2019 Proposed Changes to the Ryan White HIV/AIDS Program Services Report (RSR) [Date]

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Health Resources and Services Administration (HRSA) Overview

• Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

• Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care





HRSA's HIV/AIDS Bureau (HRSA HAB)

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.





HRSA's Ryan White HIV/AIDS Program (RWHAP)

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States more than 550,000 people receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%





RWHAP Reporting

- RWHAP Services Report (RSR) submitted annually by RWHAP Parts A-D recipients and subrecipients
- The HIV/AIDS Bureau (HAB) uses RSR data to:
 - Monitor progress monitor progress toward reaching national goals at the recipient, city, state and national levels
 - Monitor clinical outcome measures (e.g., viral suppression), services delivered, and assess disparities
- HAB conducts routine reviews of information collected in major reporting systems to ensure it aligns with reporting needs
- 2019 RSR (submitted in March 2020) will have two types of changes:
 - Instrument Changes
 - Changes to what services are reported









Goals of RSR Instrument Changes

- 1. Reduce reporting burden
- 2. Improve data quality
- 3. Align data collection with recent Policy Clarification Notices (PCNs)





Variable	Current	Recommendation*
Vital Enrollment Status	 Response Options: Active, continuing in program Referred to another program or services, or self-sufficient Removed from treatment due to violation of rules Incarcerated Relocated Deceased 	Change to variable name vital status Response Options: Alive Deceased Unknown

^{*} Red text represents proposed changes





Variable	Recommendation *
HIV Infection Risk Factor	 Response Options: Male who have sex with male(s) Male-to-male sexual contact (MSM) Injecting Injection drug use (IDU) Hemophilia/coagulation disorder Heterosexual contact Receipt of blood transfusion, blood components, or tissue Mother w/at risk for HIV infection (perinatal transmission) Perinatal transmission Risk factor not reported or not identified



^{*} Red text represents proposed changes



Variable	Recommendation*
Medical Insurance	Change variable name to <i>Health Coverage</i>
Federal Poverty Level	Change to a continuous variable rather than a categorical variable
Support Services Delivered	Change from Yes/No response to number of support service visits

^{*} Red text represents proposed changes





Variable	Current	Recommendation*
Prescribed ART	 Response Options: Yes No, not ready (as determined by clinician) No, client refused No, intolerance, side-effect, toxicity No, ART payment assistance unavailable No, other reason 	Response Options: • Yes • No

^{*} Red text represents proposed changes



Variable	Recommendation
HIV Risk-Reduction Screening/Counseling Provided	Remove
Screened for TB Since HIV-diagnosis	Remove
Screened for Hepatitis B Since HIV Diagnosis	Remove
Vaccinated for Hepatitis B	Remove
Screened for Hepatitis C Since HIV Diagnosis	Remove
Screened for Substance Abuse	Remove
Screened for Mental Health	Remove
Received Cervical Pap Smear	Remove
Prescribed PCP prophylaxis	Remove
Date Housing Status Collected	Add

Recipient Report

Variable	Recommendation
Status of clinical quality management program for assessing HIV health services	Remove
Indicate which subrecipients are connected in a real time electronic data network	Add





Provider Report

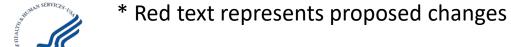
Variable	Recommendation
Categories that best describes the agency's racial/ethnic characteristics	Remove
Number of paid staff, in full-time equivalents (FTEs), funded by RWHAP	Remove
Number who tested NEGATIVE and received post-test counseling	Remove
Number who tested POSITIVE and received post-test counseling	Remove





Provider Report

Variable	Recommendation*
Status of clinical quality management program for assessing HIV core medical services	Change variable name to Select the status of your agency's clinical quality management program; Response Options: Not applicable Do not have a clinical quality management program Clinical quality management program initiated this reporting period; Previously established clinical quality management program; Previously established program with new quality standards added this reporting period





