection or entry issues. A common issue we heard was that data was not being entered correctly in the RSR-ready system. For example, in CAREWare the start date is required so that CAREWare knows to include the medication for the current reporting period. One provider noted that this information wasn't entered, so it was not included in the RSR. For some providers, staff turnover played a part in this although there were some larger challenges regarding knowing how to complete the RSR. In some cases, data were not entered at all.

Several recipients were reporting on behalf of fee for service providers and they did not have access to the needed clinical data.

While limited, we did have some providers report that their data system didn't collect the required data.

Finally, several providers said they were not routinely checking data quality and were not aware of the Upload Completeness Report.

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#### Other Issues

- Service Categories
  - o Correct service category not being used
- Impact of COVID
  - o Clients not getting labs or medications
- Eligible Services Reporting
  - o Lack of awareness or understand of reporting change
  - o Lack of understanding of program income generated at agency
  - Confusion about what to report in GCMS and what to report in the Provider Report

We also noted an issue with service categories. Specifically, in some cases, funded service categories did not align with the service that was being provided. For example, one provider was paying copays for medical visits. This should be reported as health insurance premium and cost sharing assistance. However, it was being reported as OAHS. This meant that the provider had to report a lot of additional data that they didn't have and didn't accurately reflect services that they were providing.

Some providers noted that due to COVID, clients were not getting labs or medications.

Finally, since Eligible Services Reporting is required to be implemented by the 2021 RSR, we also checked in with providers regarding this. We noted that in some cases, there was a lack of awareness or understanding about the reporting change. Some providers didn't know if their agency generated program income and there was confusion about what should be included in Grantee Contract Management System or GCMS and what should be included in the Provider Report. Don't worry, we're going to clarify that today.



Before I move on to solutions for these data quality issues, I would like to launch another poll.

Which of the issues we just reviewed is your agency trying to address? (check all that apply)

- ☐ Data mapping/migration
- ☐ Data collection/entry
- ☐ Other reasons (please chat in your response)
- ☐ No data quality issues

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# Familiarize Yourself with Reporting Requirements

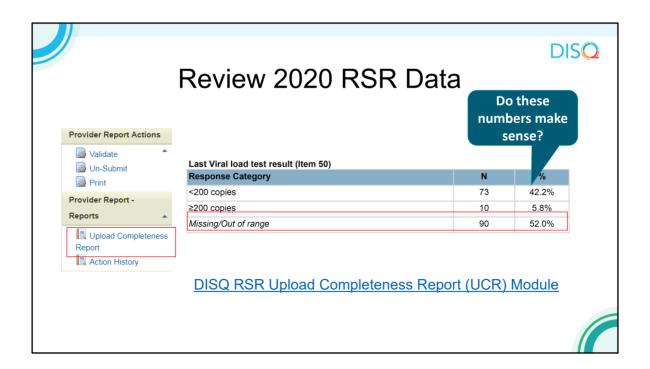
- RSR Instruction Manual
- Policy Clarification Notice (PCN) 16-02
- Preparing for 2021 RSR Submission: Understanding Reporting Changes
- RSR in Focus: Understanding Eligible Services Reporting



Now, let's get to the strategies or tips for better data quality.

A good routine is to always be sure that you're familiar with the reporting requirements. Some good resources to review are the RSR Instruction Manual and PCN 16-02. Remember that service categories are not in the RSR Manual, so you'll need to review PCN 16-02 to ensure that you are reporting services correctly.

Two additional resources that are useful to review are the webinar on the 2021 reporting changes and the RSR in Focus document that reviews the Eligible Services Reporting requirements.



You'll also want to review last year's submission to see where you had data quality issues. First in your Upload Completeness Report look at the last row in most of the tables for missing/out of range data. You'll also want to review your data to be sure that they make sense. A reminder that you can access the system at any time of the year and print your Provider Report as well as your Upload Completeness Report for your client-level data. Recipients also have access to these same reports.

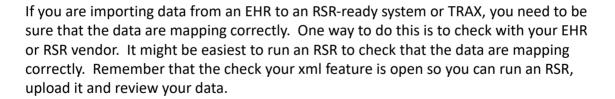
Check out the new video module on the Upload Completeness Report to learn more about how to access the UCR, read and interpret the tables, identify issues in your data and what to do if you identify a data issue



### **Mapping Data Correctly**



- Confirm with EHR or RSR-Ready System vendor that data are being mapped correctly
  - o Easiest way to confirm may be to review data
- Be sure that mapping is updated as needed
  - Changes in the EHR or to source data coding may require an update



Another common challenge is that mapping is initially done but is not updated. You can have changes in your EHR or lab values that require the mapping to be updated. Here's another plug for the UCR-sometimes you only know that data are being mapped correctly if you review the UCR and notice issues.



