Supporting Statement A
Partnerships for Care (P4C) Progress Reports
OMB Control No. 0915-XXXX

APPENDIX B – OUTCOMES REPORT FORM

P4C PROGRESS REPORT # X – OUTCOMES REPORT

INSTRUCTIONS FOR HEALTH CENTERS

Due in EHB XX-XX-201X

Reporting Period XX-XX-201X to XX-XX-201X

INSTRUCTIONS

This progress report requests information on health center progress toward implementing the Partnerships for Care (P4C) project (Section 1) and aggregate data for P4C outcome measures (Section 2).

Please use the reporting form beginning on the next page to provide requested information. Do not delete any information contained on the reporting form. Type your responses directly into the reporting form tables. Detailed instructions for Section 2 of the reporting form appear in Attachment 1.

Submit the completed reporting forms to your BPHC project officer via the Electronic Handbooks (EHB) Submissions task titled xyz title of submission task by XX-XX-201X.Be sure to save a copy for your records.

If you have any questions regarding the content of this report, please contact your P4C project officer, Dr. Rene Sterling at rsterling@hrsa.gov or 301-443-9017.

If you experience any technical challenges submitting this report via EHB, please contact the BPHC Help Desk on-line at http://www.hrsa.gov/about/contact/bphc.aspx or by phone at 877-974-2742 Monday through Friday (except federal holidays) from 8:30 AM to 5:30 PM (ET).

P4C PROGRESS REPORT [enter #] – OUTCOMES REPORT

REPORTING FORM

Reporting Period [enter dates]

Due in EHB [enter due date]

SECTION 1. IMPLEMENTATION

Use the reporting tables below to provide requested information. Type your responses directly into corresponding boxes. Do not delete any information.

CONTACT INFORMATION FOR SECTION 1 Please provide contact information for questions regarding this section of the report.		
Health center name		
H80 number		
Point of Contact for questions regarding this report	Name and title	
	Phone	
	Email	

WORKPLAN IMPLEMENTATION Please provide a brief summary of health center progress on the P4C project. For each of the five project focus areas, describe successes and challenges experienced during the reporting period. Where applicable, describe any anticipated delays or accelerated progress in meeting established project projections. Identify any specific training and technical assistance (TA) needs you may have. Please be concise and limit each response to no more than 300 words (5,400 words total for this table).	
Workforce development	
Successes	
Challenges	
Projections	
Training/TA needs	
Infrastructure development	
Successes	

Challenges	
Training/TA needs	
Infrastructure development	
Successes	
Challenges	
Projections	
Training/TA needs	
Partnership development	
Successes	
Challenges	
Projections	
Training/TA needs	
Quality Improvement/ Evaluation	
Successes	
Challenges	
Training/TA needs	

BUDGET Please provide a brief summary of any changes made to the budget in each of the major cost categories below. Describe how changes will support P4C project implementation. Please be concise and limit each response to no more than 100 words (400 words total for this table).	
Personnel and Fringe	
Equipment	
Supplies	
All Other	

[Add tables below to Outcomes Report #4 only]

CONTINUITY OF PROJECT Please provide a brief summary of any changes made to your budget in each of the three major cost categories. Describe how changes will support P4C project implementation. Please be concise and limit each response to no more than 200 words (600 words total for this table).	
Overall approach or strategy to ensure continuity of project	
Activities completed to support continuity of project	
Training/TA needs	

[Add table below to Outcomes Report #5 only]

PROJECTIONS Please provide target projections and actuals numbers for each of the focus areas below. Target projections must match numbers provided with the "P4C Future Year Budget" submission for year two of the project.		
	Year X **Target Projection**	**Year X** **Target Projection**
Workforce Development		
Number of health center providers who received training in HIV testing, prevention, care, or treatment		
Number of other health center staff and board who received training in HIV related topics		
Partnership Development		
Number of meetings (face to face or remote) with health department staff focused on using surveillance and EHR data to improve HIV service delivery to patients and other clinical issues		
Number of meetings (face to face or remote) with health department staff focused on P4C project implementation, coordination, and other operational issues		

PROMISING PRACTICES	
Please provide a brief summary of promising practices identified in your implementation of the P4C project that HRSA should promote for adoption by other health centers. Briefly describe the practice and resources required for implementation. Provide a justification or explanation for why the described practice is particularly useful (e.g., outcomes data or other supporting evidence). Please be concise and limit each response to no more than 300 words (4,500 words total for this table).	
Routine HIV Testing	
Promising practices	
Resource requirements	
Justification	
Linkage to Care	
Promising practices	
Resource requirements	
Justification	
Retention in Care	
Promising practices	
Resource requirements	
Justification	
Viral Suppression	
Promising practices	
Resource requirements	
Justification	
Partnership Development	
Promising practices	
Resource requirements	
Justification	

SECTION 2. OUTCOMES

Use the reporting tables below to provide requested information across all health center sites. Type your responses directly into corresponding boxes. Do not delete any information.

