



Overview of Ryan White Part A Service Data Collection and Feedback Mechanisms for NY EMA

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e.share

Electronic System for HIV/AIDS Reporting & Evaluation

The screenshot displays the e.share web application interface. At the top left is the e.share logo and the text "Electronic System for HIV/AIDS Reporting & Evaluation". To the right, it says "NYC Health" and "WELCOME Jacinthe Thomas BHIV" with a "Logout" button. A navigation bar contains links for "Dashboard", "Contract Management", "Clients and Services", "Administration", "Reports", "Home", "Help", and a printer icon. Below the navigation bar, the breadcrumb "Home > DashBoard" is shown. The main content area is titled "Dashboard" and features a sidebar with "Messages" (selected) and "Resources". The "General System Messages" section contains the following text:

For technical assistance, please contact your local eSHARE Administrator or DIT Help Desk (1-888-692-6339).

Version **6.0** was launched on **05/08/2014**

Attention eSHARE users, for better performance please use **Internet Explorer 9**. It can be downloaded from the following Microsoft site:
[Download Internet Explorer 9](#)

Now eSHARE is supporting Google Chrome browser. Try out new experience of eSHARE with Google Chrome.
[Download Google Chrome for faster eSHARE performance](#)

Attention eSHARE Users: Click on the links below to see the updated schedule of eSHARE trainings (note: users new to eSHARE are particularly encouraged to register!):

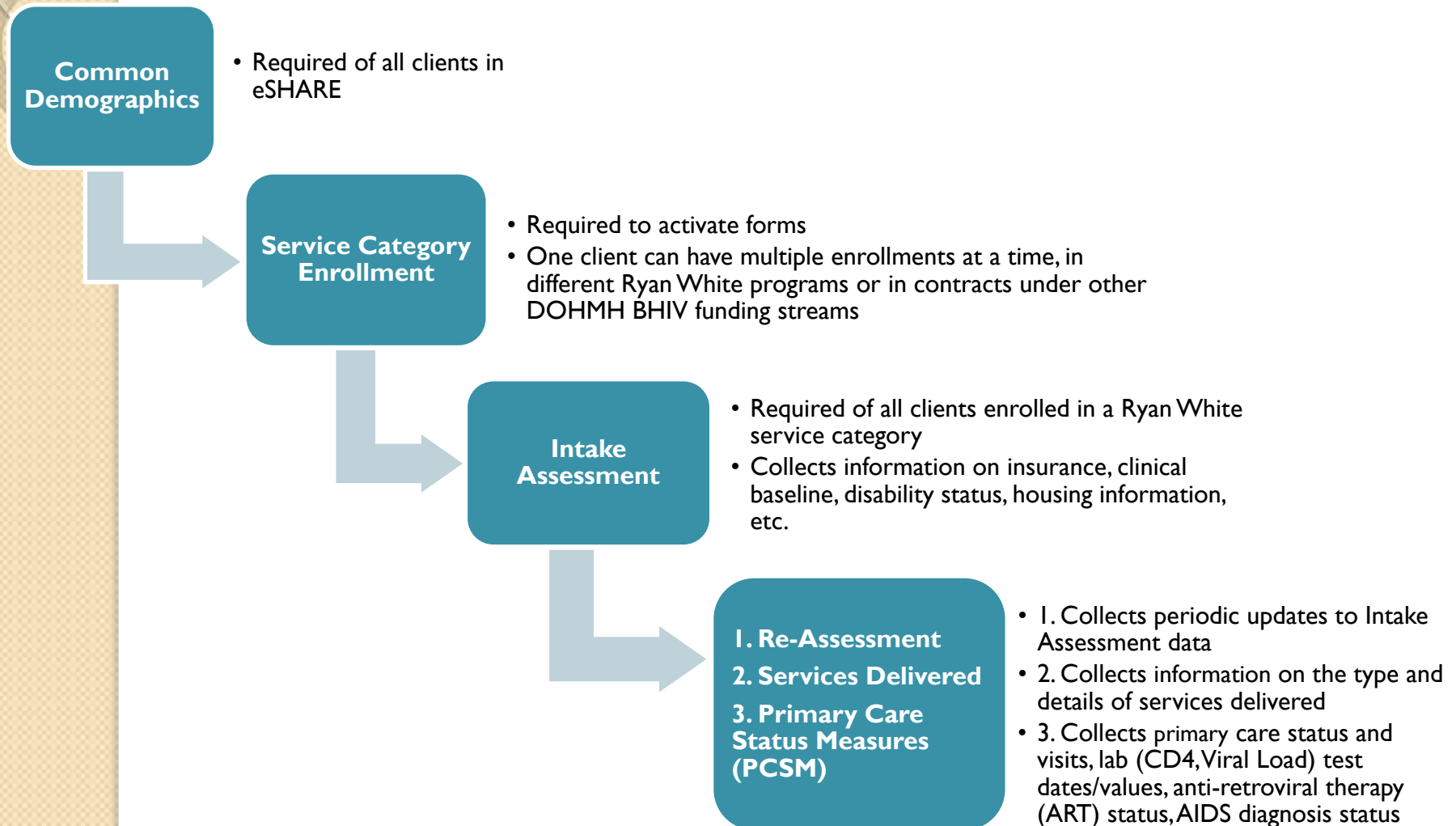
- [eSHARE End User and Super User Trainings](#)
- [eSHARE Canned Report Trainings](#)

