

## Creating the RSR Client-Level Data File

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

January 19, 2022



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

## Today's Webinar is Presented by:



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Today's Webinar is presented by Ellie Coombs from the DISQ Team. Ellie will be walking you through strategies for creating the RSR client-level data file. This is intended for folks who are doing the RSR 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, 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. 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 my colleague Ruchi 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.

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# Outline

Overview of Requirements

RSR-Ready Systems

TRAX

Your Own Export Function

Questions

I'll start the presentation with a very brief overview of what's required in the client-level data XML file. Then, I'll talk about the three options available to you: an RSR-Ready System, TRAX, and developing your own export function. Finally, I'll take your questions.

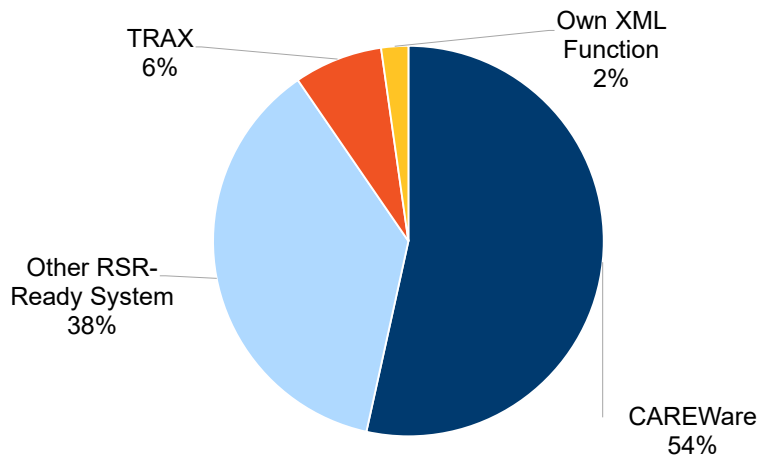
## RSR Client-Level Data File

- 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



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 2020 files were created with one of these systems. CAREWare is the most commonly used RSR-Ready System.

6% of 2020 files were created by TRAX, and about 2% of files were created by providers that developed their own file generation functions.

## Poll #1



Before I talk about each of these systems in more depth, I wanted to check in with everyone on the call about how your agency created the RSR client-level data file. Ruchi, can you please launch the poll?

Which of the following best describes your agency's strategy to create the client-level data file?

- ☐ RSR-Ready System, such as CAREWare
- ☐ TRAX
- ☐ Own export function
- ☐ Multiple
- ☐ I'm not sure

# RSR-Ready Systems



System	Sponsored by:				EHR
	HRSA HAB	Part A Recipient	Part B Recipient	Independent	
AIRS			▲		
ARIES			▲		
AWARDS				▲	
CAREWare	▲				
Casewatch Millennium		▲			
CHAMP		▲			
CPCDMS		▲			
eClinicalWorks				▲	▲
eCOMPAS				▲	
Epic					▲
eSHARE		▲			
NextGen				▲	▲
Provide Enterprise				▲	
SCOUT			▲		

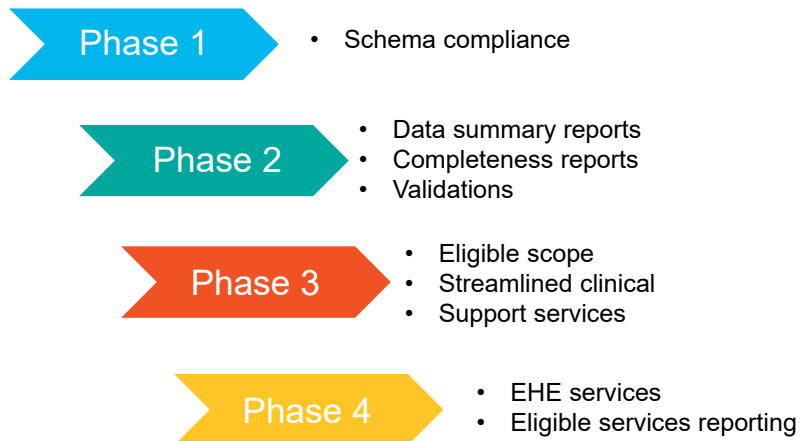
Now, let's talk more about RSR-Ready Systems. Here are the systems that are RSR-Ready. If you use one of these systems, the process for creating the RSR should be relatively straightforward, with minimal or one-time only data mapping and manipulation. This table shows who sponsors each system.

