

HOW TO SUBMIT PATIENTS AND OBTAIN OUTCOMES

HIV CARE STATUS REPORT (CSR)

Overview

- ❖ This presentation reviews information specific to submitting patients and obtaining CSR outcomes into the HIV CSR system for approved CSR designee users.
- ❖ For information on who is eligible to obtain access and the registration process, please refer to the slide set on **“How to Request Access”**.

Which Patients Are Eligible?

- ❖ A patient with a new, confirmed HIV diagnosis made by your site who did not link to HIV-related medical care in the **past 6 or more months**.
- ❖ *Please note, patients diagnosed in the inpatient service/ED that were referred to your site's ID clinic but do not link to care in the 6 months from the time of diagnosis are eligible for submission.*
- ❖ A patient who was previously diagnosed with HIV and in your facility's care but has not returned back to your facility for HIV-related medical care in the **past 6 or more months**.

How to Submit Patients to the CSR

❖ Individual Submissions

- ❖ CSR Designee can individually enter and submit each patient manually.

❖ Batch Submissions

- ❖ CSR Designee can submit a group or batch of patients at once using a spreadsheet with the required information for all patients.

Individual Submission: What patient information MUST be submitted?

NYC Health Care Status Reports

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Patient Data Entry

Last Name *

First Name * / Middle Name

Date of Birth *

Alias Last Name

Alias First Name / Middle Name

Alias Date of Birth

Sex * Male Female

Social Security Number *

MRN/facility identifier *

Date of the last MD visit at facility/site *

Date of the last HIV-related lab at facility/site *

* Required Fields

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Screen Shot of Patient Data Entry Screen.

Required Patient Information

- ❖ The following slides will describe in detail the 3 required patient variables below:
 - ❖ MRN/facility identifier
 - ❖ Date of last HIV-related medical visit
 - ❖ Date of Last HIV-related medical laboratory test

MRN / Facility Identifier

- ❖ MRN/Facility Identifier: number assigned by your site that identifies an individual medical record.
- ❖ This number will serve as the unique identifier under which the care status outcome of each individual will be reported in the CSR system.
- ❖ The number is solely used for you to identify your patient and will not be used at any time during the matching process.

Date of the Last HIV-related Medical Visit

- ❖ This is the date of the last HIV medical care visit at your site.
- ❖ This visit date should have been with an MD, DO, PA, or NP at your facility/site.
- ❖ The purpose of this visit date is to confirm that the patient has been out of care for at least 6 months.
- ❖ If the visit date is **less than 6 months** from the date you are submitting the patient, the patient **cannot** be submitted.

Date of the Last HIV-related Medical Laboratory Test

- ❖ **Patient-provider verification step** - The date of the last HIV-related lab (CD4, viral load, or confirmatory test) is the date that the HIV related lab was collected at your site and will be matched against the NYC DOHMH HIV Registry. This is to verify that your site has been reported to the Registry to be this patient's provider. *The value of the result is NOT required.*
- ❖ If the automated patient-provider verification match fails to confirm your site as the patient's provider, the Care Status match will not proceed while a manual laboratory investigation is performed.
- ❖ A window of time has been built in within the matching algorithm to account for minor fluctuations in dates reported the NYC DOHMH HIV Registry.

Batch Submission:

What patient information **MUST** be submitted?

- ❖ Batch Submission **MUST** be in a CSV file format.
- ❖ Please note that all fields must be included in the submitted file, even if blank.
- ❖ Fields in **RED** are **required** to be populated with information.

Field Name	Description	Maximum Length	Required
LNAME	Last Name	30	Y
FNAME	First Name	25	Y
MNAME	Middle Name	25	N
DOB	Date of Birth (MM/DD/YYYY)	10	Y
ALIAS_LNAME	Alias Last Name	30	N
ALIAS_FNAME	Alias First Name	25	N
ALIAS_MNAME	Alias Middle Name	25	N
ALIAS_DOB	Alias Date of Birth	10	N
Gender	Sex at Birth (M/F)	1	Y
SSN	SSN (limited to 9 digits). Enter 9 for unknown numbers. (999999999)	9	Y
MEDRECNO	Medical record Number (MRN) or Facility Identifier *	30	Y
VISIT_DT	Date of the last HIV-related medical visit at the facility/site * (MM/DD/YYYY)	10	Y
EVENT_DT	Date of the last HIV-related medical lab at your facility * (MM/DD/YYYY)	10	Y
LabTestType	Lab Test Type (CD4/VL/DIAG)	4	N

* Please see previous slides (# 7-9) for definitions.

Example of Batch Submission File

- ❖ Batch Submission **MUST** be in a CSV file format.
- ❖ Please note that all fields must be included in the submitted file, even if blank.
- ❖ Fields in RED are **required to be populated with information.**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	LNAME	FNAME	MNAME	DOB	ALIAS_LNAME	ALIAS_FNAME	ALIAS_MNAME	ALIAS_DOB	Gender	SSN	MEDRECNO	VISIT_DT	EVENT_DT	LabTestType
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

* Please see previous slides (# 7-9) for definitions.

CSR Patient Outcomes

- ❖ **Follow-up needed**: the provider **DOES** need to continue efforts to return the patient to care as the queried patient **DID NOT** meet the DOHMH HIV Epidemiology and Field Service Program's (HEFSP) criteria for being in care in NYC
- ❖ **No additional follow-up needed – In Care**: the provider **DOES NOT** need to continue efforts to return the patient to care as the queried patient **DID** meet the DOHMH HEFSP's criteria for being in care in NYC
- ❖ **No additional follow-up needed – Deceased**: the provider **DOES NOT** need to continue efforts to return this patient to care because the patient matches to a death reported to the DOHMH Bureau of Vital Statistics or national death registries according to the most recent NYC HIV Registry data.
- ❖ **Non-case**: unable to establish that the patient has ever been diagnosed with HIV and reported to the NYC DOHMH

Data Considerations and Security

- ❖ HIV-related laboratory test reports take 2-4 weeks to be reported to NYC HIV Registry.
- ❖ Vital statistics data may lag 12-18 months from the date of patient's death to the date of report to the NYC HIV Registry.
- ❖ Laboratory data reported to the HIV Registry does not reflect the specific location within the care site where the test was collected (i.e., inpatient, emergency department, outpatient).

Data Considerations and Security

(continued)

- ❖ Regarding the matching of laboratory reports to the correct provider, an in-house application is used to standardize laboratory information on incoming reports which are then matched to a repository of NYC providers. Any provider that does not match to an incoming report is investigated.
- ❖ All patient information submitted to the HIV Care Status Reports application will be stored in the secure server with all other HIV Registry information.

Time From Patient Submission to CSR PATIENT OUTCOME

- ❖ The CSR match will be reported the following business day.
- ❖ If the outcome is listed as “pending”, the next business day, additional investigations will be underway as the patient either did not match to the Registry or failed patient-provider verification.

Patient List Submission

- ❖ We recommend that providers submit patient lists quarterly given the data considerations and lag time to incorporate laboratory data and vital status information into the HIV Registry.
- ❖ No minimum or maximum number of patients is required when submitting your quarterly patient list.
- ❖ Results of all patient lists submitted will be available in your facility's CSR account indefinitely.

Urgent Request Alternative

If you have an urgent care status request on a high priority patient (e.g. pregnant woman), please call **212-442-3388** for assistance in obtaining care status.

Please Contact

csr@health.nyc.gov

For More Information

HIV Care Status Unit
Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene