

ADR Town Hall

Ryan White HIV/AIDS Program ADAP Data Report (ADR)

HIV/AIDS Bureau

July 27, 2022



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

My name is Ruchi. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to AIDS Drug Assistance Programs, or ADAPs, in completing the ADAP Data Report (ADR). Following the ADR submission every year, we have an ADR Town Hall webinar to talk about the submission and things to think about for next year.

Today's Webinar is Presented by:



Debbie Isenberg

Data.TA@caiglobal.org



Ruchi Mehta

Data.TA@caiglobal.org



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 Isia 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 Isia 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 \$4,000,000.00.

Ryan White HIV/AIDS Program Data Support is comprised of WRMA and CSR and is supported by HRSA of HHS as part of a contract totaling \$5,092,875.59.

Today's webinar is supported by the organizations shown on the slide, 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, the U.S. Department of Health and Human Services, or the U.S. Government.

With that out of the way, I'm going to turn things over to Debbie

Outline

Why Have A Town Hall?

Looking Back: 2021 ADR

Moving Ahead: Next Steps

Let's Hear From You!

Thanks Ruchi! We're going to touch briefly on several topics today, but we're also going to leave time to hear from you! First, I'll review why we do a Town Hall. Next I'll highlight some of the main challenges from the 2021 ADR. I'll touch on what our next steps will be and then I'll turn it over to you for your feedback, questions and concerns.

I also want to note that I'll be asking poll questions throughout the presentation as a way of getting additional feedback.

We use your input to...

- Review reporting requirements that may need clarification or modifications
- Revise existing TA tools and materials
- Increase awareness of existing tools and resources

So why have a Town Hall. We know that there were challenges this year with the ADR and we hope to learn more about those today. We will use your input today to review any requirements that may need clarifications. We'll also use your feedback to revise existing tools and materials. For example, we may modify language in the instruction manual so it is clearer. Or, if you find that a report in the ADR Web System is not that intuitive, we may update that tool. We'll also take today as an opportunity to increase awareness of existing tools and resources.

Other Channels of Feedback

- Data quality outreach
- 2021 report comments
- Contact us to ask questions or provide suggestions

Other than today, there are a couple of other venues we will use to get your input.

First, we communicate with you through our regular Fall calls and data quality outreach, which I'll discuss more later on in the presentation

We are also carefully reading your comments in the 2021 ADR to understand your specific program and how it affects data collection and submission.

And, outside of the more formal forums, we are always available for questions or suggestions.

Let's 'Chat' Today!

- The "chat" function is enabled today
 - Share feedback and tips
- Submit questions by using the 'Q & A' feature

Chat

Who can see your messages?
To: Everyone
Type message here...

Chat

Raise Hand

Q&A

So before we jump in I wanted to share something today that we're trying that is a little different. Since we want your feedback during this webinar, we've turned on the 'chat' feature in Zoom today. That means you can also share feedback and tips during the webinar today. We'll still use the Q & A feature as we always have-you can type in questions now or ask questions live during the Q & A portion of the webinar and Ruchi will tell you more about that later today.



Before we talk about the 2021 ADR, I like to get a sense of how you felt about the submission.

I'll turn things over to Isia to facilitate our first poll.

How was the submission of the 2021 ADR?

- ☐ Smooth, and I feel good about the quality of the data
- ☐ Challenging, but I feel good about the quality of the data.
- ☐ Challenging, and I'm concerned about the quality of the data
- ☐ I wasn't involved with submission

Feel free to share other thoughts using the chat feature!

Great-thanks so much for letting us know.

Outline

Why Have A Town Hall?

Looking Back: 2021 ADR

Moving Ahead: Next Steps

Let's Hear From You!

So let's look back at the 2021 ADR

Submission Overview

- Multiple ADAPs had staff turnover or changed the data system that they use to create the ADR client-level data file
- Schema/reporting requirement changes
 - NDCs instead of d-codes
 - All medications reported
 - CD4 and viral load for all clients
- Despite these challenges, 51 ADAPs submitted on time and all ADAPs submitted within two weeks



This year, many ADAPs faced staff turnover or were changing their data systems, both of which can make the submission more challenging.

