

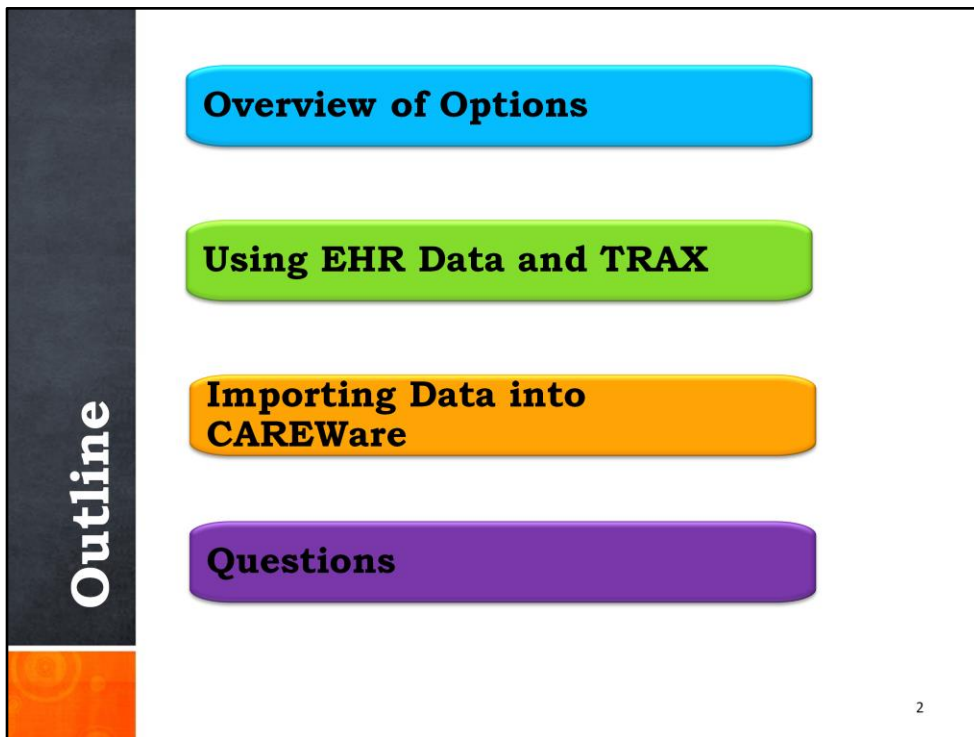
Welcome to today's Webcast. Thank you so much for joining us today!

My name is Michael Costa. I'm a member of the DART Team, one of several groups engaged by HAB to provide training and technical assistance to Ryan White grantees during the implementation of the RSR.

Today's webinar will help you choose the best software option for creating the RSR client-level data file given your organization's current data management system and resources. Ellie Coombs, also from the DART team, will give us an introduction on the options available. We also have two grantee presenters who will discuss how they are using their EHR data to create the RSR: Greg Swan from Community Medical Centers in Fresno and Seema Gai and Randy Leggett from Crescent Care in Louisiana.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your control panel on the right-hand side of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do this by clicking the "raise hand" button (on your control panel) and my colleague, Kelly, will conference you in. You can also click the "telephone" button and you'll see a dial-in number and code.

We hope you consider asking questions "live," because we really like hearing voices other than our own.



Thanks, Michael.

Many of you are pretty far ahead in implementing your process for creating the client-level data file. However, there may be some of you who still need some guidance on the best approach. Also, there are probably quite a few of you who are not happy with your current approach – maybe because it requires double data entry or multiple data systems.

So, I'll start the presentation by describing the different options for creating the client-level data file.

Then, I'll hand the presentation to Greg Swan with Community Medical Centers to discuss how he uses his EHR and TRAX to create the file.

Seema Gai and Randy Leggett from Crescent Health will then discuss how they import data into CAREWare from their agency's EHR to meet Part A and B grant requirements and generate the RSR from that system. Thank you everyone for joining us today!

Finally, we'll take your questions – either for us as TA providers or for the grantee presenters.

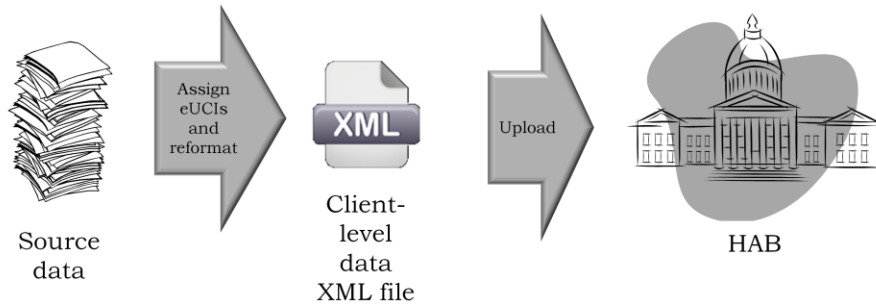
## **RSR Requirement: Client-Level Data File**

- A record for each client, including demographic, service and potentially, clinical data
- Specific XML format
- Each client is assigned an encrypted Unique Client Identifier (eUCI)

