Welcome!

CAREWare Quick Start guides will walk you through the basics of setting up, managing and using the main CAREWare functions. It is intended for non-technical users who just need to get basic information in and out of CAREWare.

About This Guide #3:
Entering Clients and their Service and Clinical Data

PLEASE NOTE: The client data used in these manuals is purely fictional.

Guides in this series:

1. *Downloading and installing CAREWare*
2. *Creating contracts and services*
3. *Entering Clients and their Service and Clinical Data*
4. *Customizing tabs and fields*
5. *Customizing clinical data*
6. *Working with CAREWare's prebuilt reports (including the RSR)*
7. *Creating basic custom reports*
8. *Creating more advanced reports*
9. *User and System administration*

For additional information:

Please refer to the **Frequently Asked Questions** page on the CAREWare programmers' website:

http://www.jprog.com/wiki/

Or contact the help desk at cwhelp@jprog.com.

Revision date: September 21, 2012

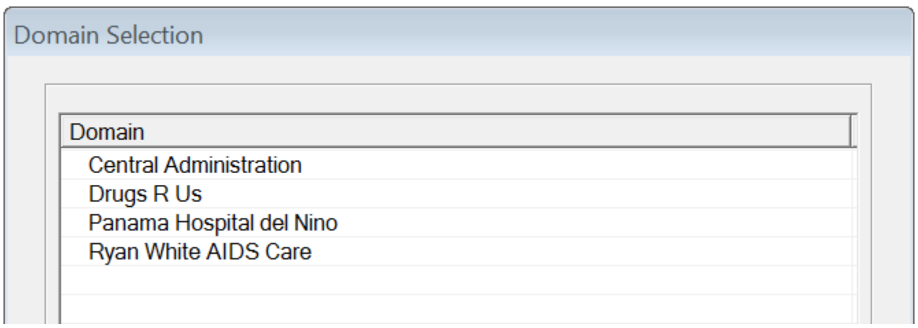
First Things First

What do I need to get started?

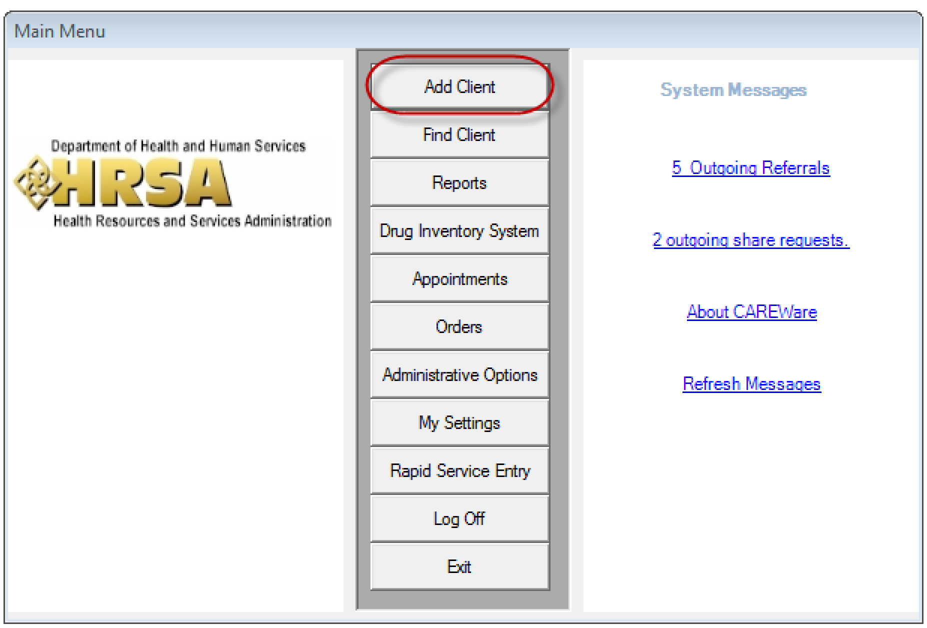
You can't enter services until you've set up your contracts. Please see the Quick Start guide, "Setting up Contracts and Subservices."

Entering Clients

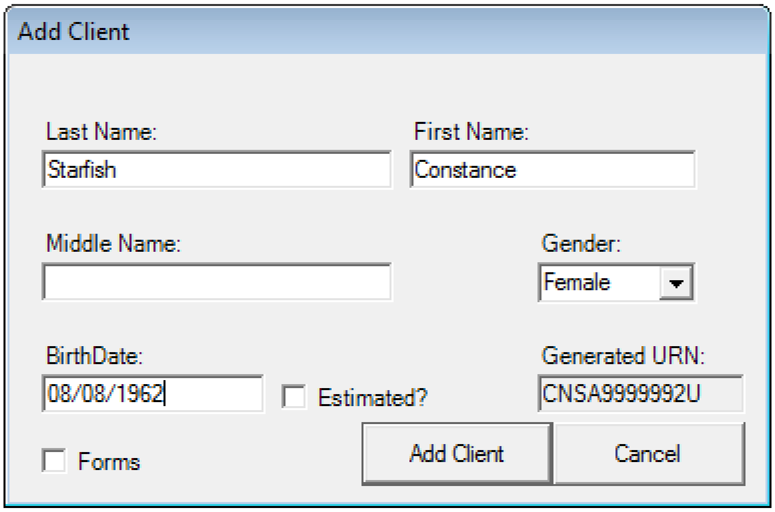
1. Log into CAREWare. If you have administrative privileges and are asked to choose between Central Administration and Provider ("Default" until you change the name), log in as a Provider.



2. Select **Add Client** from the main menu.



3. The client information window appears.



You'll need to enter **Last Name, First Name, Gender** and **Date of Birth**.

NOTE: This step is the number one source of duplicate clients and data entry errors in CAREWare. Please double check your entries here carefully before clicking the "Add Client" button! Capitalize the first letters of the last and first name, and use the client's legal form of ID to confirm the Birth Date, Legal Name and Gender.

You can check **Estimated** if you don't know the client's exact birth date, but this should be avoided wherever possible as it dramatically increases the possibility of duplicate client records.

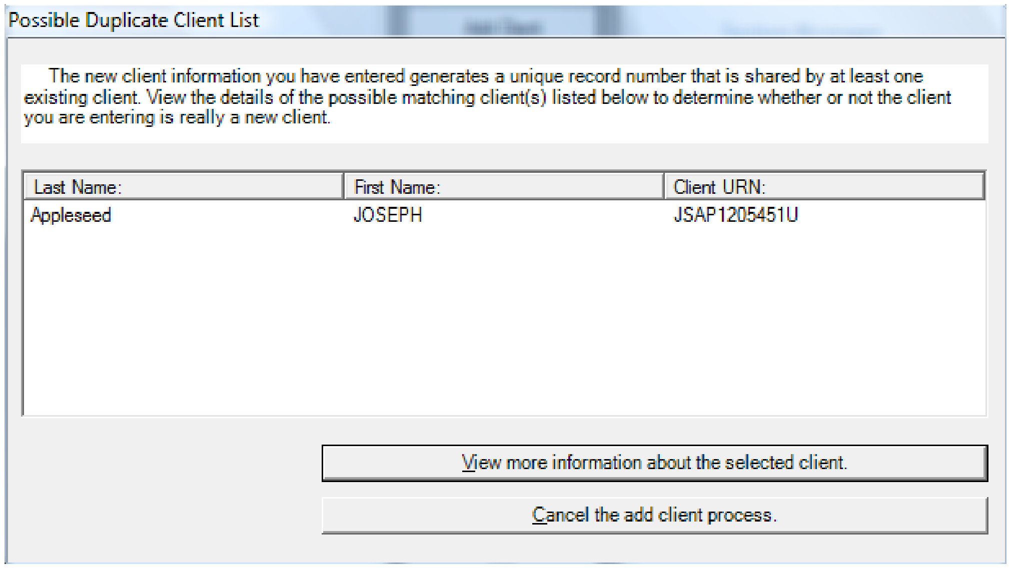
Check **Forms** to use a Form Designer template to enter client data. (You'll have to have already created a form; please see the complete user manual for instructions.)

4. Click **Add Client**.

Duplicate Client Scenarios:

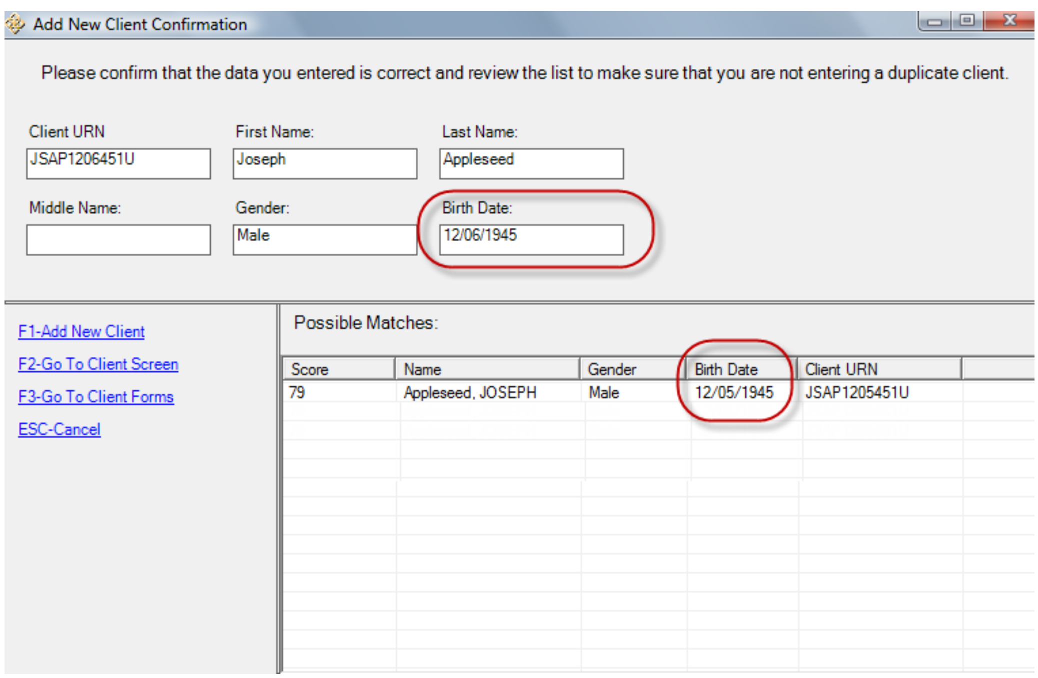
There are several scenarios where you may get a "duplicate client" message. The most common is when the client has already been entered into the system, but sometimes clients with common names may have the same birthday, so further research is needed before you proceed.

1. In the event of a conflict, after you click **Add Client**, you'll see the **Possible Duplicate Client List** notice.



If you do not have all the information at hand you will need to confirm the information, click **Cancel the add client process**. This could be a different person, or it could be a client who's been closed in the system for years, so it's best to double check regardless. Otherwise, click **View more information about the selected client**.

2. If the information you entered in the Add Client box is **<u>similar</u>**, you'll see this screen:



Shown here is an instance where the person doing data entry miskeyed the client's birth date as 12/ 6 /1945. CAREWare warns the user that a client with similar information is already listed at this agency, but with a birth date of 12/ 5 /1945.

The **Score** is the probability that this person is the same person you're attempting to add. Score ranges from 75-100, where 100 is an exact match.

3. Select the client from the Possible Matches list and click **F2 - Go To Client Screen** to look at the client record and see if this is the same person.