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eSHARE Summary

- Primary data system for contracts with the DOHMH BHIV, including Ryan White Part A (RWPA) funded contracts
 - Before eSHARE, RWPA funded contracts used the NYS DOH AIDS Institute Reporting System (AIRS)
- Web-based data reporting system
- Meets all regulatory and reporting requirements for federal funders and local evaluation
- Captures demographics, enrollments, services (individual and group), referrals, assessments and outcome measures over time

Main Data Collection Steps in eSHARE



Key eSHARE Features

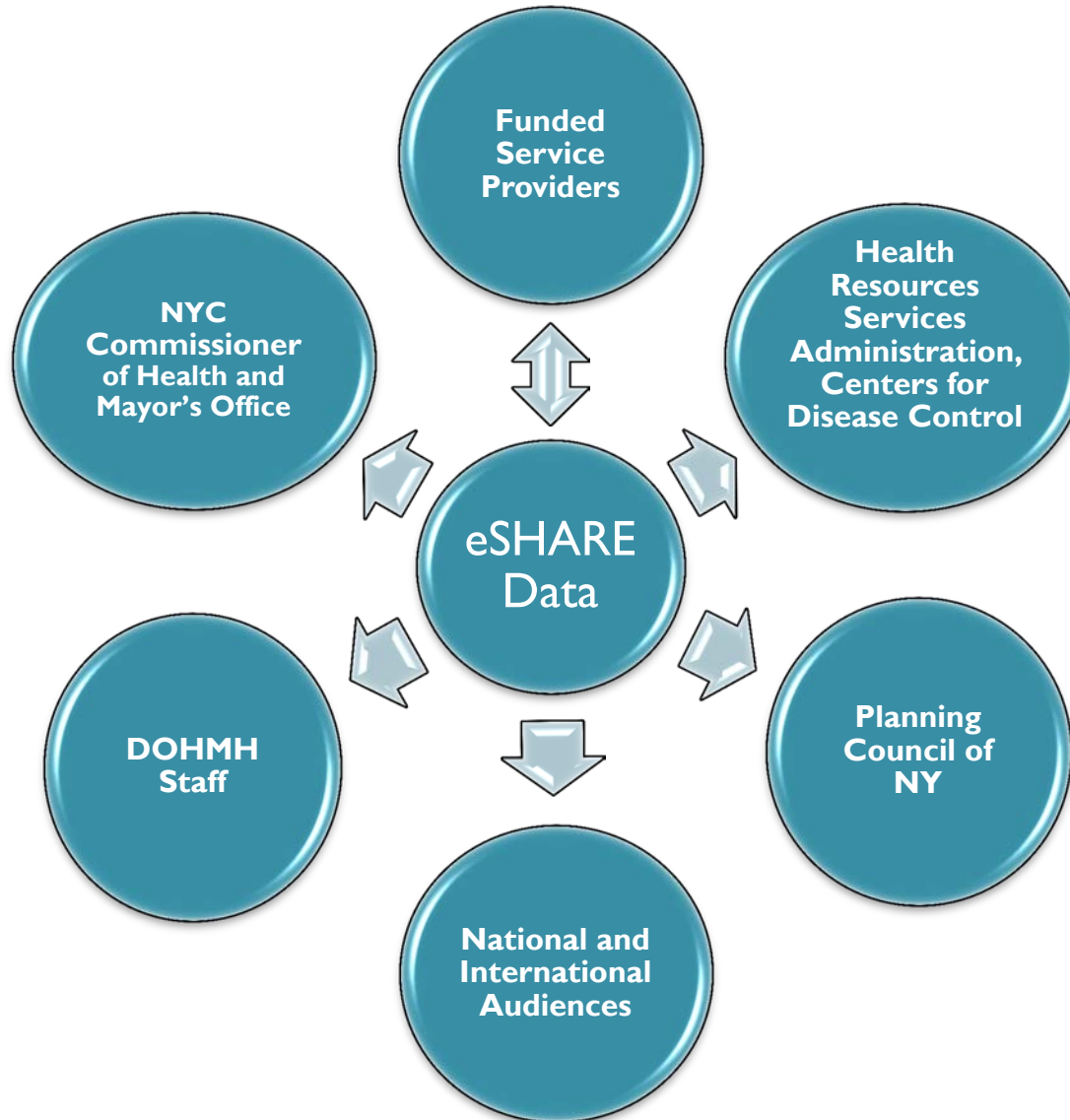
- Reports
 - Services/Forms Scheduling
 - Client-level list of services/forms that are pending, due and overdue
 - Client-level breakdown and summary of enrollments and services
 - Retention in HIV care – upcoming report
 - Validations for Ryan White HIV/AIDS Services Report (RSR)
 - Allows identification of records with data validation issues
- Extracts
 - Payment Data
 - Demographics Data
 - Ryan White HIV/AIDS Services Report (RSR) XML
- Data Upload
 - Services
 - Available to high-volume programs
 - Food and Nutrition Services (FNS)
 - Testing (currently undergoing final QA phase)
 - Primary Care Status Measures (PCSM)
- Resources
 - Important updates, paper forms, and guides on how to enter data