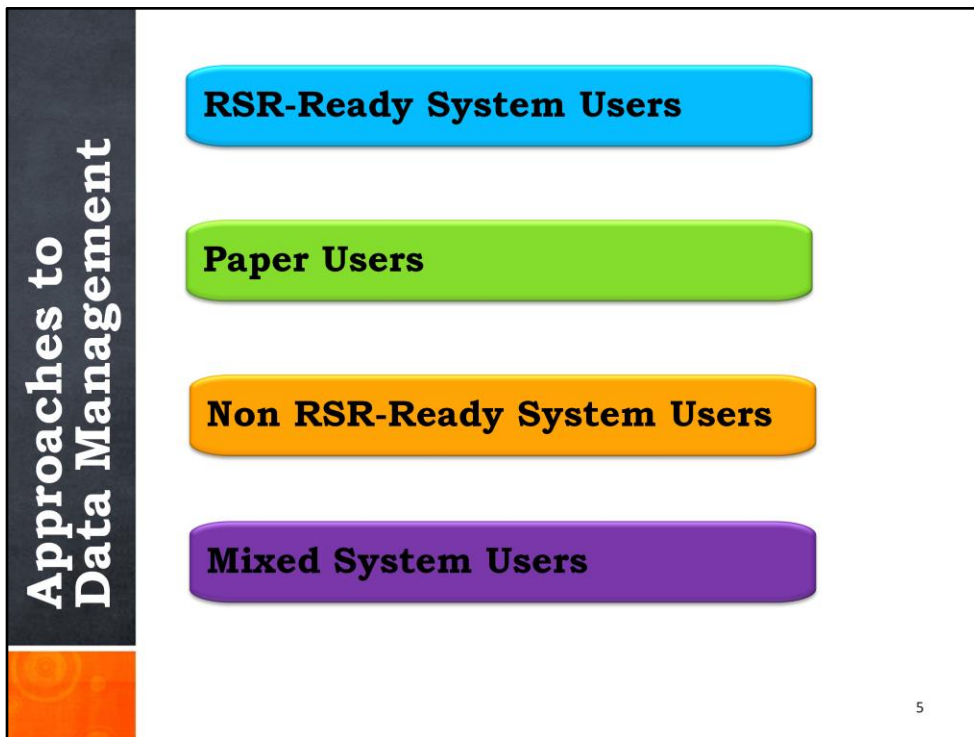
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As you may know, in the RSR, you are required to submit de-identified client-level demographic, service, and clinical data. You must upload these data in a specific XML format with each client assigned an encrypted Unique Client Identifier or eUCI.

# Learning Objectives



The objective of this webinar is to help you identify a software solution for creating this file.



You all use many different methods to collect and store your RSR data. We've identified four main approaches, listed here. In the first approach, users capture the required data elements in a system that directly exports these data in the correct XML format. These systems are called RSR-Ready Systems.

In approach 2, users collect all their client data on paper charts.

In approach 3, users collect their data electronically, but in a *NON* RSR-Ready System, such as Epic or GE Centricity.

In approach 4, users collect some data in an RSR-Ready System and other data in non RSR-Ready Systems. For example, maybe the user collects clinical data in an EMR, such as Epic, and case management data in CAREWare.

Now let's talk about the options for creating the client-level data file for each of these approaches.

## RSR-Ready System Users

- Your system creates the XML file for you!
- Each RSR-Ready System generates the XML a different way
- Go to the TARGET Center website to learn more about your system:

[http://www.careacttarget.org/library/Vendor\\_Status\\_and\\_Contact\\_Information.pdf](http://www.careacttarget.org/library/Vendor_Status_and_Contact_Information.pdf)

If you only use an RSR-Ready System, you're in luck! Your system creates the client-level data XML file for you. Your main concern is that you have the latest build and you're entering the necessary data correctly into the system. The steps for generating the client-level data file depend on the RSR-Ready System you use; learn where to obtain information on generating the file from the TARGET Center website.

## Paper Users

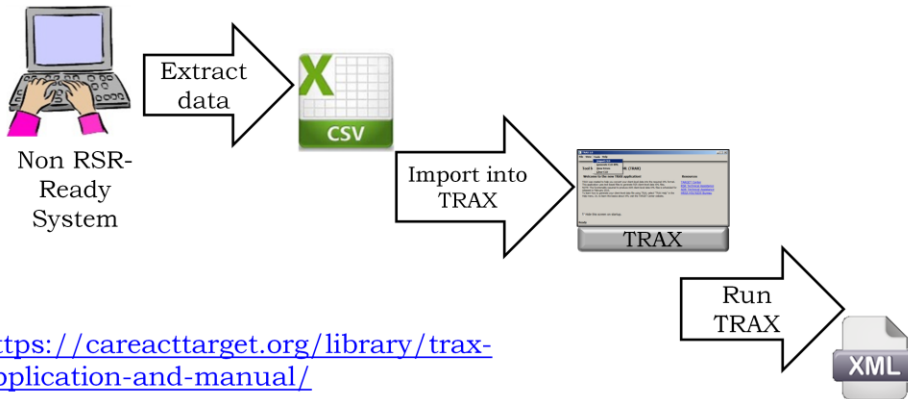
- Consider adopting an RSR-Ready System
- CAREWare is free  
<http://hab.hrsa.gov/careware/>

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If you don't collect any data electronically, consider adopting an RSR-Ready System. HAB offers CAREWare free of charge; use the link on the slide to download it.

