HIVQM

Performance Measures and the HIV Quality Measures (HIVQM) Module

Ryan White HIV/AIDS Program

HIV/AIDS Bureau

November 16, 2022

RWHAP DATA SUPPORT

DISQ Data Integration, Systems & Quality TECHNICAL ASSISTANCE

Welcome to today's Webinar. Thank you so much for joining us today!
My name is AJ Jones. 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 HIVQM.

Today's Webinar is Presented by:

Imogen Fua
RyanWhiteDataSupport@wrma.com

AJ Jones
Data.TA@caiglobal.org

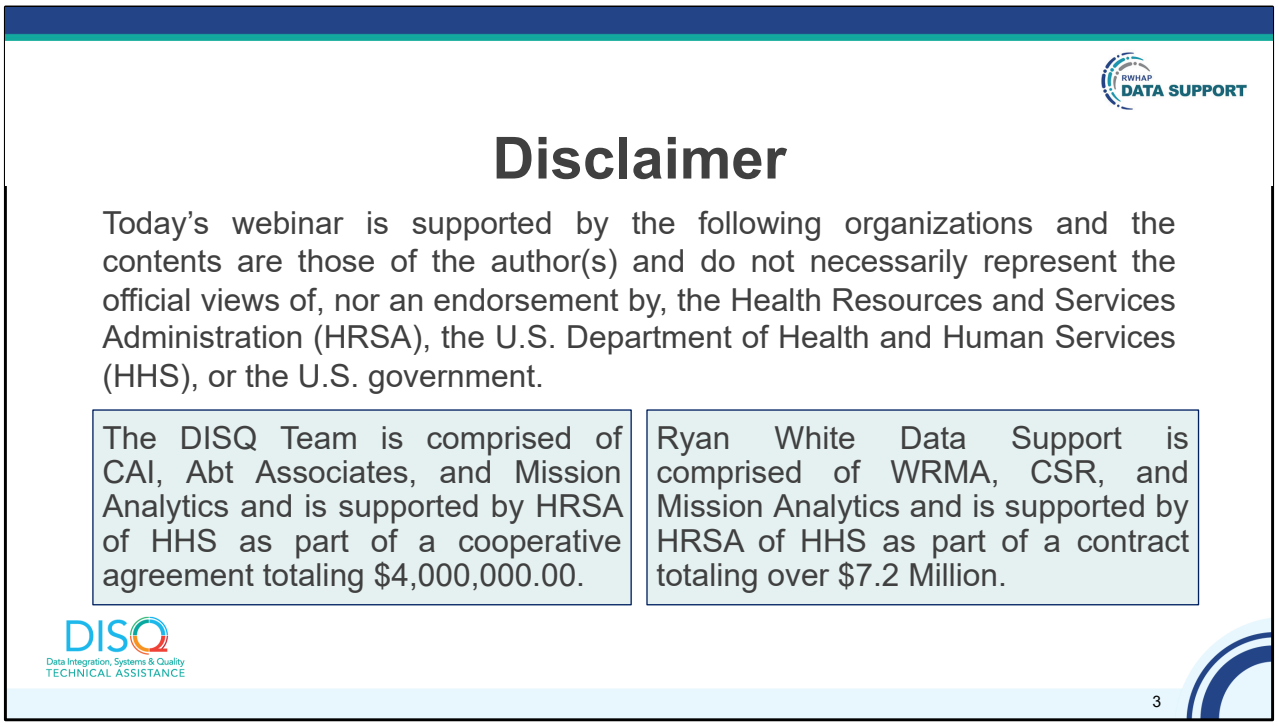
Today's Webinar is presented by Imogen from RWHAP Data Support, the experts on RWHAP reporting requirements, and myself representing the DISQ team's work with client-level data. Imogen will be walking you through the steps of completing the HIVQM Module. This is intended for both folks who are completing the HIVQM 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 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

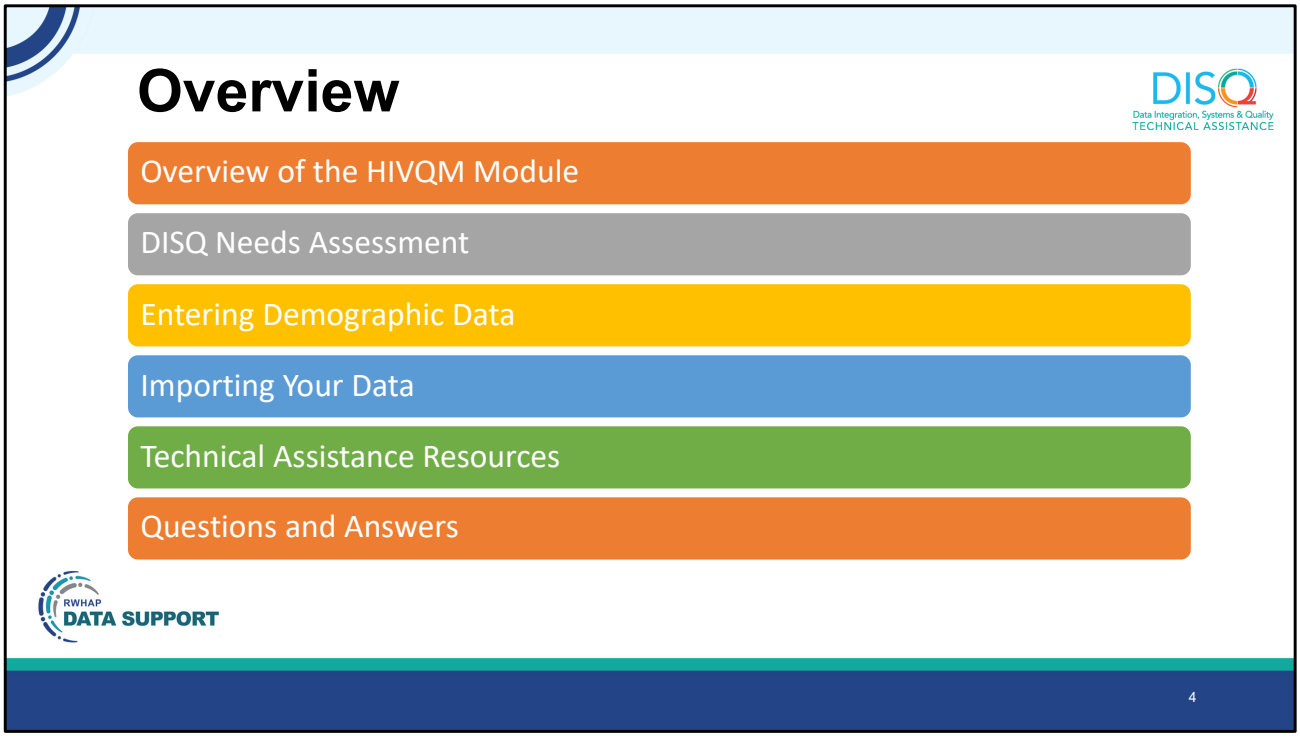
conference you in.

