



Data Reports (Part 1): Ryan White HIV/AIDS Program Services Report (RSR)

Ryan White HIV/AIDS Program (RWHAP) Part B Administrative Reverse Site Visit

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Miranda Fanning, Chief, Data Management and Analysis Branch, DPD

Glenn Clark, ADAP Advisor, DSHAP

Amy Griffin, Project Officer, DSHAP

HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Learning Objectives

Participants will learn more about

- Ryan White HIV/AIDS Program (RWHAP) Services Report (RSR) data reporting requirements
- the completion of the RSR
- common issues with the RSR
- ways to use the RSR for program implementation



Overview

- RSR Overview
- RSR Reporting Basics
- Upcoming Reporting Changes
- Assessing reporting completeness
- Overview of RSR Data Available
- Use of RSR Data in Program
- Discussion Questions
- CAREWare 6
- Available Technical Assistance (TA)
- TA Clinic

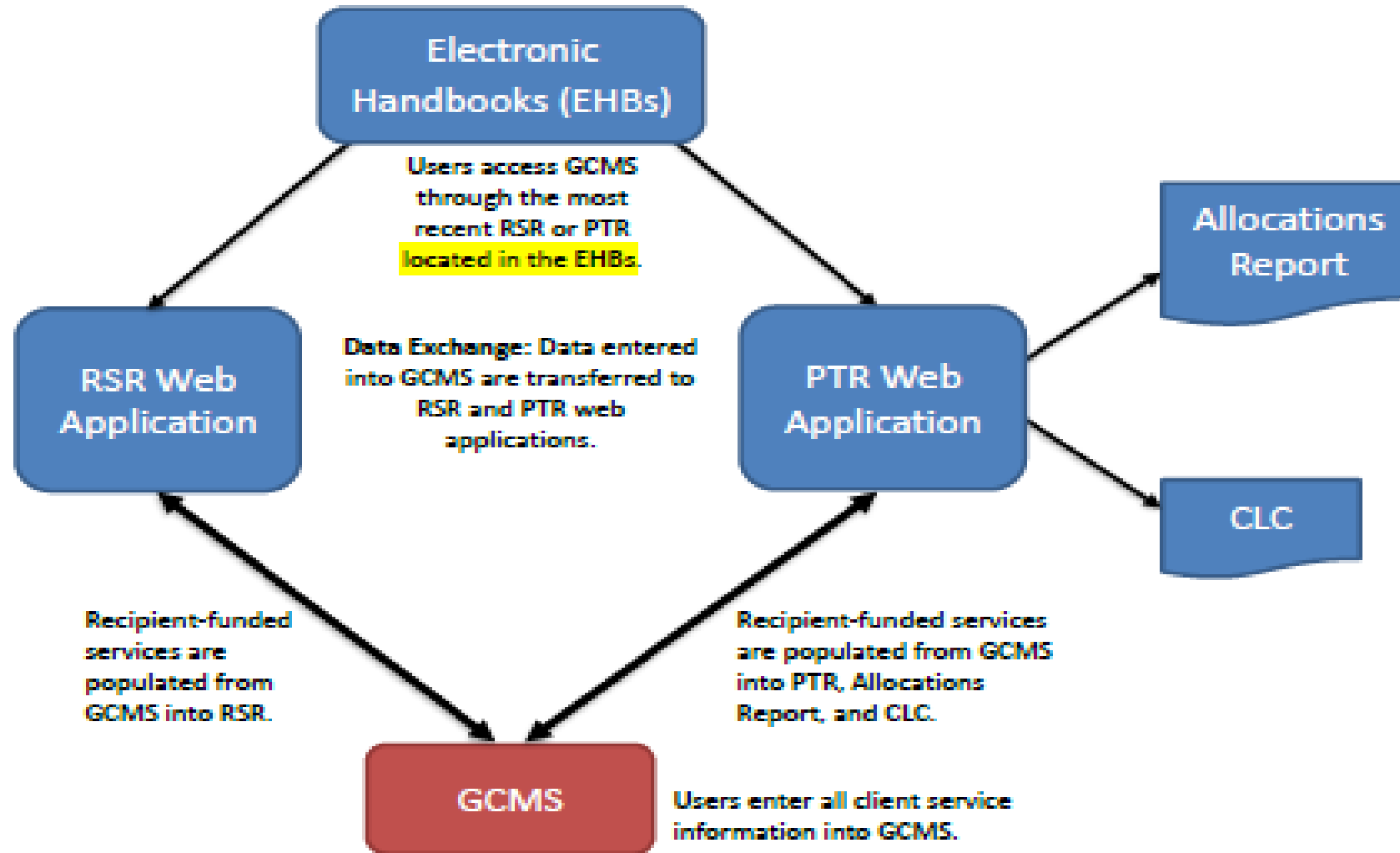




RSR Overview and Reporting Basics



Data System Overview

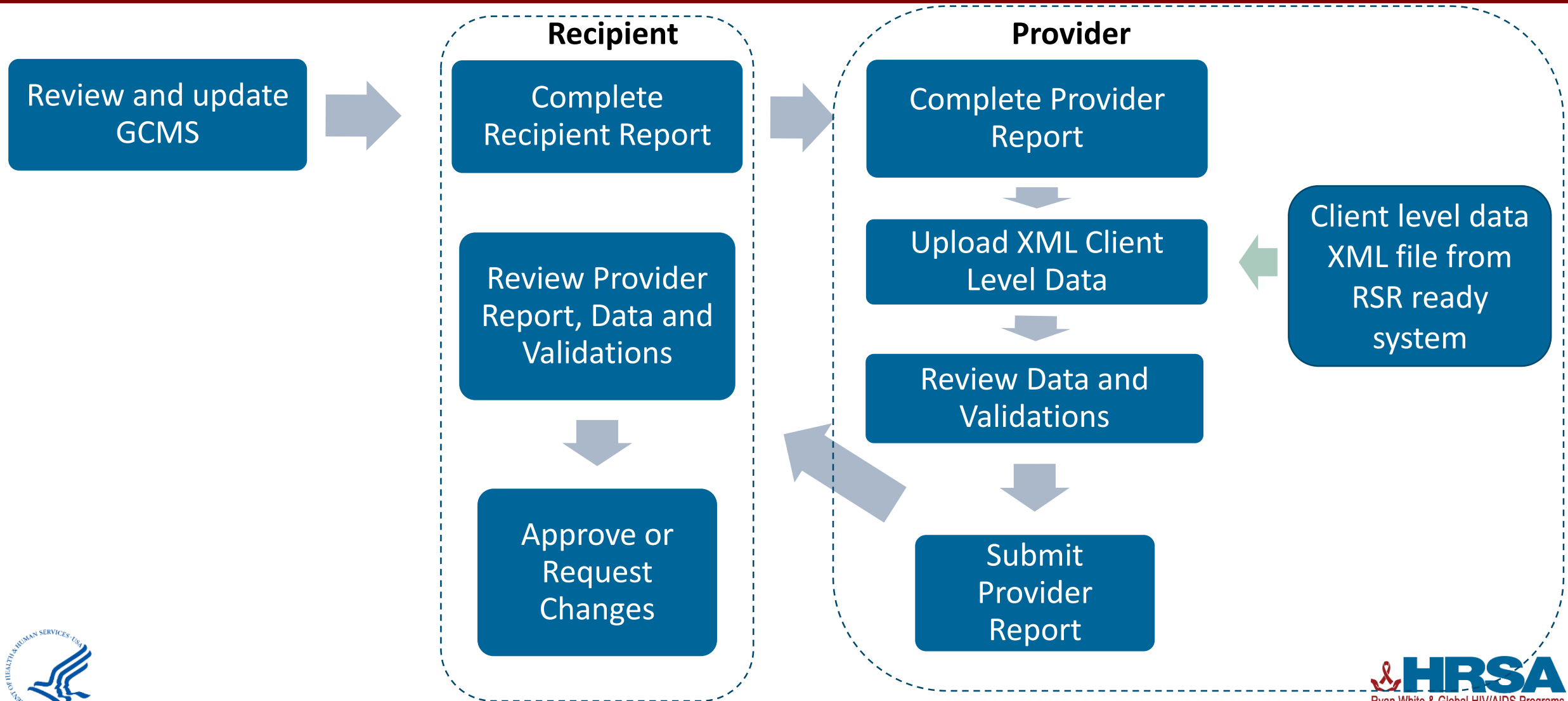


RSR: Types of Information Reported

RSR has three components:

- Recipient Report
- Provider Report
- Client Report (Client Level Data)

RSR Workflow



RSR: Recipient Report

- Two sections
 - General information
 - Program information
- Completed by recipients
- Collects basic information about the recipient organization and funded service provider contracts
- Recipients must complete Grantee Report before providers can begin provider report



