

How to Complete the HIV Quality Measures (HIVQM) Module

Ryan White HIV/AIDS Program

HIV/AIDS Bureau

February 23, 2021



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:



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Today's Webinar is presented by Imogen Fua from RWHAP Data Support. 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 Audrey 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 Audrey 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

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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..

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.

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

Overview

Overview of the HIVQM Module

Accessing the HIVQM Module

March Feature: Entering Past Reports

Entering Performance and Demographic Data

Validating Your Data

Technical Assistance

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Hello everyone, thank you for joining us today. For those of you who are new to the HIVQM module, welcome. The module is a voluntary data collection tool that HRSA HAB created to help recipients and subrecipients with monitoring their progress on their performance measures. This presentation will provide basic information so it will be appropriate for new users. And for those of you who have used the Module before, this will mostly be a review but will give you the opportunity to share your experience, ask questions and delve deeper.

First, I will quickly give an overview of the Module, how to access it and then we'll focus on how to enter data for the March reporting period. As some of you know, during the March data entry period, which is next month, you are allowed to enter data for the current reporting period and the previous year – so, we will go over that. Then we'll move on to how to enter your performance measures data and your demographic data. Then I will also go through the validation process that ensures that the data you entered are correct and make sense.

Then, we will go over the technical assistance resources that HRSA HAB has available for you.

Lastly, with the HIVQM now in its 4th year, we would like to hear from you. Throughout the webinar, we have incorporated some poll questions and we encourage you to participate. We hope the results of these polls will give us a general sense of your experience with the Module, why and how you use or would use it, and also to learn how we can improve the system as well as our TA services.



We will start with the first poll to get to know you a little bit and if and how often you use the Module. I am going to hand it off to Audrey to conduct the first 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.

What does the Module do?



Allows you to enter HAB performance measures data, including demographic data, four times a year so you can monitor your progress over time



March open period allows access to the previous year to edit and enter new data



Upload your data via CSV file, including from CAREWare



Create your organizational summary reports and compare your performance with other organizations who also enter data in the Module

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What does the Module do? First, the Module is accessible via the RSR portal which all recipients and subrecipients should have access to.

Recipients and subrecipients can enter performance measures data 4 times a year so that you can continually monitor your progress throughout the year. I will show you that schedule in a couple of slides.

As I mentioned in March of every year, the system will allow you access to the previous year to edit or enter data. If you have any updates; or if 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 that previous year. If you missed a reporting month when the Module was open, you can enter it in March.

You can either enter your data manually or you can upload your data via an CSV file. Recently added for CAREWare users, you can now create that CSV file for the Module from CAREWare.

After you have entered your data into the Module, you will be able to immediately generate your organization's summary reports that calculates the percentage of how well you are doing 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. The data is de-identified so you will not know who's data is who's.

HIVQM Module: Timeline

- Open four times a year
- Measurement year is 12 months except for medical visit frequency measures (24 months)
- One month to enter data

HIVQM Module Opens	HIVQM Module Closes	Measurement Year
March 1, 2021	March 31, 2021	January 1 – December 31, 2020 and January 1 – December 31, 2019
June 1, 2021	June 30, 2021	April 1, 2020 – March 31, 2021
September 1, 2021	September 30, 2021	July 1, 2020 – June 30, 2021
December 1, 2021	December 31, 2021	October 1, 2020 – September 30, 2021

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This is the reporting timeline. As I mentioned, HAB believes that in order to optimally support quality improvement activities, collection of performance measures should occur quarterly, so the Module will allow data to be entered up to four times a year. Each time, recipients will have one month to enter their data. So during the calendar year, they can enter data during the entire months of March, June, Sept and Dec as shown in this table.

During these months that the Module is open, you will be entering data for a 12 month period for each performance measurement except for the medical visit frequency measure, which is 24 months.

So, next month, in March, when the Module is open, you should only enter performance measure data for the 12 month period of January 1 – December 31, 2020 as well as the previous year, January 1-December 31, 2019.

Module Components

The HIVQM Module consists of three components:

1. **Provider Information:** Pre-populated data taken from the last submitted RSR
2. **Data Entry:** Select Measures and Enter Performance Measures Data
 - a) [HAB Performance Measures](#): 45 clinical measures under nine main categories
 - b) Enter demographic data: age, gender, race/ethnicity and HIV risk factor
3. **HIVQM Reports:** Generate reports of data entered as well as comparison reports with other recipients

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The Module comprises of three parts:

The first part is the Provider Information page. It consists of 4 data elements about the provider. This page will be already populated from your latest submitted RSR so you can just check the information and update any incorrect data.