CONTACT INFORMATION FOR SECTION 2 Please provide contact information for questions regarding this section of the report.		
Health center name		
H80 number		
Point of Contact for questions regarding this report	Name and title	
	Phone	
	Email	

Detailed instructions for the following outcomes data tables are attached to this reporting form (see page [enter page #] for attachment). **Please read the Attachment carefully prior to completing the tables.**

A. ROUTINE HIV TEST DURING MEDICAL CARE VISIT				
		(a) Total number of medical patients aged 15 to 65 in need of HIV testing	(b) Number of charts sampled or EHR total	(c) Number of medical patients aged 15 to 65 tested for HIV as part of a medical care visit
Line 1	Measure: Medical patients aged 15-65 years in need of HIV testing who were tested for HIV as part of a medical care visit during the reporting period			

B. ROUTINE HIV TEST DURING NON-MEDICAL CARE VISIT				
		(a) Total number of medical patients aged 15 to 65 in need of HIV testing	(b) Number of charts sampled or EHR total	(c) Number of medical patients aged 15 to 65 tested for HIV as part of a non-medical care visit
Line 2	Measure: Medical patients aged 15-65 years in need of HIV testing who were tested for HIV as part of a non-medical care visit during the reporting period			

C. DOCUMENTED HIV TEST				
		(a) Total number of medical patients aged 15-65	(b) Number of charts sampled or EHR total	(c) Number of medical patients aged 15 to 65 with an HIV test documented in their medical record
Line 3	Measure: Medical patients aged 15-65 years seen during the reporting period who had at least one HIV test in their lifetime			

C-1. DOCUMENTED HIV TEST BY RACE/ETHNICITY									
		Number of Medical Patients by Hispanic or Latino Ethnicity							
		Hispanic/ Latino		Not Hispanic/ Latino		Unreported/ Refused to Report		Total	
	Medical Patients by Race	(d) Aged 15-65	(e) Aged 15-65 with documented HIV test	(f) Aged 15-65	(g) Aged 15-65 with documented HIV test	(h) Aged 15-65	(i) Aged 15-65 with documented HIV test	(j) Total Aged 15-65	(k) Total Aged 15-65 with documented HIV test
Line 4	Asian					*Do not report*			
Line 5	Native Hawaiian								
Line 6	Other Pacific Islander								
Line 7	Black/African American								
Line 8	American Indian/ Alaskan Native								
Line 9	White								
Line 10	More than one race								
Line 11	Unreported/ Refused to report								
Line 12	Total								

C-2. DOCUMENTED HIV TEST BY GENDER			
		Number of Medical Patients by Gender	
		(l) Aged 15-65	(m) Aged 15-65 with documented HIV test
Line 13	Male		
Line 14	Female		
Line 15	Transgender		
Line 16	Unreported/ Refused to report		
Line 17	Total		

D. NEW CONFIRMED DIAGNOSIS AMONG PATIENTS AGED 15 TO 65				
		(a) Total number of medical patients 15 to 65 tested for HIV	(b) Number of charts sampled or EHR total	(c) Number of medical patients aged 15 to 65 with new, confirmed diagnosis of HIV
Line 18	Measure: Medical patients aged 15 to 65 and tested for HIV who had a new, confirmed diagnosis of HIV during the reporting period		*Chart sample not an option for this measure*	

E. NEW CONFIRMED DIAGNOSIS AMONG ALL PATIENTS				
		(a) Total number of medical patients tested for HIV between Oct 1st and Sep 30th	(b) Number of charts sampled or EHR total	(c) Number of medical patients with new, confirmed diagnosis of HIV
Line 19	Measure: Medical patients tested for HIV between Oct 1st of the previous reporting period and Sep 30th of the current reporting period who had a new, confirmed diagnosis of HIV		*Chart sample not an option for this measure*	

F. LINKAGE TO CARE				
		(a) Total number of medical patients with new, confirmed diagnosis of HIV between Oct 1st and Sep 30th	(b) Number of charts sampled or EHR total	(c) Number of medical patients with an HIV medical care visit within 90 days after HIV diagnosis
Line 20	Measure: Medical patients with a new, confirmed diagnosis of HIV between Oct 1st of the previous reporting period and Sep 30th of the current reporting period who had an HIV medical care visit within 90 days after HIV diagnosis		*Chart sample not an option for this measure*	

G. RISK REDUCTION SCREENING/COUNSELING				
		(a) Total number of medical patients with new, confirmed diagnosis of HIV between Oct 1st and Sep 30th	(b) Number of charts sampled or EHR total	(c) Number of medical patients provided risk reduction screening/ counseling within 90 days after HIV diagnosis
Line 21	Measure: Medical patients with a new, confirmed diagnosis of HIV between Oct 1st of the previous reporting period and Sep 30th of the current reporting period who were provided HIV risk reduction screening/ counseling within 90 days after HIV diagnosis		*Chart sample not an option for this measure*	

H. SEXUALLY TRANSMITTED INFECTION SCREENING				
		(a) Total number of medical patients with new, confirmed diagnosis of HIV between Oct 1st and Sep 30th	(b) Number of charts sampled or EHR total	(c) Number of medical patients screened for chlamydial infection and gonorrhea and syphilis within 90 days after HIV diagnosis
Line 22	Measure: Medical patients with a new, confirmed diagnosis HIV between Oct 1st of the previous reporting period and Sep 30th of the current reporting period who were screened for chlamydial infection and gonorrhea and syphilis within 90 days after diagnosis		*Chart sample not an option for this measure*	

I. RETENTION IN CARE				
		(a) Total number of HIV-positive medical patients during previous reporting period	(b) Number of charts sampled or EHR total	(c) Number of medical patients with at least one HIV medical care visit during each half of current reporting period at least 60 days apart
Line 23	Measure: HIV-positive medical patients during previous reporting period who had at least one HIV medical care visit during each half of the current reporting period at least 60 days apart			