RSR: Provider Report

- Collects information about service provider agency and services delivered
- Five Sections
 - General Information
 - Program Information
 - Service Information
 - HIV Counseling and Testing (HC&T) Information
 - Import Client-Level Data
- Every provider completes one report, even if multiply-funded
- **Recipients role: Train providers and oversee/approve completion of provider and client reports**



RSR: Client-Level Data

- XML file is generated from an RSR ready system
- Examples of RSR Ready Systems

AIRS	eCOMPAS
ARIES CA	Epic
AWARDS	eSHARE
CAREWare	NextGen
Casewatch Millennium	Provide Enterprise
CHAMP	SCOUT
CPCDMS	SuccessEHS
eClinicalWorks	

**Non-Endorsement*

The Health Resources and Services Administration (HRSA) and their associated Bureaus in no manner endorse or sponsor the aforementioned listed vendors or their products or offerings. This listing is based on self-report and successful upload of a test report.



RSR: Client-Level Data

- All service providers must report:
 - Encrypted Unique Client Identifier (eUCI)
 - Some Demographic Information
 - RWHAP-Eligible Services
- Some Providers must report additional client information:
 - Laboratory results
 - Additional Sociodemographic data (e.g. housing status)



For more information, refer to Appendix A of the RSR Instruction Manual: https://targethiv.org/sites/default/files/file-upload/resources/2018_RSR_Instruction_Manual_Edit%26508_20190109.pdf