## Non RSR-Ready System Users

### ○ Option 1: Use TRAX



If you capture the RSR client-level data elements in a non RSR-Ready System, you have two options.

One is to use TRAX, which replaces T-REX and Rx-REX, to create your client-level data file. TRAX is an easy to install, self-updating application. Here's the process. (1) First, you input your data into your non RSR-Ready System as usual. (2) When you are ready to create the XML file, you extract the RSR client-level data from that system then format those data into twelve .CSV files as input. (3) Then, you import these files into TRAX. (4) Finally, you run TRAX to generate the XML file. .CSV is basically a spreadsheet format, like Excel.

You can download TRAX and a user guide with a detailed description of this process at the link on the slide.

As you'll learn from Greg, this is the approach that Community Medical Centers uses.



## Non RSR-Ready System Users

- **Option 2: Create your own XML export function**
  - Requires more programming expertise than Option 1
  - Follow the XML schema  
<https://careacttarget.org/library/ryan-white-services-report-rsr-download-package>
  - Use the eUCI Application  
<https://careacttarget.org/library/encrypted-unique-client-identifier-euci-application-and-user-guide>

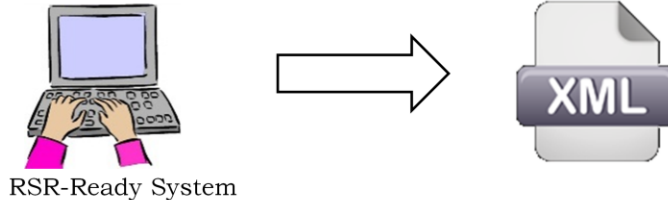
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The second option for non RSR-Ready System users is to build your own client-level data XML file export function. While both options require some programming resources, this second one definitely requires more expertise. Typically, it's the Part A and B grantees that adopt this approach.

If you go with Option 2, make sure you follow the requirements defined by the XML schema and use the eUCI Application, which creates and encrypts the UCI from data elements in your system.

## Mixed System Users

- **Option 1: Manually input data into the RSR- Ready System**



Double data entry is time consuming, but may be the only option for providers with few programming resources

If you collect some data in an RSR-Ready System and other data in a non RSR-Ready System, you have several options:

(1) One, you can continue to collect your data in both systems, and then manually input all the data from the non RSR-Ready System into the RSR-Ready System. You can then create your XML file from there. (2) Though double data entry is time consuming, this might be the only feasible option for providers with data entry resources and no programming resources.

## Mixed System Users

- **Option 2: Use a “bridge” to export all data from your system into the RSR-Ready System**

- For CAREWare users:

- Provider Data Import Tool (PDI)
- HL7 Interface
- CAREWare Data Translator

<http://www.jprog.com/wiki/All-CAREWare-documentation.ashx>

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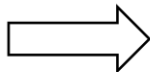
If you have programming resources, you may save time in the long run by electronically importing data into the RSR-Ready System – as opposed to manual data entry. (1) For CAREWare users, the Provider Data Import or PDI, the HL7 interface and the data translator can help you import data from your existing system to CAREWare. Here is the link where you can access some great information to these tools.

As you'll learn from Seema, Crescent Care uses all of these approaches to move data into CAREWare.

## Mixed System Users

### ○ **Option 3: Submit multiple files**

- RSR-Ready System



Check out the rules for merging data on TARGET!

<https://careacttarget.org/library/rsr-merge-rules>

- Non RSR-Ready System



Extract data



Export to TRAX



Run TRAX



You can also submit multiple files – (1) one generated from your RSR-Ready System and (2) one from your other, non RSR-Ready system. You can use TRAX to create the file from the non RSR-Ready System.

(3) Once you've uploaded the files to HAB, HAB will merge client records in these files based on the eUCI. If this is your approach, make sure to check out the merge rules on TARGET. You'll want to know when and why data are overwritten or appended.

## Using EHR Data To Create the File

- Most of you use an EHR
- Why use your EHR to create the RSR?
  - Avoid double data entry
  - Simplify your life with one system
- Why is it hard?
  - You may not have much control over the fields in the system and data extraction
  - You need to use another system to meet grant requirements

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Now, I'd like to introduce our grantee speakers who will address the topic of using EHR data to create the RSR. But, before I do, I want to talk about the pros and cons of this approach.

Most of you out there are already using an EHR to capture client data. Leveraging these systems to create the RSR seems like a great idea! You wouldn't have to do double data entry and your life would be so much simpler with just one data system to worry about. But, it's not without its challenges. For one, you may work in a small HIV clinic in a very large health system and have no say over the fields in the system or custom reports for data extraction. Or, maybe you not only are a Part C grantee, but also receive Part A or B funds. Those grantees require you to use a separate system.