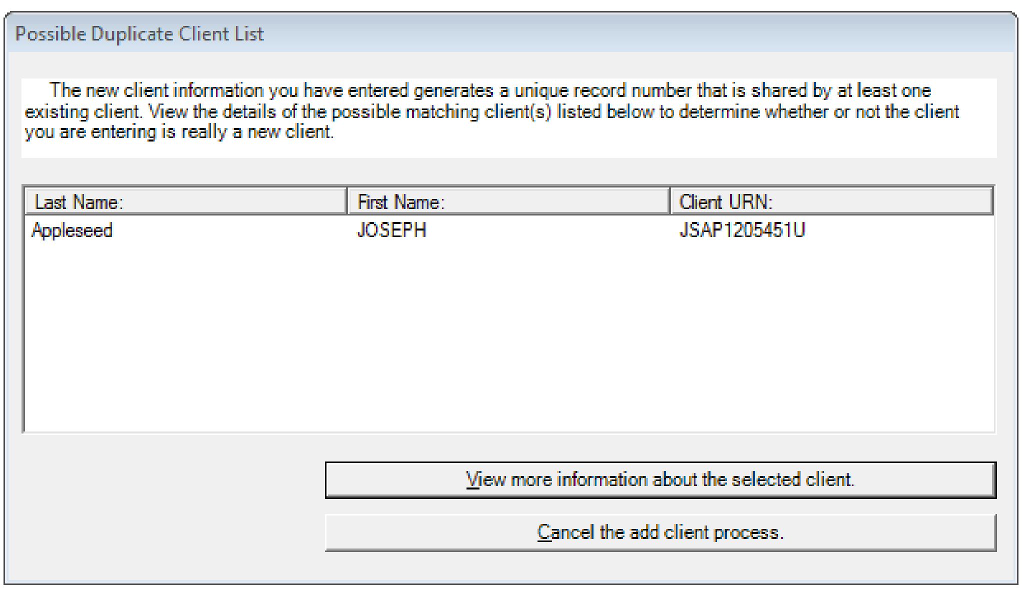
   If it is the same person:

   - Click **Close** in the upper right hand corner of the client info window.
   - Then **Cancel** in the Add window.
   - Then use **Find Client** to look up the existing client and edit the record.

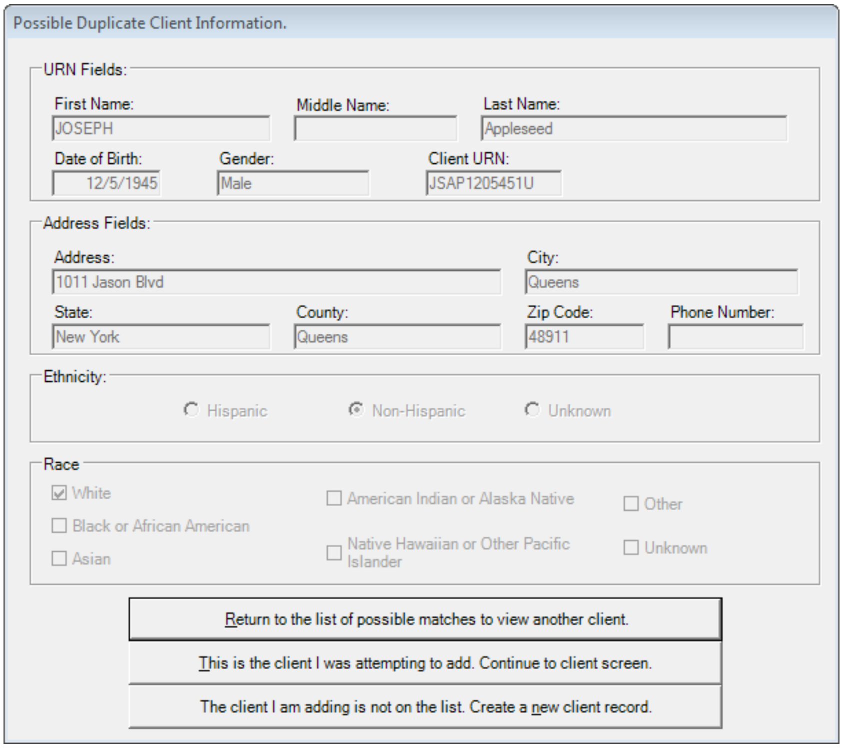
   If it's a new client:

   - Click **Close** in the upper right hand corner.
   - If you have confirmed this should be a new client record, with a similar Name and/or BirthDate as an existing record, click **F1 Add New Client.**
   - Then **F1 Add New Client** to confirm the addition.

4. If the information you entered is **<u>exactly the same</u>**, you'll see this screen. Click **View more information about the selected client.**



5. Review the information on screen:



6. If it is the same person:

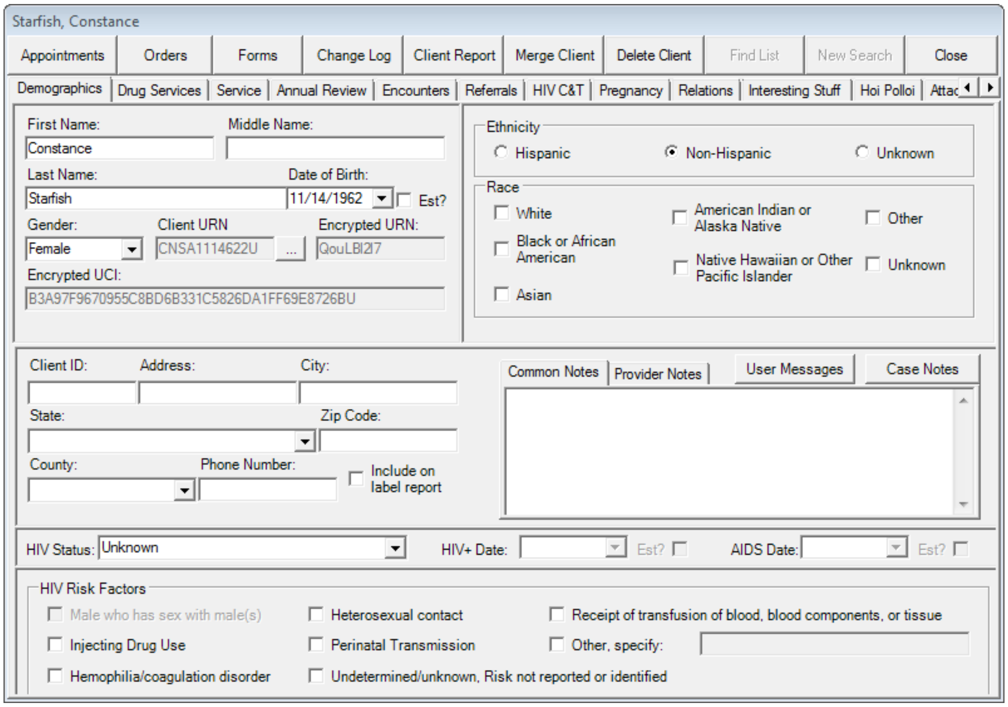
- Click **This is the client I was attempting to add. Continue to client screen** to go to the existing client record.

If it's a new client:

- Click **The client I am adding is not on the list. Create a new client record**.

Entering Demographic Information

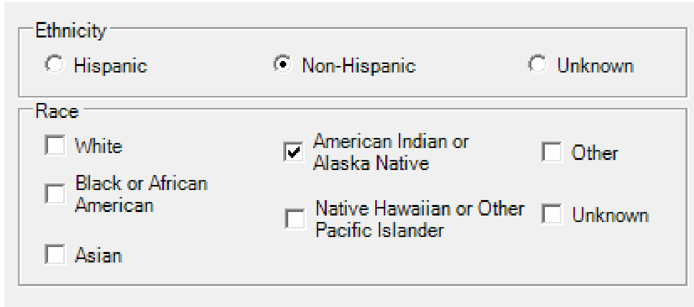
1. After you've created the client, the main demographic screen will appear.



You can go directly to the Services tab from here and begin entering services, but it's a best practice to enter all the main demographic data when you first create the client.

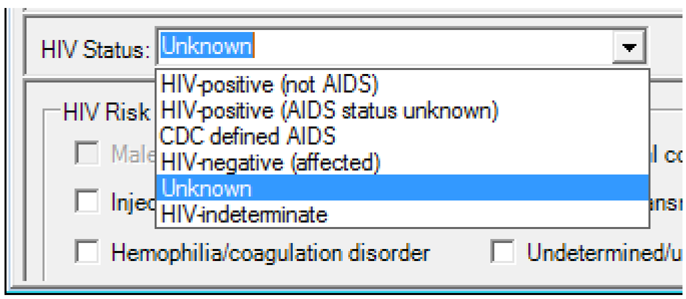
- Enter the client address (part of the zip code is required for the RSR). This will help other agencies on your network, if any, confirm this is the same client and reduce data entry.
- Enter the client's Race/Ethnicity and HIV Status/Risk Factors
- Enter the client's first service
- Enter the remaining demographic information on the Annual Review tab

2. Enter the client's **Race/Ethnicity** by clicking the relevant Ethnicity button and checking the relevant boxes for Race. Multiple race categories can be checked.



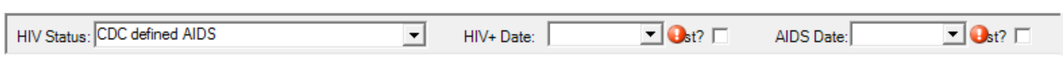
3. Enter the client's **HIV status** from the drop-down menu. The default will be Unknown and only clients who are HIV+ are eligible for Ryan White services, so there should not be any clients with an HIV Status of Unknown.

   Note: Unfortunately, any client with Ryan White services during the reporting year will be included on the RSR, even with an HIV Status=Unknown.

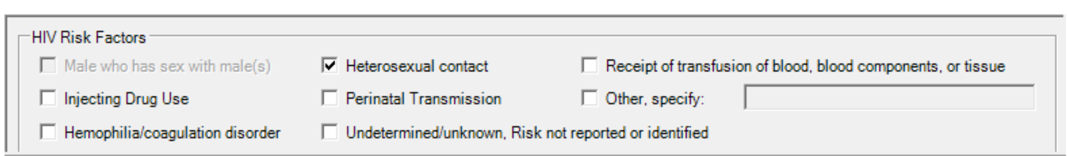


   HIV-indeterminate is only available for clients less than 2 years of age.

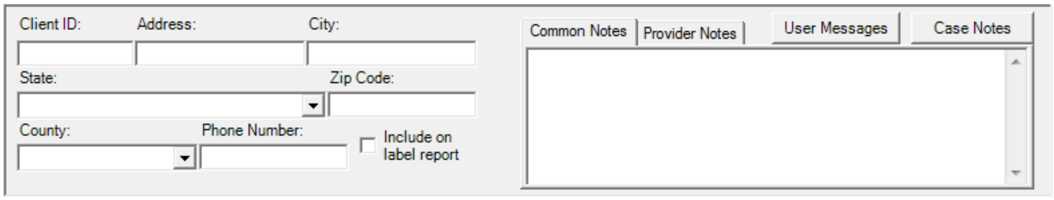
4. Your selection of a status will trigger red alert flags for **HIV+ Date** for HIV positive clients, and **AIDS Date** for CDC-defined AIDS clients. Enter a date if known; if it's a rough guess, enter a date and click the **Est?** (Estimated) box.



5. Enter the client's **HIV Risk Factor(s)** by checking one or more risk factors as applicable. Note that MSM is disabled for female clients to prevent data entry errors.