RSR: Reporting Timelines

Submitted annually: Data reported for January 1st – December 31st

Timeline	Activity
Early December	GCMS and RSR Grantee Report opens for recipients
Early February	RSR Provider Report opens for providers
Late March	All RSRs must be in submitted status



RSR Timelines available at:

<https://targethiv.org/library/rsr-submission-timeline>



RSR: Reporting Best Practices

- Start early
- Review data throughout the year
- Correct list of contracts in Grantee Management Contract System (GCMS) before starting Grantee Report
- Set reasonable deadlines for providers
- Build collaborative working relationships with the other recipients who are also funding your providers
- Use the data quality reports built into the RSR web system



Knowledge Check #1

- What is the purpose of the RSR
- What are the three components of the RSR
- True or False
 - The last step before you can submit your RSR is to update subrecipient contract information into the GCMS



Questions





Upcoming Reporting Changes



Upcoming Changes for 2019 RSR Reporting

- XML File Changes
 - Response Options Changed
 - ✓ Vital Status
 - ✓ HIV Infection Risk Factor
 - ✓ Prescribed ART
 - Medical Insurance → Health Coverage
 - Federal Poverty Level now reported as a continuous variable
 - Support Services Delivered now reported as the number of visits
 - New Variable: Date Housing Status Collected
 - Removed nine Clinical Variables