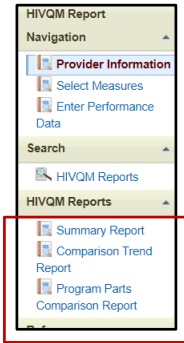
The second part is the Performance Measures Data Entry. This is where your performance measures data can be entered manually or imported via the CSV file. If you are entering your performance measures manually, this is the section where you will do that. If you are uploading your performance measures, this is where you will be able to check and see the data you uploaded.

There are 45 HAB clinical performance measures under nine main categories that you can enter or upload. You can check out these performance measures at the HRSA HAB website as linked here. Your organization can choose which performance measures you want to enter that perhaps are more appropriate your population and your organizational goals. Recently, HAB also added the feature of being able to enter demographic data with your performance measures – so you can look at how you are doing with particular populations. You will be able to enter age, gender, race/ethnicity

and HIV risk factor.

Then the final part of the Module is the Reports which I will go over in the next slide.

HIVQM Reports



Category	Performance Measure Title	Part A Percent	Part B Percent	Part C Percent	Part D Percent	National Percent
Core Measures	Annual Retention in Care	76%	85%	81%	85%	81%
ADAP Measures	Application Determination	--	--	--	--	--
Medical Case Management (MCM) Measures	Care Plan	67%	59%	39%	50%	57%
Adolescent and Adult Measures	Cervical Cancer Screening	41%	50%	47%	64%	48%
Adolescent and Adult Measures	Chlamydia Screening	68%	64%	66%	70%	66%
Oral Health Measures	Dental and Medical History	--	--	--	--	--
Oral Health Measures	Dental Treatment Plan	94%	94%	94%	94%	94%
HIV Exposed Children Measures	Diagnostic Testing to Exclude HIV Infection in Exposed Infants	--	--	--	--	--
ADAP Measures	Eligibility Recertification	87%	87%	87%	--	87%
ADAP Measures	Formulary	--	--	--	--	--
Medical Case Management (MCM) Measures	Gap in Medical Visits	--	--	15%	15%	15%
Core Measures	Gap in Medical Visits	20%	15%	17%	13%	17%

So you'll know the results of all your data entry, let's just go over the HIVQM reports that the Module can generate.

You can access your reports via the navigation bar . The first report type is the Summary Report data which as you can see here, the first columns show your data and then the next three columns show the state, regional and national data. The comparison trend report lets you look at your data over a period of up to 5 years so you have look at your progress over that time period. It also will let you compare that data at the state, regional and national level. It also gives you a nice line graph. Finally, the Program Parts Report compares your data with other Ryan White Parts.

Access the HIVQM Module via RSR Inbox

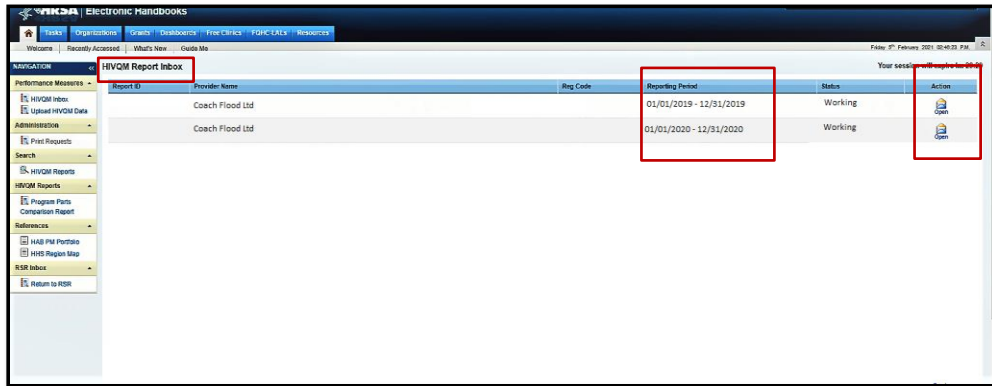
The screenshot shows the HRSA Electronic Handbooks interface. The top navigation bar includes 'Tasks', 'Organizations', 'Grants', 'Free Clinics', 'FHHC-LALS', and 'Resources'. The main content area is titled 'RSR Provider Report Inbox' and displays a table with the following data:

Report ID	Provider Name	Reg Code	Reporting Period	Modified Date	Status	Action	Clients	Action History
0	Coaching Flood Ltd	51129	2020 Annual	6/19/2020 3:32:29 PM	Not Started	Create	0	History

Below the table, there is a search bar and a 'Page Size: 25' dropdown. A message at the bottom states: 'For help with EHBs contact the HRSA Help Desk by phone at 1-877-Go4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-9356 or email to RyanWhiteDataSupport@wma.com'. The user is logged in as 'Provider'.

