Evaluation Web – Direct Data Entry Guide

04/10/2019

General Notes:

Resources from Luther are available by clicking the blue "?" on the log-in screen or in the data entry Windows User

New records are editable for 90 days after submitting a form. On the 91st day they become locked and can only be unlocked by the data manager.

Negative test results must be entered within 7 days

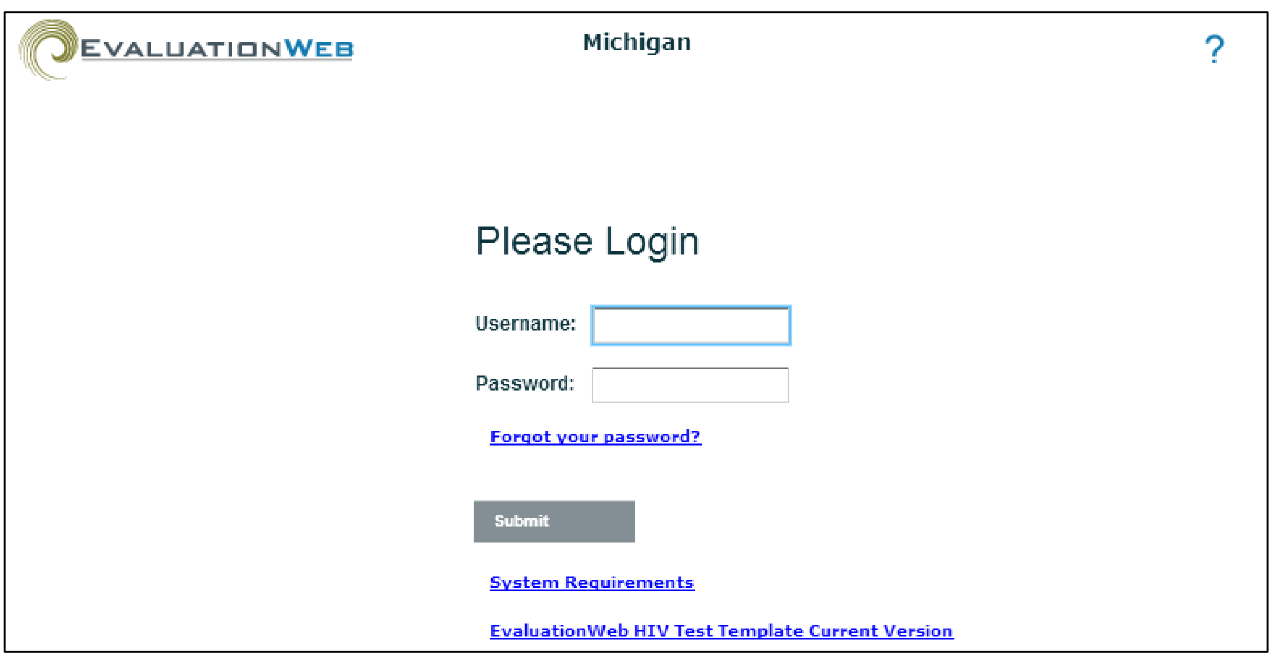
Reactive results must be entered within 48 hours

Unknown Dates: use 01/01/1800; interpreted by system as "unknown"

Logging in:

New users can be added to Evaluation Web by first contacting Kyra Sanders (DHHS) <sandersk7@michigan.gov>. The authentication process may take several weeks to get approval through CDC and Luther.

Once you have received your log-in credentials, log-on by visiting cdc-ew.lutherconsulting.com. The log on process requires two steps: both entering your user name and password and selecting the correct security code which you will choose the first time you log on. You must allow pop-ups in order to access the data entry module for Evaluation Web.

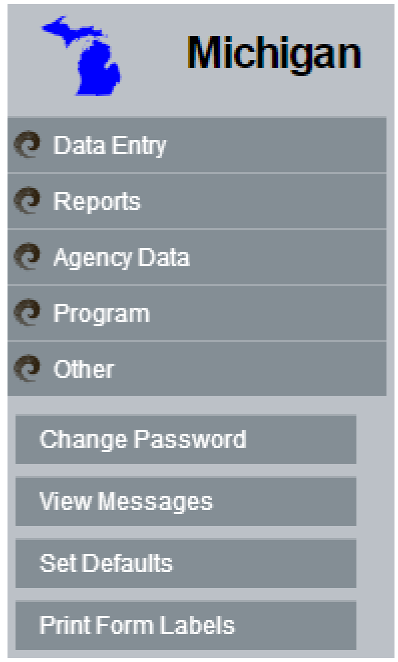


After logging on, users with access to multiple programs will be prompted to select a program. This selection will open a new window where you can view, enter, and edit test information.

User settings:

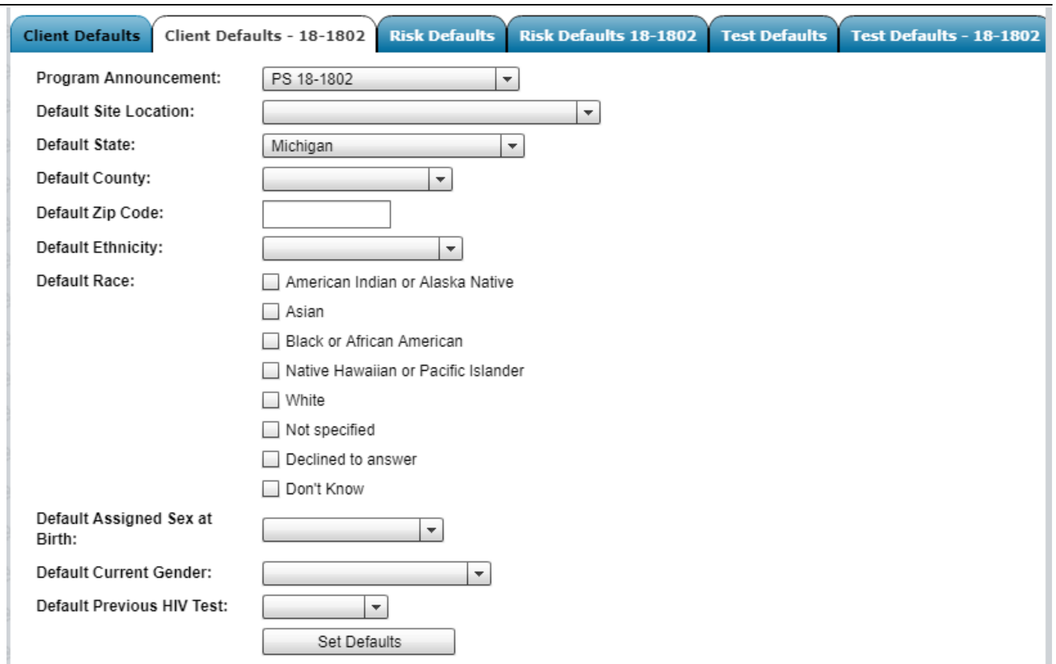
At any time after getting access to Evaluation Web, you can adjust certain user settings or set default data entry responses.