For more information: <https://targethiv.org/library/ryan-white-services-report-rsr-data-dictionary-and-xml-schema-implementation-guide-client>

Upcoming Changes for 2019 RSR Reporting

- Recipient Report
 - Removed clinical quality management program question
 - New question: Subrecipients connected in a real time electronic data network
- Provider Report
 - Removed four questions
 - Changed response options for clinical quality management program question
 - Added aggregate reporting of client counts by residential zip codes

Clients by ZIP Code

Enter by hand on screen, or upload a file (see [Clients by ZIP Code template file](#)) that contains two fields: the zip code of residence and the number of clients residing in that zip code who received services that were funded using RWHAP and/or RWHAP-related funding (Program Income and Pharmaceutical Rebates). You can re-upload a file if there are any issues with the previous submission; the values will be over-written. You can also edit the values on screen. When ready to submit, click Save in the bottom right.

File to Upload:

No file chosen

Zip Code	Count of Clients	Action
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete
<input type="text"/>	<input type="text"/>	Delete



Upcoming Changes for 2019 RSR Reporting: Eligible Services Reporting

- Current 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
 - If a provider receives even \$1 for the service, the entire service category is reported
- Recipients do not report information on services that are fully funded by other RWHAP-related funding, such as pharmaceutical rebates or program income
- Under the current reporting requirements, RWHAP and recipients cannot measure the full investment and impact of the RWHAP at state and local levels



Changes to Include Eligible Services Reporting

- **In addition to what's currently reported**, recipients and subrecipients will begin submitting client level data for RWHAP eligible clients that received an allowable service funded through **RWHAP-related expenditures (Pharmaceutical Rebates and Program Income)**
- **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










Example: Multiply-Funded Subrecipient

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

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, Pharmaceutical rebates, Part C	All RWHAP eligible clients	All RWHAP eligible clients
Substance Abuse Services	Pharmaceutical rebates	No client level reporting	All RWHAP eligible clients
Mental Health Services	SAMHSA	No client level reporting	No client level reporting
Early Intervention Services	Program Income	No client level reporting	All RWHAP eligible clients

Upcoming Changes for 2019 RSR Reporting: Eligible Services

Client reporting depends on how the service is funded

Service	Funding Type	Clients	Reporting Status
Home Healthcare	RWHAP Only		Current Reporting
AIDS Pharmaceutical Assistance	RWHAP & Rebates		
Early Intervention Services	RWHAP & Program Income		
Mental Health Services	RWHAP & Other Federal Funding		
Medical Case Management	Rebates Only		Eligible Services Reporting
OAHS	Program Income Only		
Child Care Services	Rebates & Other Federal Funding		
Medical Transportation Services	Program Income & Other Federal Funding		No RSR reporting
Hospice	Other Federal Funding Only		



Knowledge Check #2

- A state has allocated 100% of their RWHAP Part B award to pay for ADAP services including medications, medication co-payments, and health insurance premiums
- They use the pharmaceutical rebates to pay for Medical Case Management, Outpatient/Ambulatory Health Services, and Food Bank/Home Delivered Meals
- They contract these core and support services out to 4 different subrecipients
- Under eligible services which components of the RSR would the recipient or subrecipient need to complete
 - Recipient Report
 - Provider Report
 - Client Report (Client Level Data)
- When would this change take effect?



Assessing Reporting Completeness and Accuracy

- Upload Completeness and Validation Reports data submission review
- Upload Completeness Report
 - Shows information on contents of uploaded file
 - Displays distribution of responses for each data element
 - Recipients have two Data Completeness Report options
 - ✓ By provider
 - ✓ By data element
- Validation Report
 - Displays errors, warnings and alerts



For more information: <https://targethiv.org/library/rsr-focus-how-use-2017-rsr-upload-completeness-report>

Questions





Overview of RSR Data Availability

RWHAP Data Count!

