

New York City Department of Health & Mental Hygiene Bureau of HIV/AIDS Preventions & Control

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eSHARE User Satisfaction Survey Results

This summer, we conducted a survey to assess eSHARE user satisfaction. From July 5 to August 3, 2014, all users were invited to provide feedback on a range of topics, including eSHARE assistance, communication materials, trainings, reports, and overall functionality. We were interested to hear what users had to say and how we could improve eSHARE to better suit current users' needs.

When the survey closed in August, 282 eSHARE users had responded to the survey. These survey respondents were data entry users, super users, data managers, staff managers, IT staff, and others from over 100 agencies. Here is a summary of our findings.

eSHARE Assistance

In the survey, we asked what users thought about

the assistance provided by both the eSHARE Help Desk and eSHAREinfo@health.nyc.gov. Among respondents, 70% received assistance during the six months prior to the survey. A majority (84%) of these users found this assistance to be helpful. The technical team received praise for their attentiveness and ability to troubleshoot log-in issues, but survey respondents also suggested faster response times and follow-up times in the future.

eSHARE Communications

The eSHARE team communicates regularly with users through the eSHARE Informer and through eSHAREinfo@health.nyc.gov. Over 80% of survey respondents found these newsletter and email communications to be helpful. Some survey respondents, however, suggested more advance notice regarding

planned system outages and also regarding updates in eSHARE.

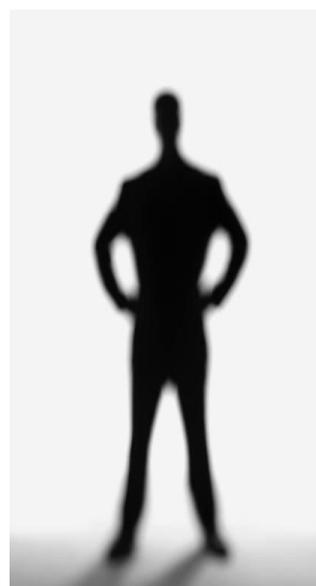
We asked whether users would be interested in an eSHARE User Group, for the purposes of regularly sharing eSHARE updates and gathering user feedback on system modifications. Over half of survey respondents expressed interest in this possibility.