HAB provides CAREWare free of charge. As you can see, many of these software systems were developed by Part A or B recipients to manage their provider contracts.

Other RSR-Ready Systems are independent software vendors that offer their services for a fee. Most systems are HIV care management systems; just three are full EHRs. We've had a hard time getting EHRs to become RSR-Ready because they are often so customizable, meaning that it's difficult to create a single report for all users that would include the right data.



## What Does it Mean to Be “RSR-Ready”?



In order to be RSR-Ready, systems must be able to create files that continue to be compliant with the XML schema, meaning they are in the correct structure.

As the RSR has matured, we worked with the systems to build internal data quality reports to mirror those available in the RSR Web System to allow providers to check their data throughout the year.

With the 2014 change in schema and the onset of eligible scope reporting for 2015, HAB created a more extensive testing process that involved both schema compliance and data validity.

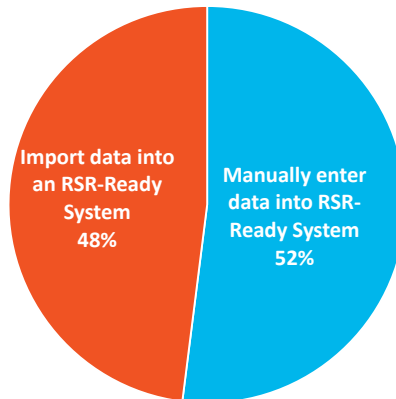
In recent years, we have continued to work with systems, so they are aware of the reporting requirements and make adjustments. Most recently, we have been providing guidance on how to incorporate services funded through program income or EHE funding.

## **EHR and RSR-Ready Systems Users**

- Many of you use an electronic health record (EHR) and an RSR-Ready System
- Data across systems are shared through
  - Manual data entry
  - Electronic imports

Most RSR-Ready System users also use an EHR for their regular clinical care. The EHR is really the source system and providers move data into the RSR-Ready System through manual entry or electronic imports.

## 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. Providers indicated they do data manually because they don't have the capacity to build an electronic import, they feel that manual entry leads to more accurate and complete data, or simply don't have enough clients to warrant the import.

## Electronic Imports

- Can help you save time and have more accurate and complete data
- Must be monitored carefully
- CAREWare tools
  - Provider Data Import Tool (PDI)/CAREWare Data Translation Module (DTM)
  - HL7 Interface
  - [Importing data into CAREWare](#)
- Contact DISQ for help with other systems

We do encourage providers to develop an import process to save time and improve data completeness. However, they have to be monitored carefully and updated to reflect new service and medication codes.

For CAREWare, the Provider Data Import and HL7 interface are available. I have up here a link where you can access some great information on these tools, which you can access now through the resource document chatted out at the beginning.

After the 2021 RSR, there will be new PDI and HL7 processes. After the RSR, keep a look out for more information, but just focus on getting this RSR in with your current processes.

If you use another RSR-Ready System, contact the DISQ team or your vendor and we can help you identify an import option for you.

## Find the Systems on the TargetHIV

System name and build number	RSR-Ready System Version #	Providers in 2020	Contact	Info on the RSR	2021 Version Release Timeline	Ready for 2021
	<a href="#">AIRS</a> (9.0.28)	81	<a href="#">Ron Massaroni</a> 518-486-1320	<a href="#">RSR Data Quality Reports</a>	September 2021	
# of providers	<a href="#">ARIES CA</a> (Version 7.0.0.0 R43))	123	<a href="#">CA ARIES Help Desk</a>	Contact the <a href="#">CA ARIES Help Desk</a>	January 2022	
Contact	<a href="#">AWARDS</a> (Version 3.0)	1	<a href="#">Yehuda Charm</a> 212-780-1450 ext 8026	Check with system representative	December 2021	Web links

[RSR-Ready Data Systems Webpage Link](#)

There is a list of RSR-Ready Systems available for you on TargetHIV if you are thinking about selecting a new system. TargetHIV will give you the name of the system, the number of providers that used it for the last year's RSR, contact information for the system vendor, information on using the system for the RSR, and the timeline for releasing the new version to complete the RSR.