- RWHAP data are used to report information about the scope and impact of the RWHAP to:
 - Your Project Officer
 - HAB leadership
 - HIV/AIDS community
 - Other stakeholders
 - The public
- RWHAP data should accurately reflect your program activities



Ryan White HIV/AIDS Program Annual Client-Level Data Report Overview

- Annual publication using RSR client level data from more than 2,000 funded grant recipients and subrecipients
- Tables include:
 - demographic composition of clients served
 - socioeconomic factors, such as federal poverty level (FPL)
 - health care coverage
 - housing status
 - selected HIV-related clinical outcome indicators
- Data are inclusive of the overall RWHAP client population and key priority populations served by RWHAP



RSR Annual Client Level Report

- State level information is included in Sections three and four
- Data include clients receiving services from RWHAP Part A, B, C, and D funded service providers within the state

Table 18a. Ryan White HIV/AIDS Program Clients (non-ADAP), by year and state, 2013–2017—
United States and 3 territories

	2013	2014	2015	2016	2017
States					
Alabama	7,657	9,302	8,782	8,638	9,113
Alaska	510	503	524	562	653
Arizona	7,216	6,795	7,172	6,857	8,261
Arkansas	2,207	2,075	2,116	2,368	2,388
California	55,534	50,539	55,425	57,999	54,815
Colorado	6,612	6,690	6,772	8,151	7,129
Connecticut	5,419	5,277	5,895	5,147	5,071
Delaware	1,669	1,657	1,886	1,944	2,056
District of Columbia	9,305	7,166	6,935	6,659	7,110
Florida	54,303	53,761	55,378	53,516	54,706



To access the HAB data reports: <https://hab.hrsa.gov/data/data-reports>

State Profiles Overview

A dynamic web-based tool for accessing summary level RWHAP data

Health Resources & Services Administration

HRSA
Ryan White & Global HIV/AIDS Programs

Home State Profile State-to-State Year-to-Year

Client Characteristics
Grant Recipients
Client Outcomes
ADAP
Oral Health Programs
Services Received

Data Tables

Ryan White HIV/AIDS Program Clients Served, by State, 2016

34 66,435
Number of clients

Explore national- and state-level Ryan White HIV/AIDS Program data

The Ryan White HIV/AIDS Program serves over half a million people each year. In 2016, 551,567 clients received services from Ryan White HIV/AIDS Program-funded providers. Among all clients served in 2016, 97.0 percent (535,157) were living with HIV.

The Health Services and Resources Administration's HIV/AIDS Bureau utilizes these client-level data to monitor and support the progress of improving care and treatment for Ryan White HIV/AIDS Program clients.

Select from the map on the left or the drop-down menus above to view the latest data (2016) for a particular state. Use the left navigation menu to see client characteristics, client outcomes, and more for that state.

Use the links in the top navigation menu to compare states, compare states to the U.S. overall, or compare data by year.

Toggle "Data Tables" in the left navigation to view the data for all charts.



Available at: <https://hab.hrsa.gov/stateprofiles2016/#/>



Questions





Using your Data



Framework Guiding HIV Data Collection and Analysis

At the National Level

- The National HIV/AIDS Strategy 2020
- Ending the Epidemic
- HIV Care Continuum
- Federal Program Requirements