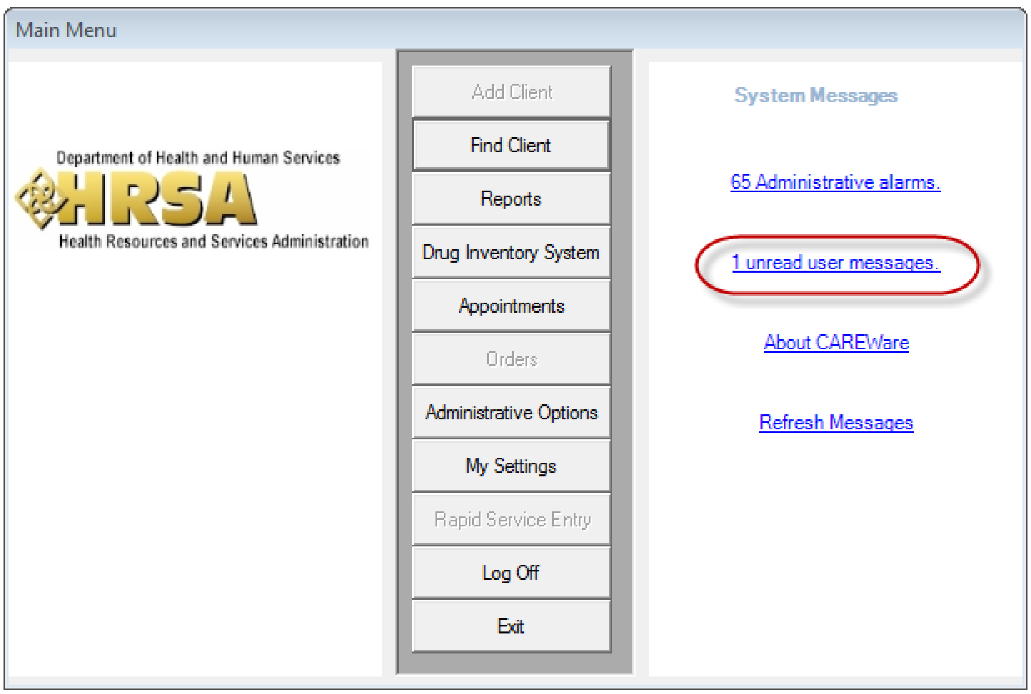
6. The remaining information is optional (Client ID if you have an internal chart numbering system, phone, etc.). **Include on label report** is an opt-in for clients to receive mail from your agency at this address.



Common Notes are for general comments for all system users, usually as flags for client interactions. Examples would include “Use phone discretion when leaving messages” or “Remind client to check in with case manager.”

Provider Notes function similarly but are specific to the provider, so they might include “Tell client prescription for Xixaxivax is ready” or other information a medical provider would not share with a social services provider.

User Notes allow users to send each other messages about this client, including messages from the Central Admin user to all users. These messages are flagged on the CAREWare “home page.”



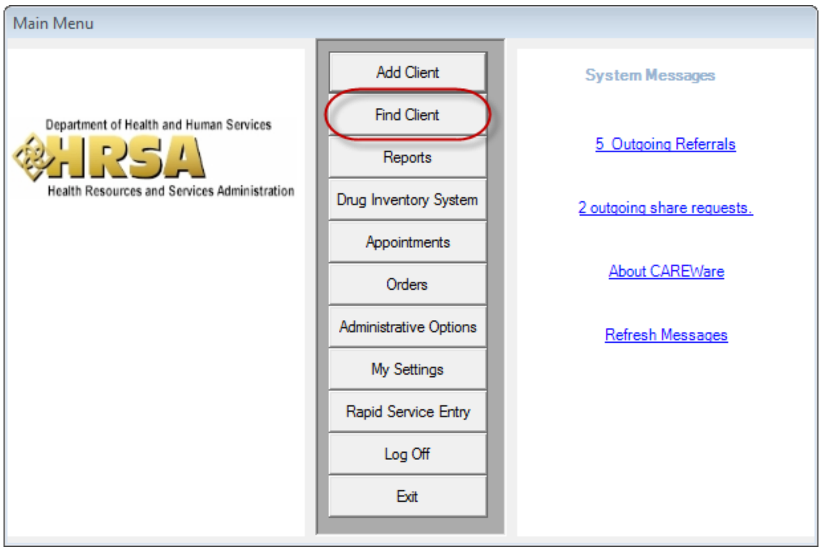
PLEASE NOTE: None of these notes are a substitute for case notes. They are meant as virtual “sticky notes.”

7. You’ll now need to go to the **Services** tab and enter a service, before going to the **Annual Review** tab to complete the client’s entry into the system. **Remember that a client must have at least one RW-funded service in the reporting period to be included in the RSR.**

Entering Services

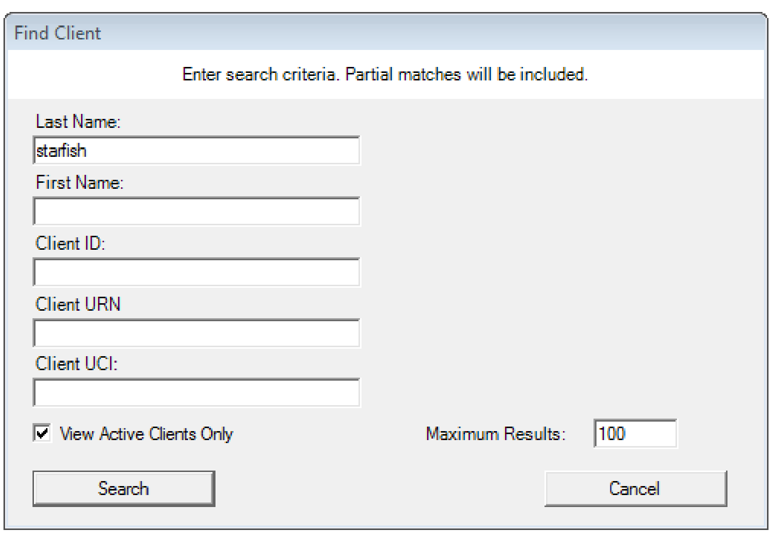
If you're entering a new client, you'll be in the client screen already; **skip to step 5**. If you're entering services for an existing client, perform the following actions.

1. Log into CAREWare and select **Find Client** from the main menu.

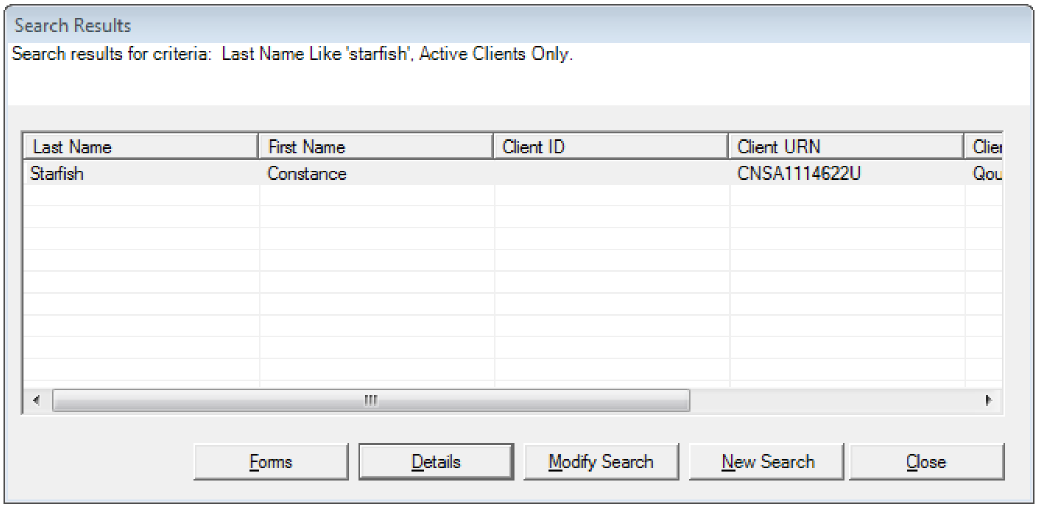


2. Search by any of the available fields; in this case we'll use the last name.

PLEASE NOTE: The default is set to **View Active Clients Only**. Uncheck this box if you wish to search for **ALL clients**.

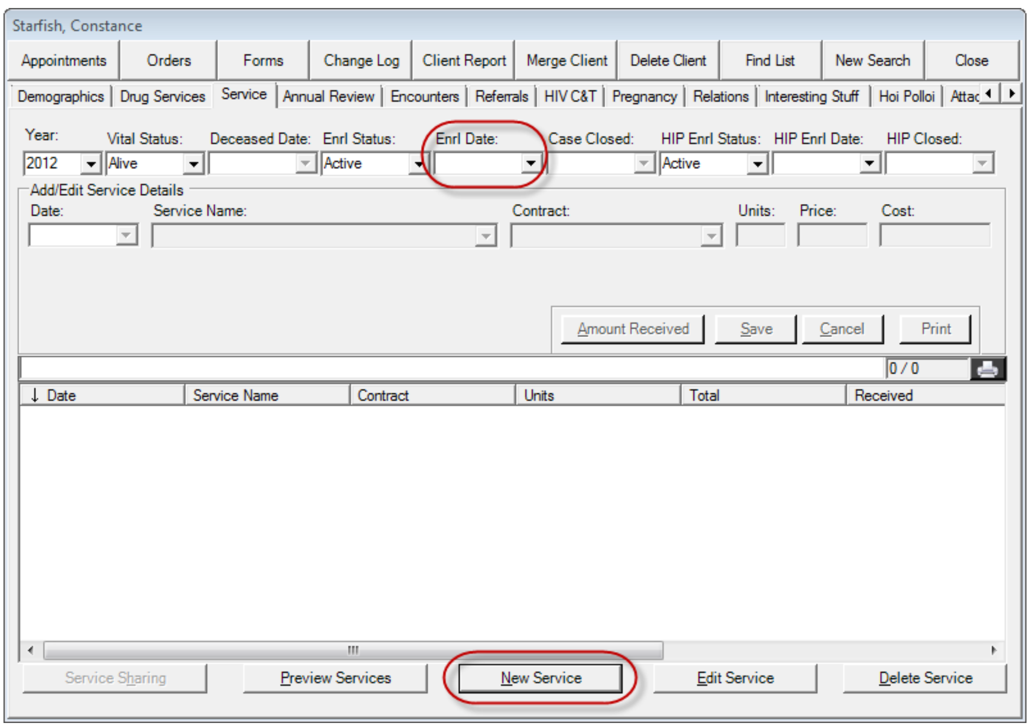


3. Click **Search**. A list of matches to your search appears.



4. Select the correct name from the list and click **Details**. The client information window appears.

5. Click on the **Services** tab. Enter the client's status information.



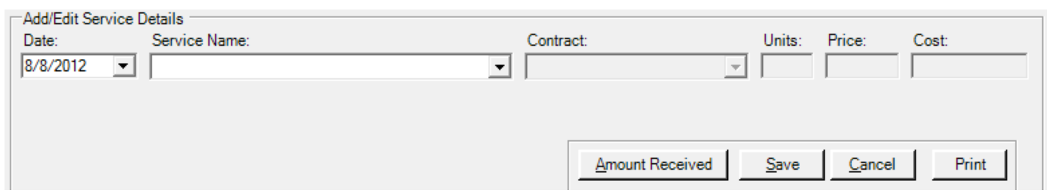
- The defaults are a **Vital Status** of "Alive" and an **Enrollment Status** of "Active." It's possible for a client to be deceased and still be an active case, as you may still be doing case management, charting, etc. for a deceased client.

- The Enrollment Date should coincide with the first service for the agency. This is how the RSR determines new clients. *Note that the enrollment* *year is used by CAREWare for the Ryan White Services Report (RSR) to determine if this client is new in the current year or not*.

- If a client leaves services (i.e. is Referred or Relocated), enter a Closed Date to remove them from the list of active clients. You'll need to reset them to back to **Active** status if they return to services.

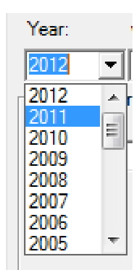
PLEASE NOTE: Once entered, the Enrollment Date should not be changed.

6. After setting these, click **New Service**. The Add/Edit Service Details pane becomes active.

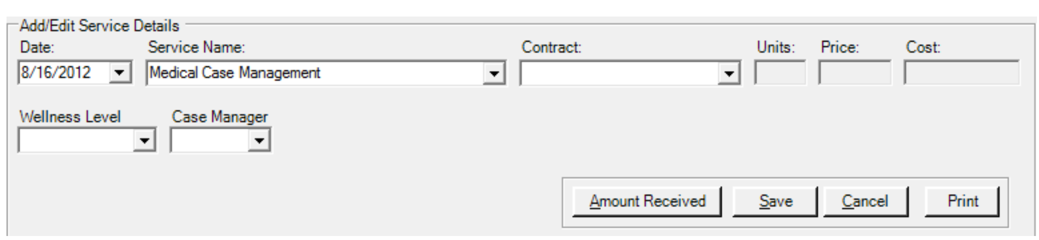


7. The default service date is today's date. Type in a different date if necessary or click the arrow next to the date to use the calendar function.

