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Welcome

Welcome to the August 2017 eSHARE Informer Volume 6, Issue 3. In this informer, you will see a segment about duplicate clients, how it effects eSHARE, and what are ways to avoid a duplicate client, a summary of the eSHARE User Satisfaction Survey conducted in 2016, featured eSHARE general information, eSHARE recent updates, an ongoing eSHARE server maintenance and periodic down time announcement, and the updated eSHARE training schedule. For more information or if you have any questions, contact eSHARE TA at (347) 396-7401 or eshareinfo@health.nyc.gov

Avoiding Duplicate Clients



No Duplicate Content!

What are Duplicate Clients and how does it effect eSHARE?

A duplicate client profile is when a client is represented in eSHARE by more than one Common Demographics form and, therefore, by more than one System Assigned ID. A duplicate client profile is created if a new Common Demographics form is completed for a client when an already existing client is enrolled in a new service category, or when a client is closed and re-opened in a service category.

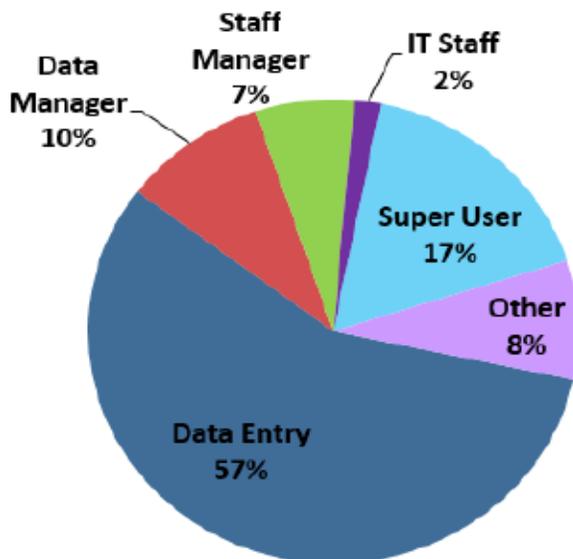
A duplicate client causes the System Assigned ID to become an unreliable in tracking unique clients which means individual clients enrolled and being serviced at an agency cannot accurately be counted and canned reports will not reflect the true number of individual clients at an agency. The interference with the review of data in eSHARE is also affected, because one profile will not provide a complete picture of a client's information. Also, active clients may appear inactive, as not all profiles associated with a client will have a complete history of services delivered. In addition, PCSM lockouts on services data can be triggered if a PCSM is entered for a client under one client profile but not another. Lastly, data entry will be difficult, as a search for a client will return multiple profiles and staff may not know under which profile to enter the latest information.

Ways to Avoid Duplicate Client Profiles:

- Always search for a client by name before creating a new client profile (to ensure the client does not already exist in 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, edit the existing Common Demographics form; do not create a new one to update or correct information

2016 eSHARE User Satisfaction Survey Summary

eSHARE Roles of Survey Participants



In December 2016, the NYC Department of Health and Mental Hygiene (DOHMH) distributed a survey to approximately 700 active eSHARE users to assess eSHARE user satisfaction, similar to the survey conducted in 2014. From December 6 – 23, 2016, users were invited to provide feedback on a range of topics, including NYCMED technical assistance (TA), eSHARE trainings, canned reports, data extracts, and eSHARE TA (including communications). The objectives of the survey were to collect feedback and assess satisfaction regarding current eSHARE features and TA, determine interest in and utility of potential future eSHARE features, and follow up on the previous eSHARE survey conducted in 2014. The survey was completed by 230 eSHARE users, representing over 80 agencies. Below are the summary findings. Please note that the denominator (N) varies for each question, as all 230 users did not respond to every question and responses marked 'N/A' were excluded from the results.

Technical Background: Fifty-two percent of respondents (N=230) reported using eSHARE daily while only 14% reported using it monthly or less. Sixty-seven percent of respondents (N=230) accessed eSHARE through Google Chrome, 24% used some version of Internet Explorer, and 9% were not sure of the browser they used.

NYCMED TA: Fifty-four percent of respondents (N=228) reported having submitted at least one ticket to NYCMED regarding eSHARE in the past 6 months. These respondents reported that the NYCMED Helpdesk was most effective in assisting with password resets and eSHARE access (after NYCMED login).