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.



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.

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



Thanks, AJ and hello everyone, thank you for joining us today. We are excited to take this opportunity to again reach out to folks who are interested in learning and using the HIVQM Module as well as discuss some topics that current users have brought up since our last webinar.

First, I will quickly give an overview of the HIVQM Module for those of you who are new. Then we will present some results on a needs assessment that DISQ conducted a few months ago and that you may have participated in. Then we will address two areas that you requested TA on entering demographic data and then AJ will jump back in since he is the expert and will go over how to import your data into the HIVQM Module. Then to close the webinar, we will go over the technical assistance resources that HRSA HAB has available for you and finally address some of with your questions.

Throughout the webinar, we would also like to hear from you. We have incorporated some poll questions and we encourage you to participate. We want to get a general sense of your experience with the Module that's what the poll questions will be about.

So we will start with a poll to get to know you a little bit. I am going to hand the presentation off to Isia to conduct the poll.

1. Poll: How often have you used the HIVQM Module to enter your performance measures data?

- We have entered data into the Module 1-2 times.
- We have entered data into the Module 3+ times.
- We are planning to enter data into the Module for the first time during this year.
- We have not yet decided about entering data into the HIVQM Module but want to learn more about it.

Great to see new users as well as seasoned users. For those of you who are just

starting or exploring the Module, don’t hesitate to reach out to Data Support or DISQ for any one-on-one TA. Our information will be presented at the end of the slides. For those of you who are seasoned users, we would like to hear from you, so we invite you to share or ask questions in the chat box and the Q&A portion of the webinar.

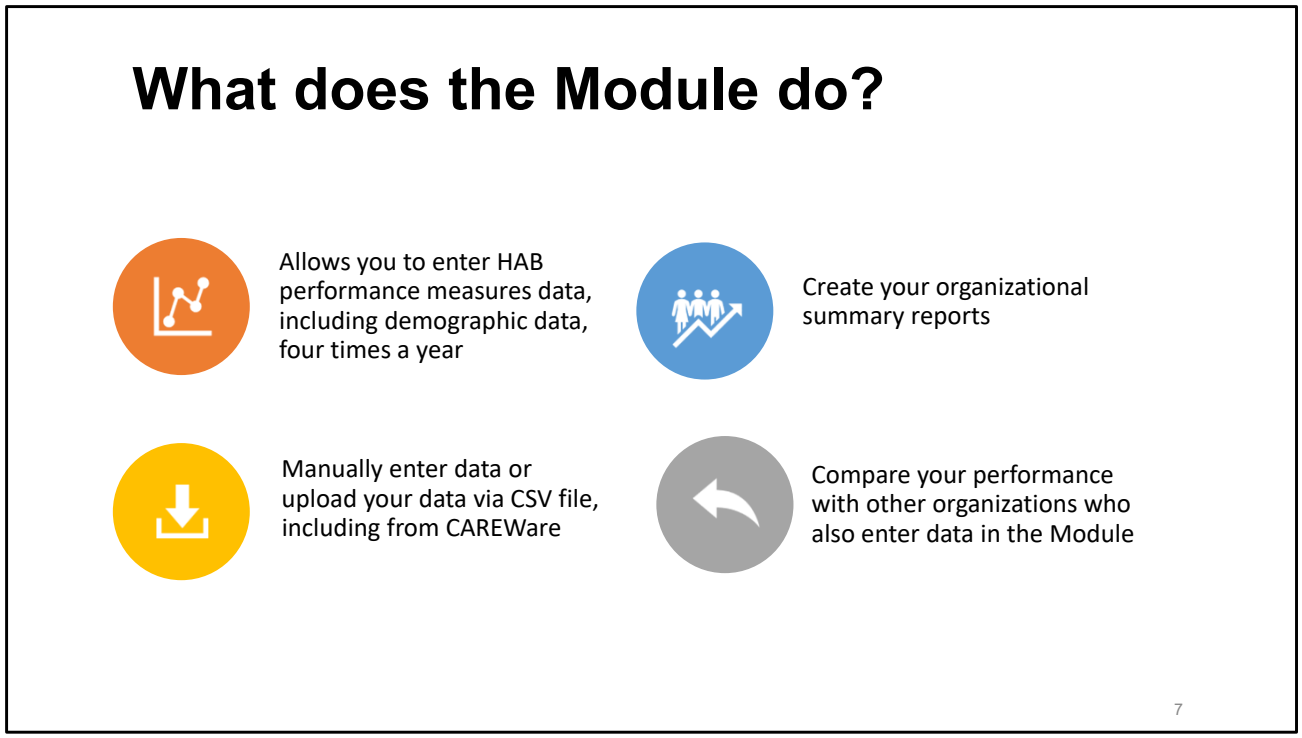
Why Use the HIVQM?

- Voluntary tool to monitor HAB performance measures to assess the quality of your services.
- Prioritize and select performance measures most applicable to your organization, setting, patient population and epidemic.
  - HAB Performance Measures (45 clinical measures) http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html

First, I am just going to do a brief overview of the Module. First, I want to remind you that the Module is a voluntary data collection tool. HRSA HAB created this tool to help recipients and subrecipients to monitor their progress on HAB performance measures, to assess the quality of their services, look for any gaps and ways to improve their services.

All 45 performance measures are available for you to enter in the HIVQM Module. So you decide which performance measures you want to enter and look at. You can choose what's more applicable to your organization and prioritize which measures to look at.

I have the link here to the HAB performance measures page where you can find a wealth of information on definitions and frequently asked questions.



What does the Module do? First, the Module is accessible via the RSR portal which all recipients and subrecipients should have access to. If you have any questions or issues on accessing the RSR or the HIVQM, feel free to contact us.

Both recipients and subrecipients can enter performance measures data 4 times a year so you can monitor your progress over time. A couple of years ago, HAB added demographic fields to enable you to look at your performance measures along side client characteristics.

There are two ways you can enter your data. You can either enter your data manually or you can upload your data via an CSV file.

After you have entered your data into the Module, you will be able to immediately generate summary reports that includes a calculation of your data to show you how you are doing using with the particular performance measures you entered.

You can also generate reports that compare your performance with other recipients who have also entered data into the Module. These data reports can be at state, regional, or national levels and even by Ryan White Part so you can compare and set realistic goals for your organization. The data is de-identified so the reports will not have any information on who entered data.

HIVQM Module - Timeline

HIVQM Module Opens	HIVQM Module Closes	Measurement Year
December 1, 2022	December 31, 2022	October 1, 2021 – September 30, 2022
March 1, 2023*	March 31, 2023	January 1 – December 31, 2022 *(and reporting periods in previous year)
June 1, 2023	June 30, 2023	April 1, 2020 – March 31, 2021
September 1, 2023	September 31, 2023	July 1, 2020 – June 31, 2021

This is the reporting timeline for the HIVQM. You will be able to enter performance measures into the HIVQM Module up to four times a year as listed here in December, March, June and September. Each time, you will have that month to enter your data.