   NOTE: To enter services for a previous reporting year, select the Year dropdown box and the appropriate year.



8. Type in the first few letters of the service name or select one from the drop-down menu.



- Only services under active contracts will be listed; if you are looking for a service that you know is in the system but doesn't appear on your drop-down list, the contract may have reached its end date, or you may not have added that subservice to this specific contract. See the Quick Start Guide, “Creating Contracts and Services.”

9. Enter the **Contract** for this service.

   - If this service is only funded under one contract, that contract will auto-fill under the Contract field. If the service is provided under multiple contracts (for instance, you may have case management services funded by both Part B and D), select the appropriate contract from the drop-down menu.

10. The default number of units and price will auto-fill based on how the service was set up. Enter any changes to the default, if required.

11. Seen here are two custom fields, “Wellness Level” and “Case Manager.” Custom fields can be tailored to your needs and are discussed in the Quick Start Guide, “Customizing Tabs and Fields.” They are not required entries.

12. Use the Amount Received button if you collect fees for services. (Please see the complete user manual for details.)

13. Click **Save** when done.

14. The service will appear in the service record portion of the screen (latest on top):

↓ Date	Service Name	Contract	Units	Total	Received
8/16/2012	Medical Case Management	Part A FY 2011-13	1	$100.00	$0.00
3/8/2012	Medical Case Management	Part A FY 2011-13	2	$60.00	($179,76
3/7/2012	Labs	Part A FY 2011-13	1	$50.00	($179,76
2/1/2012	PMCT	CDC GAP Services	1	$50.00	$0.00
1/1/2012	Medical Case Management	Part A FY 2011-13	2	$100.00	($179,76

15. You can **Edit** or **Delete** service records as needed.

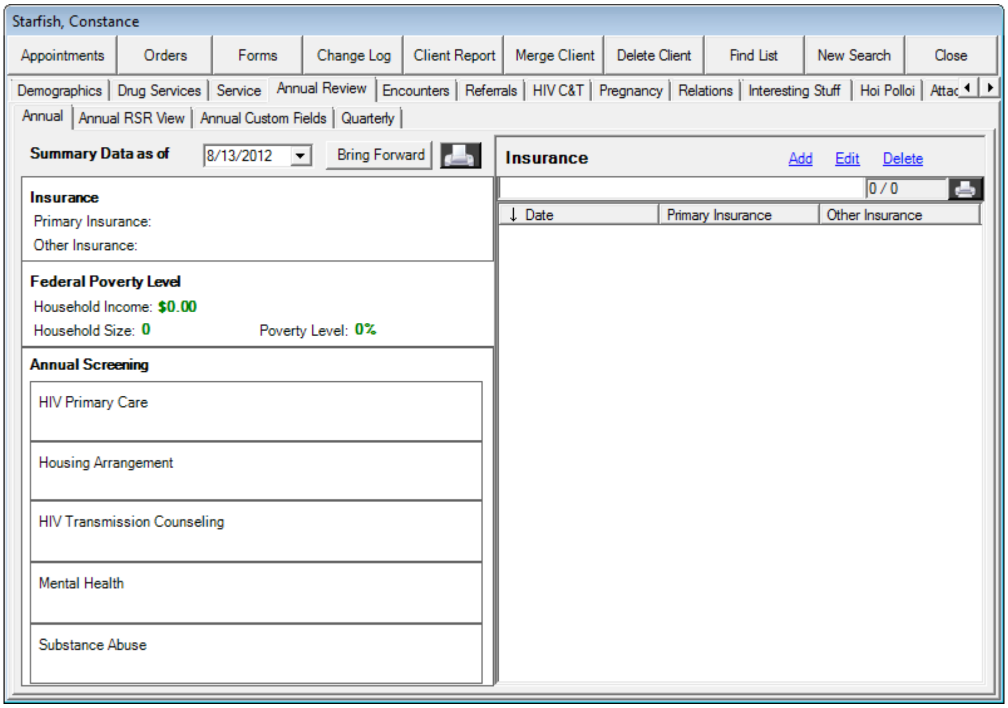
16. Select **Preview Services** to create a report of services for this client.

NEXT STEPS:

If this is the client’s first service, click on the **Annual Review** tab to complete their entry. Otherwise, you can continue entering services or other client information.

Entering RSR-Required Annual Review Data

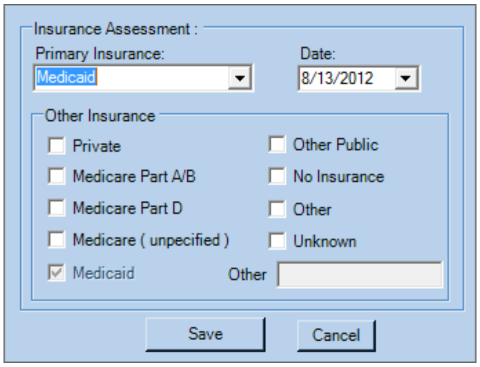
1. After entering and saving the client's first service, go to the **Annual Review** tab.



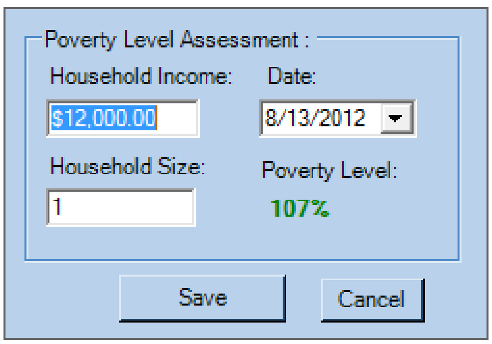
2. As you roll over each area on the left, the window on the right will change to allow data entry for that section. Click **Add** to create a new entry.

   The following information is required for the RSR (HIV Transmission Counseling, Mental Health and Substance Abuse Screenings are required for medical care providers):

   - **Insurance Assessment**. Enter the primary source of insurance and any other secondary sources if applicable. Use the drop down menu to select the **Primary** source, then one of the check boxes if the client has any **Other** or supplemental source.

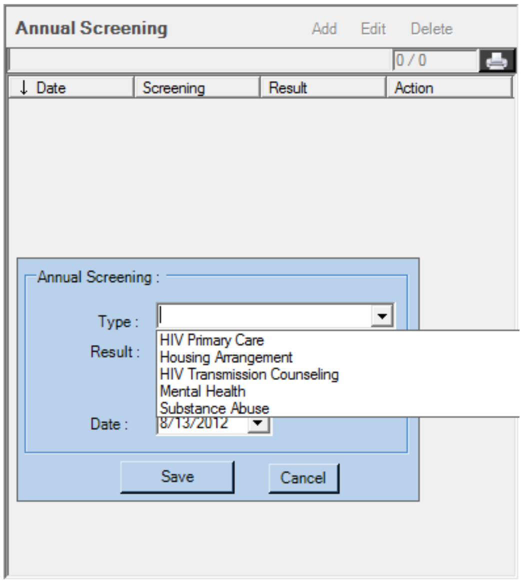


- **Poverty Level Assessment –** enter the Household Income and Household Size (number of people). The level will not calculate until after you **Save** the entry. This will automatically calculate the Federal poverty level for that calendar year. Providers/grantees in Hawaii and Alaska, which have different cost of living calculations, must indicate the appropriate state in the Grantee setup wizard in Central Administration.

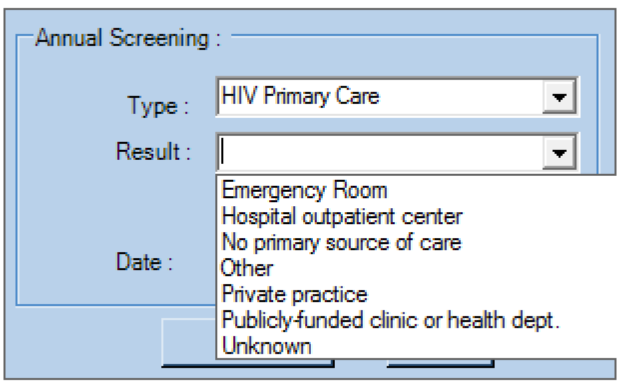


PLEASE NOTE: When the US Department of Health and Human Services issues new Federal Poverty Guidelines each year, typically in February or March, CAREWare will incorporate them and post a new business tier build. You will need to install this update each year to correctly calculate annual poverty levels.

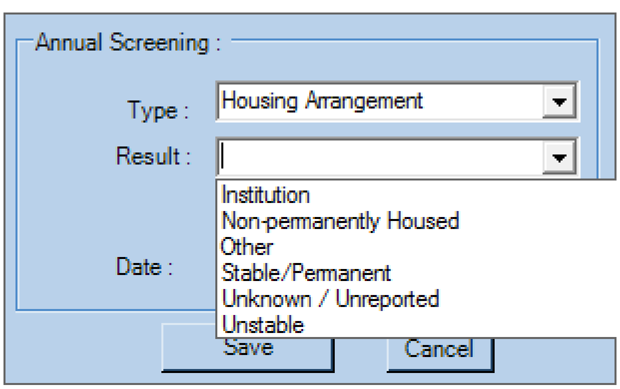
- **Annual Screening fields** are accessible through the Annual Screening area by rolling over any of these on the left hand side. Click Add then select the Type from the drop down menu.



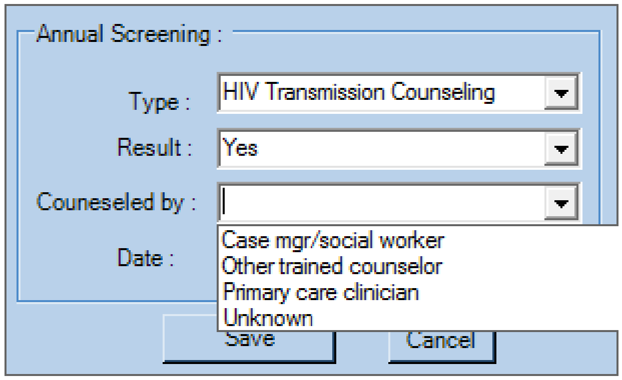
- **HIV Primary Care** – enter the location where the client receives their primary HIV medical care.



- **Housing Arrangement**. Please refer to HRSA guidelines to determine the difference between stable/permanently and non-permanently housed.



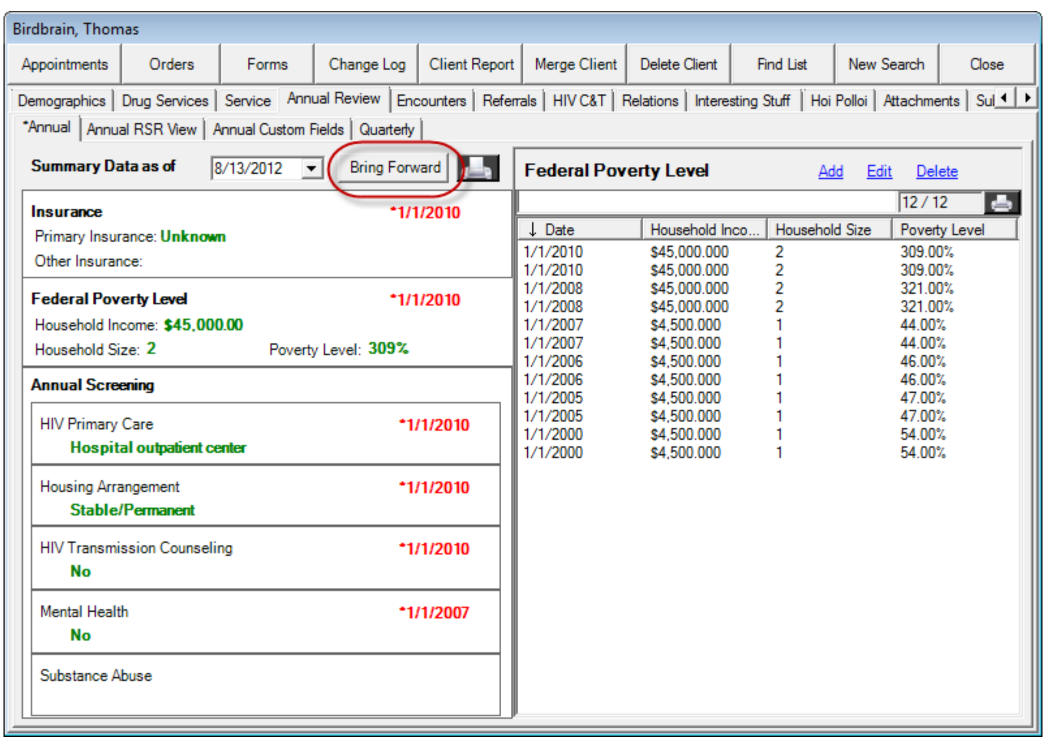
- **HIV Transmission Counseling**. If the counseling has been provided, select the appropriate authorized counselor who performed it.



