ARIES Advisor

www.projectaries.org

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Version Highlights

New Quality Management Reporting:

ARIES has been programmed with additional data fields and reports to provide new Quality Management monitoring based on the HIV/AIDS Bureau (HAB) HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents: Group 1. See complete article on Page 3.

ARIES Security Information:

Maintaining the security of the confidential client data stored in ARIES is of critical importance. See complete article on page 3 for security information and policies.

Formatting of Client Names in ARIES:

Previously, only the first letter of the client last name was capitalized by ARIES when registering new clients. For example, a client with a last name of "McIntosh" would be saved as "Mcintosh". Now there is a checkbox located on the New Client Registration screen that a user can check that will turn off ARIES capitalization and save the name just as it is entered. This checkbox also appears on the Client Identifiers edit screen allowing previously entered client names to be edited using this same option. Since clients may see their name in ARIES (viewing a screen or report, mailing labels, etc), we recommend entering a client's name exactly as they want it to appear. Note that if you change an existing client's name, you could also be changing the client's URN. Normally, this does not cause any problems, but if you receive an error message when changing the name, please contact the Help Desk.

New Automatically Generated ARIES ID:

ARIES now generates a new "ARIES ID" for every client registered in ARIES. Existing Clients were automatically assigned a new ARIES ID when version 2.3 was installed. The ARIES ID can be seen on the Client Demographic read only screen and is visible on the Client Search Results screen as the first ID listed in the ID column. You may also search for a client using the new ARIES ID. Additional uses for the ARIES ID will be coming soon.

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Version 2.3

Financial Eligibility Screen:

All ARIES income figures are now based on *monthly* income (not annual). The option to choose monthly or annual has been removed, and the word "Monthly" has been added to the name of all income fields. The conversion of existing annual income data to monthly occurred early this year, so no update to existing data is required. However, as we approach the end of the calendar year, you will want to verify the income of all of your clients, to insure accurate year–end reporting.

"My Profile" Link Added to ARIES Shortcut Menu:

Users may now quickly access their staff record in ARIES by selecting the Shortcuts menu and then clicking on the My Profile menu option.

Setting Up Staff As Non-Users in ARIES:

Agencies have asked for a way to add employees to ARIES so that their names appear in the Staff dropdown, but at the same time, prevent the employees from accessing ARIES. This would allow services to be assigned to an employee even if that employee did not use ARIES. A new "Non-User" role has been added to ARIES for this purpose. When adding or editing staff, select this role if you do not want the staff person to have access to ARIES, yet allow the staff person's name to appear in the Staff dropdown. No login ID or password can be entered if you select this role. Should the ARIES non-user status need to be changed to an active ARIES user status in the future, agencies will need to contact the ARIES Help Desk.

California and Texas participate in the Ryan White Service Reporting System Pilot

The Ryan White HIV/AIDS Program Services Report (RSR), formerly known as Client Level Data, will become a reporting requirement for most recipients of funding from the Ryan White Program in 2009. The RSR is in addition to the Ryan White HIV/AIDS Program Annual Data Report (RDR) which is currently required of all funded agencies. The RSR is an electronic reporting system that submits a single record to the HIV/AIDS Bureau (HAB) for each client served with Ryan White funds during the reporting period. The record includes the client's demographics, a variety of medical status data, lab results, and a summary of the services received. The data is submitted to HAB every six months, starting in July 2009 for the period January through June 2009.

ARIES was chosen as a pilot project for the RSR, and our technical staff worked closely with HAB over the last six months to prepare and submit data in the correct format. Four ARIES agencies participated in the pilot, two from California and two from Texas. We are pleased to report that ARIES was the first data system in the nation to successfully upload RSR data to HAB's secure website! Our participation in this pilot provided us with an advance look at the RSR, giving us a head start to meet HAB's requirements. In addition, we also had the opportunity to provide direct feedback to HAB, and are pleased to report that our efforts resulted in several important changes to the RSR reporting requirements.

Prior to January 2009, a few new RSR-required data elements will be added to ARIES, allowing all agencies to begin collecting data immediately. The report/export requirements for the RSR will be added before July 2009, allowing all agencies to submit their data to HAB in plenty of time to meet the first deadline. Watch the ARIES Advisor for more information. To learn more about the RSR, visit HAB's website at

http://hab.hrsa.gov/manage/CLD.htm.

Highlights continued from page 1

Viral Load Values:

The maximum viral load lab value that can now be entered is 9,999,999 (do not enter commas when entering values).

New Security Question when Re-Setting

Password:

When changing passwords in the future, users will be prompted to select and answer a new security question. If a user is subsequently locked out of ARIES, the Help Desk will require the user to answer the security question prior to re-setting the password.