These grantees have been able to make it work. Although their context or system might be different than yours, we hope that you can learn from these grantees' experiences.



# COMMUNITY

## **Creating the RSR XML File Using TRAX and EHR Data**

Greg Swan  
BI Developer  
Information Technology Dept.

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Now, I would like to turn the presentation over to Greg Swan from Community Medical Centers.

Thanks a lot, Ellie.

# COMMUNITY

MEDICAL CENTERS



- We are a non-profit Healthcare system located in Central California
- 3 Acute Care Facilities including:
  - Academic Level 1 Trauma Center
  - Heart and Bariatric Specialty Hospital
- 1443 Licensed Beds
- 64 Ambulatory Clinics
- Our HIV “Specialty Services” Clinic provides services to almost 1,000 clients per year.

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We are located in Fresno, California.

# Our Electronic Health Record



- Community's strategy – choose one vendor to be used for the majority of our clinical EMR needs.
- EpicCare is highly customizable.
- EpicCare Phase one go-live - October 2009.
- Ambulatory clinics began to go-live in January 2011.
- Prior to Epic, the HIV Clinic used LabTracker.
- 2011 was the first year CMC reported RSR data with Epic.

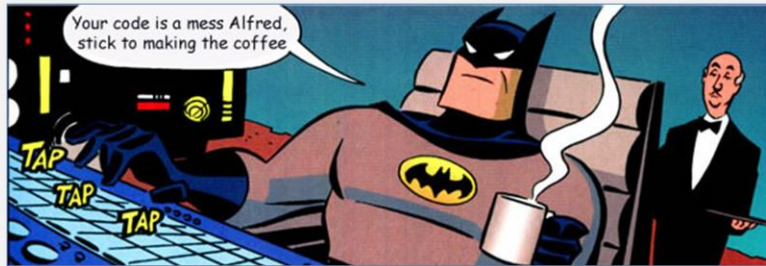
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In 2007, we went looking for a new vendor for our EHR. We wanted to find one vendor that we could use as much as possible, to reduce the number of interfaces that needed to be maintained, and all the work and extra effort that comes from maintaining multiple systems. We selected Epic.



## RSR Reporting From Epic

- My role is to create the reports that extract the RSR data from the Epic reporting database.
- We use MS SQL Server, Crystal Reports and SAP Business Objects.



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I work in the IT department. I'm the guy who creates the reports that we use to generate the XML file for the reporting. So, I collaborate a lot with the ambulatory clinic staff. We have meetings every other week. We do a lot of reporting work, I and them together. The way Epic works is the data that's entered into Epic all day long is extracted once a day and loaded into a large Sequel database. We use that database for our large, analytical reports. That is the database that I write Sequel code against to pull the data, and I use Crystal Reports to format the data. We also use SAP Business Objects as a front-end application for users to be able to get in and run some of the reports themselves.

## How We Document the RSR Data

- Many data elements are captured through the normal process –
  - ✓ DOB
  - ✓ Ethnicity
  - ✓ Gender
  - ✓ Medical Insurance
  - ✓ Etc.
- Data Elements that are not standard are documented by clinicians in Epic “Flowsheets”.
- Flowsheets are very flexible, allowing us to document many types of data.



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Epic Flowsheets are nice because they are really flexible and convenient, but it does take a fair amount of maintenance work. We try to have as few Flowsheets as possible, because the more Flowsheets there are, the more work there is for clinicians to have to enter data. So, we're always mindful of trying to keep things simple.

## Limitations and Difficulties



- Because many data elements are captured “by hand” in flowsheets, a lot of training and feedback is required with the clinicians.
- When the training and communication has been poor, our data has been poor.
- We have slowly gotten better at documentation over the years.
- Data Elements that have been difficult such as Prescribed PCP Prophylaxis and Prescribed ART have been easier to report with the introduction of an HIV Registry which tracks many HIV-related items of data.

## Limitations and Difficulties (cont.)

- One trap we have fallen into in the past, was failure to monitor the data early in the year. When we waited to check our data, we had to scramble and do a lot of work at the end of the year.
- Monitoring the data throughout the year has helped make the end of the year a more pleasant experience.

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We usually end up trying to start in approximately March. We usually are running those reports and checking our data once per quarter, in the first couple of quarters. Then, as we get closer to the end of the year, we're running the reports and checking data monthly, and then even multiple times per month as we get into October and November time frames.

## **Generating the XML Client Level Data (CLD) File (Pre-2014)**

- Prior to 2014, the T-REX and X-ERT tools were used to generate our XML CLD file.
- The X-ERT Data Analysis Template was especially helpful.
- Using X-ERT, it took approximately 3 to 4 hours to run all the reports, and generate the Analysis Template.