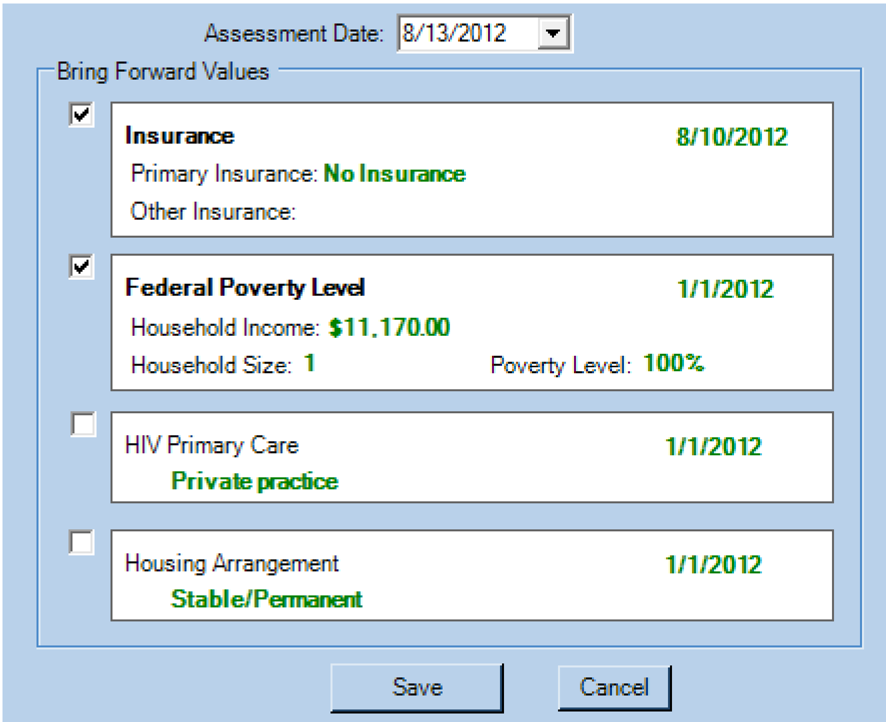
- Enter any mental health or substance abuse screening performed, if applicable

Data entry hint: Much of the information on the Annual Review tab may stay the same from year to year. CAREWare contains a feature that will "roll-over" these data from one year to the next.

To use this feature, click the **Bring Forward** button at the top of the tab. The date will appear in RED if the data is more than a year old. Though shown here as "1/1/2010," in a forthcoming build, the legacy data will be set to 12/31 of the year in which it is reported.



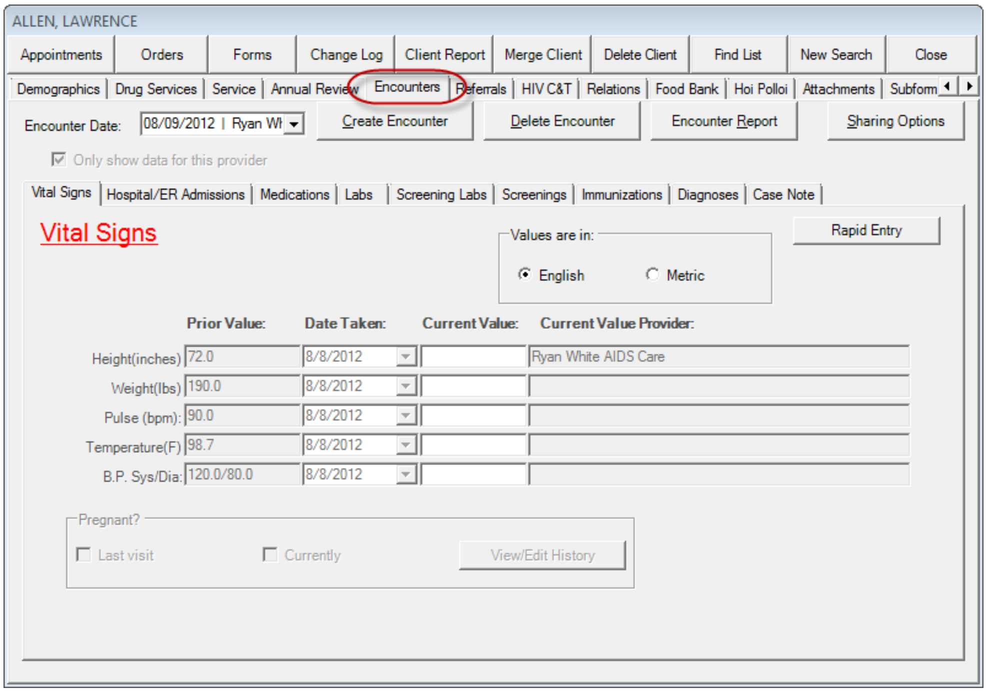
You'll be given the option to check boxes next to the prior information to carry it forward if there are no changes.



Entering Clinical Encounter Data

NOTE: For most of the sub-tabs under **Encounters,** you can also create Reports and Charts. See the Reporting user guides for more information.

1. Open the client's record, then click on the **Encounters** tab.

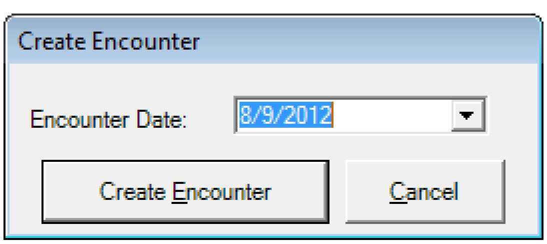


There are two ways to enter clinical data.

You can choose **Create Encounter,** which allows you to enter all the data associated with an encounter date (i.e. a clinic visit), or

You can choose **Rapid Entry**, which allows you to enter just one subset of data (e.g. labs or screenings) on any date, on or off a formal clinical encounter. For details on Rapid Entry, please see the complete User Manual. *It is only in Rapid Entry that you can print **graphs** of lab tests and vital signs over time.*

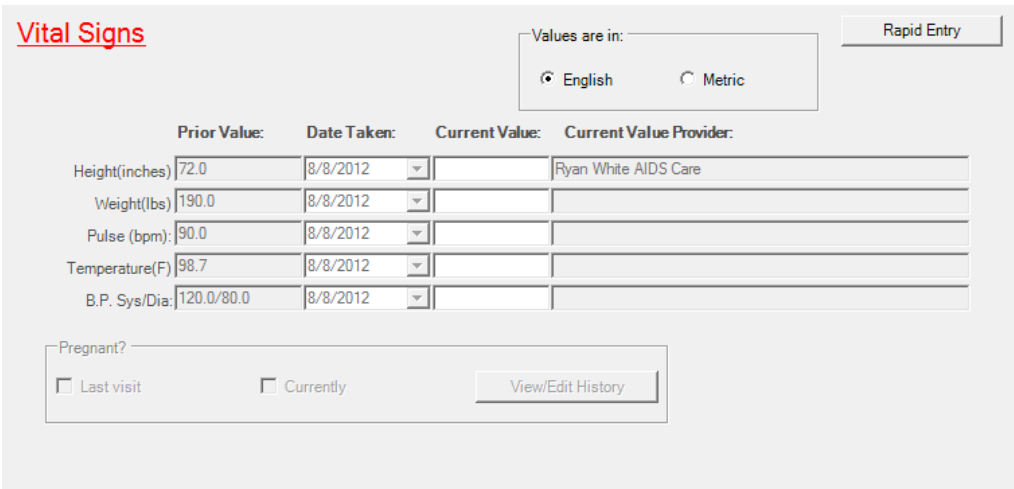
2. Click **Create Encounter** to create an encounter.



You will be prompted to enter the encounter date. The system defaults to today's date. You can type in a different date or use the arrow to bring up the drop-down calendar. Click **Create Encounter** after entering the date.

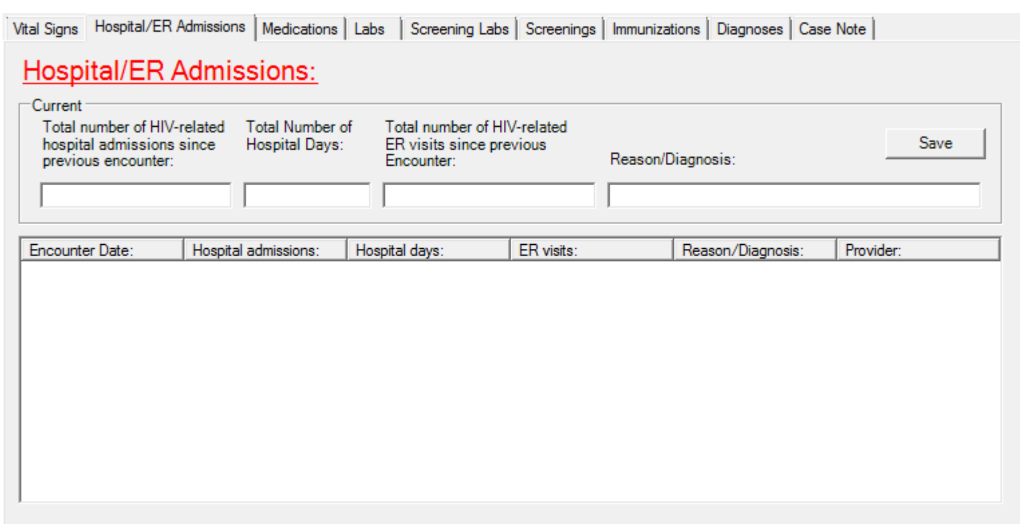
3. The color of the subtab titles goes from gray to red. Select any subtab to enter data.

Vital Signs:



Choose **English** or **Metric** values. You only need to enter **Height** once for adults; this will roll over to future encounters. This is not RSR-reported data so it is optional.