There were also reporting changes and a change in the schema for the first time in several years. Some of client-level data changes included reporting National Drug Codes (or NDCs) instead of d-codes, reporting all medications instead of just antiretrovirals (ARVs), A1- Opportunistic Infections (OIs), Hepatitis B and Hepatitis C medications and reported all CD4 and viral load for all clients instead of the last CD4 and VL for clients who received medication services.

I'm happy to report that despite these challenges, most ADAPs successfully submitted their ADRs by the deadline, and everyone has submitted data! Nice job everyone.



Time for the second poll! We'd like to learn more about what impact the data changes had on your submission. Isia, can you launch the poll?

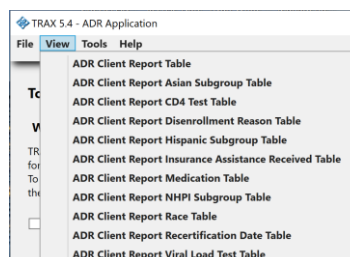
How would you describe the impact of the data changes on your 2021 ADR submission

- ☐ There wasn't any impact on my submission
- ☐ I had more missing lab data than I have had in the past
- ☐ Switching to NDC codes was difficult
- ☐ It took longer than it had in the past
- ☐ It was my first time so I don't know what the impact was

This is really helpful to know.

Limited TRAX issues

- TRAX crashed without an error message
 - Letters used in the ClientID column (only numbers are allowed)
 - Incorrectly formatted NDCs
- Outdated csv tables used with new version of TRAX
- Health Coverage table is not available in 'View'
- DISQ helped some users get their TRAX csv files set up



Let's start with TRAX. There were a few issues with TRAX this year.

There are still some TRAX users who include letters in the Client ID. This will cause TRAX to crash so be sure to just use numbers. We also learned that if the NDCs were not formatted correctly, TRAX would also crash. We'll add reminders to the TRAX manual for next year.

A few TRAX users used the old csv tables with the new version of TRAX. Needless to say that didn't work-TargetHIV will always have the most recent csv tables as part of the TRAX package as well as the updated manual so be sure to download that each year.

While TRAX correctly created the XML for users, one ADAP identified that the ADR Client Report Health Coverage Table was not on the list of tables that are available to view even though the data are there.

DISQ also helps folks every year get their ADR CSVs set up – this often includes aligning the values in the ADR system, formatting, and pulling in client IDs to be consistent across files.

CAREWare Issues

- Confusion about how to enter application approval and recertification dates
 - Vital and Enrollment Status updated to try to address confusion
 - Bug in initial release prevented users from updating Application Received Date
- Data need to be entered in correct subservice
 - [CAREWare Tips for ADAPs](#)

Find Client > Search Results > Demographics > Vital and Enrollment Status

Save ADAP Enrollment History Cancel

Vital and Enrollment Status

ADAP Enrollment Info

Current ADAP Enrollment Status: Enrolled, receiving services

Latest Recertification Date: 10/10/2021

Application Approved Date: 08/24/2018

Application Received Date: 08/12/2018

Vital Status

Vital Status: Alive

Case Closed Date:

Date of Death:

Moving on to CAREWare now. There also continues to be some confusion about how to enter ADAP application received date, application approved date and recertification date in CAREWare that resulted in validation warnings. It's easy to get confused because even though I just listed three different data elements, there are only two places to enter dates! CAREWare was updated so the places where data are entered were relabeled to match the ADR data elements. Just as a reminder.....Application Received Date is entered in Vital and Enrollment Status and Application Approved Date is entered in ADAP Enrollment History. Application Received Date is the very first complete application that your ADAP received for a client and should not ever be updated while the very first enrollment date that you enter is the Application Approved Date. Both of these are viewable on the Vital and Enrollment Status screen. There was a bug in the initial CAREWare ADR release that prevented users from updating Application Received Date so if you're having this issue, contact the CAREWare helpdesk for an updated build.