I-1. RETENTION IN CARE BY RACE/ETHNICITY									
		Number of Medical Patients by Hispanic or Latino Ethnicity							
		Hispanic/ Latino		Not Hispanic/ Latino		Unreported/ Refused to Report		Total	
	Medical Patients by Race	(d) HIV-positive during previous reporting period	(e) HIV medical care visits in each half of current reporting period	(f) HIV-positive during previous reporting period	(g) HIV medical care visits in each half of current reporting period	(h) HIV-positive during previous reporting period	(i) HIV medical care visits in each half of current reporting period	(j) Total HIV-positive during previous reporting period	(k) Total HIV medical care visits in each half of current reporting period
Line 24	Asian					*Do not report*			
Line 25	Native Hawaiian								
Line 26	Other Pacific Islander								
Line 27	Black/African American								
Line 28	American Indian/ Alaskan Native								
Line 29	White								
Line 30	More than one race								
Line 31	Unreported/ Refused to report								
Line 32	Total								

I-2. RETENTION IN CARE BY GENDER			
		Number of Medical Patients by Gender	
		(l) HIV-positive in previous reporting period	(m) HIV medical care visits in each half of current reporting period
Line 33	Male		
Line 34	Female		
Line 35	Transgender		
Line 36	Unreported/ Refused to report		
Line 37	Total		

J. PRESCRIBED ART				
		(a) Total number of HIV-positive medical patients	(b) Number of charts sampled or EHR total	(c) Number of medical patients prescribed ART
Line 38	Measure: HIV-positive medical patients during the reporting period who were prescribed ART			

K. VIRAL SUPPRESSION AT 200 COPIES				
		(a) Total number of HIV-positive medical patients	(b) Number of charts sampled or EHR total	(c) Number of medical patients with viral load <200 copies/mL
Line 39	Measure: HIV-positive medical patients during the reporting period who had a viral load <200 copies/mL at most recent test			

K-1. VIRAL SUPPRESSION AT 200 COPIES BY RACE/ETHNICITY									
		Number of Medical Patients by Hispanic or Latino Ethnicity							
		Hispanic/ Latino		Not Hispanic/ Latino		Unreported/ Refused to Report		Total	
	Medical Patients by Race	(d) HIV-positive patients	(e) Viral load <200 copies/mL	(f) HIV-positive patients	(g) Viral load <200 copies/mL	(h) HIV-positive patients	(i) Viral load <200 copies/mL	(j) Total HIV-positive patients	(k) Total viral load <200 copies/mL
Line 40	Asian					*Do not report*			
Line 41	Native Hawaiian								
Line 42	Other Pacific Islander								
Line 43	Black/African American								
Line 44	American Indian/ Alaskan Native								
Line 45	White								
Line 46	More than one race								
Line 47	Unreported/ Refused to report								
Line 48	Total								

K-2. VIRAL SUPPRESSION AT 200 COPIES BY GENDER			
		Number of Medical Patients by Gender	
		(l) HIV-positive medical patients	(m) Medical patients with viral load <200 copies/mL
Line 49	Male		
Line 50	Female		
Line 51	Transgender		
Line 52	Unreported/ Refused to report		
Line 53	Total		

L. VIRAL SUPPRESSION AT 75 COPIES				
		(a) Total number of HIV-positive medical patients	(b) Number of charts sampled or EHR total	(c) Number of medical patients with viral load <75 copies/mL
Line 54	Measure: HIV-positive medical patients during the reporting period who had a viral load <75 copies/mL at most recent test			

M. HIV MEDICAL CARE				
		(a) Total number of HIV-positive patients	(b) Number of charts sampled or EHR total	(c) Number of patients with an HIV medical care visit
Line 55	Measure: HIV-positive patients during the reporting period who had at least one HIV medical care visit at the health center during the reporting period			

M-1. HIV MEDICAL CARE BY RACE/ETHNICITY									
		Number of Patients by Hispanic or Latino Ethnicity							
		Hispanic/ Latino		Not Hispanic/ Latino		Unreported/ Refused to Report		Total	
	Patients by Race	(d) HIV-positive	(e) HIV medical care visit	(f) HIV-positive	(g) HIV medical care visit	(h) HIV-positive	(i) HIV medical care visit	(j) Total HIV-positive	(k) Total HIV medical care visit
Line 56	Asian					*Do not report*			
Line 57	Native Hawaiian								
Line 58	Other Pacific Islander								
Line 59	Black/African American								
Line 60	American Indian/ Alaskan Native								
Line 61	White								
Line 62	More than one race								
Line 63	Unreported/ Refused to report								
Line 64	Total								

M-2. HIV MEDICAL CARE BY GENDER			
		Number of Patients by Gender	
		(l) HIV-positive	(m) HIV medical care visit
Line 65	Male		
Line 66	Female		
Line 67	Transgender		
Line 68	Unreported/ Refused to report		
Line 69	Total		

N. HIV-POSITIVE PATIENTS				
		(a) Total number of medical patients aged 15-65	(b) Number of charts sampled or EHR total	(c) Number of patients known to be HIV-positive
Line 70	Measure: Medical patients aged 15-65 years seen during the reporting period who were known to be HIV-positive		*Chart sample not an option for this measure*	

ATTACHMENT

P4C PROGRESS REPORT [enter #] – OUTCOMES REPORT

DETAILED INSTRUCTIONS FOR REPORTING FOR SECTION 2 FOR CY 2015

These instructions pertain to CY 2015 reporting for Section 2 of the P4C Progress Report – Outcomes Report, including reporting tables A through N (lines 1-70) on the reporting form.

P4C Outcomes Measures

P4C outcome measures were established and disseminated to all health centers in February 2015. Measures are based on UDS definitions of visits, providers and patients as they appear in the UDS Reporting Manual (http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/2014udsmanual.pdf). Any additional terms used are defined in measure specifications, including measure numerators, denominators, and inclusion and exclusion criteria.