Each month also has an assigned reporting period which is a 12-month period for each performance measurement. So, next month, in December, when the Module is open, you should only enter performance measure data for the 12-month period of October 1 – September 3, 2022.

I also want to mention that every March, the system will allow you access to the previous four reporting periods to edit or enter data. If you have any updates or you found some errors in previous reporting periods, you will be able to edit them during this time. You will also be able to enter new data for an entire measurement period, if you happened to have missed a reporting month when the Module was open.

So that's a quick overview of the HIVQM Module.

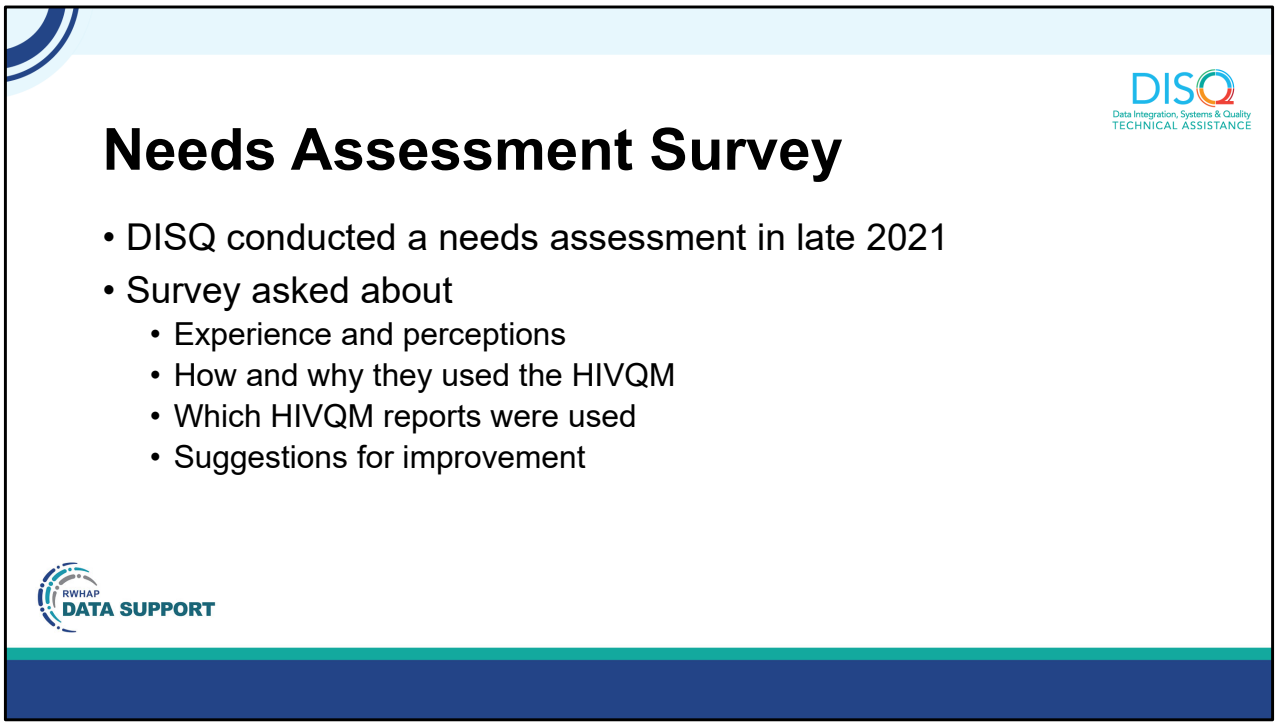
So now I will hand the presentation to Isia again to conduct the next poll.

2. Poll: How do you use/would use your data from the HIVQM Module? Choose all that apply.

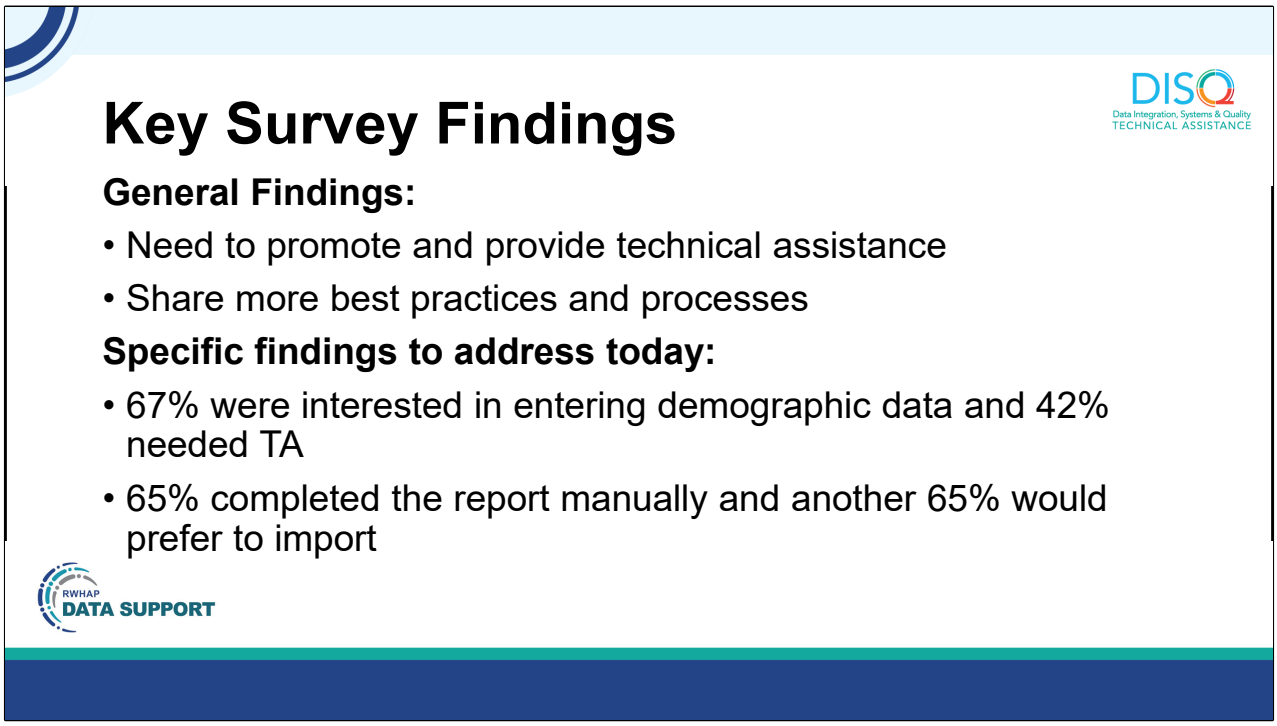
- Share/would share with staff to help us on our quality improvement projects.
- Compare/would compare our performance measures with state, regional and/or national level data.
- Compare/would compare our performance measures with other RWHAP providers.