### Entering Data in the Right Place

 Confirm with EHR or RSR-Ready System vendor that data are entered in the right place

o Review Location
of RSR ClientLevel Data
Elements to
know where to
enter data in
CAREWare

Data elements required if client receives Outpatient Ambulatory Health Services, Medical Case Management, Non-Medical Case Management or EHE Initiative services except where noted.					
Field ID	Field Name	Coding	Location in CAREWare		
15	Client's health coverage (includes all health coverage reported during the reporting period)	Private – Employer Private – Individual Medicare Medicaid, CHIP or other public plan Veteran's Administration, TRICARE, or other Military health care Indian Health Insurance Other Plan No Insurance/uninsured	Annual Review >Insurance Assessments Select the Primary insurance from the drop down list and check all insurance coverage that apply Value will only be exported if it falls within the current reporting period; otherwise no value will be reported Also required for clients that receive any core medical services		



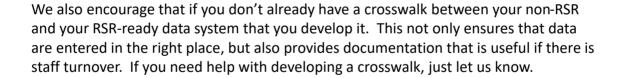
You also want to be sure that you are entering data in the right place so that it is included in the RSR. Again, you can confirm this with your EHR or RSR-Ready vendor. Once you confirm this, be sure that staff are trained and know where to enter the data. For CAREWare users , there is a great tool called the **Location of RSR Client-level Data Elements in CAREWare**.



# Entering Data in the Right Place (continued)

- Map RSR data for entry between data systems
  - o Use RSR crosswalk available on TargetHIV

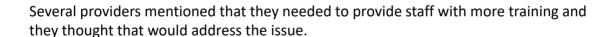
	Ryan White Services Report (RSR) Crosswalk						
	RSR			Your System			
ID	Variable	Definition	Value	Variable	Value	Notes	
			Demographic	s			
2	Vital Status	The client's vital enrollment status at the end of the reporting period.	12. Alive 6. Deceased 7. Unknown				
4	Birth Year	Client's year of birth. This value should be on or before all service date years for the client.	уууу				
5	Ethnicity	Client's ethnicity.	Hispanic/Latino/a, or Spanish origin     Non- Hispanic/Latino(a),or Spanish origin				
L	Spanish origin						





### Improve Data Collection/Entry

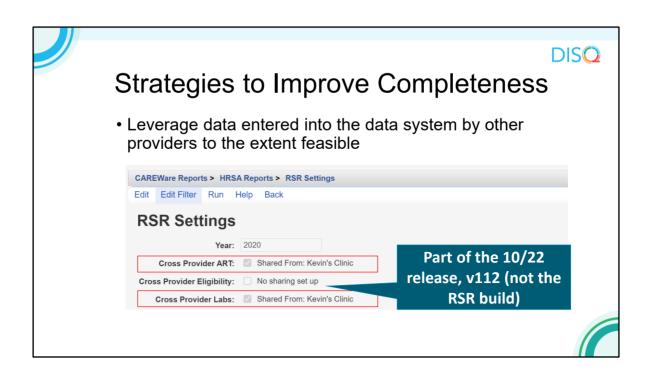
- · Train staff on data entry
- For missing ART data for fee-for-service providers, consider using ADAP medication claims data
- · Determine if importing data is feasible
- Continual monitoring of data to identify data entry issues as they occur



If you are a recipient reporting for fee-for-service providers that are missing prescribed ART, consider using ADAP medication claims data if you have access. If you're doing double data entry which a lot of you are, consider importing data. It does take time and resources to initially set up, but it usually improves data quality.

We also recommend that you monitor data over time. If you only review data for the RSR, it can be very hard to fix any data quality issues because you have limited time. However, if you're checking your data more frequently (say quarterly), it is much more feasible to address data quality issues. It also ensures that the data that you are using throughout the year for purposes other than the RSR (say for targeting outreach) are accurate and reflect your program activities.

The DISQ Team can help you develop a data quality plan for your RSR data-just reach out!