Let's begin with how to access and enter your data. As I said, the Module is accessible via your RSR. So, once you are in your RSR Inbox, you will see at left bottom – the HIVQM Inbox. Click on that link and you will be brought to you HIVQM Inbox.

HIVQM Inbox



The screenshot shows the HIVQM Report Inbox interface. The table contains the following data:

Report ID	Provider Name	Reporting Period	Status	Action
	Coach Flood Ltd	01/01/2019 - 12/31/2019	Working	Open
	Coach Flood Ltd	01/01/2020 - 12/31/2020	Working	Open

This is what your HIVQM Report Inbox looks like. Depending on whether you are a Recipient or sub-recipient, you will see a list of providers that you are able to enter data for. For Recipients, you will also be able to enter data for all your subrecipients. For subrecipients, you will only see your provider name that you can enter data for. In March, your inbox will look a little different. Usually, you will only see one folder for each of your organization, but because you are able to enter past data, you will see the current reporting period and the previous year. Click on the icon underneath “Action” to choose the reporting period you want to enter data for and it will bring you to the first page of the Module. When you are just starting, the action icon will say “create” and once you’ve started, it will change to “open”.



For the second poll, we want to see how if you are using or will be using the March feature.

Poll: Have you used the March feature to enter data for past reporting periods?

- Yes, and we will use it again this year
- Yes, but we will not use it again this year
- We will use it for the first time this year
- No, we do not plan on using this feature

HAB wanted to give you additional support to enter accurate data as well as allow you to see your progress over periods of time, so we hope more of you take advantage of this feature.

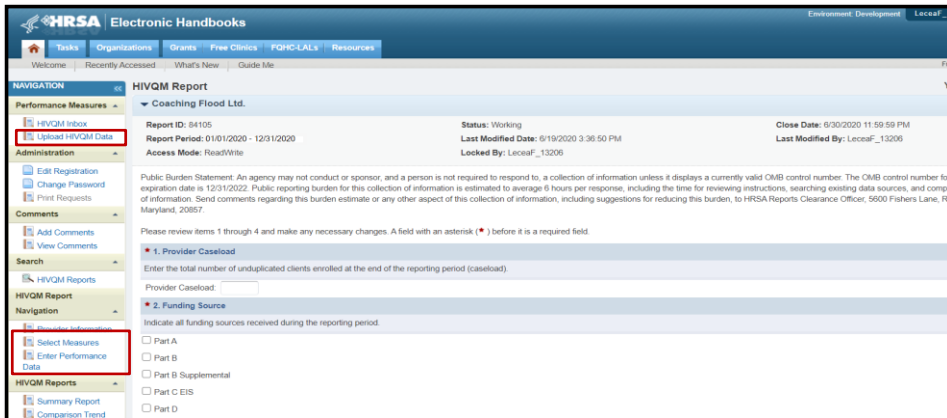
Confirm and Edit Provider Information

The screenshot shows a web-based form for entering provider information. The form is titled "HIVQM Report" and includes a navigation menu on the left with options like "Add Comments", "View Comments", "HIVQM Report", "Provider Information", "Enter Performance Data", "HIVQM Reports", "HIVQM Reports", "Summary Report", "Consentment Triage Report", "Program Plan", "Companion Report", "References", "HIV PEP Portfolio", "HIV Report Map", "RIS Inbox", and "Return to RSR". The "Provider Information" section is highlighted in red. The form contains several sections: "1. Provider Caseload" with a text input for "Provider Caseload" (value: 2058) and a "Submit" button; "2. Funding Source" with a "Submit" button; "3. Provider Type" with a list of radio button options including "Hospital or community-based clinic", "Publicly funded community health center", "Publicly funded community mental health center", "Other community-based service organization (CSO)", "Health department", "Substance abuse treatment center", "Boutique private medical practice", "Agency recruiting for medical free-for-service providers", and "People living with HIV/AIDS (PLWAH) Coalition"; and "4. Data Collection" with a "Submit" button and a radio button for "Yes, all electronic".