- We use/would use the data to set goals.
- We use/would use our data to highlight our efforts in our reports for various stakeholders.
- Other

Good to see how you are using your data. We would also be interested in seeing examples of how you are using your data. So feel free to share with us any stories or products that may have resulted from using the Module. At the end of the webinar, I will also list a couple of HAB resources if you need any help on using your data.



In late 2021, the DISQ team conducted a needs assessment for the HIVQM Module. The needs assessment consisted of a short survey and follow-up phone interviews with a sample of users. The purpose of this assessment was to get a snapshot of users' experience with the Module as well as their perceptions of it. We also wanted to know how and why you were using it; what reports were used; and any suggestions for improvement.



We got a lot of information from the survey.

Respondents indicated that the most common challenge in using the Module was that they did not know much about it. A third of participants were not familiar with the reports in the Module and did not know which one(s) they would use. In addition to that, respondents wanted to know how other organizations were using the Module, what were some best practices and processes they were using. So, we realize we need to do more awareness and education on the Module. We also hope to do more of what we did in the last webinar where we featured organizations who had been using the HIVQM successfully. I will also have that link to that webinar in a later slide.

Today we will specifically focus on the two features in the Module that was brought up as needing more technical assistance.

When asked about whether respondents would report data by demographic subgroups, two-thirds of respondents indicated that they did already, or were ready to, or would like to, but would need technical assistance to do so.

In addition, a majority of participants relied on manual data entry. But when respondents were asked if they would like to manually enter or import their data, another two-thirds of respondents (65%) indicated that they would prefer to import data but needed technical assistance.

So we will address these two things today and start off with entering demographics. We will look at how to do that manually first and then AJ will go through how to import your data, including demographics.

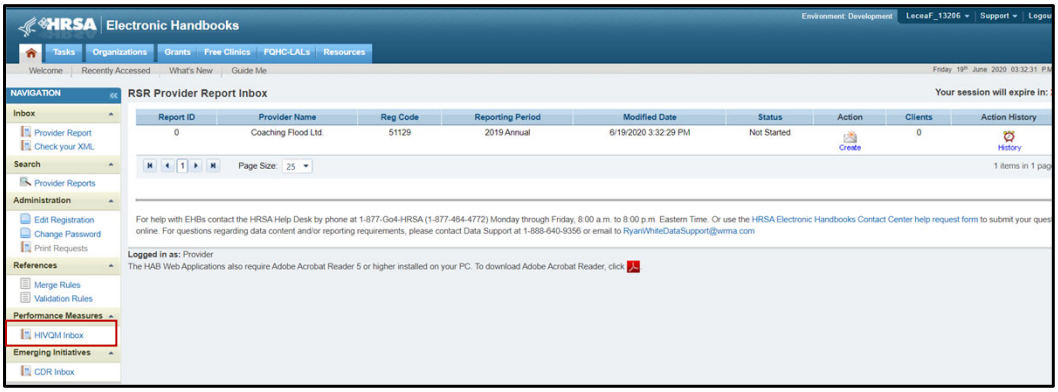
But first, let's do another poll to see your interest in entering demographic data.

Do you enter or are you interested in entering demographic data?

- Yes, we enter demographic data and do not need TA.
- We are interested in entering demographic data and need TA
- We are unsure if we should/can enter demographic data.

Great to see the interest and that some are already entering data. We can reach out to those who need TA. And for those who are unsure, hopefully, this presentation will give you the information you need to decide on whether to enter demographics.

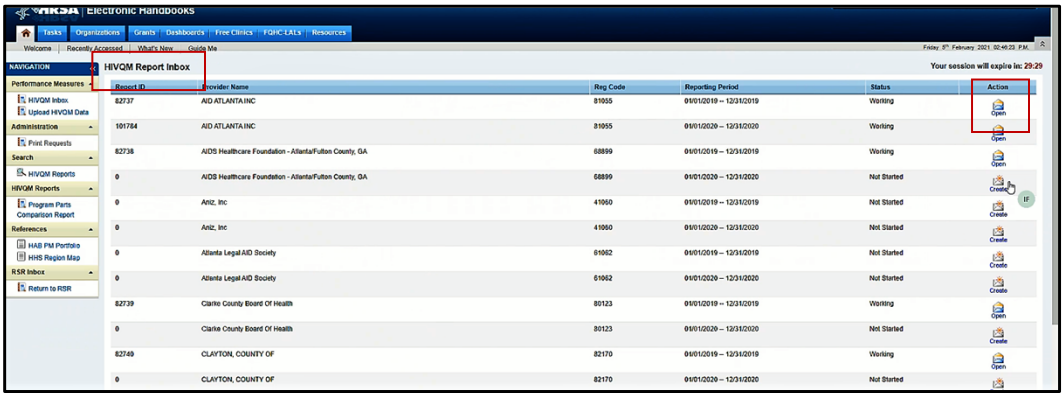
Access the HIVQM Module via RSR Inbox



Before diving into demographics, I'm going to review how to access the Module to get us started.

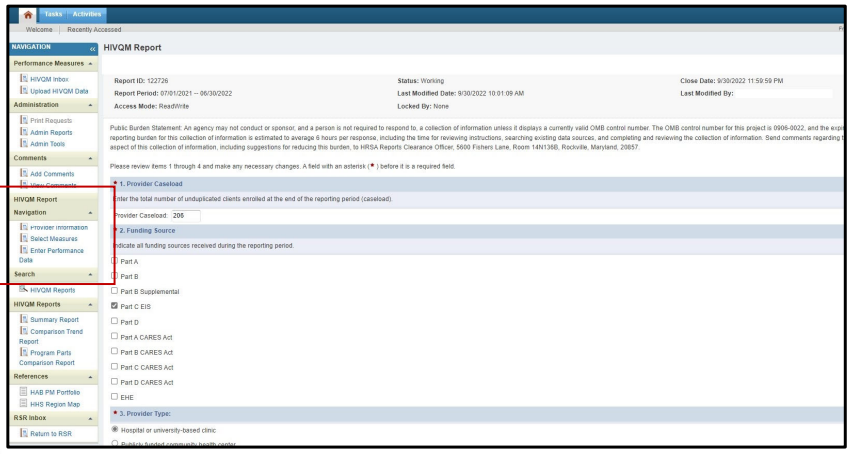
To access the HIVQM Module, you will enter via the RSR. Once you are in your RSR Inbox, you will see at the left bottom – the HIVQM Inbox. (Click) Click on that link and you will be brought to you HIVQM Inbox.