Trainings: The eSHARE trainings most attended by respondents in the past 6 months were the RW End-User (N=121) and Canned Reports (N=112) trainings, with which 44% and 34% of respondents, respectively, were very satisfied.

Canned Reports: The canned reports used most often were the Ryan White (RW) Client Level Services Report, the Client Level Enrollment Report, the RW Services Summary Report, the RW Services/Forms Scheduling Reports, and the Enrollment Status Report. Users reported that the canned reports were used most commonly for data quality assurance, monitoring and evaluation, and reporting purposes. Fourteen percent of respondents (N=170) expressed an interest in additional reports added to eSHARE, the most commonly suggested being quality assurance reports of data entries requiring review, client demographics, a summary of data entered in eSHARE, PCSM Update form dates and data, and client-level HIV status. Some of this information is already available in the eSHARE clinical reports, which include client- and agency-specific CD4 and viral load data, the RW services/forms scheduling report, which provides the last PCSM form date and next due date, and our annual enrollment reports, which include aggregate demographics by service category (your Quality Management Specialist can provide this report).

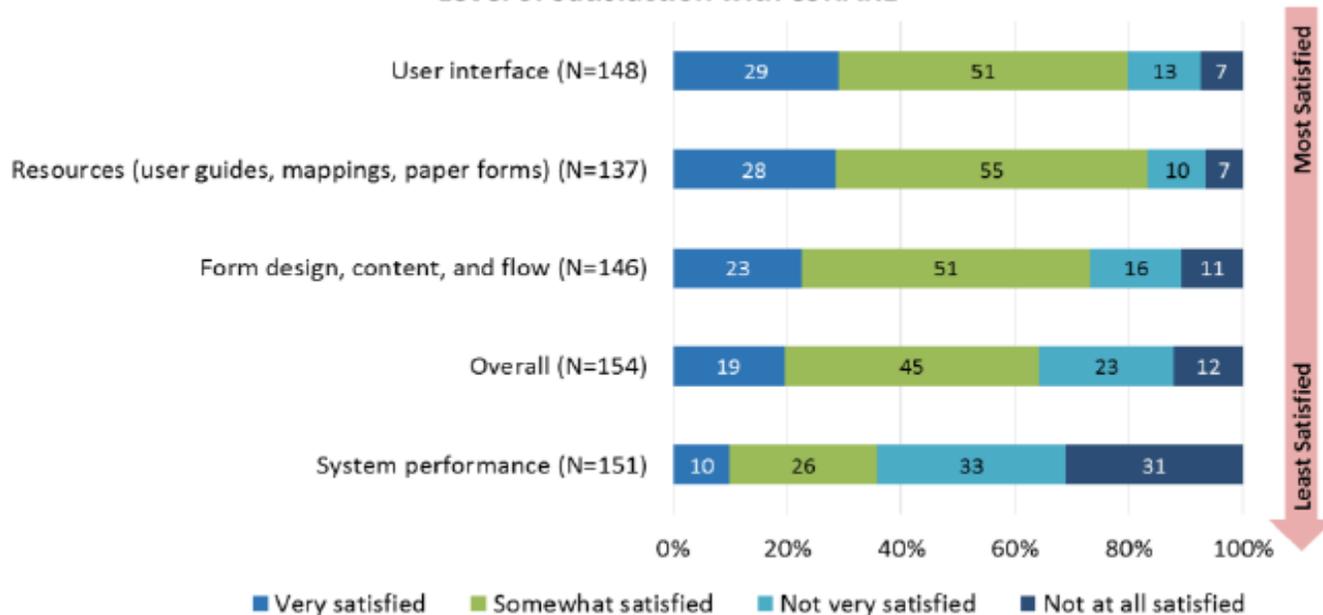


2016 eSHARE User Satisfaction Survey Summary

Data Extracts: Sixty-five percent of respondents (N=175) reported being very likely to use extracts of their raw eSHARE data if provided to agencies. Over 50% of respondents identified the following data extract topics as very important: services provided (N=143), HIV status (N=145), enrollments (N=147), client profiles (N=147), and clinical assessments (N=139). However, the vast majority of respondents also indicated that they would use Excel to analyze these data, and very few indicated use of statistical software, like SPSS, SQL, SAS, or STATA, without which it may be much more difficult to manage and analyze the raw eSHARE data.