Aggregate data must be reported for each P4C outcome measure across all patients and all service delivery sites regardless of whether a site (1) has implemented routine HIV testing, (2) has established an HIV care team, or (3) is providing a specific service directly or by referral.

Reporting by EHR verses Chart Sampling

Health centers should be able to report all P4C measures on the universe of patients meeting measure criteria using Electronic Health Records (EHR). However, when reporting CY 2015 data, health centers may use a chart sample for select measures if they are unable to report data on all patients meeting the established criteria (i.e., the universe) from an electronic data source that includes all medical patients from all service delivery sites and grant funded programs (e.g., CHC, HCH, MHC, PH).

Health centers can use the universe to report some P4C measures and use a chart sample to report other P4C measures. It is not necessary that all measures be reported using the same method. For some measures, health centers may not use a chart sample as indicated in the corresponding reporting table.

P4C procedures for use of chart sampling are equivalent to UDS procedures. When using a chart sample, health centers must:

- Use a scientifically drawn sample of 70 patients drawn from all patients meeting the established criteria.
- Use a different sample of 70 patients for each P4C measure reported by a chart sample.
- Not use the same number of charts from each site, or the same number of charts for each provider, or any other stratification method that results in oversampling some group of patients.
- Not use a sample larger than 70 charts.

For CY 2016, health centers must report all P4C measures on the universe of patients meeting measure criteria using Electronic Health Records (EHR). For each measure reported by chart sample in CY 2015, health centers are encouraged to provide updated data for all patients in the universe with or before submission of their final progress report.

Reporting Tables

Each outcome measure has a separate reporting table within the progress report. A description of each reporting table and corresponding instructions follow. Health centers should submit data using the established progress report reporting form. Do not include this attachment with the submission.

A. ROUTINE HIV TEST DURING MEDICAL CARE VISIT, LINE 1

PERFORMANCE MEASURE: Percent of medical patients aged 15-65 years in need of HIV testing who were tested for HIV as part of a medical care visit during the reporting period

- Numerator: Number of patients in the denominator who were tested for HIV as part of a medical care visit during the reporting period
- Denominator: Number of patients aged 15-65 years seen for at least one medical care visit at the health center during the reporting period and in need of HIV testing at the start of the reporting period

Denominator, Total Number of Medical Patients Aged 15 to 65 in Need of HIV Testing, Column (a)

Inclusion Criteria: Add patients who:

- Were born on or after January 1, 1950 and on or before December 31, 2000 AND
- Were last seen by the health center while they were age 15 through 65 years AND
- Had at least one medical care visit at the health center during 2015

Exclusion Criteria: Remove patients who on January 1, 2015:

- Had an HIV test result documented in their health center medical record OR
- Were known to be HIV-positive

Number of Charts Sampled or EHR Total, Column (b)

Enter the total number of health center patients included in the denominator (Column a) for whom data have been reviewed. This will be EITHER all patients who fit the criteria (Column a) OR a scientifically drawn sample of 70 patients drawn from all patients who fit the criteria.

Numerator, Number of Medical Patients Aged 15 to 65 Tested for HIV as Part of a Medical Care Visit, Column (c)

Inclusion Criteria: Add patients from the denominator who during 2015 had a medical care visit at the health center that occurred:

- On the same day an HIV test was ordered OR
- On the same day the specimen for an HIV test was collected OR
- On the same day the patient agreed to be tested for HIV, as documented in the medical record

Exclusion Criteria: None

B. ROUTINE HIV TEST DURING NON-MEDICAL CARE VISIT, LINE 2

PERFORMANCE MEASURE: Percent of medical patients aged 15-65 years in need of HIV testing who were tested for HIV as part of a non-medical care visit during the reporting period

- Numerator: Number of patients in the denominator who were tested for HIV as part of a non-medical care visit during the reporting period
- Denominator: Number of patients aged 15-65 years seen for at least one medical care visit at the health center during the reporting period and in need of HIV testing at the start of the reporting period

Denominator, Total Number of Medical Patients Aged 15 to 65 in Need of HIV Testing, Column (a)

Inclusion Criteria: Add patients who:

- Were born on or after January 1, 1950 and on or before December 31, 2000 AND
- Were last seen by the health center while they were age 15 through 65 years AND
- Had at least one medical care visit at the health center during 2015

Exclusion Criteria: Remove patients who on January 1, 2015:

- Had an HIV test result documented in their health center medical record OR
- Were known to be HIV-positive

Number of Charts Sampled or EHR Total, Column (b)

Enter the total number of health center patients included in the denominator (Column a) for whom data have been reviewed. This will be EITHER all patients who fit the criteria (Column a) OR a scientifically drawn sample of 70 patients drawn from all patients who fit the criteria.

Numerator, Number of Medical Patients Aged 15 to 65 Tested for HIV as part of a Medical Care Visit, Column (c)

Inclusion Criteria: Add patients from the denominator who during 2015 had a non-medical care visit at the health center[1] that occurred:

- On the same day an HIV test was ordered OR
- On the same day the specimen for an HIV test was collected OR
- On the same day the patient agreed to be tested for HIV, as documented in the medical record[2]

Exclusion Criteria: None

Notes

[1] Health centers may not have any HIV tests during non-medical care visits to report based on their implementation of routine HIV testing. Routine HIV testing requires that all patients coming in for care are routinely offered an HIV test, regardless of risk. In accords with P4C project requirements, all health centers are required to routinely offer HIV tests to all patients aged 15-65 years during medical visits at sites where comprehensive primary care services are provided. However, some health centers are electing to routinely offer HIV tests to patients aged 15-65 at additional sites (e.g., dental sites) or during non-medical visits (e.g., behavioral health visits).