HIVQM Inbox



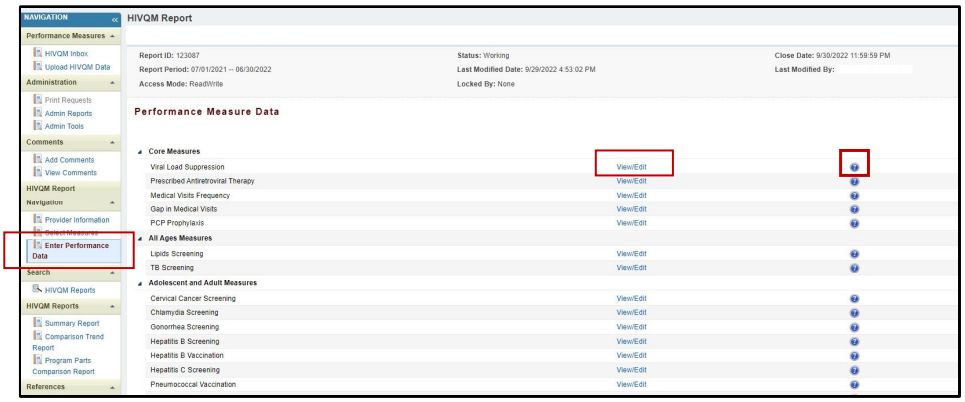
This is what your HIVQM Inbox looks like. You will see a list of providers that you have access to and are able to enter data for. For Recipients, you will be able to enter all your recipient and subrecipient data. For subrecipients, you will only see the provider names that you have access. Click on the icon underneath action and it will bring you to the first page of the HIVQM.

HIVQM Navigation Bar



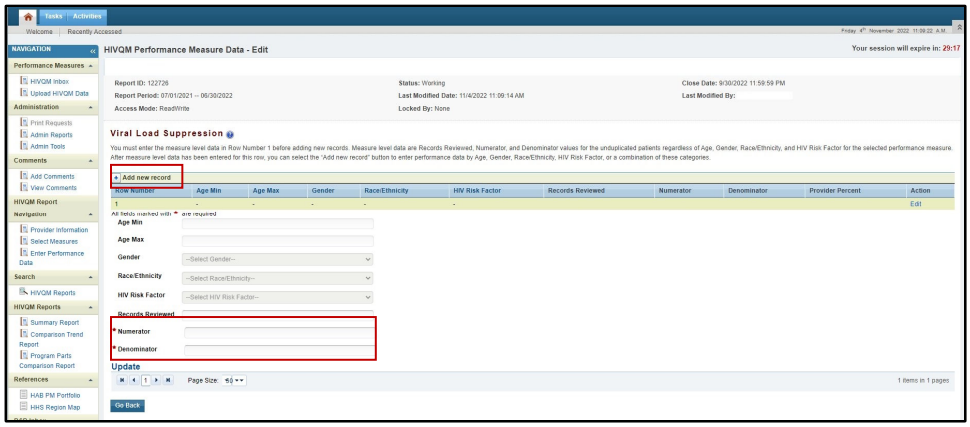
So now I will go over the steps of how to enter demographic data. As you see here on the navigation bar to your left are your pages for the Module where you can enter your data. You will enter your basic provider information on the first page, the second page is where you will select the performance measures that you want to enter data for. The third page, Performance Data, is where you will enter your numbers for your performance measures and it's also where you will enter demographic data.

List of Your Performance Measures



So let's click on the Performance Data page and you will see the list of performance measures that you selected from the previous page. So here is an example of a provider who is entering data for their core measures, all ages, and adolescent and adult measures. Under these main headings are the performance measures you will be entering for. I want to point out the Question Mark Icon. If you click on this, an information box will appear that provides the definition of that performance measure as well as what data to enter. To start entering data, click on the view/edit link in the center of the page. We are going to click on the first performance measure, viral load suppression and enter data for that.

First enter Performance Data



So let's get an orientation of the viral load suppression performance measure page. As you can see, this page lists all the data fields that you can enter data for. You see your demographic data first - the age which you can enter a range (a minimum age and maximum age), gender, race/ethnicity and risk factor.

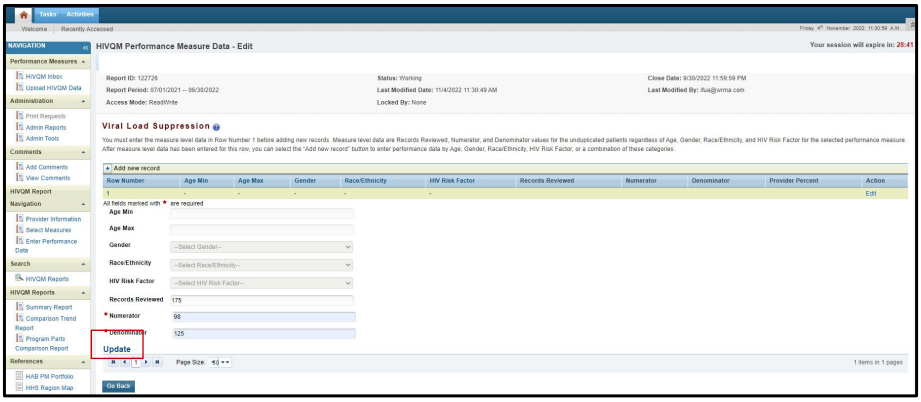
Then you see your records reviewed – which is defined as how many client records you are looking at in total for viral load suppression. Then the numerator represents the number of clients who had viral load suppression less than 200 copies/ml at their last test during the reporting period. The denominator is defined as the number of clients with an HIV diagnosis with at least one medical visit. These definitions are all available in the Question Mark icon I showed you earlier. It's also on the HAB performance measures website page.

Once you enter your data, it will be kept in what is called a record. As you can see up top, there is a button, labeled "add new record." You can have multiple records for each performance measure and I will show you what that looks like once we enter demographic data.

So the first thing you do is to create your first record. In your first record, you will

enter the required data as these red asterisks indicate.

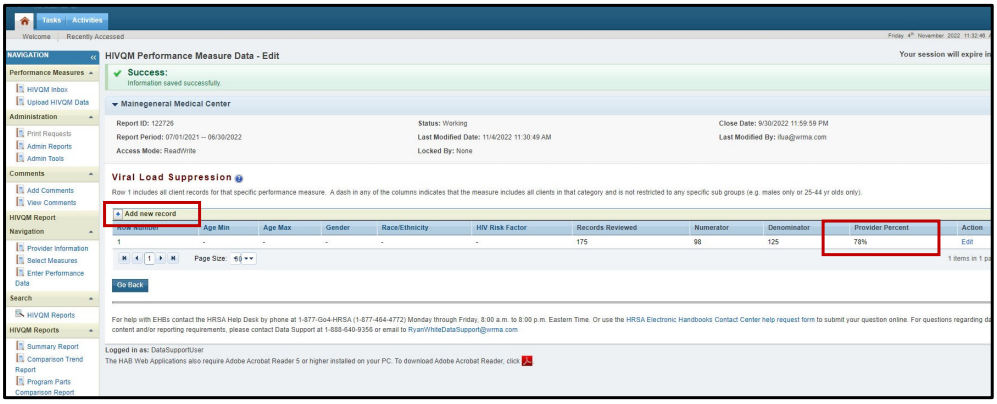
Entering Your First Record



Here we have entered in our first record, that we have 98 clients who had viral load suppression less than 200 copies/ml at their last test. And then for the denominator, we have 125 clients with an HIV diagnosis and at least one medical visit. I also added that we looked at 175 records.