## Make Sure You... (RSR-Ready System)

- Use the latest build
- Enter all required data
- Run the available data quality reports after creating your file
- Obtain or develop a crosswalk that maps data system fields to RSR data elements

If you are an RSR-Ready System user, make sure you are using the latest build, entering all required data, and running the quality reports in the system. Also, make sure you have a crosswalk that maps your system data elements to RSR data elements, you can know where to input and correct your data, and just generally feel more comfortable with your data and what you're reporting to HAB.

## 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 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 Activation

**RSR data element**

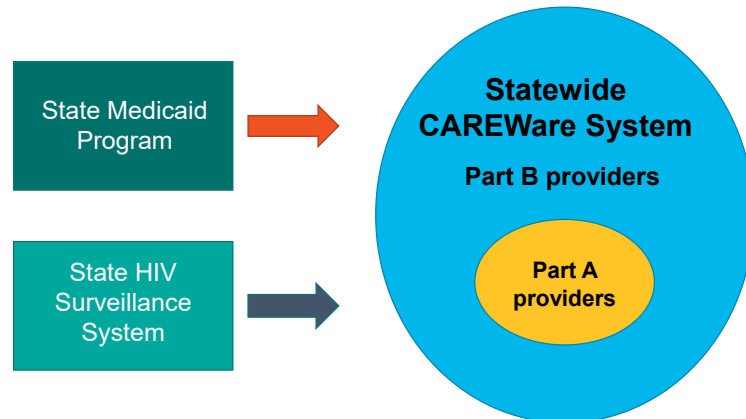
**Where it lives in CAREWare**

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.

## Using an RSR-Ready System: Best Practice



Before we move on to our next topic, I want to present a common scenario of an RSR-Ready System user. This is a statewide networked CAREWare system that links all Part B and Part A providers. The system is also linked to Surveillance and Medicaid data, so providers see a complete client record with all the client's service and clinical data regardless of where the care was received.



## Using an RSR-Ready System: Best Practice

- Data capture:
  - Larger providers import data from their EHRs with recipient support
  - Smaller providers manually enter data
- Recipient monitors data quality on a monthly basis
- Recipient gives provider feedback on data quality well before the submission period
- Providers generate and upload their own XML files

Larger medical providers worked with the state to develop imports into CAREWare from their EHRs. Smaller providers that don't have the capacity to maintain those imports do manual data entry.

The Part B recipient monitors data quality on a monthly basis, letting providers know what data elements are missing, and then does a big data quality push well before the deadline.

Providers are still responsible for creating the client-level data from CAREWare and uploading it to the RSR Web System. This is HAB's preferred approach because it helps them take ownership of the quality of their data.

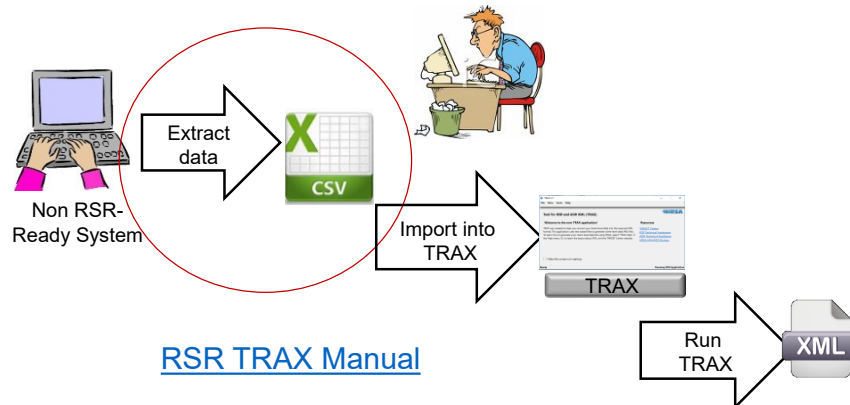
# TRAX

- HAB-sponsored tool that converts structured data into the XML file
- Why use TRAX?
  - You have an EHR that is not RSR-Ready
  - You are tired of moving data into an RSR-Ready System to create the file

