Welcome to the April 2017 eSHARE Informer

In this April 2017 eSHARE Informer, you will find eSHARE reminders, the RSR data completeness results, details regarding form date & complete date, and a current list of upcoming eSHARE trainings.

For more information or if you have any questions, contact the eSHARE team at eshareinfo@health.nyc.gov or call 347-396-7401

eSHARE Reminders

⇒ Inactive & Active User Profiles

Please be sure to log into eSHARE at least every 60 days. If you do not log into eSHARE within the specified timeframe, your eSHARE User Profile will revert to ‘Inactive’ status—which will prevent you from logging into eSHARE. If your eSHARE User Profile is of ‘Inactive’ status, you can have the eSHARE Administrator at your agency change the status back to an ‘Active’ status. You can also contact eSHARE Technical Assistance using the contact information listed above.

⇒ PHI (Private Health Information)

Never send client Private Health Information to eSHARE Technical Assistance in a message line, email body, attachment or on the phone. We do not require a client’s name, DOB or chart number to troubleshoot in eSHARE Technical Assistance. You can use the client’s system ID when referring to a client. If you need to send a screenshot depicting a problem, please obscure the client’s PHI.

⇒ PCSM (Primary Care Status Measures)

PCSMs must be entered no later than 120 days after the Intake Assessment and no later than 120 days after each successive PCSM is entered in order to prevent a lock-out from entering client services. To lift a lock-out in eSHARE, PCSMs must be entered with the proper PCSM dates. It will take eSHARE 24 hours to update once the PCSM is entered into the system. To avoid being locked out of entering services, please submit a PCSM for each Ryan White Client every 90 to 120 days.

⇒ Delete Rights in eSHARE

Only users with ‘Agency Client Data Delete’ as a role are able to use the ‘delete’ function in eSHARE. The Individual Services Delivered, Formal Case Conferences and Referrals are the ONLY forms that can be deleted in eSHARE.
Altogether, 105 agencies submitted RSR data for 2016; 95 had client-level data and 10 had administrative/technical assistance/quality assurance contracts only. HRSA has established benchmarks for client-level data, which are listed below. Failure to meet HRSA’s benchmarks for data completeness will result in agencies having their name on a list for follow-up. This list is distributed to grantees by our federal funder, the Health Resources and Services Administration (HRSA) between July-September following the RSR reporting period. Please note that # 2 & 3 below were first introduced for the 2015 reporting period, and are based on clinical data which we do not report from eSHARE, but which are reported by our multiply-funded agencies for Parts C and/or D data. In addition, both Viral Load and ART (under # 1), although entered in eSHARE, are not reported in our RSR client-level data, as these are considered clinical data elements reported by agencies that are funded for outpatient/ambulatory services only.

1. Providers with >10% missing values for 5 client-level data elements:
   A. Federal poverty level (income)
   B. Health insurance status
   C. Housing status
   D. Viral load
   E. Antiretroviral therapy

2. Providers with >50% ‘No’ or missing values for mental health screening and or substance use screenings

3. Providers with >90% ‘No’ or missing values for PCP prophylaxis and Hepatitis B Vaccination

### 2015 RSR:
- Providers with >10% missing values for 5 client-level data elements:
  - Harlem United Community AIDS Center

- Providers with >50% ‘No’ or missing values for mental health screen and/or substance use screenings:
  - Community Health Project Inc.

- Providers with >90% ‘No’ or missing values for PCP prophylaxis and Hepatitis B Vaccination:
  - St. Luke’s Roosevelt Hospital Center
  - Harlem Hospital
  - Jacobi Medical Center

### 2016 RSR:
- Providers with >10% missing values for 5 client-level data elements:
  - Harlem Hospital (for ART)

- Providers with >50% ‘No’ or missing values for mental health screen and/or substance use screenings:
  - None

- Providers with >90% ‘No’ or missing values for PCP prophylaxis and Hepatitis B Vaccination:
  - None
In the past year, we have come across several Ryan White Services Report (RSR)- and data-related issues regarding form dates and form completion dates entered in eSHARE.

Incorrectly entering or updating a form date ("Intake Date" or "Date of Re-Assessment") or form completion date ("Date staff member completed Intake Assessment form" or "Date staff member completed Re Assessment form") can result in inaccurate data collecting and reporting and missing information in the RSR. For example, some data elements were reported as missing in the RSR, but upon checking in eSHARE, they appeared to be complete. Information is populated in the RSR files based on a form’s completion date, which must be within the year on which the RSR focuses. In the instances of the missing data, we found with a form date in 2016 that the completion date had been changed to 2017. Therefore, this information was not coming into the 2016 RSR. Once a form is submitted as final in eSHARE, the form should only be edited if, after submission, you find that information was entered incorrectly on the form or a placeholder was used (e.g. entering “declined” with the intent of checking a client chart and filling in the correct information later). If a form must be edited, the form date and form completion date should never be changed. There is no need to update the form date or form completion dates as the Intake Assessment and Reassessment forms have system-generated data fields to indicate when a specific section on the form has been updated. If new or updated client information is available after an Intake Assessment was completed, a Reassessment should be entered in eSHARE to capture the updated information. New or updated information should never be entered on an Intake Assessment or Reassessment with a final submission status.

We apologize for any confusion that may be due to our own earlier guidance on form end date edits, but we must adjust our guidance in light of the RSR errors or omissions resulting from well-meaning extensions of the form dates to reflect the total time taken to complete the form. If you have any questions about the dates on Intake Assessments or Reassessments, please contact the eSHARE TA Team, eshareinfo@health.nyc.gov.
## eSHARE Training Schedule

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<thead>
<tr>
<th>eSHARE Training</th>
<th>Date of Training</th>
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<td>April 27, 2017</td>
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<tr>
<td>eSHARE HIV Testing</td>
<td>May 5, 2017</td>
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<tr>
<td>eSHARE Ryan White</td>
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<td>eSHARE Canned Reports</td>
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<td>eSHARE Super User</td>
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<tr>
<td>eSHARE Canned Reports</td>
<td>June 28, 2017</td>
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- Keep in mind that this schedule is subject to change at any time. Please refer to [CVENT](http://cvent.com) for the updated eSHARE training schedule.
- There will be additional trainings that are subject-focused and are not listed on this schedule. An email will be sent for to all users regarding those special trainings.
- For any questions regarding eSHARE training, please contact our eSHARE training team at [esharetraining@health.nyc.gov](mailto:esharetraining@health.nyc.gov)