## 2014 Data Changes

- The changes implemented this year have required us to –
  - ✓ Delete, add and change Epic flowsheets.
  - ✓ Update all the reports that extract the data.
  - ✓ Learn how to use the TRAX application, and the “Check Your XML” feature on the HRSA Electronic Handbooks (EHBs) website.
- Now that our processes have been updated, it only takes 1 to 2 hours to run the reports and generate the Validation Reports from the HRSA EHBs website.

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## 2014 – New Process to Generate the XML Client Level Data (CLD) File

- Run 12 reports, and save the results as CSV's in a folder.
- Run TRAX, and generate an XML file from the CSV's.
- Login to the HRSA EHBs website, upload the XML file, and then download the Validation reports.
- That was easy!
- Or maybe not – it took 6 pages to describe all the steps in the process.

## HRSA Electronic Handbooks Website

- Gaining access to the “Check your XML” feature on the HRSA website was not simple.
- Using the HRSA website to upload the data, and generate the reports is not simple.
- Maria at Leidos and Ellie at the Mission Analytics Group were both extremely helpful as I worked on getting access and learning how to use the website.



## Data Validation

- We try to look at our data once every month or two throughout the year.
- Near the end of the year, we run reports, update info, and re-run the reports every 2 to 3 weeks.
- We created a set of “Validation Reports” that show all the RSR data (in plain language) that is being generated for the XML file. These reports are our main source of information.

## Data Validation (cont.)

- We have a report that prints daily in the HIV Clinic for each client with an appointment that day.
- The report shows each data element tracked in a flowsheet that is missing for that client.
- This prompts the clinicians to query the client if necessary, and enter the appropriate data during the visit.



## Identifying RSR Funded Clients

- Almost all of the clients seen in our HIV clinic are paid for by Ryan White funds. This makes the job of identifying clients easy.
- Clients who are not “enrolled” or paid for by Ryan White funds are “Marked” as “Non-Ryan White” patients in an Epic Flowsheet. They are excluded from our reports based on that information.

# COMMUNITY



# Data Reporting Infrastructure

NO/AIDS TASK FORCE, A DIVISION OF  
CRESCENTCARE



Thank you so much! So, now I want to introduce Sema Gai and Randal Leggett from the No/AIDS Task Force at Crescent Care.

Thank you, Ellie. Good afternoon. Randall Leggett and I will cover our data reporting infrastructure at No/AIDS Task Force, a division of Crescent Care.

## Contents

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- Background
- Grants and Services
- Technology Infrastructure
- EHR and PDI to generate RSR
- CCD Translator Service
- Data Translation Module

# Background

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# CrescentCare

## CrescentCare d.b.a. NO/AIDS Task Force

*Mission:* To offer comprehensive health and wellness services to the community, to advocate empowerment, to safeguard the rights and dignity of individuals, and to provide for an enlightened public.

Established  
1983

Oldest and  
largest  
ASO in  
Gulf South

30  
programs  
in 9  
locations

4000 +  
clients  
receiving  
direct  
services

Designated  
FQHC  
November,  
2013



# Grants and Services

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## CrescentCare Ryan White grants

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- Part A – Office of Health Policy and AIDS Funding, City of New Orleans
- Part B – Louisiana Department of Health and Hospitals
- Part C – Grantee since 2009
- Part D – Grantee since 2013

Crescent care receives

# Current Services

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## Ambulatory Outpatient Medical Care

## Drug Reimbursement

Emergency Financial  
Assistance

Food Bank

Health Education and  
Harm Reduction

Health Insurance  
Assistance

Home Delivered Meals

Home Health Care

Housing Assistance

Legal Services

Medical Case  
Management

Medical Transportation  
Services

## Mental Health Therapy

Medical Nutrition Therapy

Substance Abuse  
Treatment Services –  
Outpatient

Treatment Adherence  
Counseling

Non-Medical Case  
Management

Oral Health Care Services

Psychosocial Support  
Services

Referral for Health Care  
and Supportive Services

# Technology Infrastructure

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# Current Technology Infrastructure

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Aprima, an Electronic Health Record

ClientTrack, an electronic system for Support Services

Louisiana CAREWare Access Network (LaCAN), a collaborative effort between four Ryan White grantees in Louisiana

CrescentCare's Ryan White LabCorp accounts have interfaces to LaCAN

SAS Enterprise Guide, connects to EHR's SQL database

CCD Translator, a jProg tool to automate data capture and transfer from EHR Continuity of Care Document

EHR and PDI to  
generate RSR

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# Ryan White Service Report

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The Grantee Report

The Service Provider Report

The Client Report: Demographics, Core  
Medical Service Visits, Core Medical  
and Support Services, Clinical  
Information

# What is Provider Data Import

Access database

Tables: exp\_service, exp\_client, exp\_medication, exp\_pregnancy,  
exp\_annual\_review, exp\_immunization, exp\_test

# PDI Specification Document

## Import PDI to CAREWare

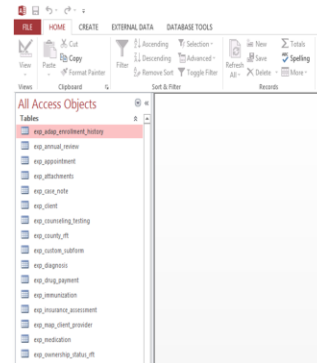
## Temporary hold on data in CAREWare

Review errors and incoming data

Process import

Review import feedback report

PDI can differentiate between existing and new data





What do we use PDI for?