Evaluation of Data Sources

	eSHARE	Surveillance	CHAIN	Medical Monitoring Project (MMP)
Strengths	<ul style="list-style-type: none"> -Linked to RW programs -Reminders/controls for quality & completeness -Client identifiers to merge program data with surveillance data 	<ul style="list-style-type: none"> -Mandatory reporting (NYS law) -Multiple processes in place for verification and data cleaning, as well as augmentation with data from other registries 	<ul style="list-style-type: none"> -Longitudinal analysis -Cohorts representative of PLWHA accessing social and medical services 	<ul style="list-style-type: none"> -Serial cross-sectional study (avoids biases due to attrition) -Representative of persons accessing HIV care
Weaknesses	<ul style="list-style-type: none"> -Dependent on RW provider documentation and data entry -Newer system, still maturing -Due to phased rollout, only goes back to 2012 for most of Part A (earlier years available for Care Coordination) 	<ul style="list-style-type: none"> -Fewer variables, can't address all indicators -Must rely on mandatory reporting of laboratory events as proxies for primary care visits (actual PCP visits are not reportable for surveillance) -Time lag in use of data 	<ul style="list-style-type: none"> -Smaller sample size -Reliance on self-report -Slight difference in indicator definitions/questions asked 	<ul style="list-style-type: none"> -Smaller sample size -Reliance (for our data) on self-report -Slight difference in indicator definitions/questions asked
Geography	<ul style="list-style-type: none"> -All NYC and Tri-County RW providers (by the end of 2012) 	<ul style="list-style-type: none"> -NYC (5 boroughs only) -Other NYS data may be available in the future (resource issue) 	<ul style="list-style-type: none"> -NYC and Tri-County (through summer of 2013) 	<ul style="list-style-type: none"> -NYC (5 boroughs only) -NYS MMP data covers Tri-County- not available to DOHMH

Audiences of eSHARE Data/Reports



Examples of Analyses/Reports using eSHARE Data

- Outcomes reports by service category
 - Client-level ARV/VL Report
- Service category-specific evaluations and performance monitoring
- Quality Learning Network Indicators
 - Developed in collaboration with service providers and AI
 - Shared during provider meetings
- EMA's Comprehensive Strategic Plan for HIV/AIDS Services
 - Annual Indicator Progress/Trends
- Service Category-specific "Scorecards"
- Annual Enrollment Report
- Ryan White Grant Application
- State Profiles on HRSA.gov website
- HRSA Progress Reports – Base, MAI

Feedback on eSHARE

- eSHARE Satisfaction Survey
 - Conducted in Summer 2014
 - Results to be included in the eSHARE Informer
- eSHARE User Group
 - Forum to share eSHARE updates and solicit feedback

eSHARE Limitations and Development Priorities

- Performance - Slow when accessing and entering data
 - Recent improvement reported due to compatibility with Internet Explorer 9 and Google Chrome
 - Development on speed/performance is ongoing
- Access to data - Raw data not readily available to providers
 - Revising Canned reports and releasing new ones
 - Implementing client-level data extracts

eSHARE Strengths

- Allows real time access to data by NYC DOHMH and funded agencies
- Facilitates sharing of data between programs within an agency
- Ability to de-duplicate clients across agencies and programs
- Improved data quality and completeness due to built-in controls/validations
- Designed specifically for BHIV funded programs
- Allows for merged analyses of programmatic and HIV surveillance (or other) data

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