Check to see if the RSR-data system that you use provides an opportunity to leverage data entered by other users. For CAREWare users, be sure to check off Cross-Provider ART and Cross-Provider Labs when you run the RSR. If these aren't available to choose, contact the CAREWare helpdesk for more information. I'll share their contact information later in the webinar.

There is also a new feature called cross-provider eligibility. It is part of the 10/22 CAREWare release-contact the CAREWare helpdesk for this build or if you have any questions. A quick reminder that this is not the RSR minimum build. The build requirement will be announced by HRSA HAB, probably later this month.



- Understand how data system creates RSR data to streamline data entry
  - CAREWare medications -Enter start date and accompanying information for a medication regimen
  - No need to enter each dispense
  - Don't add the end date until the medication changes



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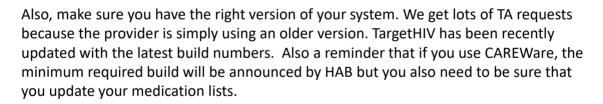
It's also important to know how the data system that you use creates RSR data so that you can streamline data entry. Here's another CAREWare example. If a client is routinely on a medication, you don't need to enter every dispense. Enter the medication and the start date (first dispense) and then don't enter a stop date unless the medication is changed. As long as you don't have a stop date AND the start date is before or during the reporting period, prescribed ART will continue to be included in the RSR XML.



### Latest Version of RSR-Ready System

RSR-Ready System Version #	Providers in 2020	Contact	Info on the RSR	2021 Version Release Timeline
AIRS₫ (9.0.28)	81	Ron Massaroni ⊠ 518-486-1320	RSR d Data Quality Reports d	September 2021
ARIES CALT (Version 7.0.0.0 R43))	123	CA ARIES Help Desk 면	Contact the CA ARIES Help Desk ©	January 2022
AWARDS (Version 3.0)	1	Yehuda Charm   212-780-1450 ext 8026	Check with system representative	December 2021
CAREWare ☑ (TBD)	856	CAREWare Help Desk⊠ 877-294-3571	RSR 데 Data Quality Reports 데	December, 2021

RSR-Ready System Vendor Information

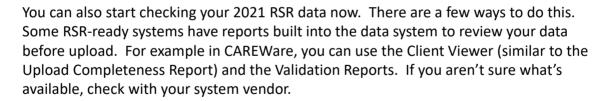


If you use TRAX, it should auto-update when you open the application but it should be TRAX 5.3.



### Check Your 2021 Data Now

- Use Upload Completeness and Validation reports in your data system to review your data quality
- Use the Check Your XML feature
  - Generate your XML, upload the file and generate your Validation and Upload Completeness Report(s)
  - View the <u>Check Your XML feature webinar</u> recording to learn more

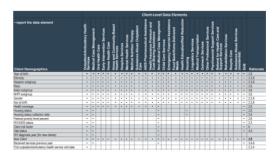


You can also use the Check Your XML feature which is already open! You can upload your data and run the Validation and Upload Completeness Reports to check the quality of your data. Remember that the Check Your XML feature is not the actual reporting submission. Think of it as a practice site. Check out the Check Your XML webinar to learn more about this great feature!

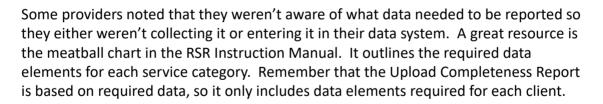


### **Double Check Correct Reporting of Services**

- Data elements required for reporting depend on the services the client received
- Double check you are reporting the correct services



RSR Instruction Manual (page 83)

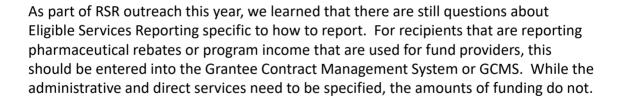


It's also important to be sure that you are reporting the correct services. There is actually a table in the Upload Completeness Report that will list every service category that you are reporting so once you review your data you can see if this makes sense. If it doesn't, check with your recipient about any differences.