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RSR Clinical Information

Drug Reimbursement services

Ambulatory Outpatient Services

Mental Health Services

## Preparing EHR

Ryan White insurance accounts for eligible patients

Capture fields required for RSR

Each patient visit associated with RW grant

Analyze EHR's database schema and accessed it via business intelligence software

Develop reports – clinical data (TB, vaccinations, lab) results and completed visit for an active Ryan White account, a report that pulls patients with a completed visit and an active Ryan White account during the time period

Periodic missing reports

So, I'm going to talk briefly about how we take the information that we already gather and transform it so it can be imported into our CAREWare installation. This process really helped us reduce the double data entry that comes with having to enter your data into both EHR and CAREWare. It starts with a client, in our system at least, with their health insurance account. We treat Ryan White in our EHR as though it were insurance. So, we scan in their eligibility documents and track their eligibility dates and everything like that in the insurance tab of the patient's profile in our EHR. Once we establish that in our own system, we are able to then analyze the back-end database for our EHR and look at that schema and find out where the information is that we need access to. With that already being said, it may sound more complicated or complex than something you can do at your own facility, but it really doesn't have to be. This is just the solution that worked for us. In the past, we've used pre-can reports that came with our EHR, we've used Chrystal Reports as well, so any way you can get to that structured data, you can use it in a PDI file. So, we developed these reports that can pull both clinical data as well as service data. And so, for clinical data, we would develop reports to pull out, let's see, TB testing, maybe vaccination reports, or lab values. And then, for service data we would pull services where a client has come in and visited either our behavioral health specialist or our medical providers. We pull a report of that data for active Ryan White clients during a certain time period and we transform that data to then be imported into a PDI.

# Sample Report

(PHI blurred for confidentiality)

URN	FirstName	LastName	CW Code	ServiceDate	Qty	Price	ServiceCat	Out Outcome	ServiceSite	Provider
1	John	Doe	12345	2023-01-01	1	100.00	10000	10000	10000	10000
2	Jane	Smith	67890	2023-01-02	1	150.00	10000	10000	10000	10000
3	John	Doe	12345	2023-01-03	1	100.00	10000	10000	10000	10000
4	Jane	Smith	67890	2023-01-04	1	150.00	10000	10000	10000	10000
5	John	Doe	12345	2023-01-05	1	100.00	10000	10000	10000	10000
6	Jane	Smith	67890	2023-01-06	1	150.00	10000	10000	10000	10000
7	John	Doe	12345	2023-01-07	1	100.00	10000	10000	10000	10000
8	Jane	Smith	67890	2023-01-08	1	150.00	10000	10000	10000	10000
9	John	Doe	12345	2023-01-09	1	100.00	10000	10000	10000	10000
10	Jane	Smith	67890	2023-01-10	1	150.00	10000	10000	10000	10000
11	John	Doe	12345	2023-01-11	1	100.00	10000	10000	10000	10000
12	Jane	Smith	67890	2023-01-12	1	150.00	10000	10000	10000	10000
13	John	Doe	12345	2023-01-13	1	100.00	10000	10000	10000	10000
14	Jane	Smith	67890	2023-01-14	1	150.00	10000	10000	10000	10000
15	John	Doe	12345	2023-01-15	1	100.00	10000	10000	10000	10000
16	Jane	Smith	67890	2023-01-16	1	150.00	10000	10000	10000	10000
17	John	Doe	12345	2023-01-17	1	100.00	10000	10000	10000	10000
18	Jane	Smith	67890	2023-01-18	1	150.00	10000	10000	10000	10000
19	John	Doe	12345	2023-01-19	1	100.00	10000	10000	10000	10000
20	Jane	Smith	67890	2023-01-20	1	150.00	10000	10000	10000	10000
21	John	Doe	12345	2023-01-21	1	100.00	10000	10000	10000	10000
22	Jane	Smith	67890	2023-01-22	1	150.00	10000	10000	10000	10000
23	John	Doe	12345	2023-01-23	1	100.00	10000	10000	10000	10000
24	Jane	Smith	67890	2023-01-24	1	150.00	10000	10000	10000	10000
25	John	Doe	12345	2023-01-25	1	100.00	10000	10000	10000	10000
26	Jane	Smith	67890	2023-01-26	1	150.00	10000	10000	10000	10000
27	John	Doe	12345	2023-01-27	1	100.00	10000	10000	10000	10000
28	Jane	Smith	67890	2023-01-28	1	150.00	10000	10000	10000	10000
29	John	Doe	12345	2023-01-29	1	100.00	10000	10000	10000	10000
30	Jane	Smith	67890	2023-01-30	1	150.00	10000	10000	10000	10000

Here's an example of what one of those reports actually looks like. I've blurred out some of the PHI information in there. So, we generate these reports and then we'll give them to the respective department who handles that data. And the data entry staff there then verify and make sure that everything looks right as far as the quantity of services, the cost, everything like that. Then, they transfer it over into the next file, which would be a template.