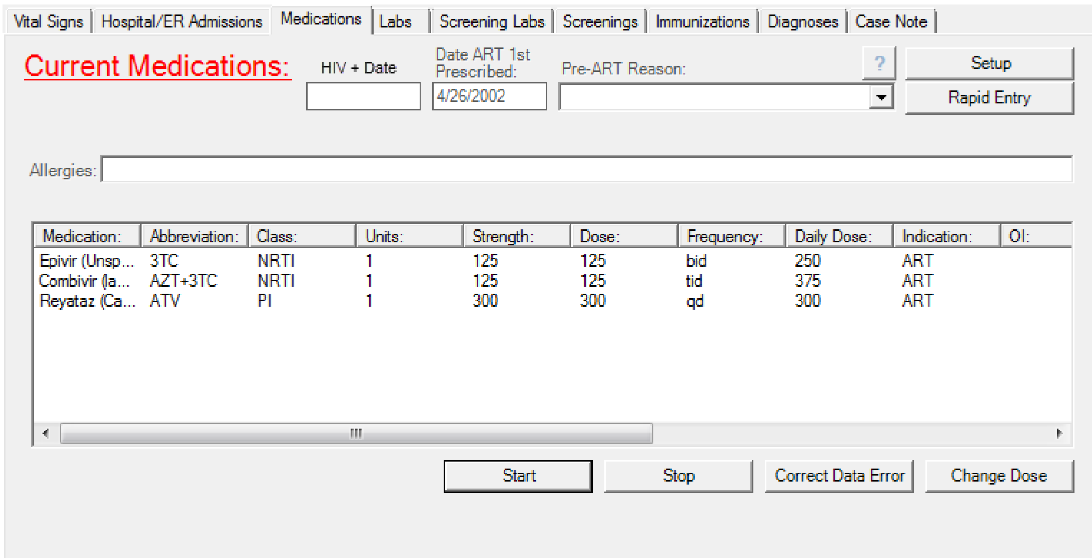
Hospital/ER Admissions



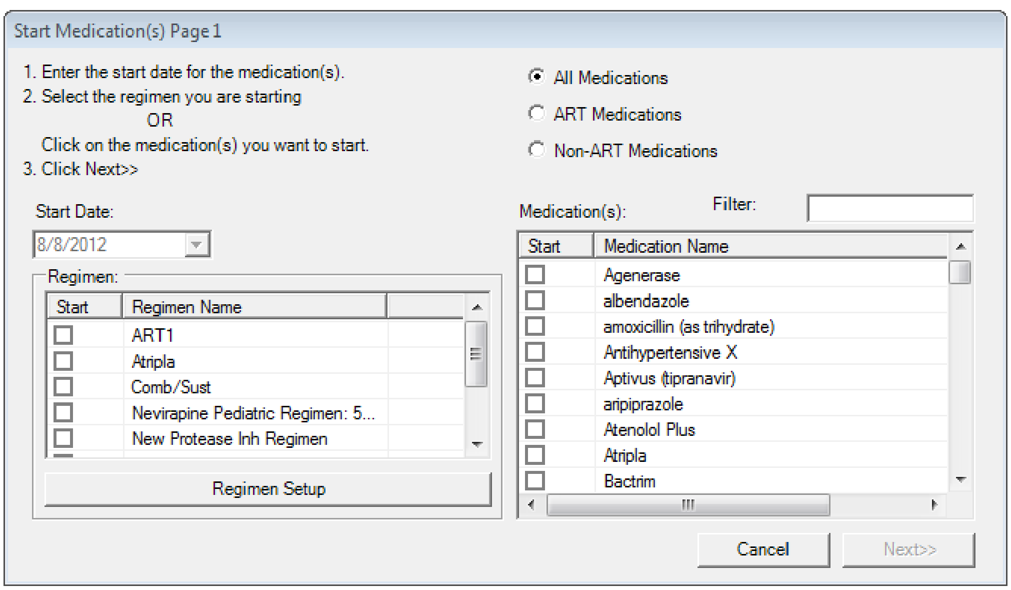
Enter any data you wish to record – this is not RSR-reported data so it is optional. Click **Save** when done.

Medications

The **Date ART 1st Prescribed** field will auto-populate with the start date of the first ART drug entered. The **HIV+ Date** comes from information entered in the Demographics tab. If the client is not yet on ART, you can enter a **Pre-ART Reason** from the drop down menu.

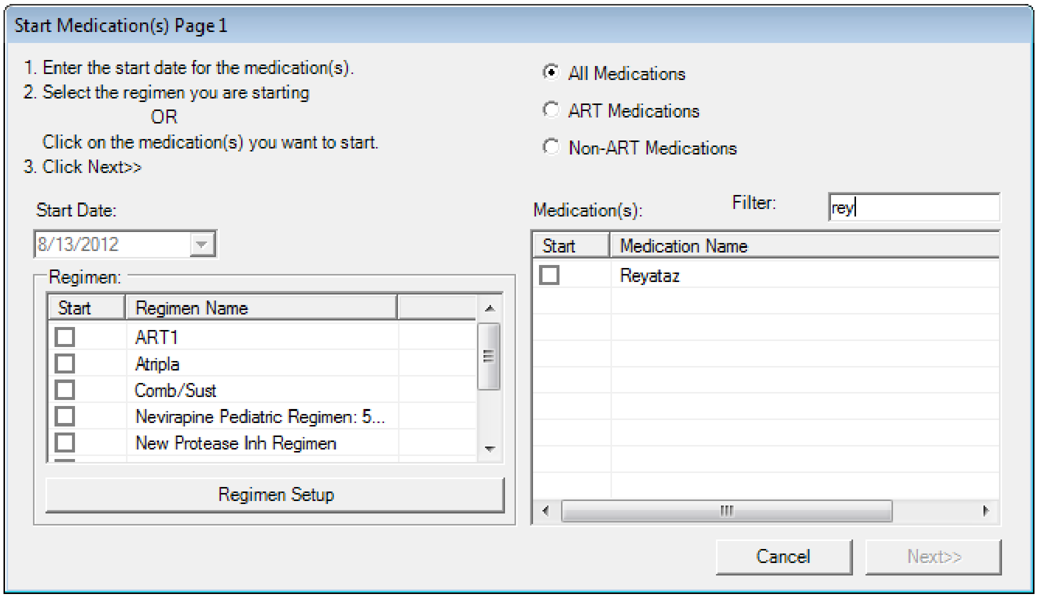


1. Click **Start** to enter a new medication.



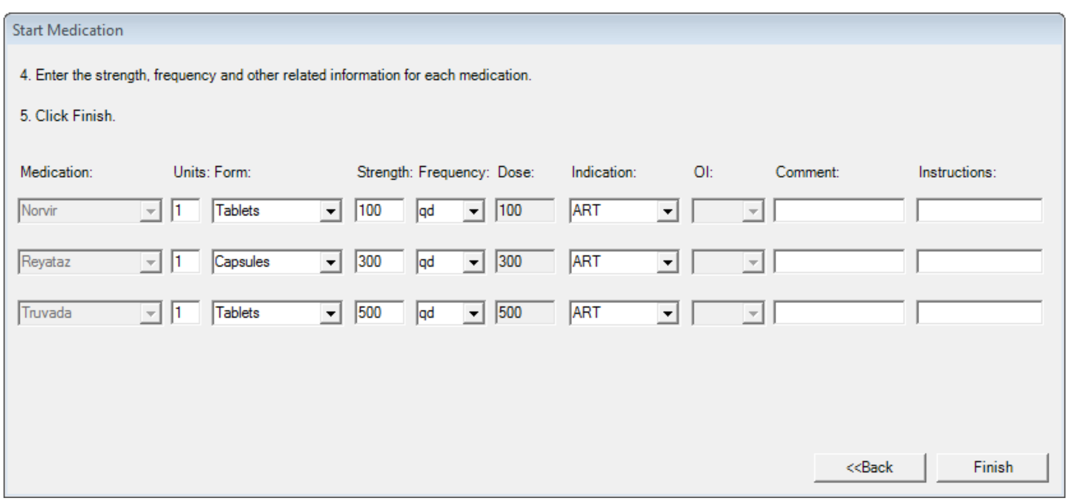
The start date is grayed out since by default the encounter date = start date. Scroll through the list of medications and select the check box next to the med or meds to start. You can also create a **Regimen** or group of antiretrovirals (or perhaps TB drugs) that will ease data entry by starting all the medications in the regimen at once.

You can use the Filter to do a quick find. Type several of the letters in the medication's name to automatically reduce the length of the list. For example, typing "rey" will bring up Reyataz.

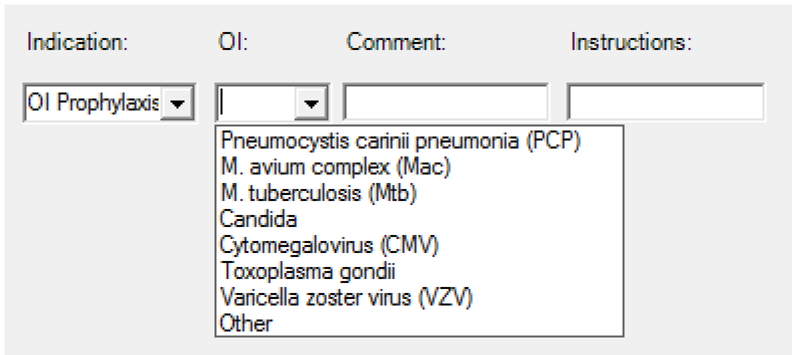


2. Click **Next** to enter strength, frequency, etc. Indicate whether the medication is ART, Opportunistic Infection (OI) treatment, OI prophylaxis or other. If this is an OI med, the OI drop down box will activate so you can choose the OI being treated.

PLEASE NOTE: For accurate reporting on the RSR and HAB Performance Measures, clinical data-entry of meds is crucial for medical providers. CAREWare looks to these fields – Indication and OI – to determine how many antiretroviral medications the client is on (if any) and if a client has been or is currently being treated for PCP Prophylaxis or other Opportunistic Infection diseases.

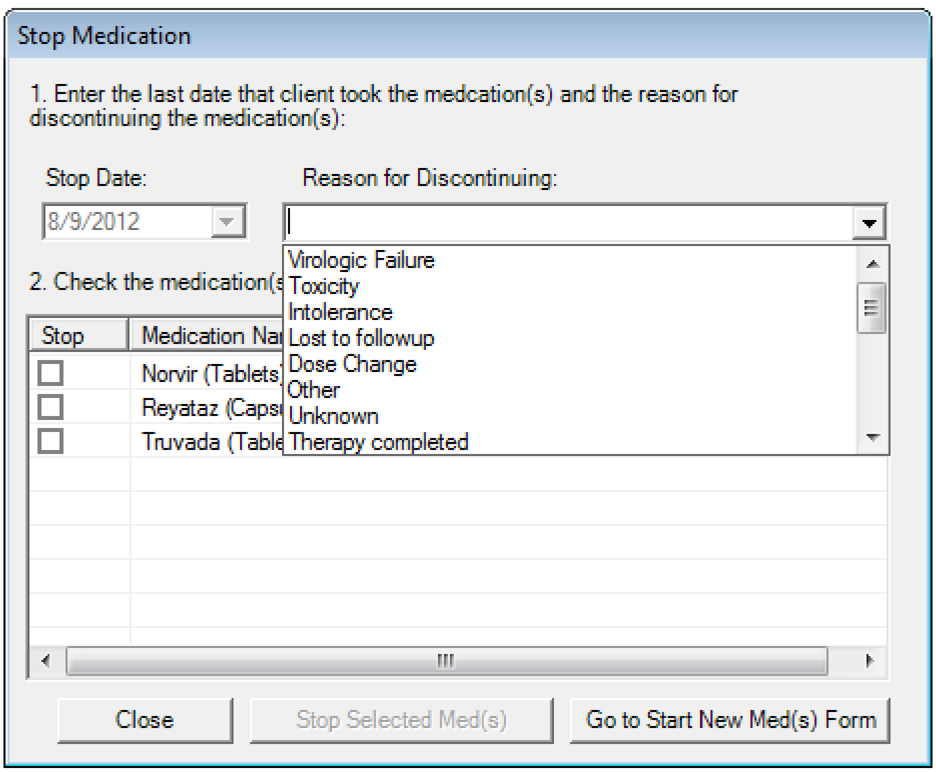


PLEASE NOTE: Remember that if you select an Indication of OI Treatment or OI Prophylaxis, the OI needs to be specified for performance measures to report properly:



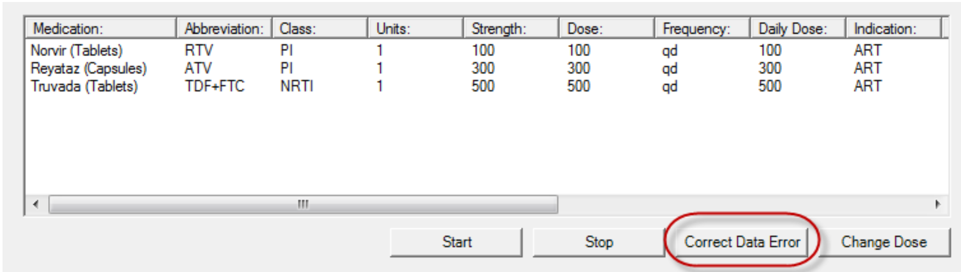
3. Click **Finish** when done.