[2] For patients with more than one HIV test during the reporting period, the first test conducted

during the reporting period will be used to establish whether the patient was screened as part of a medical care visit or as part of a non-medical care visit.

C. DOCUMENTED HIV TEST, Line 3

PERFORMANCE MEASURE: Percent of medical patients aged 15-65 years seen during the reporting period who had at least one HIV test in their lifetime

- Numerator: Number of patients in the denominator who had at least one HIV test in their life time by the end of the reporting period
- Denominator: Number of patients aged 15-65 years seen for at least one medical care visit at the health center during the reporting period

Denominator, Total Number of Medical Patients Aged 15 to 65, Column (a)

Inclusion Criteria: Add patients from the denominator who during 2015:

- Were born on or after January 1, 1950 and on or before December 31, 2000 AND
- Were last seen by the health center while they were age 15 through 65 years AND
- Had at least one medical care visit at the health center during 2015

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Enter the total number of health center patients included in the denominator (Column a) for whom data have been reviewed. This will be EITHER all patients who fit the criteria (Column a) OR a scientifically drawn sample of 70 patients drawn from all patients who fit the criteria.

Numerator, Number of Medical Patients Aged 15 to 65 with an HIV Test Documented in their Medical Record, Column (c)

Inclusion Criteria: Add patients who:

- Had at least one HIV test documented in their health center medical record OR
- Were known to be HIV-positive

Exclusion Criteria: None

C-1. DOCUMENTED HIV TEST BY RACE/ETHNICITY, LINES 4-12

Additional Information

Table C-1 collects additional information for Table C, Line 3 on Hispanic/Latino ethnicity regardless of their race.

- Hispanic/Latino, Columns (d)-(e): Report the number of persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, broken down by their racial identification and including those Hispanics/Latinos born in the United States. Do *not* count persons from Brazil or Haiti whose ethnicity is not tied to the Spanish language.
- Not Hispanic/Latino, Columns (f)-(g): Report the number of all other patients *except* those for whom there is neither racial *nor* Hispanic/Latino ethnicity data.

- Unreported/Refused to Report, Columns (h)-(i): Only two cells are available in this column. Report on Line 11, Columns (h) or (i) only those patients who left the entire race and Hispanic/Latino Ethnicity part of the intake form totally blank.
    - Patients who self-report as Hispanic/Latino but do not separately select a race must be reported on Line 11, Columns (d) or (e) (i.e., Hispanic/Latino whose race is unreported or refused to report). Health centers may not default these patients to "White", "Native American", "more than one race", or any other category.

UDS Comparison

P4C reporting of race/ethnicity is equivalent to UDS reporting of race/ethnicity for *Table 3B-Patients by Race and Ethnicity and Patients by Language*. P4C Progress Reports do not require reporting of patients by language.

Accuracy Check

Table C-1, Line 12, Column (j) must equal Table C, Line 3, Column (a).

Table C-1, Line 12, Column (k) must equal Table C, Line 3, Column (c)

C-2. DOCUMENTED HIV TEST BY GENDER, LINES 13-17

Additional Information

Table C-2 collects additional information for Table C, Line 3 on patient current, self-reported gender.

- Male, Line 13: An individual with strong and persistent identification with the male sex.
- Female, Line 14: An individual with strong and persistent identification with the female sex.
- Transgender, Line 15: An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female.
- Unreported/ Refused to report, Line 16: Indicates the client's gender category is unknown or was not reported.

UDS Comparison

P4C reporting of gender is not equivalent to UDS *Table 3A-Patients by Age and Gender*.

- P4C reporting uses sexual identity based on patient self-report across three categories, male, female and transgender.
- UDS reporting uses gender based on two categories, male and female

P4C Progress Reports do not require reporting of patient age by gender (UDS *Table 3B-Patients by Hispanic or Latino Ethnicity /Race/ Language*).

Other Measure Comparison

P4C reporting of gender is equivalent to the Ryan White HIV/AIDS Program Services Report (RSR) data element for "client's current self-reported gender" (XML variable name GenderID) (https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual).

Accuracy Check

Table C-2, Line 17, Column (l) must equal Table C, Line 3, Column (a).

Table C-2, Line 17, Column (m) must equal Table C, Line 3, Column (c).

D. NEW CONFIRMED DIAGNOSIS AMONG PATIENTS AGED 15 TO 65, LINE 18

PERFORMANCE MEASURE: Percent of medical patients aged 15-65 years and tested for HIV who had a new, confirmed diagnosis of HIV during the reporting period

- Numerator: Number of patients in the denominator who had a new, confirmed diagnosis of HIV during the reporting period
- Denominator: Number of patients aged 15-65 years seen for at least one medical care visit and tested for HIV at the health center during the reporting period

Denominator, Total Number of Medical Patients Aged 15 to 65 Tested for HIV, Column (a)

Inclusion Criteria: Add patients who:

- Were born on or after January 1, 1950 and on or before December 31, 2000 AND
- Were last seen by the health center while they were age 15 through 65 years AND
- Had at least one medical care visit at the health center during 2015 AND
- Had a specimen collected for a laboratory-based HIV test at the health center during 2015

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Chart sample is not an option for this measure. Do not enter value.