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Once you have chosen the reporting period from the HIVQM Inbox that you want to enter data for, you will be taken to the first page of the Module. The first thing you should do is go to the Provider Information page to confirm and edit the information that was transferred over from the latest submitted RSR. From the navigation bar, click on the Provider Information link and there's 4 data elements that you should check and update: your provider caseload, your Ryan White funding source(s), provider type and your data collection system.

Entering Data



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Once you have confirmed and edited the Provider Information page, you are now ready to enter your performance measures data. At the top of the navigation bar, you can either click on the upload button to upload your CVS file or at the near bottom of the navigation bar you can select data entry pages of the Module.



Now we are going to take this opportunity to see how you are entering or would enter your data into the Module.

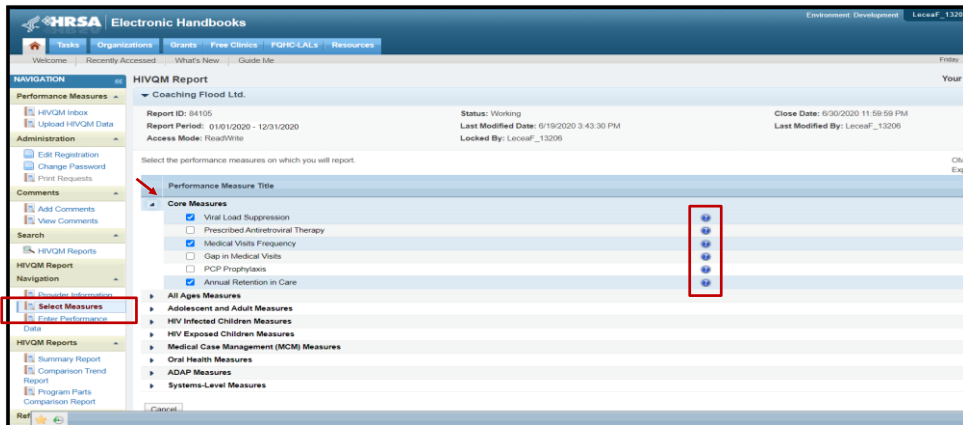
Poll: How do you enter data (or would you enter data) into the HIVQM Module?

- We enter/would enter data manually and do not need TA on this process.
- We enter/would enter data manually and would like more TA on this process.

- We upload/would upload our data and do not need TA on this process.
- We enter/would upload our data and would like more TA on how to upload data with a CSV file.

The upload feature is fairly new and serves to avoid double data entry. We know that manual entry may be preferable for some of you as well, especially for smaller organizations or those who only want to look at a few performance measures. In either case, if you need assistance or have suggestions on how to improve either of the processes, give us a call and we are happy to talk with you.

Manual Entry: Select Measures



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Let's go over how to enter your performance measures data. Let's go through the steps of manually entering your data first.

The first step is to select the performance measures you want to enter. Click on Select Measures on the navigation bar and it will bring you to a list of the Nine main performance measures as you can see here in bold, starting with CORE MEASURES. Note also the question mark icons. If you click on these, it will give you the definition of that performance measure, the same definition from the HRSA HAB website.

To select performance measures you want to enter data for, Click on the arrow on the left side of the bolded main performance measures and a list of the subcategories will be listed beneath. Click on box next to the subcategories you want. As you see here, I have clicked on viral load, medical visits and annual retention in care. After you have selected your performance measures, remember to save your selection with the save button on the bottom of the page.

Manual Entry: Performance Measures

The screenshot shows the HRSA Electronic Handbooks interface. The main content area displays the HIVQM Report for Coaching Flood Ltd. The report details include Report ID: 54105, Report Period: 01/01/2020 - 12/31/2020, Status: Working, Last Modified Date: 6/19/2020 3:43:30 PM, Close Date: 6/30/2020 11:59:59 PM, Access Mode: Read/Write, and Locked By: Lccolaf_13206. The Performance Measure Data section lists Core Measures: Viral Load Suppression, Medical Visits Frequency, and Annual Retention in Care. The 'View/Edit' link for Viral Load Suppression is highlighted with a red box. The left sidebar contains navigation options, with 'Enter Performance Data' highlighted by a red box.