eSHARE TA: Thirty-nine percent of respondents (N=230) reported contacting eSHARE TA in the past 6 months. Of those who offered feedback on how helpful they found eSHARE TA to be (N=32), 50% reported very positive experiences with the team. Seventy-five percent of respondents (N=170) recalled receiving communications from eSHARE TA, of whom 96% found the communications helpful. Regarding the eSHARE Informer, 39% reported receiving the newsletter and 21% were not sure (N=170). Of those who recalled receiving the eSHARE Informer, 39% said it is very helpful.

Level of Satisfaction with eSHARE



Overall Satisfaction and Suggested Improvements: Compared to the 2014 eSHARE User Survey, respondents to the 2016 survey reported more satisfaction with the following eSHARE functionalities: user interface, resources, form design, content and flow, and system performance. In response to the eSHARE improvements suggested in this survey, DOHMH will do the following: review and potentially amend the length of timeout period; continue pilot tests and impact assessments of making extracts of eSHARE data available to agencies; continue to work on improving eSHARE speed and performance; and, as contract renewals occur, make forms more relevant to programs’ needs and reduce unnecessary data entry burden on providers. DOHMH has also expanded the canned reports training and has begun offering eSHARE trainings offsite, by agency request.



eSHARE: Featured General Information

Make sure you have the appropriate Service Category selected in your eSHARE Profile

A service category must be selected and enabled in your eSHARE profile for you to be able to access the service category—If the service category is not selected in your eSHARE profile, you will not be able to enroll a client, add services and review or generate canned reports. If you are a new user or current user and you cannot access one or more of your Service Categories, ask your Agency eSHARE Administrator to enable the Service Category on your eSHARE User Profile. You can also contact eSHARE Technical Assistance at eshareinfo@health.nyc.gov for assistance.

How do I enter PCSM updates into eSHARE for a client who is suspended?

The PCSM warning message, which appears in the Enrollment Summary, will be applicable during a suspension period, however the warning can be ignored during the suspension period, since a suspension represents a period of client unavailability for services. If a PCSM Update is due when the enrollment is resumed (when the suspension period ends), then it must be completed and entered before eSHARE will allow individual services to be entered for the client. (Reminder: Once the PCSM Update form is completed, eSHARE will need up to a 24-hour refresh period before services can be entered for this client. Services can then be entered for dates on or after the date of the PCSM Update form, but not for dates in between expiration of the last PCSM and the date of the next PCSM Update.)

If PCSM Update information is obtained for the client during the suspension period (for example, obtained from the hospital), a PCSM Update can be entered into eSHARE without altering the client's suspension (without resuming the client's active enrollment). It may be useful to do this kind of PCSM Update for a client who is expected to be back for services soon, to avoid the need to back enter PCSM data once the client is again active in the program.

What is the difference between a Worker and a User in eSHARE?

A User is an agency staffer who will log in and work directly in the eSHARE system and who has been assigned security roles and permissions. A Worker may not need to log in to eSHARE directly, but is an agency staffer who provides direct services to clients and who should appear for selection in eSHARE services "Worker" pick lists. An individual can be both a Worker and a User.

Can I delete a form that I entered by mistake?

A delete option for some forms is available to users with the 'Agency Client Data Delete' role enabled. If there is an erroneous form in eSHARE and you have another form of the same type for the same client that has yet to be entered into eSHARE, then you may edit the erroneous form and replace the information on it with information from the new, accurate form. This will effectively change the data in the system without the need to delete. Please refer to the document on the eSHARE Resources page 'How to Delete in eSHARE when the Need Arises' for more information.

How are collaterals handled when the client is inactive or closed?