Questions





Eligible Services Reporting Changes





Current reporting challenges

- Currently, eligible scope reporting requires recipients to report client level data for all eligible clients who receive a RWHAP service from a recipient/subrecipient who is funded to provide that service
- Recipients do not report information on services that are fully funded by other RWHAP-related funding, such as pharmaceutical rebates or program income
- Under eligible scope, RWHAP and recipients cannot measure the full investment and impact of the RWHAP at state and local levels





Change to Eligible Services Reporting

Proposal:

- Recipients and subrecipients submit client level data for RWHAP eligible clients that received an allowable service funded through any RWHAP and RWHAP-related expenditures
- Reporting data on RWHAP clients who receive services funded by program income and pharmaceutical rebates, which are generated as a result of the RWHAP award, will more accurately capture the clients served under the RWHAP





RWHAP-related expenditures

• RWHAP-related funding would include:

- RWHAP related program income
- Pharmaceutical rebate funds

This would not include:

- Other federal funding
- Other State or local funds
- Other sources of funding received by the subrecipient





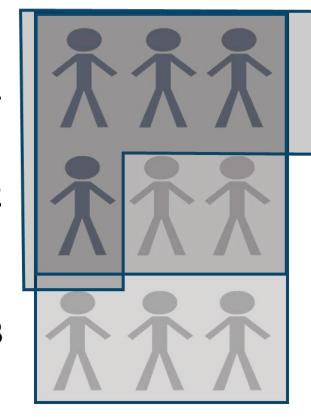
Visual Representation of Reporting Changes

Client reporting depends on how the service is funded

Service 1

Service 2

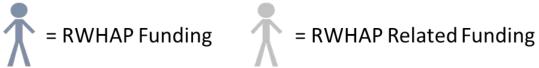
Service 3



Initial Reporting

Eligible Scope Reporting Eligible Services Reporting









Example: Multiply-Funded Subrecipient

Scenario: RWHAP Subrecipient funded by RWHAP Parts A and B provides OAHS, MCM, mental health, and substance abuse services.

Service Category	Funding Streams	Current RSR Reporting	Eligible Services RSR Reporting						
Outpatient Ambulatory Health Services (OAHS)	Part A, Part B	All RWHAP eligible clients	All RWHAP eligible clients						
Medical Case Management (MCM)	Part A, Part B Rebate funds	All RWHAP eligible clients	All RWHAP eligible clients						
Substance Abuse Services	Part B Rebate funds	No client level reporting	All RWHAP eligible clients						
Mental Health Services	SAMHSA	No client level reporting	No client level reporting						





Eligible Services Reporting Changes

- Subrecipients should only report clients who:
 - Meet RWHAP eligibility criteria; and
 - Received a RWHAP service that is funded using a RWHAP or RWHAP-related funding stream
- Additional subrecipients may be required to submit data in the RSR
 - If the subrecipient receives only RWHAP-related funding
 - Recipients will need to add contract information to GCMS
- Subrecipients may be required to report clients who are receiving RWHAP services that are supported only by RWHAP related funds
 - If a subrecipient uses pharmaceutical rebates or program income to pay for additional service categories for which they do not receive RWHAP recipient funding





What Information Should be Reported?