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After you have selected all your measures, click on the “enter performance data” link. This will take you to this page on the screen that lists all the measures you have chosen. Then you can click on “view/edit” next to the performance measure that you want to enter data for.

Manual Entry: Numerator and Denominator

The screenshot displays a web application interface for manual entry of performance data. The page is titled "Viral Load Suppression" and shows a table with columns for "Records Reviewed", "Numerator", and "Denominator". The "Records Reviewed" column has a value of 150. The "Numerator" column has a value of 125 and the "Denominator" column has a value of 150. Red boxes highlight the "Add new record" button, the "Records Reviewed" field, and the "Update" button.

Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1						150	125	150		Update

That will bring you to this page, to start entering data. So, the first thing you are entering are your numerator and denominator for that performance measure. You can review the HAB performance measure definition for more information on what your numerator and denominator should represent.

Finally, click on the "update" link to save your data. If you are not looking at demographic data, you are basically done with entering data for this performance measure and you can move on to the next. If you want to add demographic data, click on the "add new record" at the top of that table.

Manual Entry: Demographic Data

HRSA Electronic Handbooks

Tasks Organizations Users Free Clinics FQHC/LALX Resources

Welcome Recently Accessed What's New Guide Me

NAVIGATION Performance Measures HIVQM Inboxes HIVQM Data Administration Comments Search HIVQM Reports HIVQM Report Navigation Provider Information Select Measures Enter Performance Data HIVQM Reports Summary Report Comparison Trend Report Program Parts Comparison Report References

HIVQM Performance Measure Data - Edit

Coaching Flood Ltd.

Report ID: 84105 Status: Working Close Date: 6/30/2020 11:59:59 PM

Report Period: 04/01/2019 - 03/31/2020 Last Modified Date: 6/19/2020 3:43:30 PM

Access Mode: Read/Write Locked By: Leceaf_13206 Last Modified By: Leceaf_13206

Annual Retention in Care

Row 1 includes all client records for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific sub-groups (e.g. males).

+ Add new record

Records Reviewed	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Pe
1	24	99	Male	White	Male to Male sexual contact (MSM)	125	100	110	90%

Insert Cancel

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If you are entering demographic data under a performance measure, again you will first need to enter the numerator and denominator for that demographic and then assign the demographic that you are looking at. You can enter age, gender, race/ethnicity and HIV risk factor. The choices that you have under these demographics are aligned with the options that are in the RSR.

Once you are done entering data, click on “insert” to save your demographic data. You can keep on entering more demographic data for that performance measure by clicking on the add new record at the top of that table.

Validation Errors and Alerts

The screenshot displays the HRSA Electronic Handbooks interface. At the top, a red error message box states: "Error: One or more errors have occurred. Medical Visits Frequency: The Numerator must be less than or equal to the Denominator. Prescribed Antiepileptic Therapy: The Records Reviewed must be greater than or equal to the Denominator. Well Used Suppressor: The Records Reviewed must be less than or equal to the Count." Below this, a "Message from webpage" alert box is visible, stating: "The numerator reported for the following performance measure(s) is less than 20% of the denominator: PCP Prophylaxis. Please check the values to make sure that they are accurate." The main content area shows a table for "Medical Visits Frequency" with columns for Row Number, Age Min, Age Max, Gender, and a table for "PCP Prophylaxis" with columns for Records Reviewed, Numerator, Denominator, Provider Percent, and Action.

Row Number	Age Min	Age Max	Gender
1			
2	24	65	Male

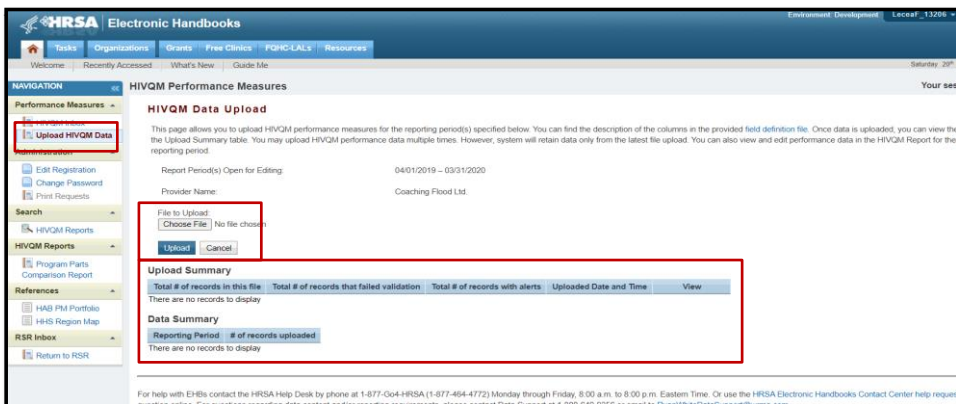
Records Reviewed	Numerator	Denominator	Provider Percent	Action
100	110	90%		OK
25	35	71%		OK