Finally, there was still some confusion over which subservice to use to ensure that data were mapped correctly for full premium, partial premium and copay deductible. As a reminder, there's a resource on TargetHIV that addresses both of these issues and you can always contact the CAREWare helpdesk can help you so just call or email them.

CAREWare Tips

- Use CAREWare viewer and validation reports
- All data must be in ADAP domain
- HAB is interested in hearing your suggestions about the CAREWare ADAP domain
 - CAREWare users will be invited to a meeting in September to discuss further

As part of the new CAREWare build, the validations were all updated to align with what is in EHBs so the validation report was more useful this year. We'll always suggest using reports in CAREWare (or your data system) to review your data before upload.

There are still a few situations where ADAPs don't have data in the right domain but are working on fixing that.

Finally, I wanted to let everyone know that HAB is interested in hearing your suggestions about the CAREWare ADAP domain. There will be a meeting in September, so stay tuned for an announcement on the DISQ ADR email and CAREWare listserve.

Electronic Handbooks Issues

- Uploaded files didn't process
- Unable to clear XML files
- Validation process initially took several hours
- Schema number changes



So unfortunately there were a few Electronic Handbooks (EHBs) issues that I'll review. The good news is that all of these issues were addressed during the reporting period.

We had a few ADAPs who uploaded their files but the files never processed. Several ADAPs were not able to delete a file once it was processed, so this had to be done by the system developers.

There was an issue where validating the ADR took much longer than expected, but this was also addressed so the process took only a few minutes.

Finally, the schema version number was inadvertently updated in the system during the submission causing some ADAPs to get a schema error. We worked with ADAPs to manually update their schema numbers in their XMLs until the system was able to be fixed.

Upload Completeness Report Issue

- Disenrolled clients were incorrectly included in the denominator

Recertification Date (Item #17)

Denominator: Number of unique clients reported who are not (1) disenrolled or (2) newly enrolled with an application approval date after June 30 (N = 2475)

Note: Count reflects the latest Recertification Date in reporting period.

Recertification Date	N	Percentage
January - March	150	6.1%
April - June	285	11.5%
July - September	800	32.3%
October - December	910	36.8%
Missing/Out of range	330	13.3%

Let's move on to the Upload Completeness Report. There was one small issue in the Upload Completeness Report this year. One ADAP identified that the UCR was including disenrolled clients in the calculation for Recertification Date. This didn't affect the data that was submitted, just how it was displayed in the UCR. ADAPs that contacted the DISQ team with questions were told to disregard the validation. The system team is aware of this and will update the UCR for next year.

Upload Completeness Report Tips

- Not being reviewed by all ADAPs
- Essential part of ensuring that data are of high quality and accurately reflect services being provided
- Use the [ADR in Focus: How To Use the Upload Completeness Report](#) as a guide to reviewing the tool
- The DISQ team can also review your UCR with you- just ask us!

Now for some tips to share. We still can see that not everyone is reviewing the UCR before submission. It is very important to review the UCR to make sure that you have limited missing data and that the data accurately reflect the services that you are providing.

There is also an ADR in Focus that we've created that provides guidance regarding how to review the Upload Completeness Report.

You may not have known that the DISQ team can review your UCR with you. We can review to help you prepare for next year's ADR or after upload during the submission. Just ask!



Time for the final poll! We'd like to get a better sense of why you may or may not use the UCR, and what else we could do to improve it. Isia, can you launch the poll?

How would you best describe your use of the UCR for the ADR submission?

- ☐ It helped me identify data quality issues
- ☐ It helped me, but I have suggestions about content
- ☐ I knew it was available but did not use it
- ☐ I did not know it was available

If you said you knew it was available but did not use it, let us know why in the chat. Please also feel free to share suggestions about the UCR as well. It's really important to us that this report serves as a good tool for you to assess your data.