4. To stop a medication, click on **Stop**.



5. Select the reason for discontinuing from the drop down menu, check the medication to be stopped. Click **Close** if you are done with meds, or click **Go to Start New Med(s) Form** to start the client on a new med.

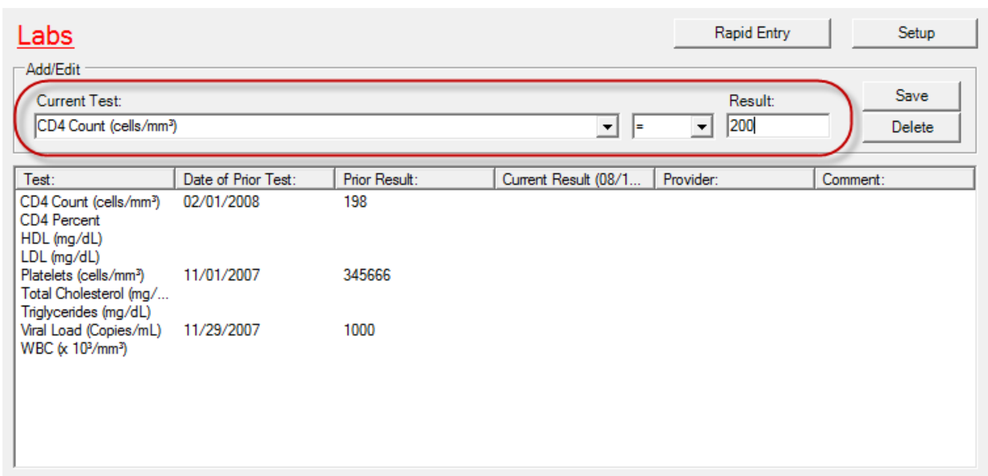
6. To make changes, click on a med to highlight it and click **Correct Data Error**. If a medication is already in the system as “prescribed,” you’ll need to stop this prescription and recreate it.



7. You can add or remove a medication from the database of available meds through the **Setup** feature on this tab. Please see the Clinical Encounter Setup Quick Start guide for details. It's important to download the most current medication list available from HRSA before you add medications to your active list. *If you don't see a specific drug on the list, it may be that you need to download a more recent medication file*.

Labs

1. Click on any test or select one from the **Current Test** drop down menu.



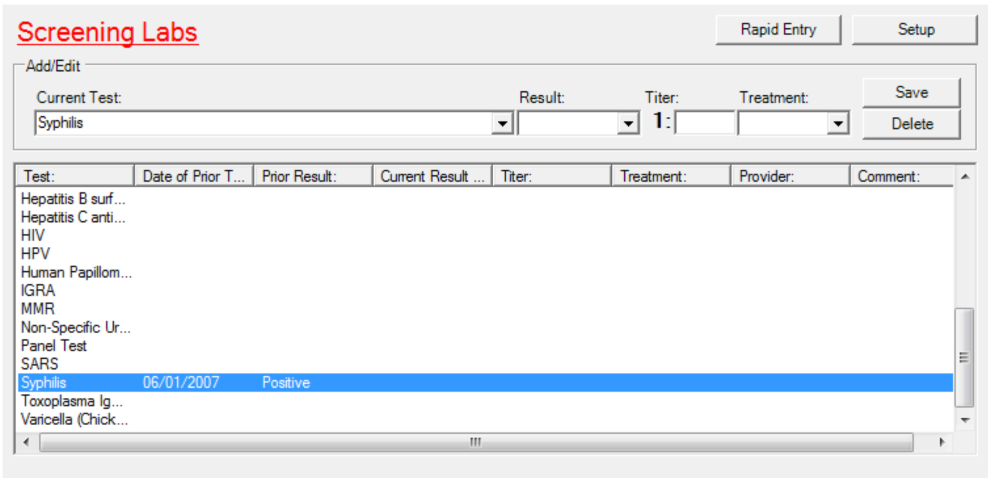
2. Select whether the result is =, <= or >=.

3. Enter the value in the Result box and click **Save**.

4. For viral load, you have the option of selecting "Assay" from the drop down menu.

Screening Labs

Screening labs are any tests with a Qualitative result—Negative, Positive, Indeterminate, etc.



1. Click on any test or select one from the **Current Test** drop down menu.

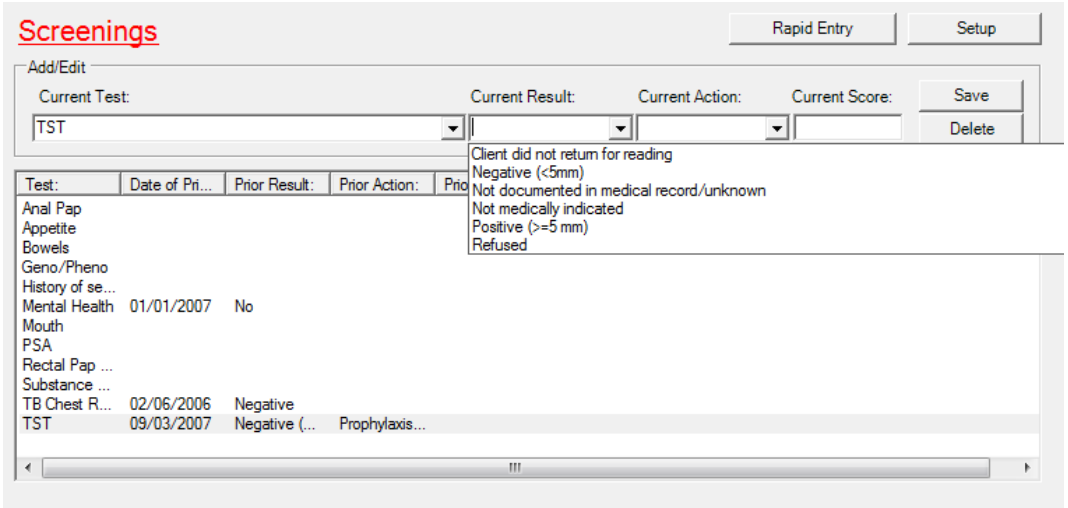
2. Select the **Result** from the drop down menu. (NMI or Not Medically Indicated is often selected for hepatitis tests to indicate that the client has already been exposed; this prevents your reports from counting these clients as not having been tested for hepatitis.)

3. The **Titer** field will activate for tests where titer is indicated (e.g. syphilis). **Viral titer** is the lowest concentration of a virus that still infects cells.

4. Select a **Treatment** from the drop down menu.

5. Click **Save**.

Screenings



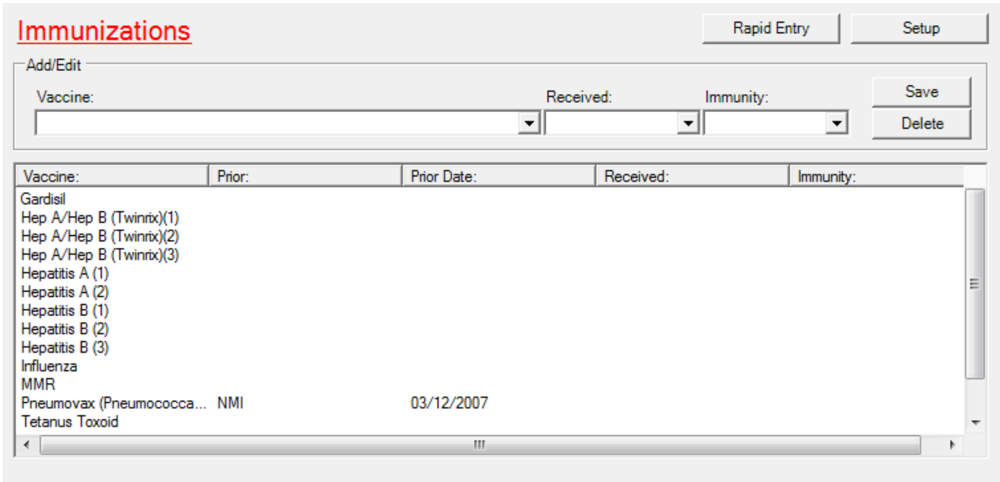
1. Click on any test or select one from the **Current Test** drop down menu.

2. Select the **Current Result** from the drop down menu. Data in the drop down is test dependent, i.e. if you select TST you'll see Negative <5mm, Positive >5mm, Client did not return for reading, etc.

3. Select a **Current Action** if applicable.

4. Click **Save**.

Immunizations



1. Click on any test or select one from the **Vaccine** drop down menu.

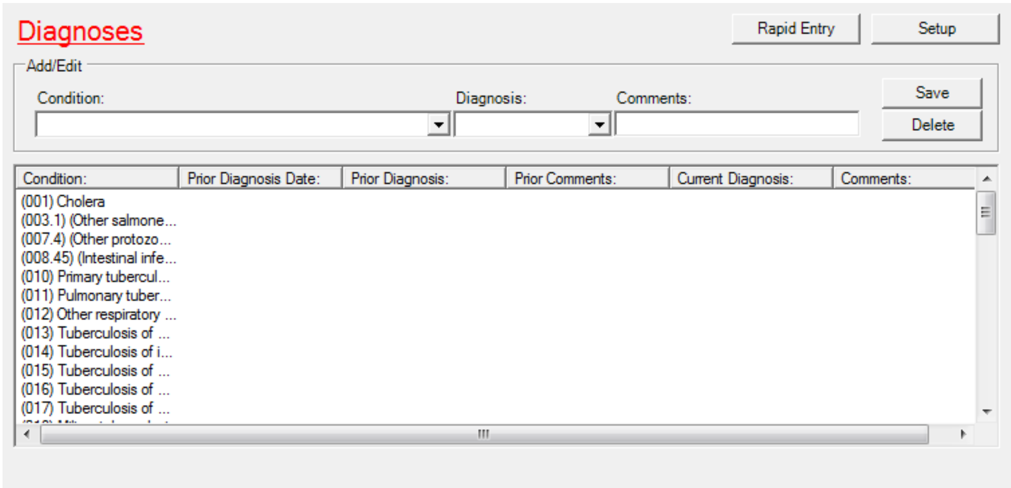
2. Select the appropriate value from **Received**.

3. Select the appropriate value from **Immunity**.

   There are often cases where a client has either been vaccinated prior to entering your care (hepatitis, pneumovax) or has already been exposed and requires no vaccination. In these cases you would select “NMI” under **Received** and “History of immunization” or “History of vaccination” under **Immunity**.

4. Click **Save**.

Diagnoses



1. Click on any condition or select one from the drop down menu.

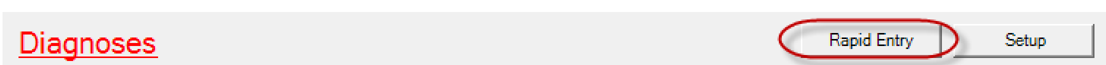
2. Select diagnosis from the drop down menu.