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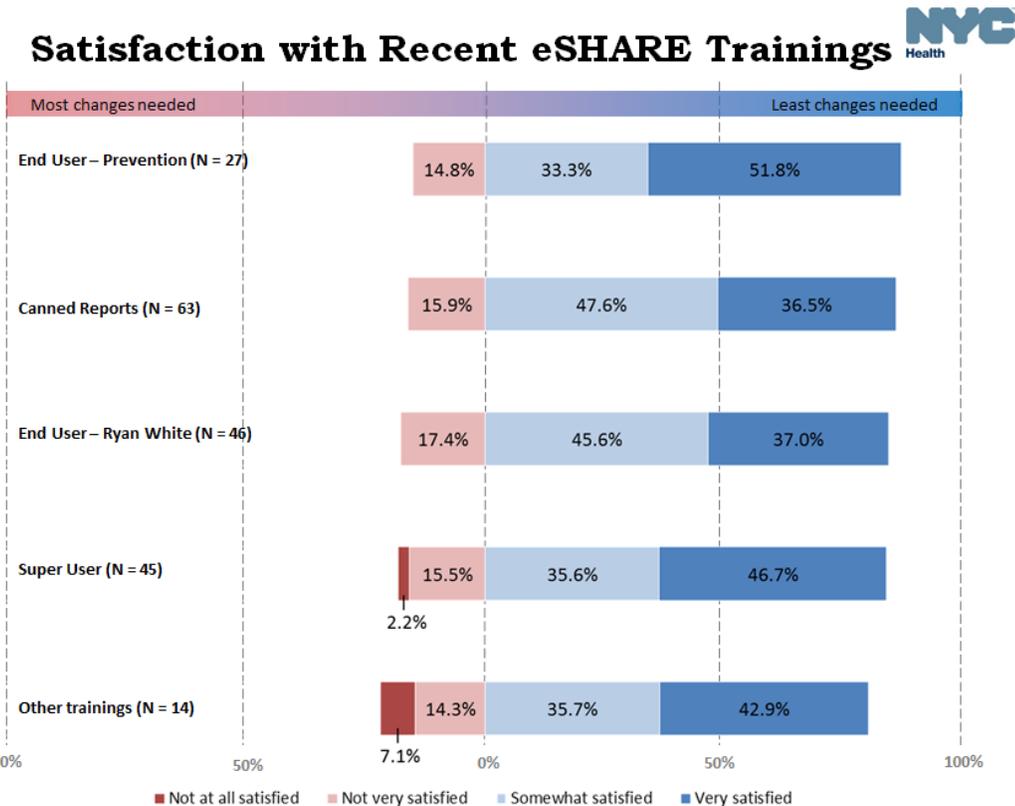
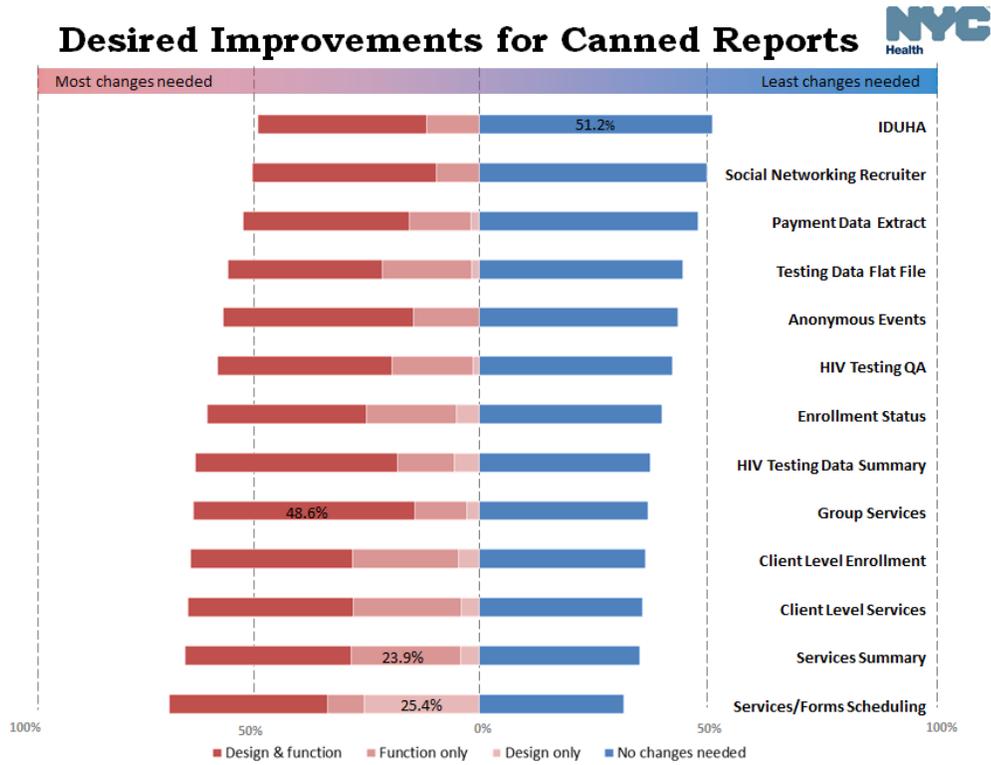
What is eSHARE?

- **electronic**
- **System** (for)
- **HIV**
- **AIDS**
- **Reporting** (&)
- **Evaluation**



eSHARE Reports and Trainings

The survey also solicited input on recent eSHARE trainings, as well as the design and function of eSHARE reports. The graphs below summarize our findings:



Generally, we found that survey respondents were satisfied with eSHARE trainings. Some, however, were interested in more in-depth trainings on how to understand and use canned reports.

Overall Satisfaction

Overall, 58% of survey respondents reported feeling satisfied with eSHARE, while 42% reported feeling some degree of dissatisfaction.

Survey participants were invited to suggest improvements they would like to see in future updates of eSHARE. The most common suggestion was improved speed. (A full 80% of survey participants expressed some level of dissatisfaction with eSHARE system performance. Out of five domains of functionality assessed in the survey, system performance was the only domain for which more than 50% of survey participants expressed dissatisfaction.)

We are currently working with our IT team to improve eSHARE functionality. In the meantime, we highly recommend using eSHARE on Internet Explorer 9 or Google Chrome for faster system performance.

Thank you to everyone who participated in this survey and provided valuable feedback!

Upcoming Retention Report in eSHARE

Upcoming Retention Report in eSHARE

The Retention Report – What is being measured?

Sometime in the next three weeks, a new report that measures clients’ retention in HIV care will be available in eSHARE under the Reports menu. Retention in HIV care is one of the five main stages of the HIV Care Continuum.