For this first record which is what you see here, you are only entering your overall performance measure numbers. Note that the demographic data field are grayed out. You do not and cannot enter demographic data in your first record. So for those of you who have already entered performance measures in the Module, and not demographic data, this is where you have stopped. This is what you already do when entering your performance measure data. Click Update to save your first record.

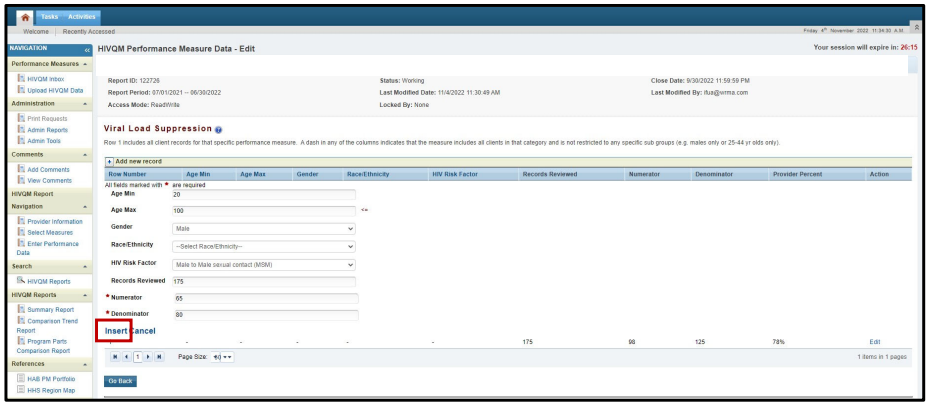
Summary Table – Row 1



Once you click Update, your data is saved in a Summary Table or Summary Report as you see here. You see in the first row, row 1, your overall data and your percentage. 78% of your clients with HIV and had at least one medical visit achieved viral load suppression.

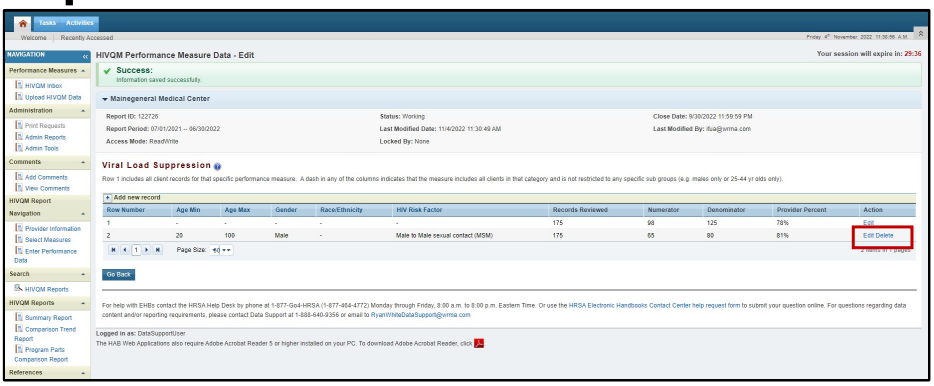
Now to dig deeper into that data, you want to look at demographics. Who are these clients and do we see any gaps or trends when we look at who these clients are? To add demographic data, click on add new record.

Entering Demographic Data



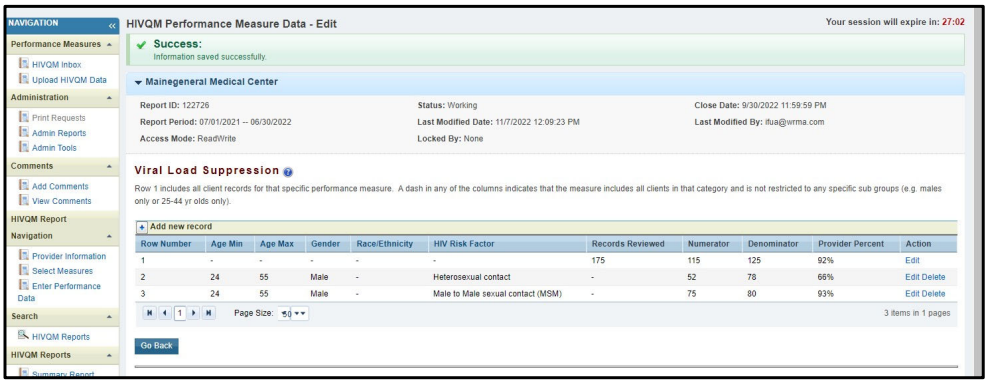
We are ready to enter demographic data in our second record. The demographic data fields are no longer grayed out. In this slide, I have entered some sample data here. These are not real data, just examples. Here we have entered that we are looking at clients who are between ages 20 and 100, we want to look at how many were male, we don't care about ethnicity at this time because it may not be a priority but we do want to specifically look at MSM. So again, I included that we looked at 175 records, there were 80 clients who fit our demographic and 65 had a viral load suppression less than 200 copies/ml at their last test. Click on insert to add this data in your Summary Report.

Demographic Data in your Summary Report



Here we have your Summary Report, and you see that 81% of your clients with MSM as a risk factor had viral load suppression less than 200 copies/ml at their last test during the reporting period. If you realized you entered the wrong data, just click on Edit or if you decided you didn't want to look at this demographic after all, you can delete.

Demographic Data in your Summary Report



So here I just added one more record. Again, this is not real data. I just wanted to show how entering demographic data can be helpful in allowing you to see how your program is doing in addressing the needs of certain demographics of your population. You see that MSM are doing a lot better than men who have a risk factor of heterosexual contact. You can take a look at your program and assess how you can improve your services for certain populations.

Demographic Data

- **Age:** minimum and max age
- **Gender:** Male, Female, Transgender (All), Transgender Male to Female, Transgender Female to Male, Transgender Other
- **Race/Ethnicity:** American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, Native Hawaiian/Pacific Islander, White, Multiple races
- **HIV Risk Factor:** Male to Male sexual contact (MSM), Injection drug use (IDU), MSM and IDU, Heterosexual contact, Perinatal Transmission, Other

Just a reminder that these are the choices you have for demographics. These should all match what's required in the RSR so you should already be collecting these variables.

Now, I will hand the presentation over to AJ who will go over how to import your data. But first, we have to do another poll so Isia, can you pull up the next poll.

How do you enter data into the HIVQM Module?

- We enter data manually and prefer to enter data manually.
- We would like more TA on how to enter data manually.
- We would like to upload our data and need TA on this process.
- We upload our data and do not need any TA on this process.
- We upload our data and need TA on this process.