The left side of your browser contains the menu with options for data entry, report generation, agency data, program data, and other.
Using the "Other" menu, you can change your password, view messages, set defaults, and print form labels.



Setting defaults allows for faster data entry by auto-populating certain fields with common or universal responses for your site. For example, you can default a program announcement and site location. Defaults are user specific and will only apply to your username.

We recommend that you only set defaults for a few variables so that you do not inadvertently make data entry errors. Program announcement, client state, and test election make good defaults.

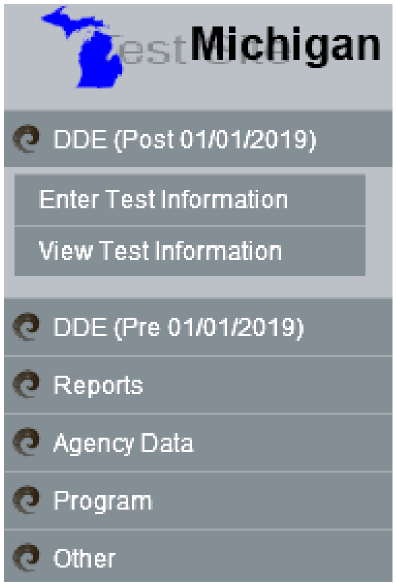


Enter Test Information:

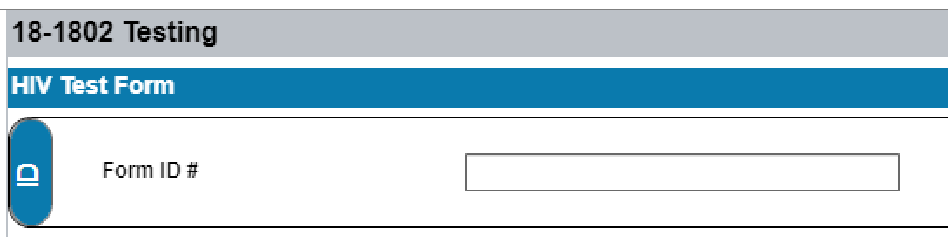
All new testing events from funded entities will be entered using direct data entry in Evaluation Web.

All fields should be completed based on client responses, using “don’t know” to indicate that the client does not know, “declined to answer” to indicate that the question was asked but not answered, and “not asked” to indicate that a question was not asked.

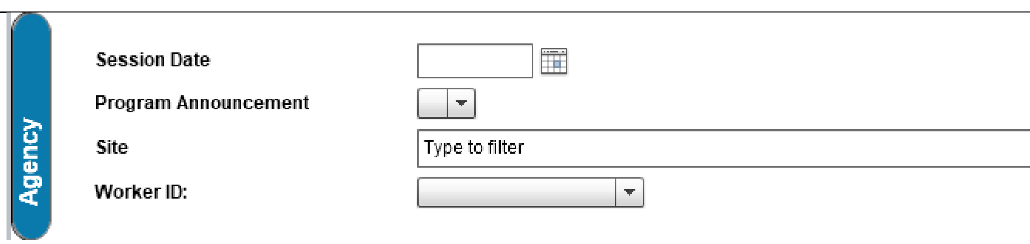
To enter a new test event, select “Data Entry,” then “Enter Test Information” from the menu in the upper left corner.



ID: Fill out “Form ID” with the sticky number from the sample ***Check that there are no typos in this as it cannot be edited.***



Agency: Select Session date (date of testing event) and appropriate program announcement. Select Worker ID from the drop down. This is a new required field. Note that individual users can set



defaults (see User Settings).