Numerator, Number of Medical Patients Aged 15 to 65 with New, Confirmed Diagnosis of HIV, Column (c)

Inclusion Criteria: Add patients from the denominator who during 2015:

- Were newly confirmed positive for HIV infection

Exclusion Criteria: Remove patients who:

- Had documentation in their health center medical record of a previous, confirmed positive HIV test OR
- Had documentation in their health center medical record of being previously diagnosed with HIV OR
- Were documented in the health department surveillance system or identified through other health department investigation as previously being HIV-positive OR

- Had previously tested HIV-positive, by self-report

UDS Comparison

P4C Table D, Line 18, Column (c) is a sub-set of patients reported in UDS *Table 6A-Selected Diagnoses and Services Rendered*, Line 1-2(a) "Initial HIV Diagnosis: Persons diagnosed for the first time ever in their lifetime," Column (B).

Accuracy Check

P4C Table D, Line 18, Column (a) must equal the sum of P4C Table A, Line 1, Column (c) and P4C Table B, Line 2, Column (c).

E. NEW CONFIRMED DIAGNOSIS AMONG ALL PATIENTS, LINE 19

PERFORMANCE MEASURE: Percent of medical patients tested for HIV between October 1st of the previous reporting period and September 30th of the current reporting period who had a new, confirmed diagnosis of HIV

- Numerator: Number of patients in the denominator who had a new, confirmed diagnosis of HIV between October 1st of the previous reporting period and September 30th of the current reporting period
- Denominator: Number of patients seen for at least one medical care visit during the previous or current reporting period, and tested for HIV at the health center between October 1st of the previous reporting period and September 30th of the current reporting period

Denominator, Total Number of Medical Patients Tested for HIV between Oct 1st and Sep 30th, Column (a)

Inclusion Criteria: Add patients who:

- Had at least one medical care visit at the health center during 2014 or 2015 AND
- Had a specimen collected for a laboratory-based HIV test at the health center between October 1, 2014 and September 30, 2015

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Chart sample is not an option for this measure. Do not enter value.

Numerator, Number of Medical Patients with New, Confirmed Diagnosis of HIV, Column (c)

Inclusion Criteria: Add patients from the denominator who between October 1, 2014 and September 30, 2015:

- Were newly confirmed positive for HIV infection

Exclusion Criteria: Remove patients who:

- Had documentation in their health center medical record of a previous, confirmed positive HIV test OR
- Had documentation in their health center medical record of being previously diagnosed with HIV OR

- Were documented in the health department surveillance system or identified through other health department investigation as previously being HIV-positive OR
- Had previously tested HIV-positive, by self-report

UDS Comparison

P4C Table E, Line 19, Column (c) is equivalent to UDS *Table 6A-Selected Diagnoses and Services Rendered*, Line 1-2(a) "Initial HIV Diagnosis: Persons diagnosed for the first time ever in their lifetime," Column (B).

Accuracy Check

Patients identified in P4C Table D, Line 18, Column (c) may not all be included in P4C Table E, Line 19, Column (c).

- Table D includes medical patients aged 15 to 65 with a new confirmed diagnosis of HIV at any time during the current reporting year
- Table E includes all medical patients with a new, confirmed diagnosis of HIV between October 1st of the previous reporting year and September 30th of the current reporting year.

F. LINKAGE TO CARE, LINE 20

PERFORMANCE MEASURE: Percent of medical patients with a new, confirmed diagnosis of HIV between October 1st of the previous reporting period and September 30th of the current reporting period who received HIV medical care within 90 days after HIV diagnosis

- Numerator: Number of patients in the denominator who received HIV medical care at the health center or elsewhere within 90 days after HIV diagnosis
- Denominator: Number of patients seen for at least one medical care visit during the previous or current reporting period with a new, confirmed diagnosis of HIV by the health center between October 1st of the previous reporting period and September 30th of the current reporting period

Denominator, Total Number of Medical Patients with New, Confirmed Diagnosis of HIV, between Oct 1st and Sep 30th, Column (a)

Inclusion Criteria: Add patients who:

- Had at least one medical care visit at the health center during 2014 or 2015 AND
- Had a specimen collected for a laboratory-based HIV test at the health center between October 1, 2014 and September 30, 2015 AND
- Were newly confirmed positive for HIV infection between October 1, 2014 and September 30, 2015 AND
- Were living within 90 days after HIV diagnosis

Exclusion Criteria: Remove patients who:

- Had documentation in their health center medical record of a previous, confirmed positive HIV test OR
- Had other documentation in their health center medical record of being previously diagnosed with HIV OR

- Were documented in the health department surveillance system or through other health department investigation as previously being HIV-positive OR
- Had previously tested HIV-positive, by self-report

Number of Charts Sampled or EHR Total, Column (b)

Chart sample is not an option for this measure. Do not enter value.

Numerator, Number of Medical Patients with an HIV Medical Care Visit within 90 Days after HIV Diagnosis, Column (c)

Inclusion Criteria: Add patients from the denominator whose health center medical record demonstrates that they had at least one HIV medical care visit that:

- Occurred within 90 days after the health center collected the specimen for the HIV test that was confirmed positive (i.e., HIV diagnosis) AND
- Was with a medical provider who provides comprehensive HIV care at the health center, as determined by a health center established list OR
- Was with a medical provider with whom the health center has a formal written referral agreement for provision of comprehensive HIV care (e.g., Ryan White clinic) OR
- Was with a medical care provider elsewhere as confirmed by health department follow-up

Exclusion Criteria: None

UDS Comparison

P4C Table F is similar to UDS *Table 6B – Quality of Care Measures, Section L – HIV Linkage to Care*. Health centers should report the same number for both P4C and UDS reporting.

Accuracy Check

P4C Table F, Line 20, Column (a) is equivalent to P4C Table E, Line 19, Column (c).