# Sample Template

(fictitious data)

Patient ID	Date of Birth	Sex	Diagnosis	Procedure	Date	Quantity	Price	Service Label	Category
1	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
2	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
3	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
4	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
5	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
6	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
7	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
8	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
9	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
10	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
11	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
12	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
13	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
14	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
15	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
16	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
17	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
18	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
19	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
20	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
21	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
22	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
23	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center
24	1/1/2013	M	992.00	992.00	1/1/2013	1	\$100.00	992.00 - CPT Code 99204 with a Physician (Unit)	Part A - New Orleans Outpatient/Ambulatory Medical Center

This template is an example of what it actually looks like in the EXP client table. So, they can just copy and paste that information from those reports into this template, and then give it back to us once they verify that all the information is correct.

(fictitious data)

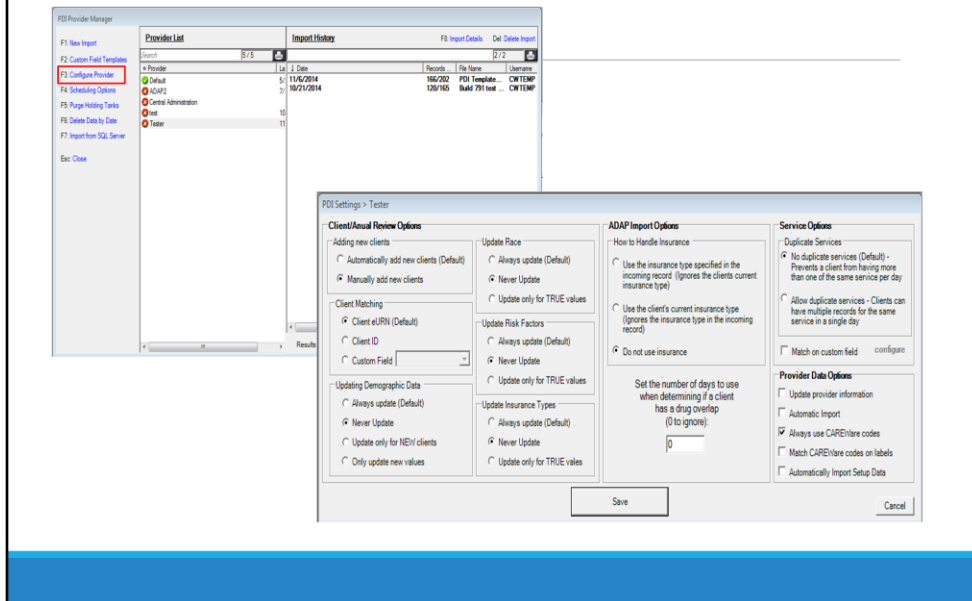
All Access Objects																		
	tbl_acc_pk	sum	d	ch_d_client_k	ch_lst_nam	ch_fst_nm	ch_mddle	ch_street	ch_city	ch_state	ch_county	ch_zip	ch_phone	ch_dob	ch_dob_ext	ch_gender	ch_race	
exp_aka_email_histroy	1	1		U	Doe	John				1/1/1990								1
exp_email_name																		
exp_appointment																		
exp_attachments																		
exp_cnx_note																		
exp_client																		
exp_counseling_testing																		
exp_county_ft																		
exp_outcom_surform																		
exp_diagnos																		
exp_drug_payment																		
exp_immunization																		
exp_insurance_assignment																		
exp_med_clinic_provider																		
exp_medication																		
exp_ownership_status_ft																		
exp_posivity_test_assessment																		
exp_pregnancy																		
exp_provider																		
exp_provider_type_ft																		
exp_receipt																		
exp_referral																		
exp_reimburse																		
exp_rpt_note																		
exp_substance																		

All Access Objects	tbl_acc_pk	srv_dn_fk	srv_delete	srv_subservice	srv_date	srv_quantity	srv_price	srv_subservice_label	srv_contract	srv_category
exp_client	PACM0001	XYYI234561Z		A9900A-PMC - CPT Code 99004 with a Physician [Lumi]	1/1/2015	1	\$100.00	A9900A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_counseling_testing	PACM0002	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/2/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_county_ft	PACM0003	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/3/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_outcom_surform	PACM0004	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/4/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_diagnos	PACM0005	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/5/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_drug_payment	PACM0006	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/6/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_immunization	PACM0007	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/7/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_insurance_assignment	PACM0008	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/8/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_med_clinic_provider	PACM0009	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/9/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_medication	PACM0010	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/10/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_ownership_status_ft	PACM0011	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/11/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_posivity_test_assessment	PACM0012	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/12/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_pregnancy	PACM0013	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/13/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_provider	PACM0014	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/14/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_provider_type_ft	PACM0015	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/15/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_receipt	PACM0016	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/16/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_referral	PACM0017	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/17/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_reimburse	PACM0018	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/18/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_rpt_note	PACM0019	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/19/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_substance	PACM0020	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/20/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_aka_email_histroy	PACM0021	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/21/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_email_name	PACM0022	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/22/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_appointment	PACM0023	XYYI234561Z		A9904A-PMC - CPT Code 99004 with a Physician [Lumi]	1/23/2015	1	\$100.00	A9904A-PMC - CPT Code 99004 with a Physic Part - New O Outpatient/A		
exp_attachments							\$0.00			