The second option to generate your client-level data file is TRAX, a tool developed by HAB, which accepts data into a structured format and converts it to the correct XML file.

You might use TRAX because you have an EHR that is not RSR-Ready. Or, you want to move away from your RSR-Ready System because you're just using it for reporting purposes. If the only reason you use an RSR-Ready System is to generate the RSR, then you may want to consider TRAX as an option.

# TRAX Process



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.

## Make Sure You... (TRAX Process)

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

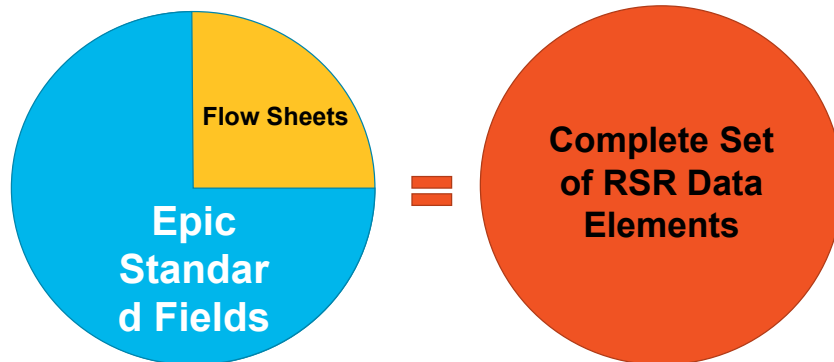
If you plan to use TRAX, get your IT staff on board now. They will do the work of getting the data out of your EHR and formatted correctly. This work will involve mapping data elements you are already collecting to those in the RSR. It's possible that you aren't collecting all of the RSR data elements. 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. There is a detail user guide on TargetHIV with the .CSV file template. My colleague did a webinar in December about TRAX, so check out the recording.

## Using TRAX: Best Practice



Now I am going to provide another profile another from the field for TRAX. 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.

## Using TRAX: Best Practice

- 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 flow 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, so the intake staff person can make sure to complete those fields.

## Using TRAX: Best Practice

- 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.



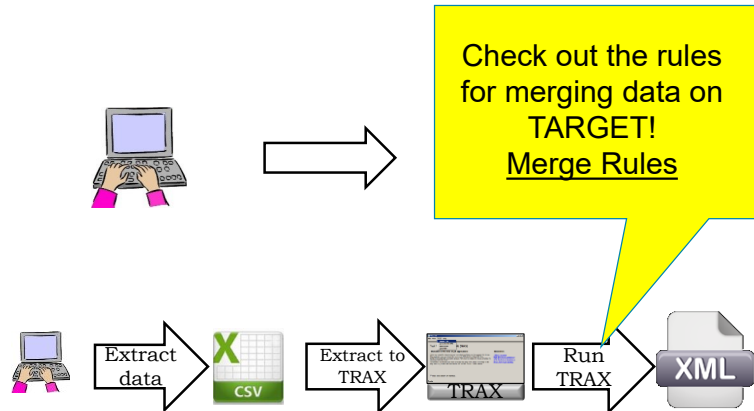
## Your Own XML Export Function

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

Moving on, 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.