Lab Batch Data Entry of CD4 and Viral Load Test Results:

Users can now enter CD4 and Viral Load test results by a lab batch data entry method. It is no longer necessary to access each client record to enter this data. To access the Lab Batch Data Entry screen, from the ARIES menu select Find and from the sub-menu select Agency. Search for your agency name. Once on the Agency screen you will notice a new tab called "Lab Batch Data Entry". Click on this tab (user permissions required). Data can be entered using the Agency Client ID, Program Client ID or Extended URN. After clicking the Save button, saved records from this work session will be displayed at the bottom of the screen. For records that fail validation (e.g. Client ID does not exist, invalid date, invalid result), an error message will display to the right of each record. Users can edit the invalid records and attempt to save again.

ARIES Security

Maintaining the security of the confidential client data stored in ARIES is of critical importance. ARIES was built with many sophisticated security features to protect confidential information (such as personal digital certificates and role-based permissions). Furthermore, policies and procedures are in place at provider sites to further minimize the chance of a security breach (such as not posting ARIES login IDs and passwords where others can view them).

Security TIPS to Remember

When working in ARIES, data are stored on the ultra-secure servers at the California State Data Center in Sacramento, CA. However, when you export data or save data from reports, those data *are stored on your computer or local network*. You are responsible for the security of those data using proper security measures such as encryption and passwords and limiting access to personnel on a need to know basis. Your agency may have additional restrictions or policies regarding the electronic storage of client data, and you should contact your supervisor for more information.



Reporting ARIES Security Incidents

Under direction from the California Department of Public Health, Office of HIPAA Compliance, the California Office of AIDS has developed the following procedures for our ARIES users to follow should a security breach occur. A security breach is defined as any failure to follow confidentiality protocols and procedures, whether or not confidential client information is released. To whom a breach is reported depends on whether confidential information was actually released. For more information, please review the Procedures for Reporting ARIES Security Incidents at <u>www.projectaries.org</u> on page 3 of the Forms and Instructions section. All ARIES users need to be aware of these reporting procedures. If you have guestions, please direct them first to your agency's manager/director. Any remaining questions can be sent to aries@cdph.ca.gov.

New Quality Management Reporting HIV/AIDS Bureau Group 1 QM Indicators

ARIES has been programmed with additional data fields and reports to provide new Quality Management monitoring capabilities based on the HIV/AIDS Bureau (HAB) HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents: Group 1.

Overview

The HAB HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents: Group 1 (http://hab.hrsa.gov/special/habmeasures.htm) represents the first five (5) core clinical performance measures that are deemed critical for HIV programs to monitor. These measures can be used by all programs funded by the Ryan White HIV/AIDS Program and can be used either at the provider, grantee or state level. Grantees are encouraged to include the core clinical performance measures in their quality management plans. While data are not required to be submitted to HAB at this time, grantees are strongly encouraged to track and trend data on these measures to monitor the quality of care provided. Grantees are encouraged to identify areas for improvement and to include these in their quality management plans.

The indicators identify a subset of a population that meets certain criteria related to standards of care. The outcome is measured as a percentage

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QM Indicators continued from page 3

by dividing the number of clients meeting the criteria (numerator) by the number of eligible clients in the population as a whole (denominator). For patient management, users may run a followup report identifying clients in the denominator but not the numerator, thus indicating clients who did not receive the required level of care.

Data Elements for QM Indicators in ARIES

Table 1 on page 5 displays a grid of the five (5) QM Indicators and the data elements used to measure each one.

The data entry screens in ARIES where these data elements are captured are:

- 1. Basic Medical screen HIV and AIDS Status
- 2. Medical History screen CD4 Tests
- 3. ART screen HAART and ART medications
- 4. Other Medications screen- Prescribed PCP prophylaxis
- 5. Services screen Medical and other services
- 6. Ob/Gyn and Pregnancy screen Pregnancy Information

New Fields and Functionality in ARIES

The new fields in ARIES are described below:

- Ob/Gyn and Pregnancy screen new field to capture Estimated Delivery Date (see Figure 1, page 6)
- Other Medications screen new field Type added to distinguish whether medication prescribed is for treatment or prophylaxis. There is also a new dropdown list containing only non-ART drugs (see Figure 2, page 6).

It was also necessary to define in ARIES which service line items constitute "a medical visit with a health care professional who is certified in their jurisdiction to prescribe ARV therapy." A new data element was added to the Service Line Item table (isMedicalQM=1) which indicates that the service line item qualifies under this definition. To see which services qualify as medical for QM purposes, review the ARIES Service Hierarchy available at www.projectaries.org on page 2 of the Training Documents section.

HAB Group 1 QM Indicators Report:

The HAB Group 1 QM Indicators report is located on the Reports – Compliance Reports menu. Clicking on the report name will present the report filters screen. To generate the report, enter Report Period date parameters and any other desired filter criteria (see Figure 3, page 7). Clicking the Report button from the filter screen displays the Summary Report (Figure 4 page 7). Clicking the Export button displays the Export screen (Figure 5, page 8).