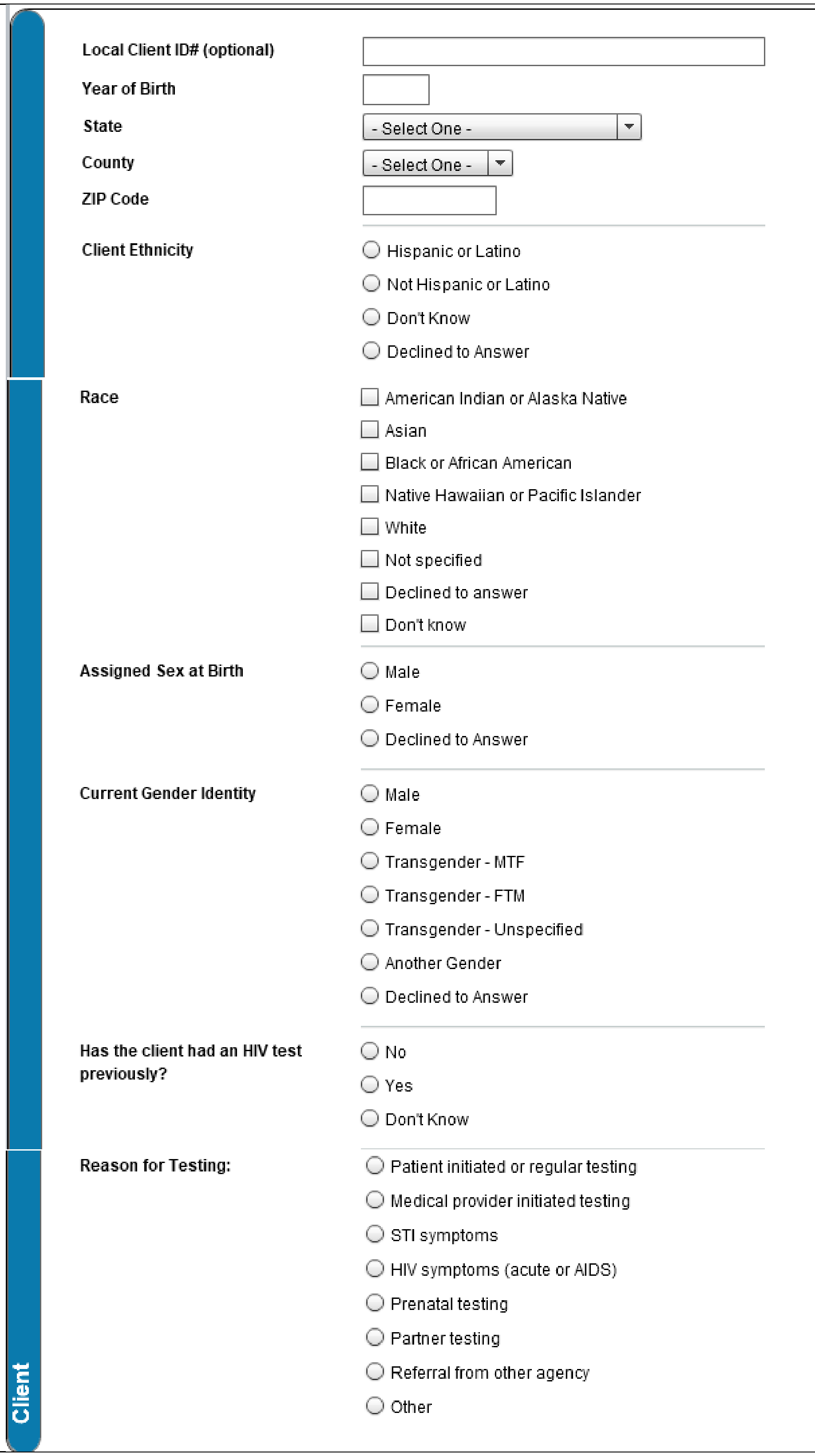
Client: Enter client information.

Client ID is the 10-digit sticky number, or, for directly funded agencies, used for site specific client ID.

For Client Race, you may select more than one value.

For “client’s previous HIV test” you will no longer be prompted for results if you select “yes”.

Reason for Testing is a new field used to document what brought the client in for testing.



Client

Local Client ID# (optional)

Year of Birth

State: - Select One -

County: - Select One -

ZIP Code

Client Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino
- Don't Know
- Declined to Answer

Race
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Not specified
- Declined to answer
- Don't know

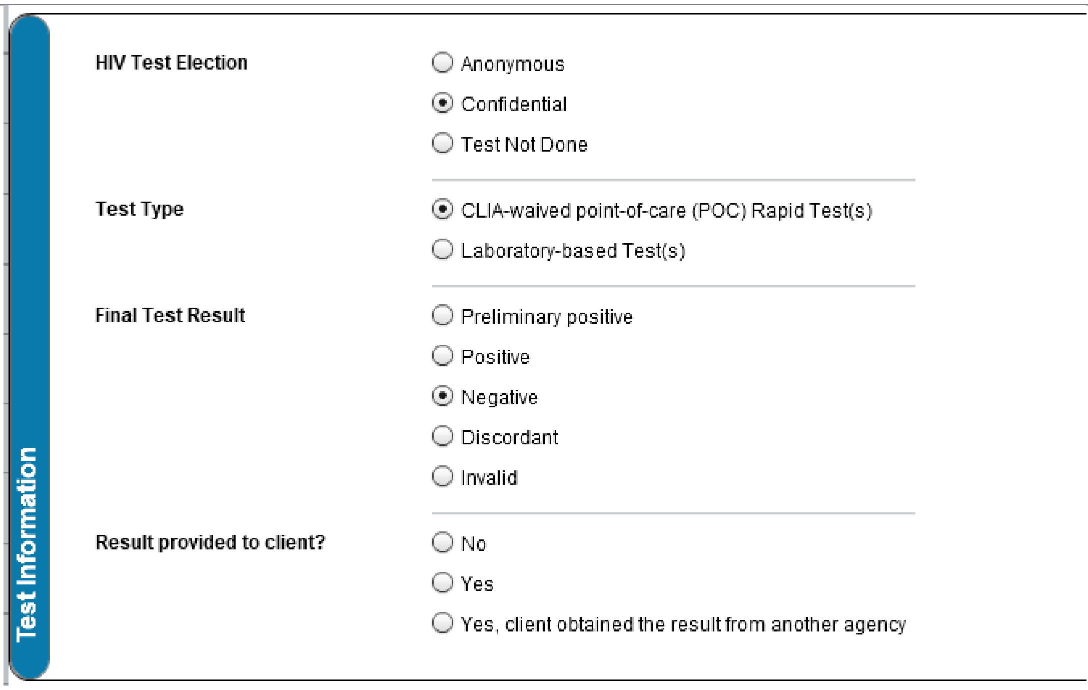
Assigned Sex at Birth
- Male
- Female
- Declined to Answer

Current Gender Identity
- Male
- Female
- Transgender - MTF
- Transgender - FTM
- Transgender - Unspecified
- Another Gender
- Declined to Answer