This template actually lines up perfectly with the EXP service table that Sema just talked about before. So, the way we do it, is that you have to have a client in the actual PDI file for you to be able to enter service data. So, we create a shell of the client in the EXP client table, just with their first name, last name, date of birth, and so on, just so we can find a match to an existing client in our CAREWare installation. So, once we have those clients populated in the EXP client table, we then in the EXP service table paste in that data from that template that I showed you before.

<http://www.jprog.com/wiki/Importing-data-into-CAREWare.ashx>



Doing that, it's really powerful for exporting all of your information from one system to another. But, with our situation, what we do is we give it to our Part B grantees and they actually import the data for us. However, I'm going to go over a little bit about that import. When they go in and configure it, they make it so that it doesn't actually create any new clients from that EXP client table. So, we only want to find matches if there's any discrepancy between client information that was about to go in there, that that client doesn't already exist in our CAREWare installation. We then get notified by our Part B grantee that that person needs to be added to CAREWare, for whatever reason if that person isn't already in there. So, that's what these settings are right here, but it changes it so it doesn't automatically create new individuals.

## One tool, many functions

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Can manipulate structured data from many other sources to fit CAREWare's schema for import

Transfer data from one CAREWare installation to another

Can "mass edit" CAREWare data to correct errors

This is just how we've used it with our service data. We use it with our clinical data, as well. Such as, we can grab things like medications, vaccinations, TB testing, lab result, anything that you need to import into your CAREWare installation. Also, because we are Part A, B, C, and D, we receive funds from them, we use a lot of CAREWare installations. Sometimes, when you have cross-over between one CAREWare installation and another, you can actually do a PDI, pull that information from one, and transfer it to another CAREWare installation. Also, it's really good for edits for CAREWare data. So, if you notice that there's an error, like an incorrect price in many of the data elements that you have in CAREWare, you can actually go in and change them in the PDI, which is much quicker than going in and manually changing them all in every individual client service file.

# CCD Translator Service

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# CCD Translator Service

Install

Route CCD's from EHR to CCD Translator tool

Tool translates Continuity of Care Document

Filters to remove non-Ryan White data

```
</FilterNode>
<FilterNode>
  <Code>86580</Code>
  <Name>PPD (tuberculosis skin test) Intra
  <Include>False</Include>
  <Quantity></Quantity>
</FilterNode>
<FilterNode>
  <Code>86360</Code>
  <Name>T CELL ABSOLUTE COUNT/RATIO</Name>
  <Include>True</Include>
  <Quantity>1</Quantity>
</FilterNode>
```

For example, as you can see on the slide, Tuberculosis skin test is set to false and will not be transmitted unless it is changed to true.

So, what is CCD? CCD is a XML-based mark-up standard. It is a patient summary. It contains demographic, clinical, and administrative information pertaining to patients' healthcare and provides the means to transfer the data from one healthcare system to another.

# Data Translation Module

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# Data Translation Module

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- Install module
- Extract CSV or XML from electronic Support Services System
- Use Data Translation Module
- Populate PDI
- Upload PDI to CAREWare

# Learning

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- Best Practices
  - Engaging data entry team
  - Understanding Data Schema
- Challenges
  - Integrated & interoperable solutions
- Lessons Learned
  - Developing Cross-walks
  - Reducing redundant data steps through LEAN SixSigma

# Resources

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CAREWare wiki:

<http://www.iprog.com/wiki/All-CAREWare-documentation.ashx>

Data Translation Module:

<http://www.iprog.com/wiki/CAREWare-Data-Translator.ashx>

CAREWare:

<http://hab.hrsa.gov/manageyourgrant/careware.html>

CAREWare TargetCenter:

<https://careacttarget.org/category/topics/careware>

jProg:

CAREWare Features - <http://www.iprog.com/features.aspx>

PDI Schema –

<http://www.iprog.com/wiki/GetFile.aspx?File=%2fDocs%2fProvider%20Data%20Import%20-%20Specifications%20816.doc>

# Thank you

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## Resources

- ❖ Software options:  
<https://careacttarget.org/library/rsr-focus-software-options-creating-client-level-data-file>
- ❖ Using EHR data:  
<https://careacttarget.org/library/rsr-focus-using-your-electronic-health-record-ehr-capture-and-report-rsr-data>
- ❖ Contact us: [Data.TA@CAIglobal.org](mailto:Data.TA@CAIglobal.org)

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There are two RSR in Focus documents that address the issues we've gone over today, so check those out and share them with your staff. Also, please contact us at [Data.TA@cicatelli.org](mailto:Data.TA@cicatelli.org) if you've got any questions.