G. RISK REDUCTION SCREENING/COUNSELING, LINE 21

PERFORMANCE MEASURE: Percent of medical patients with a new, confirmed diagnosis of HIV between October 1st of the previous reporting period and September 30th of the current reporting period who were provided HIV risk reduction screening/counseling within 90 days after HIV diagnosis

- Numerator: Number of patients in the denominator who were provided HIV risk reduction screening/counseling at the health center within 90 days after HIV diagnosis
- Denominator: Number of patients seen for at least one medical care visit during the previous or current reporting period with a new, confirmed diagnosis of HIV by the health center between October 1st of the previous reporting period and September 30th of the current reporting period

Denominator, Total Number of Medical Patients with New, Confirmed Diagnosis of HIV, between Oct 1st and Sep 30th, Column (a)

Inclusion Criteria: Add patients who:

- Had at least one medical care visit at the health center during 2014 or 2015 AND

- Had a specimen collected for a laboratory-based HIV test at the health center between October 1, 2014 and September 30, 2015 AND
- Were newly confirmed positive for HIV infection between October 1, 2014 and September 30, 2015 AND
- Were living within 90 days after HIV diagnosis

Exclusion Criteria: Remove patients who:

- Had documentation in their health center medical record of a previous, confirmed positive HIV test OR
- Had other documentation in their health center medical record of being previously diagnosed with HIV OR
- Were documented in the health department surveillance system or through other health department investigation as previously being HIV-positive OR
- Had previously tested HIV-positive, by self-report

Number of Charts Sampled or EHR Total, Column (b)

Chart sample is not an option for this measure. Do not enter value.

Numerator, Number of Medical Patients Provided Risk Reduction Screening/Counseling within 90 Days after HIV Diagnosis, Column (c)

Inclusion Criteria: Add patients from the denominator who were provided HIV risk reduction screening/counseling that:

- Occurred within 90 days after the health center collected the specimen for the HIV test that was confirmed positive (i.e., HIV diagnosis) AND
- Included a questionnaire administered by a provider at the health center to identify patients at risk for HIV transmission or reinfection, followed by counseling about ways to reduce risk.

Exclusion Criteria: None

Other Measure Comparison

P4C reporting of risk reduction screening/counseling is similar, but not identical, to the Ryan White HIV/AIDS Program Services Report (RSR) data element for "Client received HIV risk-reduction screening/counseling" (XML variable name RiskScreeningProvidedID) (https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual).

- P4C reporting of this measure is limited to newly diagnosed HIV-positive patients receiving risk reduction screening/counseling.
- Ryan White reporting of this measure includes any HIV-positive patient and patients at risk for HIV infection.

Accuracy Check

P4C Table G, Line 21, Column (a) is equivalent to P4C Table E, Line 19, Column (c).

H. SEXUALLY TRANSMITTED INFECTION SCREENING, LINE 22

PERFORMANCE MEASURE: Percent of medical patients with a new, confirmed diagnosis of HIV between October 1st of the previous reporting period and September 30th of the current reporting period who were screened for chlamydial infection and gonorrhea and syphilis within 90 days after HIV diagnosis

- Numerator: Number of patients in the denominator who were screened for chlamydial infection and gonorrhea and syphilis within 90 days after HIV diagnosis
- Denominator: Number of patients seen for at least one medical care visit during the previous or current reporting period with a new, confirmed diagnosis of HIV by the health center between October 1st of the previous reporting period and September 30th of the current reporting period

Denominator, Total Number of Medical Patients with New, Confirmed Diagnosis of HIV, between Oct 1st and Sep 30th, Column (a)

Inclusion Criteria: Add patients who:

- Had at least one medical care visit at the health center during 2014 or 2015 AND
- Had a specimen collected for a laboratory-based HIV test at the health center between October 1, 2014 and September 30, 2015 AND
- Were newly confirmed positive for HIV infection between October 1, 2014 and September 30, 2015 AND
- Were living within 90 days after HIV diagnosis

Exclusion Criteria: Remove patients who:

- Had documentation in their health center medical record of a previous, confirmed positive HIV test OR
- Had other documentation in their health center medical record of being previously diagnosed with HIV OR
- Were documented in the health department surveillance system or through other health department investigation as previously being HIV-positive OR
- Had previously tested HIV-positive, by self-report

Number of Charts Sampled or EHR Total, Column (b)

Chart sample is not an option for this measure. Do not enter value.

Numerator, Number of Medical Patients Screened for Chlamydial Infection and Gonorrhea and Syphilis within 90 days after HIV Diagnosis, Column (c)

Inclusion Criteria: Add patients from the denominator who were screened for chlamydial infection AND gonorrhea AND syphilis within 90 days after the health center collected the specimen for the HIV test that was confirmed positive

Exclusion Criteria: None

UDS Comparison

P4C Table H, Line 22, Column (c) is a sub-set of patients reported in UDS *Table 6A-Selected Diagnoses and Services Rendered, Line 4, Column (B), Syphilis and other sexually transmitted infections*.

- P4C reporting includes only HIV-positive patients screened for three sexually transmitted infections.
- UDS reporting includes all patients screened for any sexually transmitted infection.

Other Measure Comparison

P4C reporting of sexually transmitted infection screening is similar to National Quality Forum (NQF) endorsed measure #0409: HIV/AIDS: Sexually Transmitted Disease Screening for Chlamydia, Gonorrhea, and Syphilis (http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72958).

Accuracy Check

P4C Table H, Line 22, Column (a) is equivalent to P4C Table E, Line 19, Column (c).