At the State Level

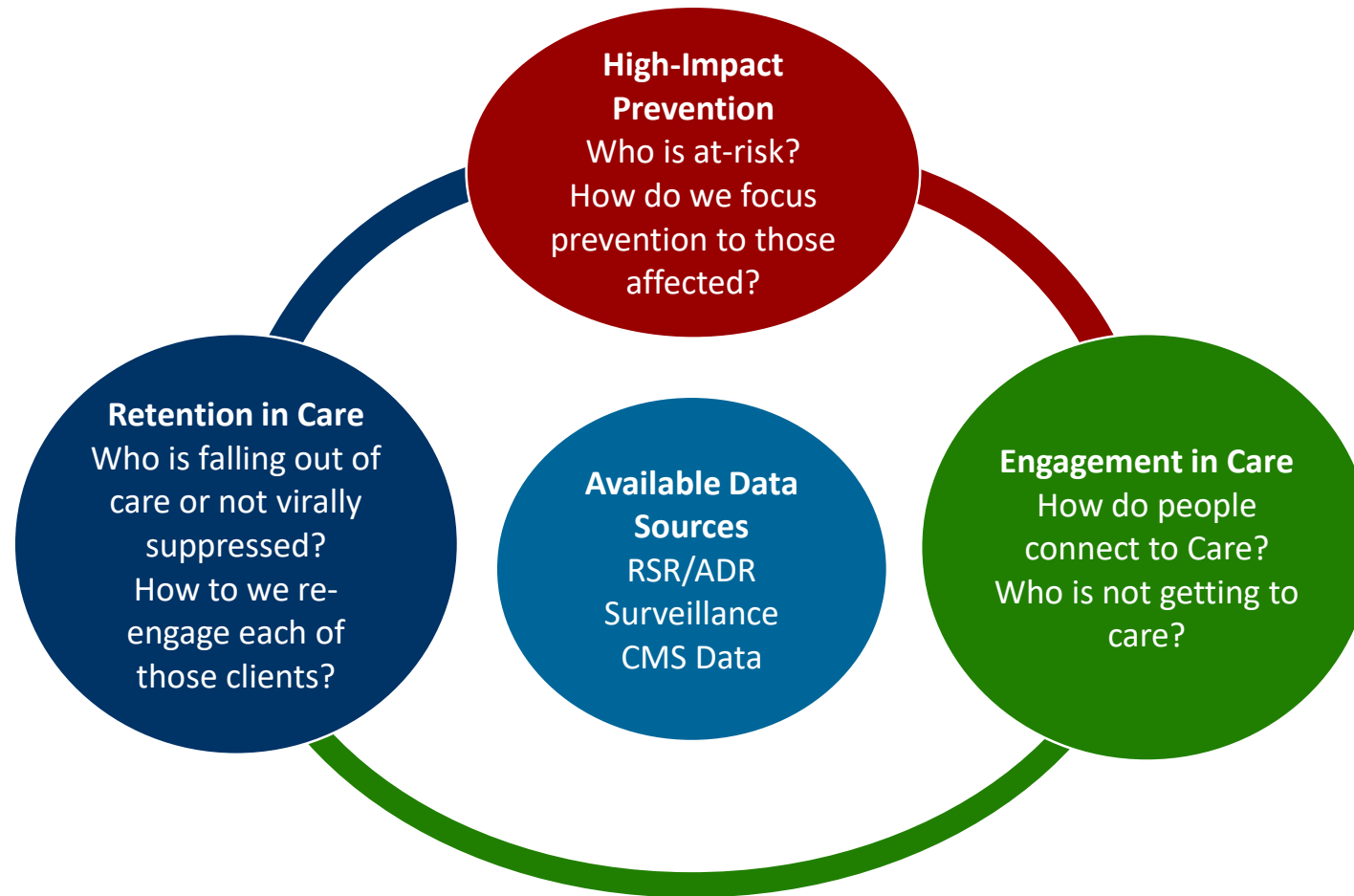
- Public Health Mandates
- Grant Requirements
- Integrated Planning

At the Local Level

- Community Planning
- Service Provision/Clinical Quality Management (CQM)