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After each record that you enter, you will either receive a success message or validation error. Here is what the screen will look like when you have validation errors. On the top of the page in red, is the list of errors that they will need to check and correct. These errors are to ensure that your numerator, denominator and number of records that you've reviewed make sense. So, for example, your numerator has to be a number smaller than your denominator or your denominator can't be bigger than the number of records you reviewed. When you get these errors, go back to the action column and edit your data; or if you want, you delete the record and start over again.

In addition to errors, you may also get an alert, as you see here in the center of the page. This is an alert box. Alerts don't necessarily have to be corrected. For example, if you entered a small number as a numerator that is less than 20% of the denominator, the system will alert you to make sure that the numerator correct. But if that number happens to be correct, you can just ignore that alert and move on and the Module will accept that number.

Import Data via CSV File



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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 to help you create this file.

Once you have created your CSV file and saved it on your computer, you can click on the Upload HIVQM Data at the top of the navigation bar.

In the center of the Data Upload page, you will use those buttons -- which you see here -- to upload your data. Click on the Choose File button to retrieve your file from your computer. Once you have located your file, click on the Upload button. A validations process will automatically begin to ensure that your data are correct and can be accepted into the Module.

Results will appear here in your Upload Summary once the validation process ends.

List of Data Validation Messages

Errors you must correct:

- For records reviewed, you **must** enter a number less than or equal to the caseload number entered in the Provider Information page.
- The records reviewed number **must** also be greater than or equal to the denominator.
- The numerator **must** be less than or equal to the denominator.

Alerts that you need to double-check but *can ignore if the numerator is correct*:

- For all performance measures (except for Gap in Medical Visits), your numerator should be less than 20% of the denominator.
- For Gap in Medical Visits, your numerator should be greater than 20% of the denominator.

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Whether you manually enter or upload your data, the validation messages are the same. The other good news to the validations is that there aren't that much of them. There are three error messages that you must correct and have to do with your numerator and records reviewed. The last two are alerts that have to do with checking your numerator to make sure it's correct.

Data Entry: Success

HRSA Electronic Handbooks

Environment: Development | Local: 13206 | Support | Logout

Tasks | Organizations | Grants | Free Clinics | PQNC-CALs | Resources

Welcome | Recently Accessed | What's New | Guide Me

Saturday, 20th June 2020 12:14:18 PM

NAVIGATION

HIVQM Performance Measure Data - Edit

Coaching Flood Ltd.

Report ID: 84105 | Status: Working | Close Date: 6/30/2020 11:59:59 PM
 Report Period: 04/01/2019 - 03/31/2020 | Last Modified Date: 6/19/2020 3:43:30 PM | Last Modified By: Lecaaf_13206
 Access Mode: ReadWrite | Locked By: Lecaaf_13206

Your session will expire in: 28:22

Annual Retention in Care

Row 1 includes all client records for that specific performance measure. A dash in any of the columns indicates that the measure includes all clients in that category and is not restricted to any specific sub-groups (e.g. males only or 25-44 yr olds only).

Row Number	Age Min	Age Max	Gender	Race/Ethnicity	HIV Risk Factor	Records Reviewed	Numerator	Denominator	Provider Percent	Action
1	-	-	-	-	-	125	100	110	90%	Edit
2	24	66	Male	White	Male to Male sexual contact (MSM)	55	45	55	81%	Edit Delete
3	24	66	Female	Black/African American	Heterosexual contact	25	25	25	100%	Edit Delete
4	24	66	Female	White	Heterosexual contact	23	23	23	100%	Edit Delete
5	24	66	Male	Black/African American	MSM and IDU	36	25	36	71%	Edit Delete
6	24	66	Female	Hispanic/Latino	Heterosexual contact	10	10	10	100%	Edit Delete
7	24	66	Male	Hispanic/Latino	MSM and IDU	55	25	25	100%	Edit Delete
8	24	66	Transgender (all)	Multiple races	Other	23	18	23	78%	Edit Delete

Items in 1 pages

Go Back

For help with EHBs contact the HRSA Help Desk by phone at 1-877-GO4-HRSA (1-877-464-4772) Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern Time. Or use the HRSA Electronic Handbooks Contact Center help request form to submit your question online. For questions regarding data content and/or reporting requirements, please contact Data Support at 1-888-640-6356 or email to RyanWhiteDataSupport@hrma.com

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Once you pass your validation process, you can see the results of your data entry as you see here -- you will see the numerator and denominator and the calculated percentages for each performance measure and any demographic data you entered. You can still edit or delete your demographic data at this point if you see your data don't reflect your program.