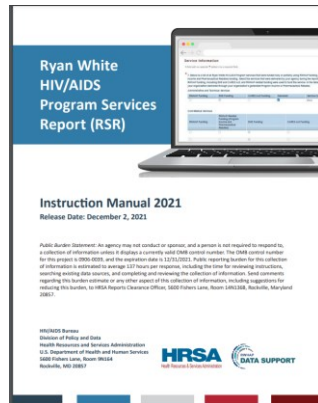
## You Can Use Multiple Strategies



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](#)

Ryan White Services Report (RSR)  
Web Application

Data Dictionary and XML Schema Implementation Guide  
Version 3.9

August 27, 2020

Submitted to  
**HRSA**  
Health Resources and Services Administration  
Office of Information Technology  
5600 Fishers Lane  
Rockville, MD 20857

[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.



## Uploading Your File

- Completing the Provider Report: [Register](#) now for February 2 webinar!
- Schema errors
  - Help you identify problems with your XML
  - Must be resolved before you can upload
- Validation messages
  - Help you correct data that you have uploaded

For detailed instructions on how to upload your client-level data file, participate in a February webinar on how to complete the RSR Provider Report. That webinar walks you step-by-step through completing the report, including the process for uploading your data file.

Though we hope the process is relatively painless, it is not uncommon to experience some hurdles in uploading your XML file and ensuring your data are accurate. The RSR system has built-in checks to help you. One type are schema checks, which make sure that the XML tags correspond to the requirements outlined in the Data Dictionary. These messages are daunting when you first see them, but once you're familiar with the language of the XML files they will guide you to fix any issues you have in your file. If you see a schema message that you can't make heads or tails of, please contact the DISQ Team. We are happy to assist you in getting your file ready for upload, and we use your feedback to improve the system messages so that they best meet your needs.

Once you have successfully uploaded your file, you may receive validation messages related to your data. These point you toward potential issues that you may be able to resolve before your final submission.

## RSR System Opens Soon!

- Important dates:
  - **February 7:** RSR Web System Provider Report opens
  - **March 7:** Target date for submission of Provider Reports
  - **March 28, 6:00pm ET:** Final RSR deadline!
- [Webinar series](#)
  - Recordings, slides, and Q/A docs of previous webinars
  - Registration links to upcoming webinars

Hopefully, you feel a little more confident in selecting a method of preparing your data, and preparing your data for upload. The RSR Provider Report opens soon, so soon you are able to get into your report and upload your data any time.

HAB strongly encourages you to upload your client-level data and submit your Provider Report no later than March 7, 2022 to allow you and your recipients plenty of time to review your data prior to the final deadline, which is March 28, 2022. All reports must be in 'Submitted' status by 6pm ET on the 28th or they will be marked late by the system.

As I've mentioned throughout today's webinar, I encourage you to review the full webinar series that we and our TA colleagues are hosting throughout the submission cycle, which will equip you with all of the tools you need for a successful RSR submission.

## 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](#)
- Ryan White HIV/AIDS Program Data Support:
  - [RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com)
  - 888-640-9356
- EHBs Customer Support Center:
  - 877-464-4772
  - [Submit an EHBs TA Request](#)
- CAREWare Help Desk:
  - [cwhelp@jprog.com](mailto:cwhelp@jprog.com)
  - 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.

(2) 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.

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

(4) 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 Hunter for the Q&A portion of the webinar.

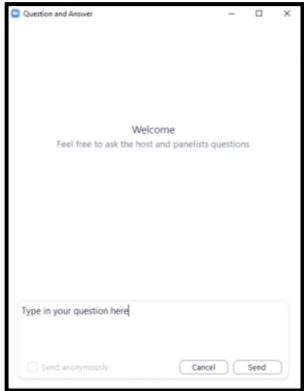


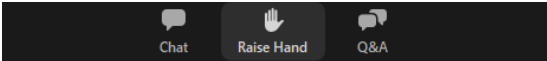

## Let's Hear From You!

- 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.





Thanks Ellie and great presentation.

Before we start the Q & A, I did want to let everyone know that there will be a short evaluation at the end of the webinar. Your feedback is really important to help us ensure that our webinars are meeting your needs. Ruchi is going to put a link out in the chat feature which you can click on to access the evaluation after the webinar is over. We'll also send out a final reminder via email shortly after the webinar to make sure that we have a chance to get your input.