Peport the data element 1	-																									_				
Vest of birth	•	Outpatient/ambulatory Health Services	Medical case management	Oral healthcare	Early intervention services	Home health care	Home & community-based health services	Hospice services	Mental health services	Medical nutrition therapy	Substance abuse services – outpatient	AIDS Pharmaceutical Assistance	Health Insurance Premium and Cost- Sharing	Non-medical case management	Child care services	Emergency financial assistance	Food bank/home-delivered meals	Health education/risk reduction	Housing services	Linguistics services	Medical transportation services	Outreach services	Other Professional Services	Psychosocial support services	Referral health care/support services	Rehabilitation services	Respite care	Substance abuse services – residential	Rationale	
Ethnicity																														
Hispanic Subgroup	Year of birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,7	ı
Hispanic Subgroup		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,4,7	ı
Raise	Hispanic Subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,4,7	ı
Ni-PI Subgroup	Race	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4,7	
Gender	Asian Subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4,/	
Transgender subgroup		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4,7	
Transgender subgroup 2,3,4,7	Gender	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3.4.7	
Sex at Birth	Transgender subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,4,7	
Health insurance	Sex at Birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,4,7	
Federal poverty level	Health insurance	•	•	•	•	•	•	•	•	•	•	•	•	•															2,7	
Federal poverty level	Housing status	•	•						ĺ					•					•										2,7	
Client risk factor	Federal poverty level	•	•											•															2,7	
Client risk factor	HIV/AIDS status	•	•											•															2,4	
HIV Diagnosis Year • • • 2,4	Client risk factor	•	•											•															7	
HIV Diagnosis Year • • • 2,4	Vital enrollment status	•	•											•															5,6	
HIV risk reduce screen/counseling 1	HIV Diagnosis Year	•	•											•															2,4	
HIV risk reduce screen/counseling 1	Client Clinical Data																													
First outpatient/ambulatory health service visit		•																											2.3	
Outpatient ambulatory care visits		•																												
CD4 counts and dates		•																											3.4	
Viral Load Counts and Dates •	CD4 counts and dates	•																											3.4	
Prescribed PCP prophylaxis	Viral Load Counts and Dates	•																											3.4	
Prescribed ART	Prescribed PCP prophylaxis	•																												
Screened for TB since diagnosis •	Prescribed ART	•																											3,4	
Screened for Hep B since diagnosis	Screened for TB since diagnosis	•																											3	
	Screened for syphilis	•																											3	
	Screened for Hep B since diagnosis	•																												
	Completed Hep B vaccine series	•																											3	
Screened for Hep C since diagnosis	Screened for Hep C since diagnosis	•																												ı
Screened for substance use		•																											2,3	
Screened for mental health	Screened for mental health	•																											2,3	
Pap smear • 3,6	Pap smear	•																											3,6	_
Pregnant •	Pregnant	•																											2,3,4	
Date of first Positive HIV Test	Date of first Positive HIV Test																												1,3,4,5,6	
Date of OAHS visit after first positive HIV test	Date of OAHS visit after first positive HIV test	•																											1,3,4,5	

Only clients who are determined to be RWHAP eligible should be reported.

Most Core Medical Services require:

- Year of birth
- Race/Ethnicity (including subgroups)
- Gender
- Sex at birth
- Health Care Coverage

Most Support Services Require:

- Year of birth
- Race/Ethnicity (including subgroups)
- Gender
- Sex at birth



Impacts from Services Reporting Change

- RWHAP can measure investment and impact of all RWHAP-related expenditures at state and local levels
 - Provides clearer picture of RWHAP impact at the state and local levels
- Recipients will have information on the full scope of services provided through RWHAP-related expenditures
 - Assists recipients in justifying their program investment and showing the impact of the RWHAP within their states/jurisdictions/service areas
- Clearer picture of service utilization and client outcomes in RWHAP eligible clients
- Increase recipients' ability to conduct required monitoring of all funded subrecipients



Three Year Phased Implementation

- 2019 RSR (Submitted March 2020): For those who already collect this information
- 2021 RSR (Submitted in March 2022): Deadline for implementation
 - Provides additional time to make system changes
 - Allows data collection to begin in January for a full year of reporting
- CAREWare will be updated to allow data collection to begin in January 2020
 - Changes will be made in CAREWare 6





Focused Questions

 What challenges do you anticipate you will encounter with implementing these reporting changes?

What additional training will help support this transition?

 What additional technical assistance will help support this transition?





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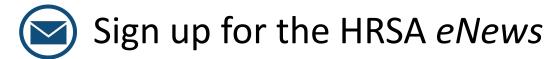
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