Has the client had an HIV test previously?
- No
- Yes
- Don't Know

Reason for Testing:
- Patient initiated or regular testing
- Medical provider initiated testing
- STI symptoms
- HIV symptoms (acute or AIDS)
- Prenatal testing
- Partner testing
- Referral from other agency
- Other

Test Information: Enter the clients overall test result here. If the only test performed was a non-reactive rapid, the data entry will look like this screen shot ->



Test Information

HIV Test Election
- Anonymous
- Confidential
- Test Not Done

Test Type
- CLIA-waived point-of-care (POC) Rapid Test(s)
- Laboratory-based Test(s)

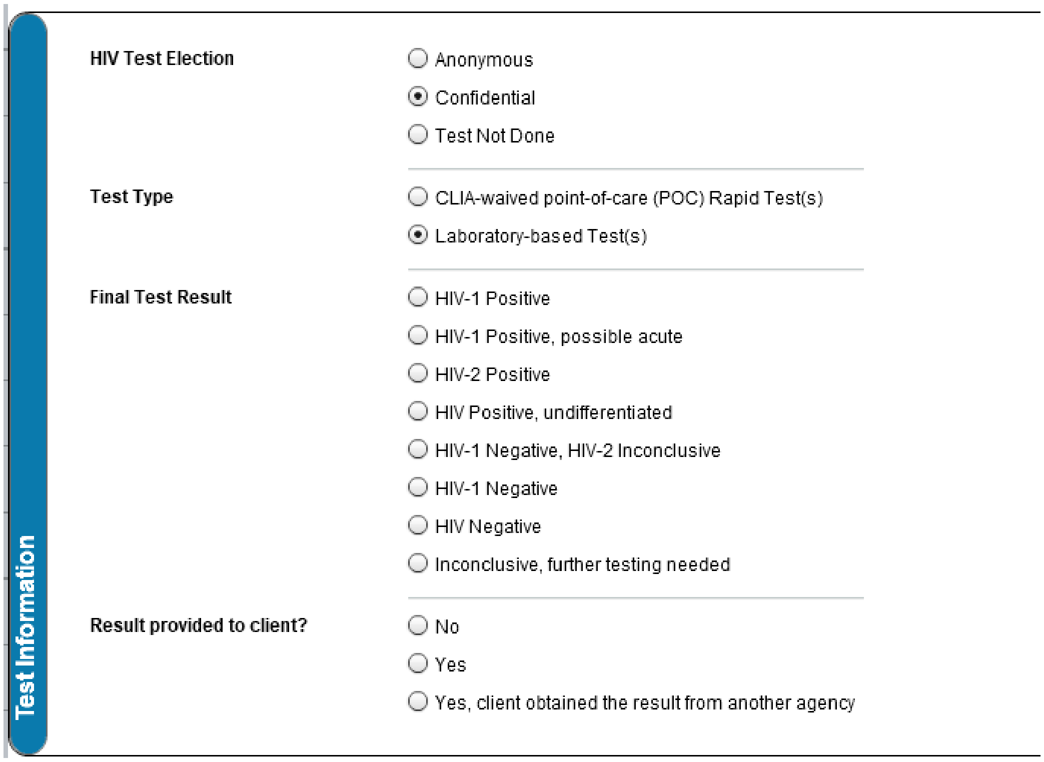
Final Test Result
- Preliminary positive
- Positive
- Negative
- Discordant
- Invalid

Result provided to client?
- No
- Yes
- Yes, client obtained the result from another agency

If the first test was a reactive rapid and was confirmed by a second rapid, your final test type is still POC Rapid.

If the confirmatory test performed is a laboratory based, select that test type.

For laboratory based tests, additional results are possible. Select the final test result that matches the report from the laboratory.



Test Information

HIV Test Election
- Anonymous
- Confidential
- Test Not Done

Test Type
- CLIA-waived point-of-care (POC) Rapid Test(s)
- Laboratory-based Test(s)

Final Test Result
- HIV-1 Positive
- HIV-1 Positive, possible acute
- HIV-2 Positive
- HIV Positive, undifferentiated
- HIV-1 Negative, HIV-2 Inconclusive
- HIV-1 Negative
- HIV Negative
- Inconclusive, further testing needed

Result provided to client?
- No
- Yes
- Yes, client obtained the result from another agency

For help interpreting lab results, call MDHHS Surveillance at 248-424-7910.

Negative Test Result: enter screening results and referrals here for PrEP

Negative Test Result

Is the client at risk for HIV infection?	◯ No ◯ Yes ◯ Risk Not Known ◯ Not Assessed
Was the client screened for PrEP eligibility?	◯ No ◯ Yes
Is the client eligible for PrEP referral?	◯ No ◯ Yes, CDC criteria ◯ Yes, by local criteria or protocol
Was the client given a referral to a PrEP provider?	◯ No ◯ Yes
Was the client provided with services to assist with linkage to a PrEP provider?	◯ No ◯ Yes

Positive Test Result: complete for all clients with positive or preliminary positive results.

Note that referral outcomes can and should be updated after the original test form is submitted.

Positive Test Result

Rapid Reactive Result:	◯ Rapid Reactive - Antigen Only ◯ Rapid Reactive - Antibody Only ◯ Rapid Reactive - Antigen and Antibody
Did the client attend an HIV medical care appointment after this positive test?	◯ Yes, confirmed ◯ Yes, client/patient self-report ◯ No ◯ Don't Know
Has the client ever had a positive HIV Test?	◯ No ◯ Yes ◯ Don't Know
Was the client provided with individualized behavioral risk-reduction counseling?	◯ No ◯ Yes
Was the client's contact information provided to the health department for Partner Services?	◯ No ◯ Yes
What was the client's most severe housing status in the last 12 months?	◯ Literally Homeless ◯ Unstably housed and at-risk of losing housing ◯ Stably housed ◯ Not Asked ◯ Declined to answer ◯ Don't know

Additional Tests for other sexually transmitted infections should be logged for all clients offered additional tests

Additional Tests

Was the client tested for co-infections?	○ No ● Yes
Was the client tested for Syphilis?	○ No ○ Yes
Was the client tested for Gonorrhea?	○ No ○ Yes
Was the client tested for Chlamydial infection?	○ No ○ Yes
Was the client tested for Hepatitis C?	○ No ○ Yes

PrEP Awareness and Use and Priority Populations: This section should be completed on all clients. “Not Asked” is not listed as an option here, and so all clients must be surveyed about PrEP awareness and sexual/drug history.