Those are the steps to manually entering or uploading your performance data and demographic data. Feel free to contact the Data Support team if you need further assistance. We are happy to walk you through the process.

Now you can generate those reports that I showed our earlier.



Which HIVQM Report(s) do you use/would use most often? Choose all that apply.

- Summary Report shows your organization's data compared to state, regional and national data during that reporting period.
- Comparison Trend Report allows you to look at your data over a period of up to 5 years, along with state, regional and national data.
- Program Parts Comparison Report compares your data with other RWHAP Parts during that reporting period.

A couple of reminders: data are de-identified and the comparison reports reflect only data that's been entered in the Module. A tip: to wait until after the end of reporting month to get the best data for your comparison when you know everyone who will enter data has already entered their data. For example, for the March period, wait until April 1st to generate any reports.



Now you have a sense of what the Module can do, we want to know how you use or would use the HIVQM. Here is the last poll.

5. 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.

If there is any other way you would like to use the data from the Module that the Module does not produce, let us know. We would also be interested in seeing examples of how you are using your data. Feel free to share with us any stories or products that may have resulted from using the Module. In the next couple of webinars, we would like to feature some of your work.

Technical Assistance Resources

[HIVQM on TargetHIV](#)

- Past HIVQM webinars
- 2020 HIVQM Module Instruction Manual
- Information Sheet: Entering New Data In Past Reporting Periods
- HIVQM File Export: An excerpt from the CAREWare Miscellaneous Features Guide

HAB Email: RWHAPQuality@hrsa.gov

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

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These are the technical resources available to you. The TargetHIV website now has an HIVQM page that houses all HIVQM related resources - including past webinars, the Manual, an information sheet on the March feature and the CAREWare guide to creating your CSV file. Today's webinar and the Q&A will also be posted 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.

A new listserv for clinical quality management is also now available. This is where you can inquire and collaborate with other colleagues on clinical quality management programs.

Technical Assistance Resources

- **Ryan White HIV/AIDS Program Data Support**

888-640-9356

RyanWhiteDataSupport@wrma.com

- **The DISQ Team**

Data.TA@caiglobal.org

[TA Request Form](#)

[Subscribe for DISQ Email Updates](#)

- **CAREWare Help Desk**

877-294-3571

cwhelp@jprog.com

[Online TA Request Form](#)

[CAREWare Listserv](#)

- **EHBs Customer Support Center**

877-464-4772

[Online TA Request Form](#)

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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.

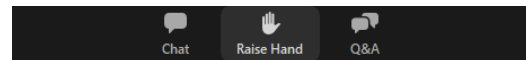
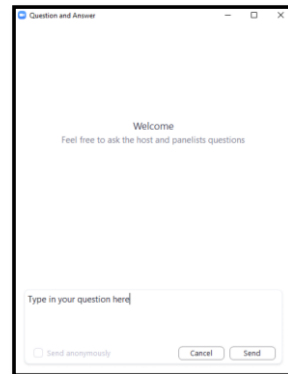
This ends my presentation and I want to thank you again for joining us today and participating in our polls. We really want to hear about your experience with the Module so we can improve it. The Module is your tool; so we want it to be useful, relevant and user-friendly and we need your help to achieve that. Thank you again and now I will turn it over to AJ for the Q&A portion of the webinar.

Let's Hear From You!

- Please use the “raise hand” function to speak. We will unmute you in the order that you appear.

OR

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.



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

Now let's move on to the Q & A. As a reminder, you can send us questions using the “Question” function on your settings the bottom of the screen. You can also ask questions directly “live.” You can do this by clicking the raise hand button (on the bottom of the screen) and my colleague Audrey will unmute at the right time. We hope you consider asking questions “live”, 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.

[After the Q&A]: As a reminder, please be sure to complete the evaluation for today's webinar.