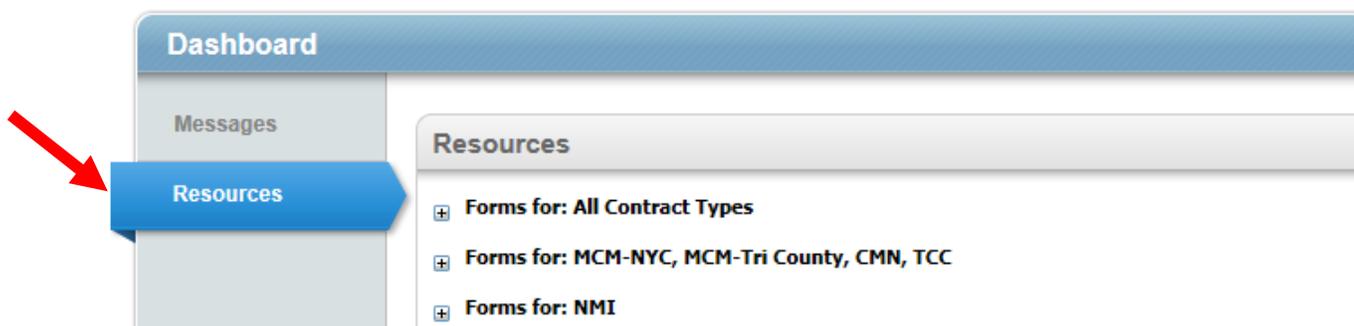
A collateral is attached to a client record. Once a client record is no longer enrolled or active, the collateral is no longer available. Collaterals are not independent of the index client in eSHARE.

eSHARE Recent Updates

The next eSHARE deployment (scheduled for August) will include two related changes to the Intake Assessment and Reassessment forms for all service categories that include the short form health survey (also known as the SF-12) questions, which appear under the “General Health and Well-Being” section.

- 1) The SF-12 questions will be made optional in eSHARE for all service categories that previously required them.
- 2) A new 4-item patient health questionnaire (also known as the PHQ-4) will be added to assessment forms under the “General Health and Well-Being” section as required fields for service categories that previously required the SF-12. The PHQ-4 is a brief screening tool comprising both an anxiety and depression subscale to assess general psychological distress, ranging from none, mild, moderate, to severe. Once the PHQ-4 is integrated into the assessment forms, programs will receive further guidance on how to score and interpret the PHQ-4

Additionally, please check the ‘Resources’ section in eSHARE for new or updated paper forms and mappings featured in this deployment.



Ongoing eSHARE Service Maintenance and Periodic Down Time

eSHARE security is a high priority for BHIV and DOHMH. To protect the eSHARE servers along with all other City services, NYC DoITT has established standard server maintenance windows at which time security patches may be deployed without prior notice to keep up with the security patches delivered by Microsoft. These server maintenance windows are between 7:00 AM and 9:00 AM as well as 5:00 PM to 7:00 PM every Monday through Friday. This does not mean that security patches will be deployed every day. This is an ongoing security measure mandated by City Hall to respond quickly and efficiently to cyber threats as they are identified.

Although the City has avoided traditional working hours (between 9:00 AM and 5:00 PM), the eSHARE TA team understands that many of our users are active within eSHARE outside of these traditional working hours. During the server maintenance periods detailed above, eSHARE users may experience server down times ranging from five (5) minutes to 30 minutes, without prior notification. To avoid any potential loss of data, we recommend that users save their work very frequently when entering data during the server maintenance windows.

We appreciate your understanding as the City works to keep eSHARE and all other City systems secure from cyber threats. Feel free to contact eSHARE Technical Assistance with any questions or concerns.

Email: eshareinfo@health.nyc.gov Phone: 347-396-7401

eSHARE Training Schedule



eSHARE Administrator	August 8, 2017
eSHARE HIV Testing	August 9, 2017
eSHARE Harm Reduction Services only (HRS)	August 15, 2017
eSHARE Prevention	August 17, 2017
eSHARE The Undetectable Program only (UND)	August 18, 2017
eSHARE Ryan White	August 22, 2017
eSHARE The Undetectable Program only (UND)	August 24, 2017
eSHARE Crystal Methamphetamine Users only (MTH)	August 28, 2017
eSHARE Canned Reports	August 30, 2017

The eSHARE training schedule listed above consist of trainings during the month of August. For further training dates and details, please check the eSHARE training website on the dashboard (CVENT).

Please note that this schedule is subject to change at any time. Please contact eSHARE training for confirmation.

[eSHARE Technical Assistance and Training contact information:](#)

Email: esharetraining@health.nyc.gov

Phone: (347) 396-7401