The report will facilitate monitoring of the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) Retention measure, based on the frequency and spacing of HIV medical visits during a 24-month measurement period. The latter is divided into four 6-month periods.

Generate the Retention Report in eSHARE

The screenshot shows a web interface titled "Retention Report". At the top, there is a blue header with the title. Below the header, a paragraph explains the report's basis: "This report is based on the HRSA HAB Retention measure. Retention in HIV clinical care is defined as the percentage of patients with at least one medical visit in each of three 6-month follow-up periods (at least 60 or 90 days apart from a medical visit in... [Click for More Info](#)".

The interface contains several input fields and buttons:

- Select Start Month:** A dropdown menu with "--Select Start Month--" selected.
- Select Start Year:** A dropdown menu with "--Select Start Year--" selected.
- Select Agency:** A dropdown menu with "--Please select--" selected.
- Service Categories:** A large empty rectangular box.
- Contracts:** A large empty rectangular box.
- HIV Clinical Care Visits Interval:** A dropdown menu with "60 days" selected.
- Report Type:** A dropdown menu with "Inclusive" selected.
- Run Report:** A grey button.
- Export to Excel:** A grey button.

Features of the Retention Report:

(Note: each of the items below can be selected or set as a parameter by the report user)

- **Start Month** – The month of the start of the 24-month measurement period.
- **Start Year** – The year of the start of the 24-month measurement period. If you run the report and the start month and year selected is less than 24 months before the current date, a warning message will indicate that the 24-month period extends into the future and that retention cannot be measured for all 6-month periods.
- **Agency** – The name of your agency.
- **Service Categories** – The service categories for which your agency is funded. You can choose to run the report for any or all service categories at your agency. However, the results will be available only for the ones for which medical visits are collected in eSHARE.
- **Contracts** – The contracts are automatically checked based on the service categories selected. You may check or uncheck contracts, to select which ones should be included in the report.
- **HIV Clinical Care Visits Interval** – 60 or 90 days. The minimum required number of days between the first medical visit in a 6-month period and the last medical visit in the subsequent 6-month period, for a client to be considered to be retained in care during the later 6-month period.
- **Report Type** – Inclusive or Selective Version. The selective version is different from the inclusive version in that it excludes from both the numerator and denominator all clients for whom enrollment is suspended or closed for more than 90 days total in the 2nd, 3rd, or 4th 6-month periods for any of the following reasons: 'Arrest with jail / prison time' or 'Hospital / Institutional admission' or 'Completed program / graduated' or 'Moved / relocated' or 'Transferred' or 'Deceased' or 'Program Funding Ended' or 'Discharged from program due to a violation of program rules or requirements' (when discharge reason is 'Refusal to continue' or 'Under-participation' or 'Ongoing active substance abuse' or 'Discontinuation/deferral of ART' or 'Inappropriate conduct' or 'Concern for safety of field staff assigned to Client' or 'Other' or missing). A client excluded from one period is not eligible for any subsequent periods. The selective version provides the opportunity to look only at clients who would be expected to have regular primary care status measure (PCSM) updates in eSHARE because they are consistently enrolled and active. Clients with substantial gaps in enrollment or activity are more likely to have gaps in PCSM reporting as well, meaning that eSHARE data will be less able to capture their actual primary care utilization patterns.
- **Export to Excel** – This feature allows the export of both the aggregate report and the client-level breakdown (by System Assigned ID) of clients who are included in each of the 6-month periods. Given that the denominator is constant for all 6-month periods of the inclusive version and is the same as the numerator for the first 6-month period, only the system-assigned IDs of clients who are included in the numerator of each 6-month period are exported into Excel, whereas for the selective version the system-assigned IDs are provided for both the denominator and numerator for each of the 6-month periods. Both versions of the report can be used to identify clients in a particular period who have not been retained in care in a subsequent period. However, for the selective version of the report, program activity gaps that can hinder PCSM reporting are used as exclusion criteria for both the numerator and denominator.

How is the Retention Measure being calculated?

The Retention Report provides the proportion of clients with at least one medical visit in each of the three 6-month follow-up periods. That is the proportion considered to be receiving continuous care. The proportion reported for the 4th 6-month period can be considered retained in care throughout the 24-month measurement period. The percentage is calculated based on the inclusion criteria for the denominator and numerator. Clients who had at least one medical visit in the first six months of the full 24-month measurement period are included in the denominator (with additional criteria applied as described above, for the selective version). In order to count in the numerator, clients who are in the denominator must have at least one medical visit in each 6-month period of the 24-month measurement period, with a minimum of 60 days or 90 days between the first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period. In other words, clients with a medical visit in the first 6 months of the 2-year measurement period are followed for presence and spacing of medical visits in each 6-month period of the next 18 months.