Integrated Planning and Coordinated Service Design



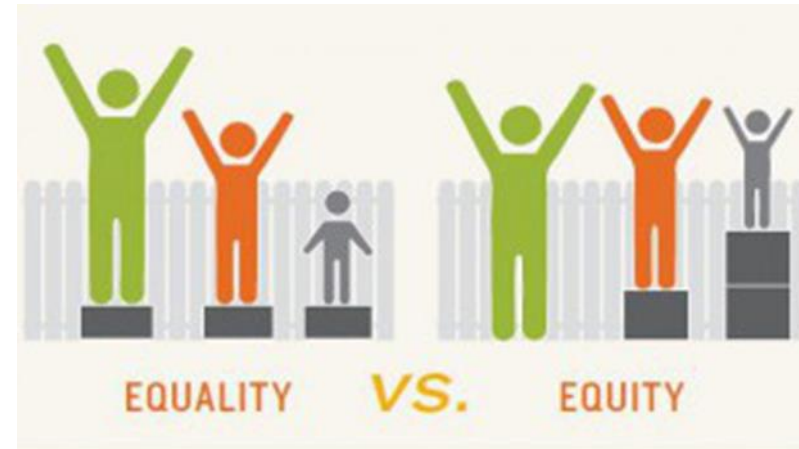
Re-Investing and Re-Assessing Services

How does the RWHAP program fit into all of this?

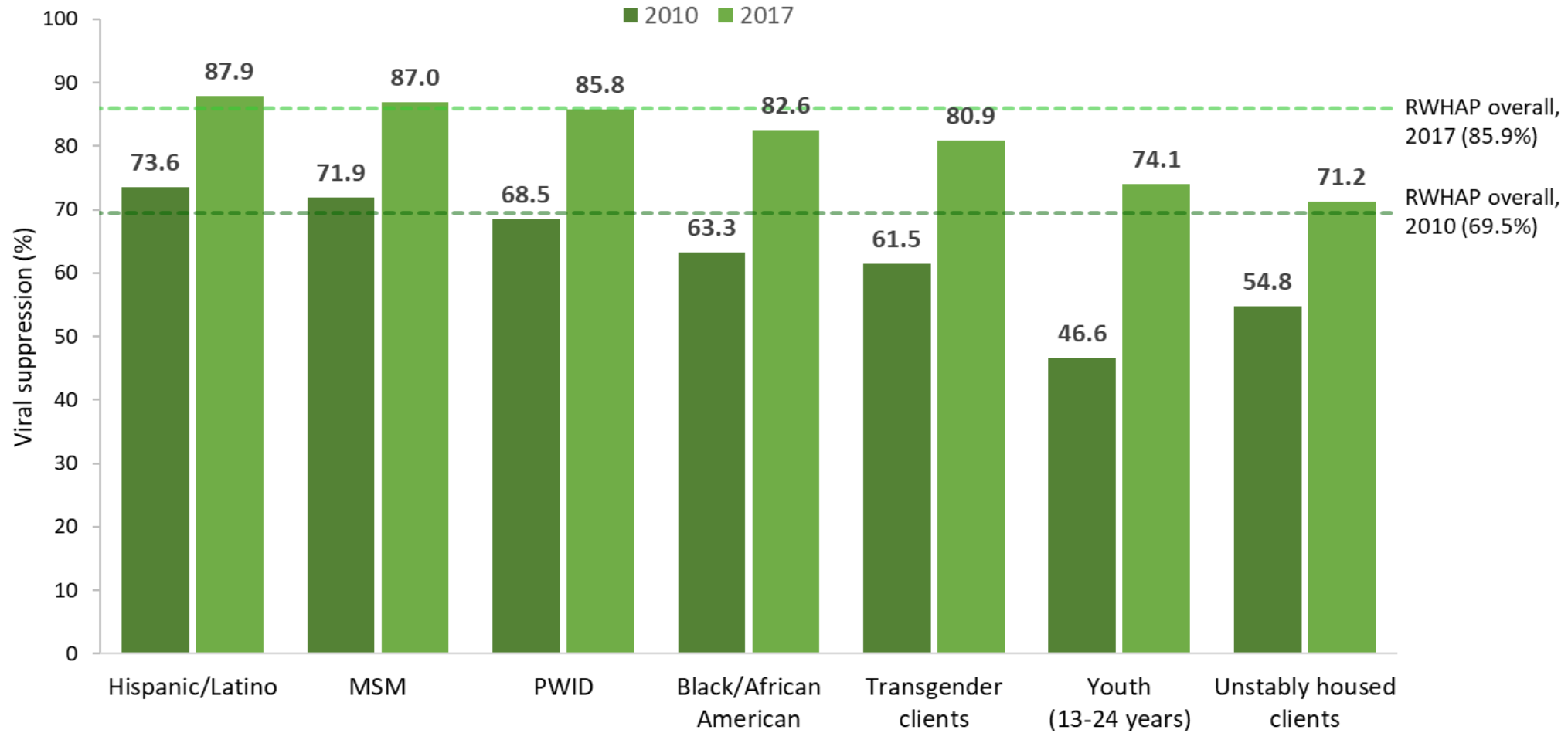
- Utilize planning processes and data to determine who is not doing well in care
- Determine how the system promotes or impedes viral suppression for each sub-population
- Maximize existing resources and create new collaborations
- Identify an ideal portfolio of services needed to coordinate systems, create a seamless service delivery process, and improve health outcomes