Validations

- Issues with two validations
 - Validation 112 logic wasn't limited to required clients
 - Validation 116 didn't recognize all the NDCs being uploaded

Check #	Element Name	Validation Message	Level
112	RecertificationDate	XX client(s) with Recertification Date required but Recertification Date is missing or outside the reporting period.	Alert
113	RecertificationDate, ApplicationApprovalDate	XX client(s) with Application Approval Date within first six months of reporting year, but Recertification Date is missing or outside of reporting period.	Alert
116	MedicationId	XX record(s) of Medication Dispensed are associated with a National Drug Code that is not listed in the National Drug Code Directory.	Alert

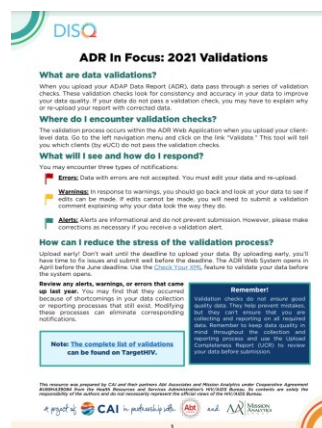
- Inability to download all validation messages at once

Let's move to Validations. There were updated validations this year. There were a few issues for the validations. We identified that validation 112 included clients for whom a recertification date was not required so most ADAPs received this validation. Similarly, ADAPs reported receiving validation 116 when the NDCs in their file did not match the reference list in the system. In both cases these were alerts, so they did not impact the ADR submission.

We also have heard from you that rather than having to download an excel table for each validation message, you'd like to be able to download them all at once. We've passed this request along to the developers to see if it can be added next year.

Validation Tips

- Validations are usually updated each year
 - [ADR Data Validations](#)
 - [ADR In Focus: 2021 Validations](#)
- Changes are highlighted during ADR webinars



A reminder that the ADR validations are usually updated each year, so you'll want to be sure to check out the resources on TargetHIV. You can find a list of all of the ADR data validations as well as an ADR In Focus that is more of a high level summary with suggestions. We also highlight any changes during the ADR webinar series each year.

Reporting Requirements

- Many ADAPs modified their reporting to address past reporting issues
- Full vs partial premiums
 - Challenges in distinguishing partial v full in source data
 - Learn more approaches to address this issue by reviewing [ADR In Focus: Partial Premiums](#)
- Dental premiums should not be reported in the ADR

Finally let's talk about reporting requirements. Many ADAPs modified their reporting this year to address known reporting issues which is great!

There are still some ADAPs working to fix reporting issues, particularly around full vs partial premiums. This can be difficult based on the data to which an ADAP has access. Remember that we have a newer resource that we developed to help address this that you can find on TargetHIV. It includes how other ADAPs have tackled this issue.

Finally, just a reminder that if your local ADAP pays for dental premiums with non-ADAP funds, these should not be reported in the ADR. Only health insurance premiums should be reported in the ADR.

Outline

Why Have A Town Hall?

Looking Back: 2021 ADR

Moving Ahead: Next Steps

Let's Hear From You!

Now let's look at next steps.

Next Steps

- Review 2021 ADR report comments
- Hold calls with ADAPs to discuss
 - Data trends
 - Low completeness rates for certain data elements
 - Data quality issues
- Recreate ADR Data Summary Reports with 2020 and 2021 comparison

This fall, we'll follow up with ADAPs that had significant problems as indicated by report comments. We go through every single comment, so it takes a little time to give you feedback.

And, just like the last couple of years, we'll hold calls with all ADAPs to make sure your data reflect your program and learn about any changes you're making to your data management processes. We will update the ADR Data Summary Reports to compare 2020 and 2021 data and will share those as part of our outreach activities. The 2021 report will look different since days supply was not part of the ADR 2021 reporting requirements

Next Steps

- Develop new resources for ADAPs
- Work with ADAPs to document ADR processes
- Conduct a short survey to better understand ADAPs' data processes
 - Complete by August 12th

[ADAP Survey](#)

We're also developing some new resources to support ADAPs. For example, we're working to develop a resource to identify possible data quality checks that an ADAP can complete in reviewing data throughout the year.