PrEP Awareness and Use/Priority

Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?	○ No ○ Yes
Is the client currently taking daily PrEP medication?	○ No ○ Yes
Has the client used PrEP any time in the last 12 months?	○ No ○ Yes
In the last 5 years, has the client had sex with a male?	○ No ○ Yes
In the last 5 years, has the client had sex with a female?	○ No ○ Yes
In the last 5 years, has the client had sex with a transgender person?	○ No ○ Yes
In the past 5 years, has the client injected drugs or substances?	○ No ○ Yes

Essential Support Services: Mark “Yes” whenever a client is screened for support services. If need is determined, mark “Yes” and if referral is made. Referrals should be specified in the text box below.

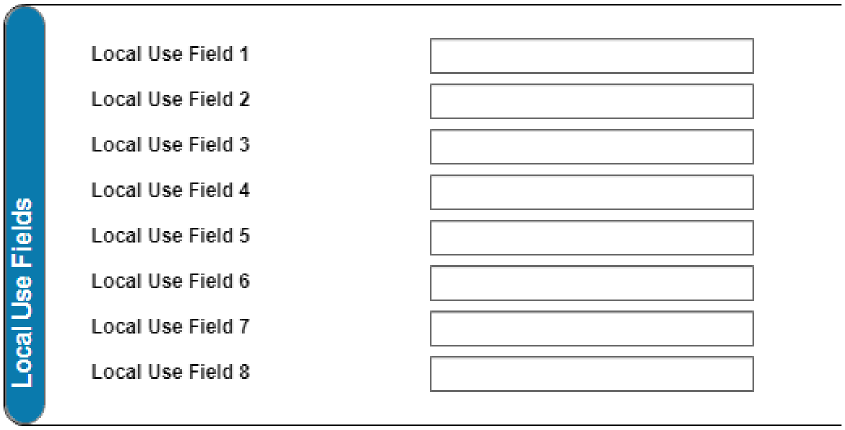
Essential Support Services

	Screened for need	Need determined	Provided or referred
Health benefits navigation and enrollment	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Evidence-based risk reduction intervention	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Behavioral health services	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes
Social services	○ No ○ Yes	○ No ○ Yes	○ No ○ Yes

Specify Essential Support Services Referred: ____________________

No responses can be blank.

Local Fields: The local fields are no longer required for the state but can be used locally to track additional information.

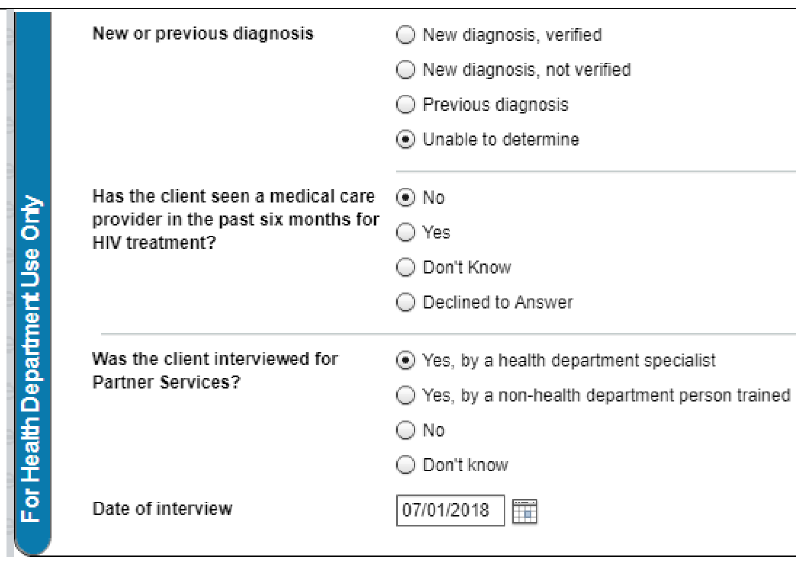


Local field 2: enter additional race if Arab/Chaldean, otherwise leave blank

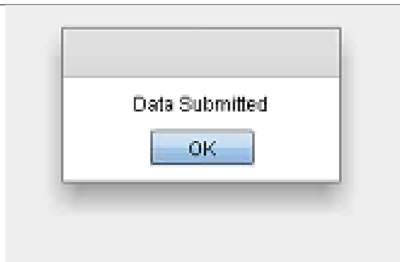
Local fields 3-8: Referrals

See [Quick Reference]

For Health Department Use Only: For positive cases, the final section of the test form is marked for health department use only. CBO users may skip this section. *LHD users should return to the test form and complete this at the end of partner services investigation.*