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# Eligible Services Reporting Clarification (Recipient Report)

- Grantee Contract Management System (GCMS)
  - Recipient generated pharmaceutical rebates and program income
  - Added to existing contracts but distinguished as RWHAP-related services
  - · Funding amounts not required



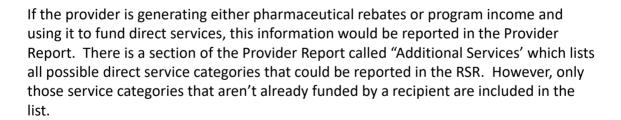
Eligible Services Reporting Clarification (Recipient Report screenshot)						
Service Name	RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)				
Service Category: Core Medical Service	vices					
Outpatient/Ambulatory Health Services		<b>2</b>				
AIDS Pharmaceutical Assistance			<u>GCMS</u>			
Oral Health Care			<u>Manual</u>			
Early Intervention Services (EIS)		<b>☑</b>				
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals	0					

Here's an example of a screenshot regarding how this looks. You can see that there is a separate column to differentiate RWHAP-related funded services which is where you include pharmaceutical rebate or program income funded services. For more information regarding how to enter this information, check out the GCMS manual. You can also contact RWHAP Data Support with any questions.

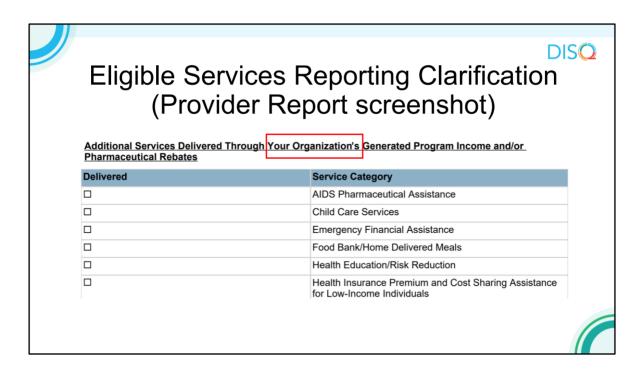


# Eligible Services Reporting Clarification (Provider Report)

- Provider Report
  - Provider generated pharmaceutical rebates and program income
  - Added in 'Additional Services' section of Provider Report but only if not already funded by recipient
  - · All data reported in the RSR
    - · Direct services funded by RWHAP or RWHAP-related funding



Remember that you are reporting both RWHAP and RWHAP-related funded services in the same Provider Report.

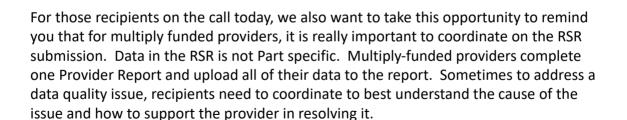


Here is the Additional Services section-note that it is specific to your organization.



### Collaborate with Other Recipients

- Providers upload files with all RWHAP data, regardless of the Part that funded the service
- HRSA HAB assesses completeness for <u>all</u> data submitted
- Please work with your funded providers other recipients to promote data completeness across all Parts





Which statement best describes your agency's technical assistance needs?

- O Our data quality is already good so I don't need TA
- O I need to improve data quality but already have the tools I need
- O I need to improve data quality and need additional help
- O I'm not sure



#### **TA Resources**

- The DISQ Team:
  - o Data.TA@caiglobal.org
  - o Sign up for the DISQ listsery
  - o Submit a DISQ TA request
- Ryan White HIV/AIDS Program Data Support:
  - o RyanWhiteDataSupport@wrma.com
  - 0888-640-9356

- EHBs Customer Support Center:
  - 0877-464-4772
  - o Submit an EHBs TA Request
- CAREWare Help Desk:
  - o cwhelp@iprog.com
  - 0 877-294-3571
  - Join the CAREWare listserv



This may feel like a lot to do. There are several resources available to help you. (1) The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements. DISQ also deals with data quality issues, as well as providing TA on TRAX and support in creating documentation.

Data Support addresses RSR-related content and submission questions. Topics include: Interpretation of the Instruction Manual and HAB's reporting requirements; Allowable responses to data elements; Policy questions related to the data reporting requirements; and Data-related validation questions.

The EHBs Customer Support Center addresses software-related questions. Topics include: Electronic Handbook (EHB) navigation, registration, access and permissions and Performance Report submission statuses.

Finally, the CAREWare help desk is your best resource for any TA requests related to CAREWare. We encourage you to register for the listserv to join the conversation with other CAREWare users across the country.

Most importantly, there is no wrong door for TA – if we can't assist you we're happy to refer you to someone who can!

Thank you all for joining us today to learn more about preparing for RSR submission. Now I will pass things off to Hannah for the Q&A portion of the webinar.