Summary Report

The Summary Report displays the summary results for each of the QM Indicators. The screen will display the description of each of the QM Indicators. For each indicator, both the numerator and the denominator of the outcome calculations are displayed. The outcome is displayed as a percentage. The filter values selected are displayed at the bottom of the report. For each indicator, a button is shown with the caption "QM Client Follow– Up." Clicking on the button will display the Follow– Up Report.

Follow-Up Report

The Follow–Up Report displays a list of clients who were in the Denominator of a particular QM Indicator, but not in the Numerator (i.e. clients who did not receive the required level of care). Clients are listed alphabetically, and the report includes each client's Age (as of the end of the reporting period), Race (same groupings as in the RDR), Gender, Share Status, and Staff. The same filter values (criteria) used to generate the Summary Report will be used to generate the Detail report, and the filter values are shown on the report screen.

Exporting QM Data

There are two types of exports available for QM Indicators. The first is an export of only the clients who were listed on the Follow–Up Report (in the Denominator but not in the Numerator). To export this data, first click on the desired QM Client Follow– Up button on the Summary Report screen, then click the Export button on the Follow–up Report screen. The second type of export includes <u>all</u> the clients who were in the Denominator. The export file includes a flag identifying which clients were in the Numerator, and also includes many additional demographic data elements. To export this data, click Export on the Summary Report screen (or on the filter values screen). The export includes a separate file for each of the QM Indicators.

News Flash!

As this issue of the ARIES Advisor goes to press, HAB has just released Group 2 of the QM Indicators. The new group consists of 9 measurements related to Cervical Cancer, Hepatitis, Syphilis, TB, Lipid Screening, Oral Health, Adherence Assessment, and Risk Counseling. Watch the newsletter for announcements of when these new indicators will be added to ARIES.

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Measurement		HIV- Positive	AIDS	Any Service at my agency	One isMedicalQM service at any agency	Two isMedicalQM services at any agency, three months or more apart	At least two CD4 tests, three months apart or more	Had a CD4 test within the period below 200	Prescribed PCP prophylaxis within the year	Prescribed HAART within the year	Pregnant during the period	Prescribed ART in 2nd & 3rd trimesters
OPR Measure #1: Percentage of clients with HIV infection who had two or more medical visits in an HIV care setting in the measurement year	Numerator	х		x	x	х						
	Denominator	x		x	x							
OPR measure #2: Percentage of clients with HIV infection who had 2 or more CD4 T-cell counts performed in the measurement year	Numerator	x		x	x		x					
	Denominator	х		x	х							
OPR Measure #3: Percentage of clients with HIV infection and a CD4 T-cell count below 200 cells/mm3 who were prescribed PCP prophylaxis	Numerator	х		x	x			x	х			
	Denominator	х		x	x			x				
OPR Measure #12a: Percentage of clients with AIDS who are prescribed HAART	Numerator		х	x	x					x		
	Denominator		X	x	x							
OPR Measure #17: percentage of pregnant women with HIV infection who are prescribed antiretroviral therapy	Numerator	x		x	x						x	x
	Denominator	x		x	x						x	

 Table 1: ARIES Data Elements for Group 1 QM Indicators

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Figure 1: New Estimated Delivery Date field for QM Indicators

🖉 Other Medications - Windows Internet Expl	orer					
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Nebupent (pentamidine) (d00030)	~	PCP	Prophylax 💌	8/1/2008		Save
If Other:			Prophylaxis			Cancel
C Sear	ch		Treatment			Deactivate
L						
Adherence						
In the last three days, not including t	oday, how many		_			
days did you take your other m	edications at the	as of				
times and in the amounts prescriber	a by your doctor:					
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Figure 2: New <u>Type</u> field (Treatment or Prophylaxis) for QM Indicators

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🖉 Report Filter Values - Windows Internet Exp	lorer								
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Report Filter Values									
HAB Group 1 QM Indicators									
Report Period	Between 🔽 1/1/2008 🖩 & 9/15/2008 🖩								
Agency	×								
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Program	~								
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Race	×								
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Figure 3: Filter Screen for Group 1 QM Indicators

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HAB Group 1 QM Indicators										
		Numerator								
	QM Indicator	Denominator	Percentage							
	OPR Measure #1: Percentage of clients with HIV	2								
	HIV care setting in the measurement year	10	20.00%	QM Client Follow-Up						
	OPR Measure #2: Percentage of clients with HIV	2	20.00%	-						
	performed in the measurement year	10		QM Client Follow-Up						
	OPR Measure #3: Percentage of clients with HIV	0	0.00%	-						
	cells/mm3 who were prescribed PCP prophylaxis	0		QM Client Follow-Up						
	OPR Measure #12a: Percentage of clients with AIDS	1	12.50%							
	WID are prescribed HAAKT	8		QM Client Follow-Up						
	OPR Measure #17: Percentage of pregnant women	0	0.00%							
	therapy	2		QM Client Follow-Up						
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Figure 4: Summary Report for Group 1 QM Indicators



Figure 5: Export Screen for Group 1 QM Indicators