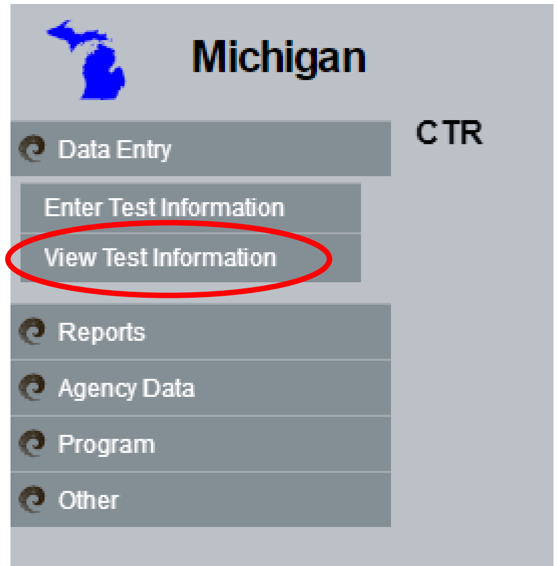


Submit Form: the system will go through several

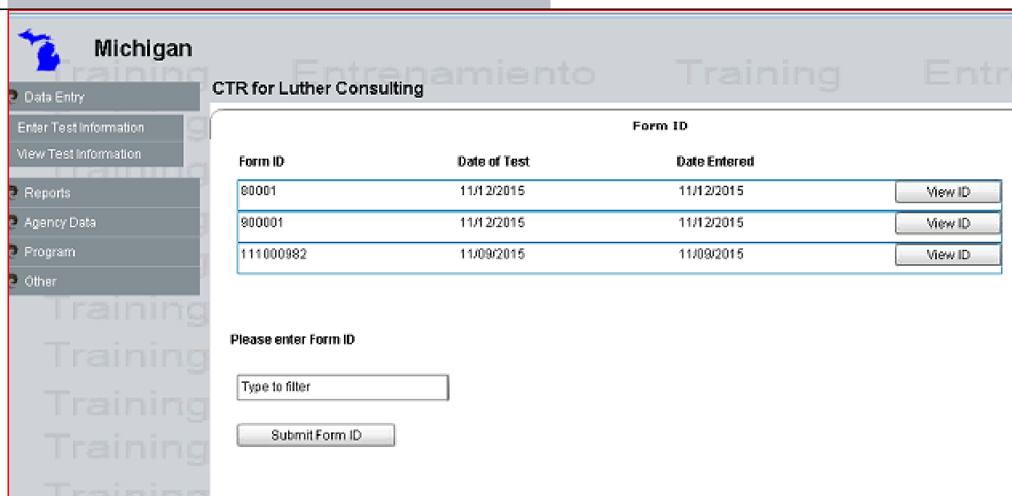
validation checks. If it recognizes no problems, you will see a confirmation screen.	

View Test Information:

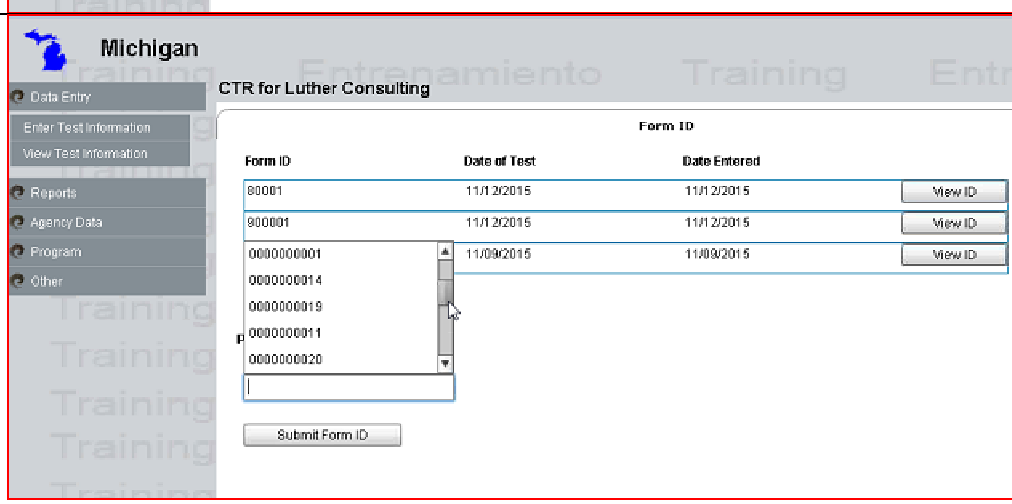
To look up testing events in Evaluation Web, select "View Test Information" in the left hand menu, nested under "Data Entry"



View Test Information: See last 3 entries listed with Form ID (sticky #), Date of Test, and Date of Entry.



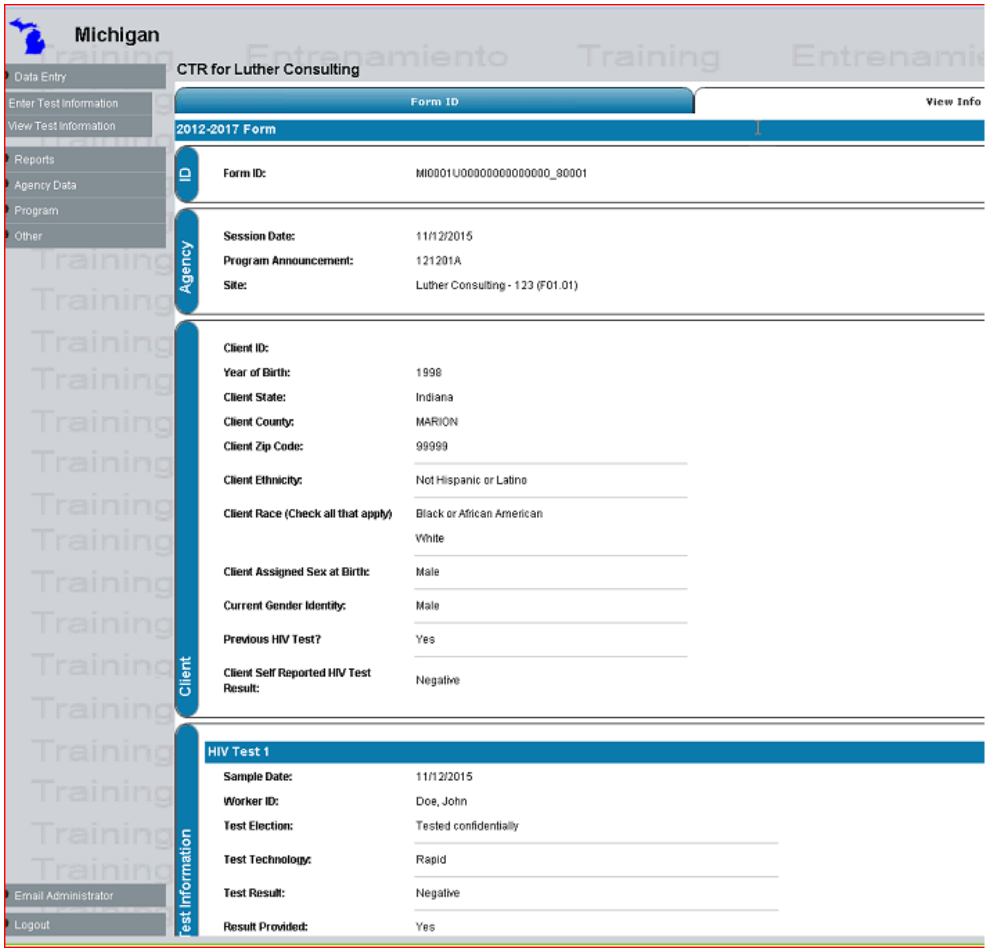
To search other entries, insert cursor into Form ID field to see all entries' Form IDs for that agency. Can either use drop down menu or key in the Form ID you are seeking.