Importing Data

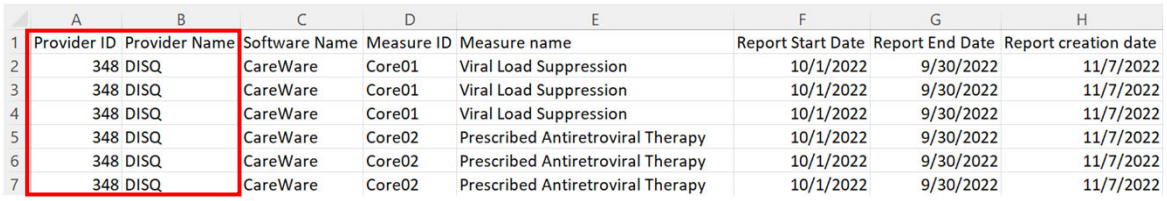
- The HIVQM will allow you to import all of your data at once instead of manually entering measures one at a time
- Appendix A of the manual has the codes you'll need
- Email DISQ (at data.ta@caiglobal.org) for a template

25

Now, let's talk about how to import your performance measures and demographic data via a CSV file. You must first create your CSV file – this is where most of your work will be. Since most of you will have different ways to do this, I can refer you to the HIVQM manual, Appendix A, for more information on creating this file. I will also go over other TA resources available to you at the end of the presentation.

If you'd like the CSV template that the system will accept, email the DISQ team and we'll share the file with you.

Preparing your CSV File



	A	B	C	D	E	F	G	H
1	Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report creation date
2	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
3	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
4	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
5	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
6	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
7	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022

Information about your agency

The CSV file has all of the same data that Imogen walked through, and a few extra fields to make sure your data are in the right report.

The first two columns are basic information about your agency, the ID assigned to you I the system and your provider name. You can reach out to the Data Support team if you need assistance populating this information.

Preparing your CSV File

	A	B	C	D	E	F	G	H
1	Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report creation date
2	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
3	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
4	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
5	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
6	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
7	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022

System used to create the file

27

Next, enter the system you used to create the file. As a note, these first 3 columns will be the same for every row.

Preparing your CSV File

	A	B	C	D	E	F	G	H
1	Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report creation date
2	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
3	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
4	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
5	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
6	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
7	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022

The measure code and name for the data in the row

28

The next 2 columns indicate which measure you are uploading data for in the row. You'll see here that I have 3 lines of viral load suppression data, and 3 lines of Prescribed Art data. We'll get into why I have multiple lines in a moment. Refer to Appendix A for the Measure IDs – note that you'll receive an error in the system if these don't match exactly with the codes in the manual.

Preparing your CSV File

	A	B	C	D	E	F	G	H
1	Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report creation date
2	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
3	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
4	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
5	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
6	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
7	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022

The reporting period

29

Next up in the reporting period, which will also be the same for every row. This upcoming submission will be fore the 10/1/22 to 9/30/22 reporting period.

Preparing your CSV File

	A	B	C	D	E	F	G	H
1	Provider ID	Provider Name	Software Name	Measure ID	Measure name	Report Start Date	Report End Date	Report creation date
2	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
3	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
4	348	DISQ	CareWare	Core01	Viral Load Suppression	10/1/2022	9/30/2022	11/7/2022
5	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
6	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022
7	348	DISQ	CareWare	Core02	Prescribed Antiretroviral Therapy	10/1/2022	9/30/2022	11/7/2022

The date you created the report

And finally on this section, the date that you created the report.

Preparing your CSV File

DISQ Data Integration, Systems & Quality TECHNICAL ASSISTANCE

I	J	K	L	M	N	O	P
Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
100	85	90					
100	85	90			1		
100	85	90				2	
100	85	90					
100	85	90					2
100	85	90					3

Your performance data

RWHAP DATA SUPPORT

31

The final columns are your data themselves, which Imogen went over when discussing how to enter your data manually. This includes the total number of records you reviewed for the data element, and the numerator and denominator for the performance calculation.

Preparing your CSV File

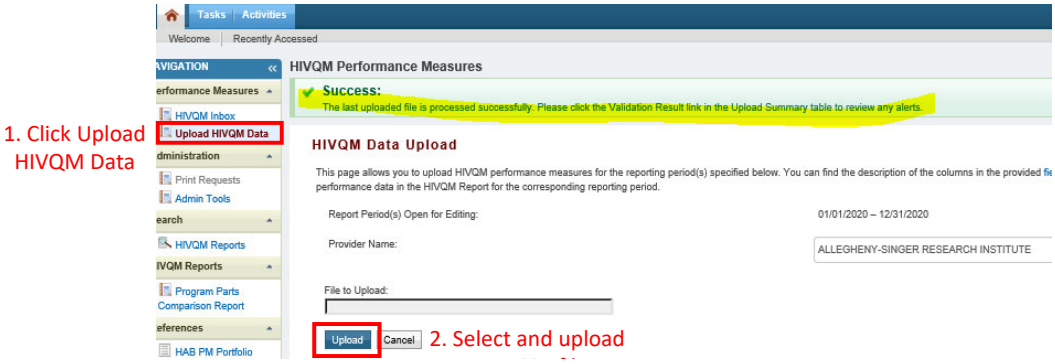
I	J	K	L	M	N	O	P
Records Reviewed	Numerator	Denominator	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor
100	85	90					
100	85	90			1		
100	85	90				2	
100	85	90					
100	85	90					2
100	85	90					3

Demographic data

32

Finally, you can enter demographic data in the final columns of the CSV template. Leave these elements blank if you are not reporting data by demographic category. Refer to Appendix A of the manual for the codes you'll use for these columns – for example, a gender of "1" here means you are uploading data for clients who identify as male.

Upload your Data



1. Click Upload HIVQM Data

2. Select and upload

33

Once your data are ready for upload, access the HIVQM and click “Upload HIVQM Data” from the lefthand navigation panel. This will take you to a page where you can select your file for upload.

If your file passes the system checks, you’ll see a green Success message at the top of your screen. If your file does not pass, you’ll get an error report that you can use to fix any issues in your data.

So now we have our last poll. Now you have a sense of what the Module can do, we want to know how you use or would use the HIVQM. Isia, last poll, please.

3. Poll: What are some challenges you are facing in using the HIVQM. Choose all that apply.

- Need more training and information on the using the HIVQM
- Our data system capabilities makes it hard to enter the data
- We don't the staff capacity and/or other resources
- Competing priorities with other data-related activities
- Other

Technical Assistance Resources

DISQ Data Integration, Systems & Quality TECHNICAL ASSISTANCE

HIVQM on TargetHIV

- Past HIVQM webinars
  - Stories from the Field
  - How to Complete the HIVQM Module
- HIVQM Module Instruction Manual