We'll also work with ADAPs who haven't yet documented their processes to do just that. This may mean crosswalking your ADAP activities to the reporting requirements since usually ADAPs use different terms locally than are used nationally. It could also mean developing a data crosswalk to align the data you collect with reporting requirements. We can adjust our approach to meet the needs of your ADAP. If you'd like to get started on that, you can either email us directly or fill out a TA request form on TargetHIV. I'll share how to request TA in just a moment.

We're also conducting a short survey to better understand your data processes. The survey link is on the resource sheet that Isia chatted out and she's also chatting it out. We'll be sending the link out via email. The survey is open now, so we hope that you'll take time over the next week or so to complete it. The information will be used to develop training and technical assistance activities for you.

What to expect for the 2022 ADR

- Updates to the Validation Report and Upload Completeness Report to address issues identified this year and improve usability
- Updates to the ADR manual to clarify reporting requirements

Before we wrap up, we wanted to give a quick overview of what to expect for next year's submission.

As always, there will be updates to the validation and upload completeness reports to both address issues identified this year and improve usability.

We'll also update the ADR manual to help clarify reporting requirements.

Be sure that you're signed up for the DISQ ADR emails so that we can share any new information.

You're so appreciated!

- For testing (and being willing to test) CAREWare
 - Maine
 - Michigan
 - Arizona
- For offering to help out another ADAP
 - Maine
 - North Carolina
 - Nebraska



Now before we wrap up, I'd like to say a quick thank you. We know that all of you are working hard to ensure that people with HIV have access to medications. In addition, there are times that we call on some of you to help out and you say yes and we really appreciate that so here's a quick shoutout to a few ADAPs. First, to Maine and Arizona for testing the CAREWare ADR build this year. The reason it worked as well as it did was thanks to these ADAPs who caught a lot of issues before it was released. Thanks also to Michigan for being willing to test-it can be challenging because of the timing but saying yes is half the battle.

Also thanks to a few ADAPs for offering to help their fellow ADAPs-Maine, North Carolina and Nebraska all join the list here.

Are you willing to help out? Let us know and we'll add you to the list!

Technical Assistance Resources

- The DISQ Team:
 - 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
 - 888-640-9356
- EHBs Customer Support Center:
 - 877-464-4772
 - [Submit an EHBs TA Request](#)
- CAREWare Help Desk:
 - cwhelp@jprog.com
 - 877-294-3571
 - [Join the CAREWare listserv](#)

I'd like to review the available technical assistance before we finish up. Now you may wonder why I'm sharing these since no report is due. Well, it's never too soon to start working on your ADR, clarifying reporting requirements or documenting your process.

The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements, such as helping ADAPs who do not know what to do or where to start; Determining if data systems currently collect required data; Assisting ADAPS in extracting data from their systems and reporting it using the required XML schema; and Connecting ADAPs to other ADAPs that use the same data system. We encourage you to sign up for our TA listserv using the link listed on this slide.

DISQ also deals with data quality issues, as well as providing TA on TRAX and support in creating documentation.

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

There is no wrong door for TA – if we can't assist you we're happy to refer you where you need to go!

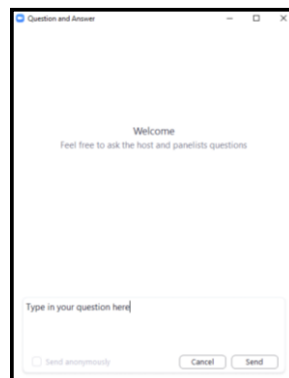
Now I'm going to turn things over to Ruchi for the Q & A. Ruchi?

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.



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 webcast. We appreciate your feedback very much, and use this information to plan future webcasts. My DISQ colleague Isia is 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 “Question” function on your control panel on the right hand side of the screen. You can also ask questions directly “live.” You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Isia will conference you in; or, you can click the telephone button and you will see a dial in number and code. We 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 to follow up. We often need to explore your question in order to give you the most appropriate answer.