

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

## eSHARE Updates

**Julia Cohen** who you may know as the RSR Reporting Guru is now part of the eSHARE Technical Assistant Team. She will work along-side Robert Thomas fielding your day to day questions and resolving eSHARE usage issues as well as continuing eSHARE training, where she stepped in for Jeff Oshins as he transitioned to another position at the DOHMH late last year. So if you call 347-396-7401 and you hear something other than a deep resonant voice, don't hang up. Tell us how we can help you

**eSHARE Training** Schedule is up in the Resources section accessible via the eSHARE dashboard. Dates are scheduled out to the end of the year. We have trainings available for Ryan White Care & Treatment, and Ryan

White & Prevention Testing services. In addition to the general eSHARE training, Canned Reports trainings are held as well. Please navigate to the eSHARE dashboard for links to cVent where you will register for trainings.

We've updated the **eSHARE training manual**. When you attend an eSHARE training class you will receive a copy of our eSHARE training manual, but did you know this manual is available on-line in the "Resources" section of eSHARE? For quick answers to some of your ad-hoc training needs the training manual is accessible to you 24 hours a day.

**Uploading data to eSHARE** is a reality and the capability has expanded over the past year. In addition to the already established Ryan White Individual and Group Services (FNS) upload capability the PCSM upload we have the capability or receiving a Testing Data upload. If you have an

HER/EMR system where you store your data and you can produce a CSV file, please contact your Project Officer or email eSHARE Technical Assistance at [eSHAREinfo@health.nyc.gov](mailto:eSHAREinfo@health.nyc.gov) for more information.

**Slow system responses** have plagued eSHARE users for several months. Late last year and in March of this year, we made code changes that should have improved eSHARE navigation once you are able to log into eSHARE. We believe screen to screen navigation has improved except where accessing reports is concerned. We will continue to try to enhance the navigational experience of our eSHARE users.

In addition to letting us know when you spot problems, please let us know when you see and appreciate improvements.

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### What is eSHARE?

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

## Recent Updates

- **Newly designed Legacy Ryan White Reports including the following;** – to accompany the previously re-designed Client Level Services Reports we will release the re-design of other legacy reports including, featuring on-screen view and data sorting, optimized formatting, enhanced sorting and filtering capabilities
- **5 New Ryan White Service Categories** – we will be adding Non-Medical Case Management, Supportive Counseling, Health Education and Risk Reduction/Prevention Group Services, Prevention Referral Services, Prevention Anonymous Services, Prevention Individual Services and Prevention Re-Assessment Reports + Steps 2 Care.
- **A new User Administration Report** – Agency eSHARE Administrators will be able to see in real-time, who have access to what eSHARE data at your agency. Do you want to know if the person who has left the agency has an active eSHARE account? For those who have active account, which contracts do they have permission to see? What roles can they perform? These three critical components of eSHARE access will be revealed to you.
- **New Clinical Report** – We've added 5 Graphic Reports that depict CD4 and Viral Load information pertaining to individuals and to the entire agency. The reports contain actual numbers with mean and median values as well as percentages. Webinars are scheduled to explain the meaning and the intended use of the reports. Please contact your DOHMH Project Officer or eSHARE Technical Assistance for further information.
- **Health Education and Risk Management** – A Health Outcomes Survey was added to HER individual services.
- **Optimized Ryan White Client Level Services Report** – This report should run faster for most due to code modifications.
- **Optimized Ryan White Group Services Report** – This report should run faster for most due to code modifications.
- **Intake Assessment Pre-population** – This function was included initially with eSHARE. It stopped working, but was reinstated over the past few months and repaired.
- **Partner Counseling** – Questions were added to the Prevention/Testing Group Services form regarding couples testing.
- **Resources documents updates** – Please check the resources section for the most recent updates
- **Service Site Management** – If you set the status of a service site location to “Inactive” in the agency profile you will no longer see the site visible in the contract profile. This will alleviate problems encountered with sites no longer used being selected and sites entered incorrectly that cannot be deleted.

## PCSM Forms

A **PCSM form** is required for clients or patients who are part of most Ryan White programs. The PCSM form must be submitted every 90 to 120 days or else you will be locked out from entering services for a client who has not been seen or at least whose clinical data has not been entered. Even if you have no new data, you must review the status of your Ryan White enrolled clients and either enter updated data or N/A for Primary Care date visit, CD4 and Viral Load values that are not available.

# Service Sites and the Importance of Inter-program Communication

Internal communication is very important between programs at your agency. A case in point is, when one program's eSHARE Administrator changes a service site name; this change affects other programs that use the same service site. Service site names once established in eSHARE can be used by more than one program, where this is the case, program managers must communicate with one another, their DOHMH Project Officers and their Contract Managers to make sure a name modification does not violate their contract terms or affect payment.