Click View ID for the record desired. Information will open up und “View Info” tab (a read-only screen)
In “View Info” mode, you can print the testing form or export it as a PDF.

To edit test, select the edit test tab, insert updates or edits, and click <u>submit form</u> to have new information saved.

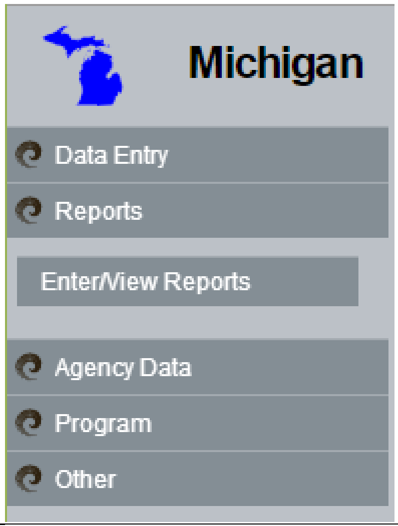
Tests can only be edited in the first 90 days after data entry and then become locked to future changes.



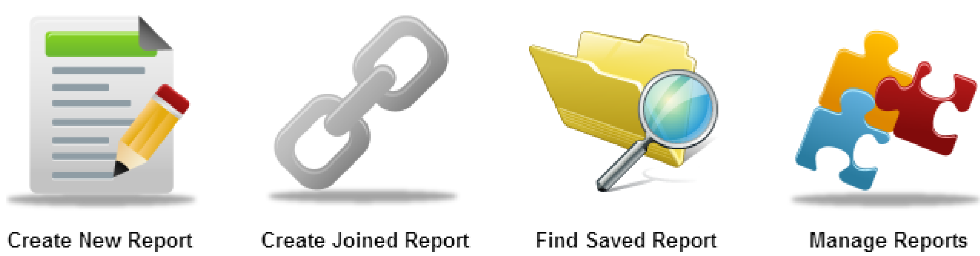
Reports:

Program supervisors may wish to view reports on their testing data to check data quality or view summary statistics. Evaluation Web offers several options for generating and viewing these reports, or for exporting data as excel or comma separated files.

Enter/View Reports:

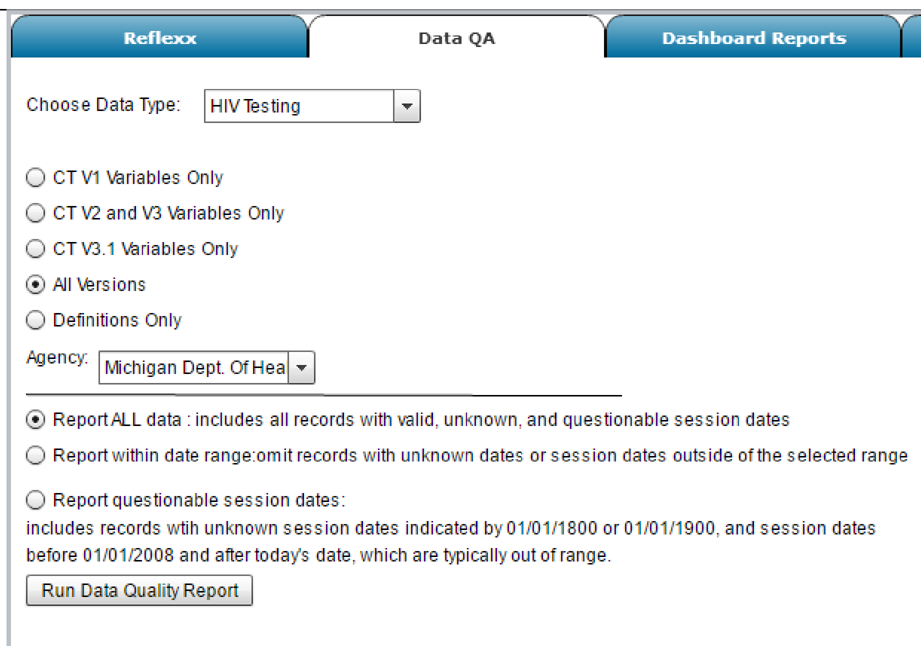


Reflexx: this tool allows you to generate custom reports based on selected variables. Reflexx opens in a new window. See the Evaluation Web training page for detailed tutorials on using Reflexx.