3. Enter any comments.

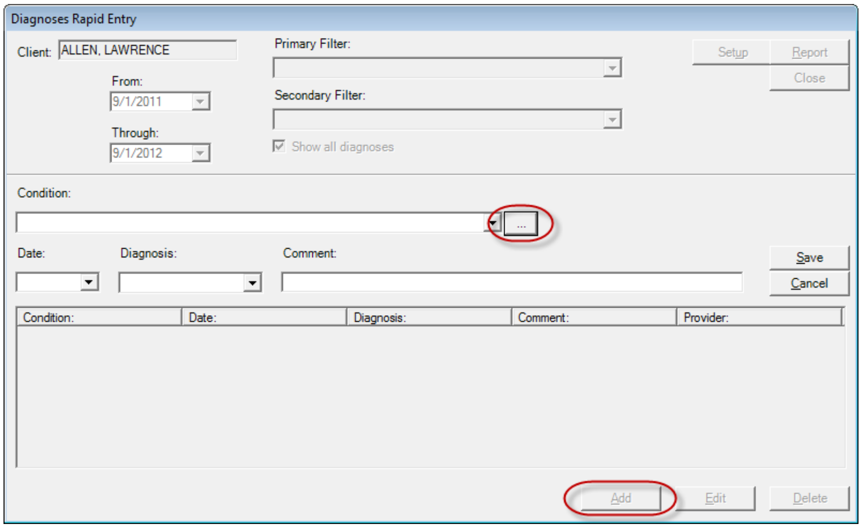
4. Click **Save**.

TIP: If you have a large number of activated diagnoses, you can use the Rapid Entry screen to filter them by diagnosis name.

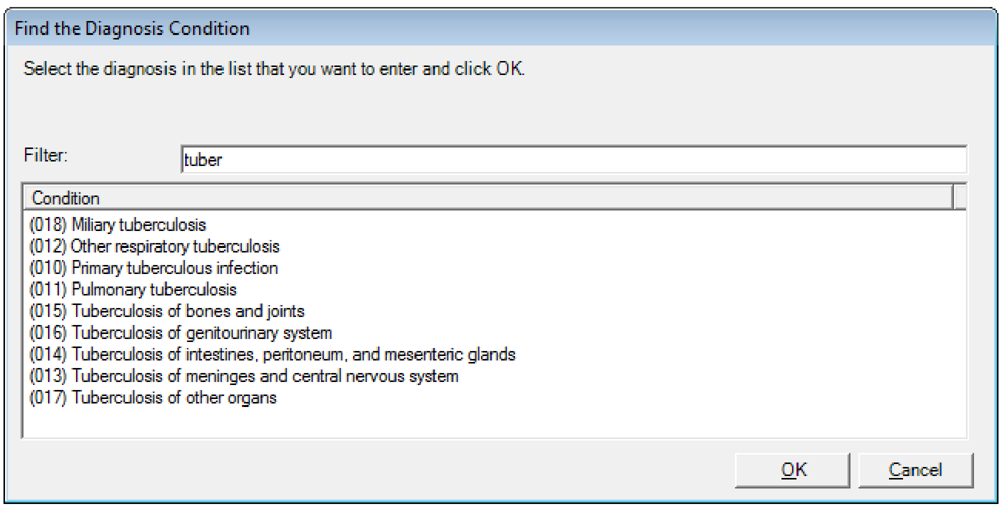
1. Click **Rapid Entry** at the top of the Diagnoses panel.



2. Click **Add**, then the button next to the **Condition** drop down.



3. Type in the first few letters of the condition name to filter the results. Shown here are all the tuberculosis diagnoses codes that come up when you type "tuber."



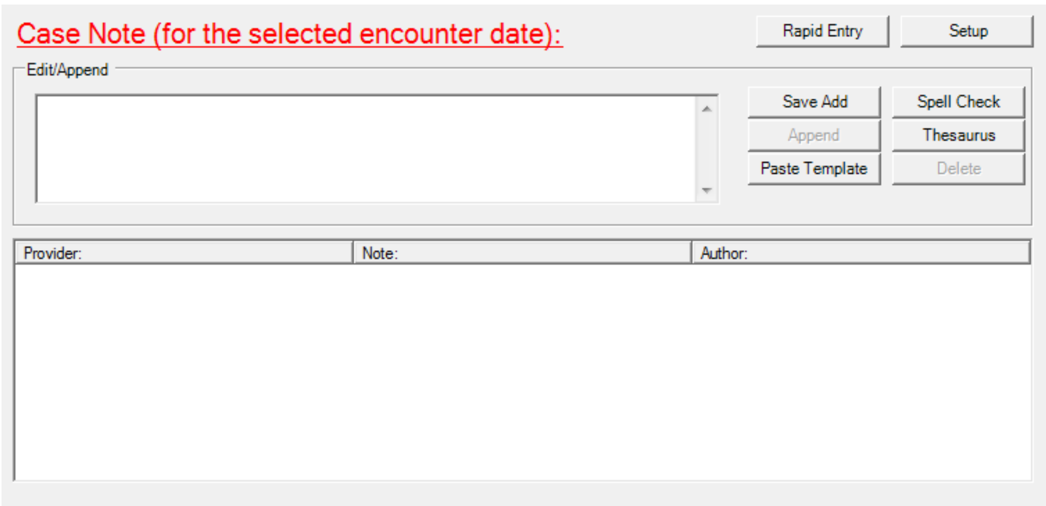
4. Select the condition, click OK and enter the remaining information (date, definitive/presumptive/unknown diagnosis, comments).

NOTE: CMS will be phasing in ICD-10 codes in the near future. CAREWare will make this file available. Using CMS files, we will map ICD9 onto ICD10, which may result in certain codes remaining unmapped.

Here's the link to the CMS website: https://www.cms.gov/ICD10/

Case Notes

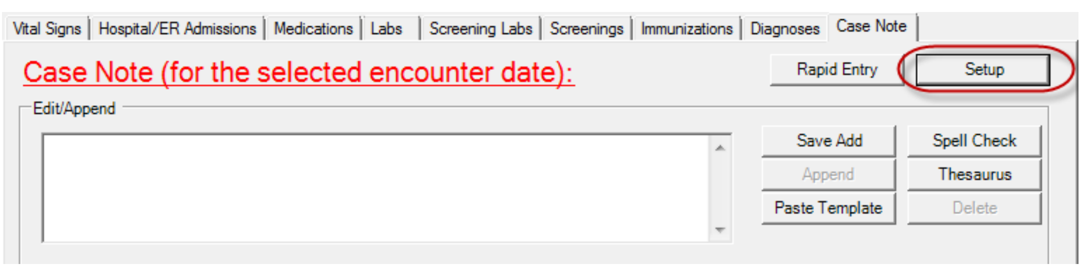
NOTE: This can be accessed from here or from the Demographic tab, both link to the same information.



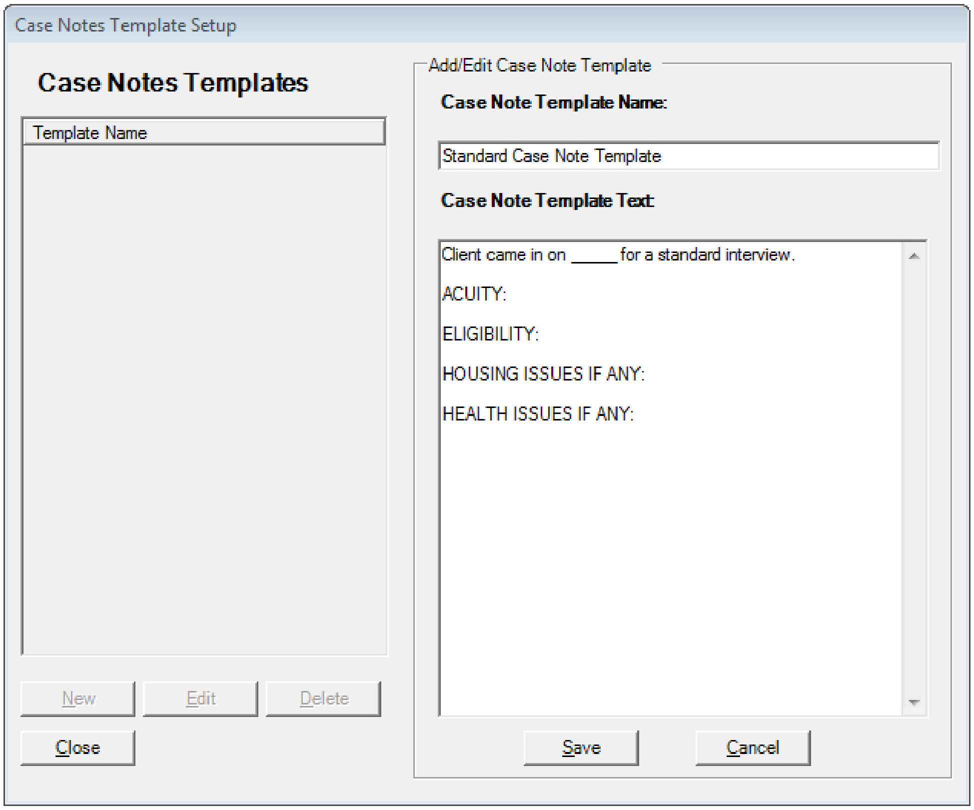
1. Type a case note in the **Edit/Append** box and click **Save Add** when done.

2. Note the Spell Check, Thesaurus and Template features.

3. Templates allow you to create a standard format for a case note. Click **Setup** in the upper right hand corner to begin.

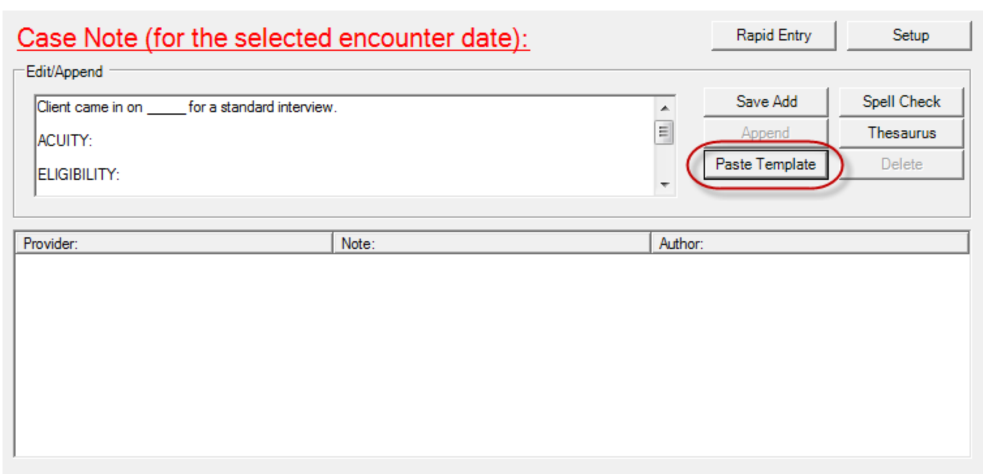


4. Click **New** to create a template. Enter a name and fill in the information each case note of this type will require.



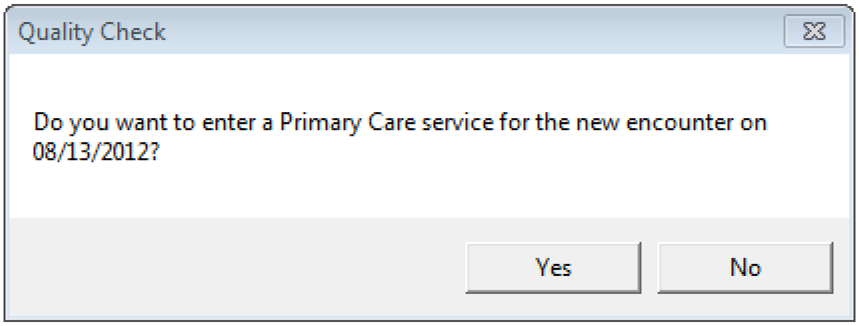
5. Click **Save** when done, then **Close**.

6. Click **Paste Template** from the Case Notes window, and select the template. The template will pre-populate the new case note.



Adding a Related Service

When you complete your Encounter entries and navigate away from this screen, you'll be asked if you want to add a Primary Care service for this encounter date:



You'll be redirected to the Services tab where you can enter a medical service as applicable.

Where do I go from here?

To customize service data entry fields, please see the Quick Start guide, "Customizing Tabs and Fields." To add or modify clinical encounter data (add/edit test data, etc.), please see the Quick Start guide, "Customizing Clinical Data."