What does the Retention Report show?

	Measurement Period (24 months)							
	6-Month Period 1		6-Month Period 2		6-Month Period 3		6-Month Period 4	
	Period 1 Start	Period 1 End	Period 2 Start	Period 2 End	Period 3 Start	Period 3 End	Period 4 Start	Period 4 End
	01/01/2012	06/30/2012	07/01/2012	12/31/2012	01/01/2013	06/30/2013	07/01/2013	01/01/2014
Total number of clients (Numerator)	207		140		101		66	
Total number of clients (Denominator)	207		207		207		207	
Percentage Measure	100		67		48		31	

Results for the inclusive version are shown in this example.

The Retention Report shows the proportion of clients receiving care in the first 6-month period who are retained in care in each of the 2nd, 3rd and 4th 6-month periods, and allows service providers to identify clients who might be in need of support to achieve and maintain continuity of care. **Note: The Retention Report is only as good as your agency's PCSM data in eSHARE!** The measure is drawing upon primary care visits as reported on Intake Assessment, Special Assessment and PCSM Update forms in eSHARE. To the extent that eSHARE contains a complete and accurate record of clients' primary care visit dates, the Retention Report can be considered a true reflection of care continuity among those clients. However, where primary care visit dates are missing or incorrectly recorded in eSHARE, the Retention Report will reflect gaps in reporting as much as (or more than) gaps in primary care. For this reason, the selective version of the Retention Report (limiting to clients whose PCSM data are more likely to be updated in eSHARE due to ongoing service activity) is the version best used for identifying clients needing further support to achieve and maintain continuity of care.

Recent eSHARE Improvements

- **Enhanced Anonymous Events Search Screen** – added service start date and service end date fields
- **Newly designed Client Level Services Report** – on-screen view and data sorting, optimized formatting, enhanced sorting and filtering capabilities
- **5 New Prevention Reports** – added Prevention Group Services, Prevention Referral Services, Prevention Anonymous Services, Prevention Individual Services and Prevention Re-Assessment Reports

New York City
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[Submit your Feedback](#)

The DOHMH Website
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Electronic System for
HIV/AIDS Reporting & Evaluation

The Bureau of HIV/AIDS Prevention and Control utilizes eSHARE to provide reporting and program evaluation for over 180 agencies throughout New York City and Westchester County. The agencies are comprised of Hospitals, Community Based Organizations and Clinics. There are over 2,100 registered eSHARE users entering or monitoring services for over 298,000 clients daily.

If you have any questions about how your specific program is affected by the data entered into eSHARE, please contact either your designated DOHMH Project Officer or your Public Health Solutions Contract Manager. To report error messages and receive assistance with connectivity and password problems please contact the DOHMH DIIT Helpdesk at 1-888-692-6339.

All other inquiries should be directed to [eSHAREinfo](#).

If you require **assistance in the evenings after 5pm or on Saturday**, please contact the DIIT Service Desk at the number below.

Service Desk Hours of Operation:



Monday-Friday 8am-6pm
Saturday 10am-2pm



Call us at 212-766-HELP (766-4357)

eSHARE Training Schedules for 2014 - 2015

eSHARE Basic Training

Registrants should click on the following URL:

<http://www.cvent.com/d/k4qm3c> to access the

Registration Site. It is important to first read the Summary Section followed by clicking on the Agenda Tab to view the training sessions being offered for 2014. Clicking on the blue registration button on the bottom right of the page begins the registration process.

Each training session can handle a maximum of nine (9) registrants and will

automatically close about five (5) days before the scheduled training date. Since the training venue may change periodically, an e-mail will go out approximately one week before your scheduled training date with complete training details.

eSHARE Canned Reports Training

For advanced eSHARE training associated with running "Canned Reports" click the following URL to register, <http://www.cvent.com/d/v4qznn> or you can reach out

to your assigned DOHMH Project Officer for registration information.

Any questions or concerns regarding registration can be forwarded to Julia Cohen at esharetraining@health.nyc.gov.

Training dates, training locations, and type of trainings are subject to change based upon availability, holidays, and programmatic needs.