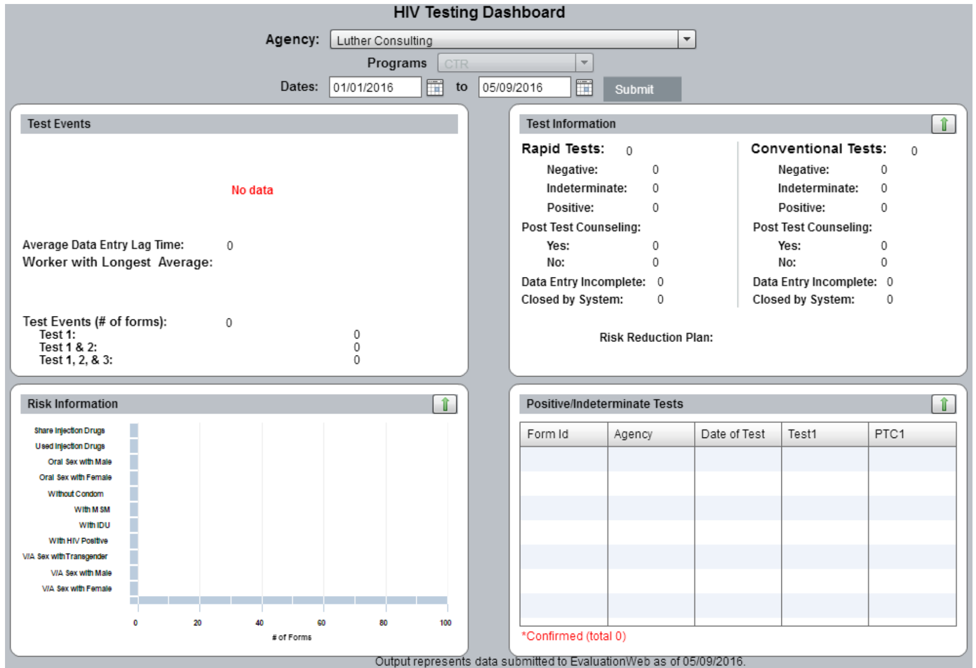
Data QA: Running a data quality assurance report will report the number of missing results in each form field. Choose your data type, variables, and data range and click "Run Data Quality Report." Evaluation Web will create an excel file of summary results that will be automatically downloaded to your computer.

(Note that events from 2013 forward use CT V3.1 variables.)

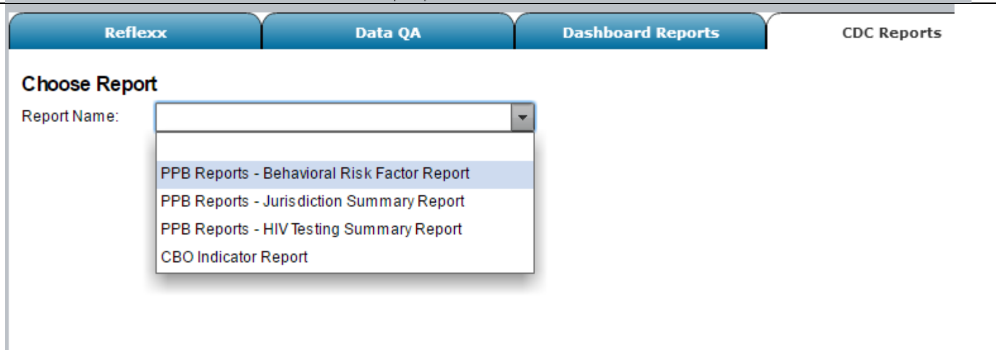


Dashboard Reports: The HIV Testing Dashboard will open in a new window when you press “Launch HIV Testing Dashboard.” Select an Agency and Program to view an interactive four-panel dashboard of your data.

Note that if you already have Reflexx or another Evaluation Web third window open, Dashboard Reports are unable to open.



CDC Reports: this tab contains options for some pre-set reports which CDC uses. You can choose your jurisdiction and program announcement(s) to create a customized version of these reports.



Local Fields Quick Reference:

Local Field	Variable	Formatting of options
1	Reactive Test Result	R-Ag R-Ab R-Ag/Ab
2	Arab/Chaldean ethnicity	AC *(leave blank if not Arab/Chaldean)*
3-8	Referral Code(s)	*(see full list of referral codes below)*

Referral Codes

These codes get entered into local fields 3-8. It is important that they are entered exactly as formatted below for them to be properly tracked for evaluation purposes. No other information should be entered in these fields.

Additional notes from your test form can be maintained on paper at the agency level but do not need to be entered into Evaluation Web.

Referral to an Intervention	Description/Definition	Code
Personalized Cognitive Counseling (PCC)	Single Session Intervention for MSM Who Are Repeat Testers for HIV	17.00
STD Screening and Treatment	Mark only if testing/services does not occur within your agency and is referred out	4.04
Viral Hepatitis Screening and Treatment		4.05
TB Testing		4.06
Reproductive Health Services		4.08
Healthy Relationships	Five-session, small-group intervention for men and women living with HIV	4.1.02
Mpowerment	A community-level HIV prevention intervention for young gay men	4.1.05
Anti-Retroviral Treatment and Access to Services (ARTAS)	An intervention designed to link individuals who have recently been diagnosed with HIV to medical care.	4.1.31
Substance Abuse Services	Referral made for services post-screening	4.12
Mental Health Services		4.15
nPEP	Non-occupational postexposure prophylaxis	4.27.2
PrEP Medication Adherence Counseling	Can be marked for counseling HIV negative clients on PrEP adherence or HIV positive clients on ART ahderence	4.27Ad or MA
Denied PrEP referral	Client denies a referral to PrEP despite being eligible	4.27Denied
PrEP Navigation Services	Provided at agency	4.27Nav
Prescribed PrEP	First time prescribed	4.27Rx
PrEP refilled or repeat prescription	Any subsequent refills	4.27RxR
Brothers Saving Brothers	Intervention for young black MSM	4.3.01
Employment Services	Information or referral given for services related to these essential supports	8.08employment
Food Services		8.08food
Housing Services		8.08housing
Transportation Services		8.08transport
Domestic Violence Services		8.08violence