HAB Email: RWHAPQuality@hrsa.gov

Clinical Quality Management (CQM) Listserv:
RWHAPCQM@LIST.NIH.GOV

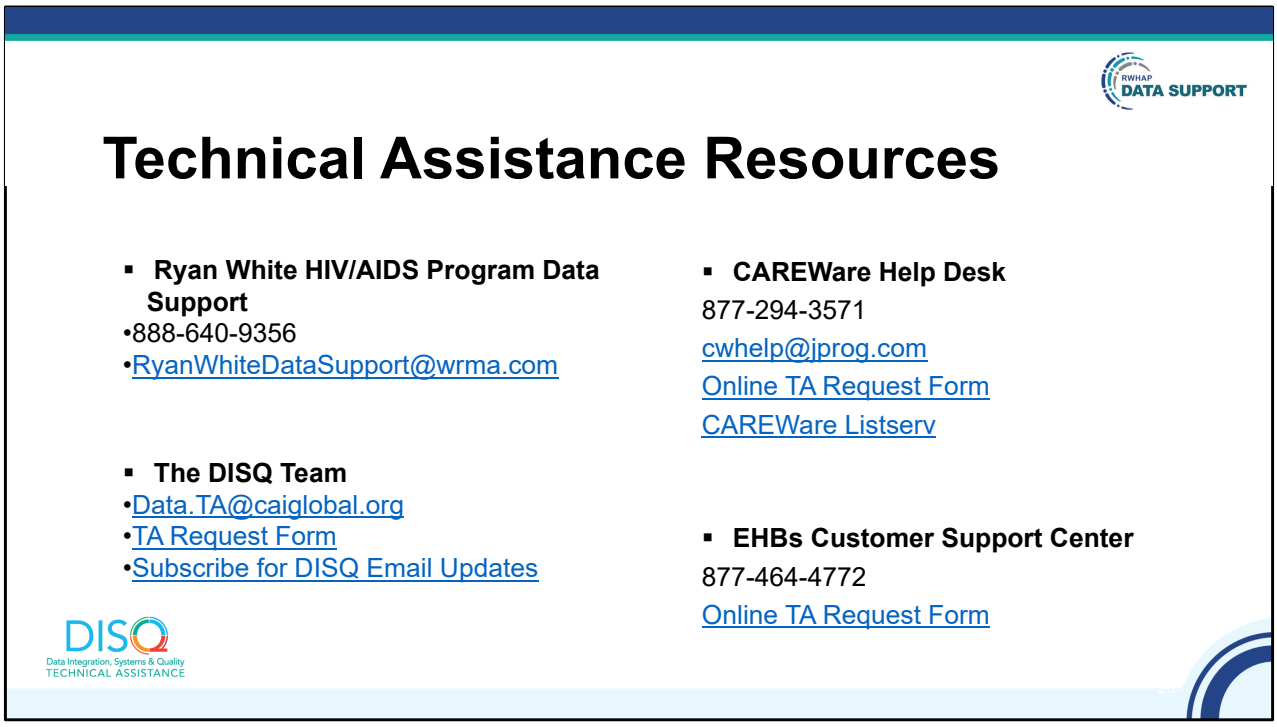
RWHAP DATA SUPPORT

35

Lastly, I want to take a minute to share with you what technical resources are available to you. The TargetHIV website is your source for HAB information and technical assistance. It now has an HIVQM page that houses all HIVQM related resources - including past webinars, here are a couple of examples. Lastly, if you prefer something written or just want to flip through specific information, there is also an HIVQM manual. Today's webinar and the Q&A will also be posted on this page in a couple of weeks.

There is also a HAB email to which they can direct questions on performance measures and other programmatic data collection questions. This email address is monitored daily.

Lastly, a listserv for clinical quality management is also available. This is where you can inquire and collaborate with other colleagues on clinical quality management programs.



There are also four help centers for you to call if you need technical assistance.

If you have any follow-up questions on this presentation, call Data Support. You can also call us if they have any questions on the Manual. We will also answer questions on navigating the Module and help with resolving any validation errors.

DISQ is a new TA resource for the HIVQM. DISQ can help you with creating your CSV file and ensure data quality.

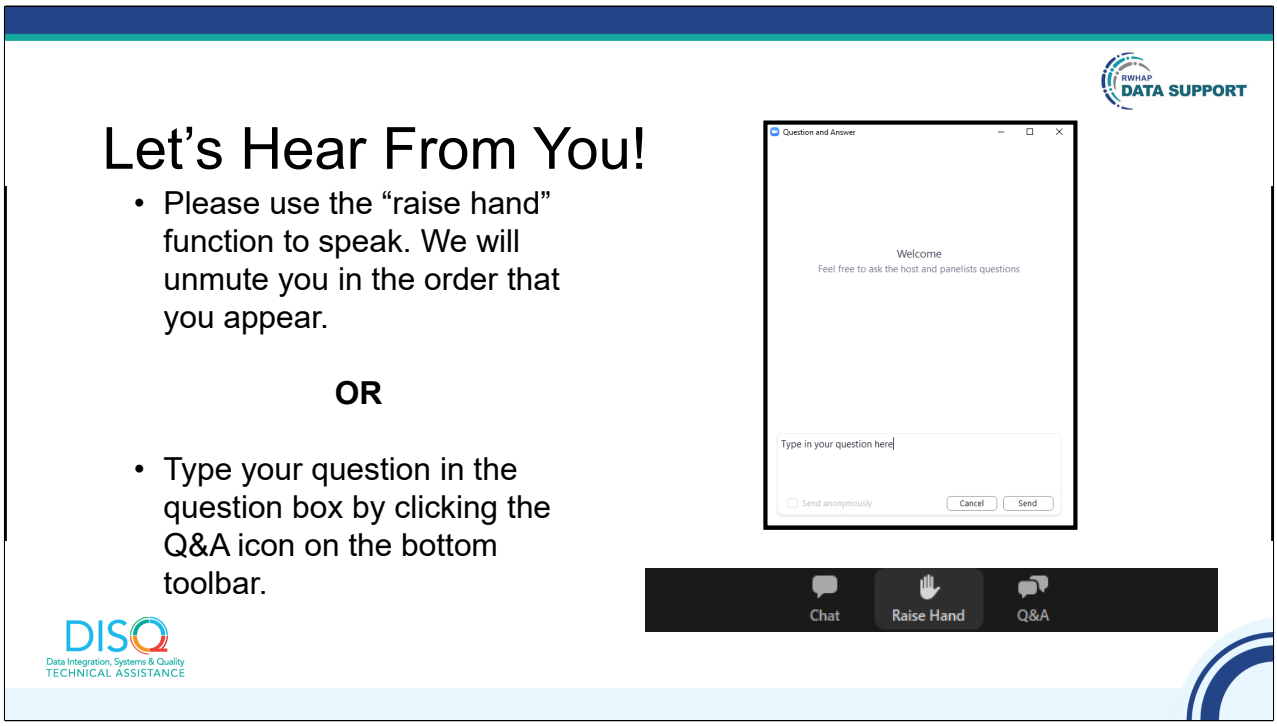
The CAREWare Help Desk is also available for creating your CSV file from CAREWare.

And finally, you can contact the HRSA Contact Center for help with the EHBs, such as setting up user accounts or navigating the system.

So that ends my presentation and I want to thank you again for joining us today and participating in our polls. We really want to hear about your experience with the Module to improve it. The Module is your tool so we want it to be useful, relevant and user-friendly and we need your help to achieve that.

Finally, to connect with and find out more about HRSA, check out HRSA.gov.

So, thank you and now I will turn it over to AJ for the Q&A portion of the webinar.



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.