RWHAP as a Health Equity Program

- RWHAP strives to build equity
 - Recognizes different clients have different needs
 - Is a structural intervention to address the social determinants of health
- Analyze data to identify disparities
 - May identify quality concerns
- Identify opportunities to improve outcomes for all



Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2017—United States and 3 Territories^a



Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Data-to-Care

A public health strategy that aims to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum.

Models:

- [Health Department Model](#) - Health department-initiated linkage and re-engagement outreach
- [Healthcare Provider Model](#) - Healthcare provider-initiated linkage and re-engagement outreach
- [Combination Health Department/Healthcare Provider Model](#) - a combination of both approaches

Source: <https://effectiveinterventions.cdc.gov/en/highimpactprevention/publichealthstrategies/DatatoCare.aspx>



Questions





Discussion Questions

CAREWare Updates



Technical Assistance Resources



TA Resource	Type of TA
<p>Ryan White Data Support 888-640-9356 RyanWhiteDataSupport@wrma.com</p>	<ul style="list-style-type: none">• RSR-related content and submission questions• Interpretation of the RSR Instruction Manual and HAB's reporting requirements• Instructions for completing the RSR Recipient and Provider Reports• Data validation questions
<p>DART Data.TA@caiglobal.org</p>	<ul style="list-style-type: none">• Data reporting requirements• Extracting data from systems and reporting it using the required XML schema• TRAX and the encrypted Unique Client Identifier (eUCI) Application• Data quality issues
<p>HRSA Contact Center 877-464-4772 http://www.hrsa.gov/about/contact/ehbhelp.aspx</p>	<ul style="list-style-type: none">• RSR software-related questions• Electronic Handbook (EHBs) navigation• EHBs registration• EHBs access and permissions• Performance Report submission statuses• RSR Web System navigation
<p>CAREWare Help Desk 877-294-3571 cwhelp@jprog.com</p>	<ul style="list-style-type: none">• How to generate the XML file from CAREWare correctly• How to view a sample client summary file• Creating custom reports

Contact Information

- **Glenn Clark, MSW, AIDS Drug Assistance Program (ADAP) Advisor**
Division of State HIV/AIDS Programs, HIV/AIDS Bureau
Email: glclark@hrsa.gov
- **Amy Griffin, MSW, Project Officer, Northeastern/Central Services Branch**
Division of State HIV/AIDS Programs, HIV/AIDS Bureau
Email: AGriffin@hrsa.gov
- **Miranda Fanning, MPH, Chief- Data Management and Analysis Branch**
Division of Policy and Data, HIV/AIDS Bureau
Email: mfanning@hrsa.gov





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