## Preventing Duplicate Client Profiles

A duplicate client profile is generated when a new Common Demographics form is completed in eSHARE for an existing client at an agency, e.g., when the client is enrolled in a new service category or the client's enrollment is closed and re-opened. In eSHARE, each client profile at an agency is tied to a unique system-assigned ID (client system ID), which is used to identify individual clients. Recently an analysis was done to determine the number of duplicate client profiles in eSHARE for clients enrolled in Ryan White Part A programs/service categories. The analysis found that many agencies are doing a great job at maintaining unique client profiles; 36 (31%) of the 115 agencies included in the analysis have no duplicate client profiles. However, at 22 agencies, from 2% to 29% of the eSHARE client profiles were duplicates of clients already entered at that agency.

### The Impact of Duplicate Profiles

Duplicate client profiles in eSHARE lead to inaccurate counts of clients being served at a particular agency and interfere with the review of data entered in eSHARE. If a client has multiple profiles at an agency, the client system ID becomes an unreliable means of tracking unique clients. As a result, canned reports will not reflect the number of individual clients. In addition, records for a given client with multiple profiles become split up, such that one or more of the client profiles will not provide a complete picture of the client's information. This can cause an active client to appear inactive or a client with current PCSMs to appear to lack PCSM updates. The latter situation triggers the PCSM lockout on services data entry. Finally, when a client search returns multiple profiles under the same name, it creates confusion among staff about where to enter new forms. Ensuring that each client only has one eSHARE profile at your agency is an important time saving and quality assurance step.

### Ways to avoid duplicate client profiles:

- Always search for a client by name before creating a new client profile (another staff person or program may have already entered the client into eSHARE).
- Try partial searches of names (the few first letters of the first and last names, or just the first name) or searches of date of birth to find existing client profiles that might have been misspelled or filed under a different last name (e.g., the name used before marriage or divorce).
- If a client re-enrolls in a program/contract in which he or she was previously closed in eSHARE, reopen the previously closed enrollment by searching for the client name and changing the enrollment status under that program to reopen.
- When you want to make a correction or when a client has a change to a Common Demographics data

element (like name or self-identified gender), please edit the existing Common Demographics form; do **not** create a new one to update or correct information!

**Benefits of keeping one profile per client:**

- Your agency can avoid re-entering Common Demographics data with each new enrollment.
- Your agency will spend less time cleaning and correcting eSHARE data (e.g., for the RSR).
- Canned reports will better represent your caseload, client activity and program performance.
- eSHARE will offer your staff an organized and comprehensive view of each client’s records.
- Accurate accounting for clients and services will facilitate timely, appropriate PHS payment.

Anyone with questions about how to avoid or correct duplicate client profiles should refer to the eSHARE FAQs located on the eSHARE dashboard under “eSHARE Technical Assistance Documents” or e-mail [eshareinfo@health.nyc.gov](mailto:eshareinfo@health.nyc.gov). Agencies with a high number of duplicate client profiles will be contacted by the eSHARE team for follow-up and data systems cleanup on this issue.

## Reporting Client Household Annual Income and Household Size in eSHARE

Client household income is an important eSHARE reporting requirement. Client household income and the total number in the client’s household are required to compute each client’s percentage of the Federal Poverty Level (FPL), which determines eligibility for many Ryan White programs and is a federal Health Resources and Services Administration (HRSA) reporting requirement included in the Ryan White HIV/AIDS Program Services Report (RSR). Poverty guidelines are issued each year in the Federal Register by the Department of Health and Human Services (HHS).

In order to improve compliance with this reporting requirement and increase completeness of household income information, eSHARE will be updated in the near future. Providers will no longer be able to select an “Unknown” or “Declined” option for “Household Income.” Programs are required to assess (and report in eSHARE) an annual dollar amount for each client’s household income and the total number in the client’s household (including the client). This should be assessed at the original Intake Assessment and at Reassessment, at least every six months. For their completeness monitoring in 2013, HRSA is targeting five (5) data elements related to Ryan White program eligibility, one of which is the %FPL, based on household income and household size.

As the funder of all Ryan White services, HRSA will be reviewing individual RSRs for completeness of this information. Documentation of client household income at original Intake Assessment and Reassessment is required to be available for review during site visits. If not already doing this as part of current practice, programs should begin assessing and collecting appropriate documentation of client household income now, in preparation for this eSHARE systems update in the near future.

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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 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 2015. 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](mailto:esharetraining@health.nyc.gov).

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