I. RETENTION IN CARE, LINE 23

PERFORMANCE MEASURE: Percent of HIV-positive medical patients during the previous reporting period who had at least one HIV medical care visit during each half of the current reporting period at least 60 days apart

- Numerator: Number of patients in the denominator who had at least one HIV medical care visit at the health center or elsewhere during each half of the current reporting period, with at least 60 days between visits in each half of the year
- Denominator: Number of HIV-positive patients seen for at least one medical care visit at the health center during the previous reporting period

Denominator, Total Number of HIV-Positive Medical Patients during Previous Reporting Period, Column (a)

Inclusion Criteria: Add patients who:

- Were known to be HIV-positive in 2014 AND
- Had at least one medical visit at the health center in 2014 AND
- Were living on December 31, 2015

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Enter the total number of health center patients included in the denominator (Column a) for whom data have been reviewed. This will be EITHER all patients who fit the criteria (Column a) OR a scientifically drawn sample of 70 patients drawn from all patients who fit the criteria.

Numerator, Number of Medical Patients with at least one HIV Medical Care Visit during each Half of Current Reporting Period at least 60 Days Apart, Column (c)

Inclusion Criteria: Add patients from the denominator whose health center medical record demonstrates that they had at least two HIV medical care visits with:

- At least one visit between January 1 – June 30, 2015 and at least one visit between July 1 – December 31, 2015 AND
- At least 60 days between a visit in the first half of the year and a visit in the second half of the year AND
- A medical provider who provides comprehensive HIV care at the health center, as determined by a health center established list OR
- A medical provider elsewhere with whom the health center has a formal written referral agreement for provision of HIV care (e.g., Ryan White clinic) OR
- A medical care provider elsewhere, as confirmed by health department follow-up

Exclusion Criteria: None

Other Measure Comparison

P4C reporting of retention is similar, but not identical, to the National Quality Forum (NQF) endorsed measure #2079: Medical Visit Frequency (http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72958).

- P4C retention measure numerator includes patients with two HIV medical care visits over a 12-month period.
- NQF retention measure numerator includes patients with four HIV medical care visits over a 24-month period.

Accuracy Check

I-1. RETENTION IN CARE BY RACE/ETHNICITY, LINES 24-32

Additional Information

Table I-1 collects additional information for Table I, Line 23 on Hispanic/Latino ethnicity regardless of their race.

- Hispanic/Latino, Columns (d)-(e): Report the number of persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, broken down by their racial identification and including those Hispanics/Latinos born in the United States. Do *not* count persons from Brazil or Haiti whose ethnicity is not tied to the Spanish language.
- Not Hispanic/Latino, Columns (f)-(g): Report the number of all other patients *except* those for whom there is neither racial *nor* Hispanic/Latino ethnicity data.
- Unreported/Refused to Report, Columns (h)-(i): Only two cells are available in this column. Report on Line 31, Columns (h) or (i) only those patients who left the entire race and Hispanic/Latino Ethnicity part of the intake form totally blank.
    - Patients who self-report as Hispanic/Latino but do not separately select a race must be reported on Line 31, Columns (d) or (e) (i.e., Hispanic/Latino whose race is unreported or refused to report). Health centers may not default these patients to “White”, “Native American”, “more than one race”, or any other category.

UDS Comparison

P4C reporting of race/ethnicity is equivalent to UDS reporting of race/ethnicity for *Table 3B-Patients by Race and Ethnicity and Patients by Language*. P4C Progress Reports do not require reporting of patients by language.

Accuracy Check

Table I-1, Line 32, Column (j) must equal Table I, Line 23, Column (a).

Table I-1, Line 32, Column (k) must equal Table I, Line 23, Column (c)

I-2. RETENTION IN CARE BY GENDER, LINES 33-37

Additional Information

Table I-2 collects additional information for Table I, Line 23 on patient current, self-reported gender.

- Male, Line 33: An individual with strong and persistent identification with the male sex.
- Female, Line 34: An individual with strong and persistent identification with the female sex.
- Transgender, Line 35: An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female.
- Unreported/ Refused to report, Line 36: Indicates the client's gender category is unknown or was not reported.

UDS Comparison

P4C reporting of gender is not equivalent to UDS Table 3A-Patients by Age and Gender.

- P4C reporting uses sexual identity based on patient self-report across three categories, male, female and transgender.
- UDS reporting uses gender based on two categories, male and female

P4C Progress Reports do not require reporting of patient age by gender (UDS Table 3B).

Other Measure Comparison

P4C reporting of gender is equivalent to the Ryan White HIV/AIDS Program Services Report (RSR) data element for "client's current self-reported gender" (XML variable name GenderID) (https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual).

Accuracy Check

Table I-2, Line 37, Column (l) must equal Table C, Line 23, Column (a).

Table I-2, Line 37, Column (m) must equal Table C, Line 23, Column (c).

J. PRESCRIBED ART, LINE 38

PERFORMANCE MEASURE: Percent of HIV-positive medical patients during the reporting period who were prescribed ART

- Numerator: Number of patients in the denominator who were prescribed ART during the reporting period at the health center or elsewhere
- Denominator: Number of HIV-positive patients seen for at least one medical care visit at the health center during the reporting period

Denominator, Total Number of HIV-Positive Medical Patients, Column (a)

Inclusion Criteria: Add patients who during 2015:

- Were known to be HIV-positive AND
- Had at least one medical visit at the health center

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Enter the total number of health center patients included in the denominator (Column a) for whom data have been reviewed. This will be EITHER all patients who fit the criteria (Column a) OR a scientifically drawn sample of 70 patients drawn from all patients who fit the criteria.

Numerator, Number of Medical Patients Prescribed ART, Column (c)

Inclusion Criteria: Add patients from the denominator whose health center medical record demonstrates that during 2015 they received a prescription for ART

Exclusion Criteria: None

Other Measure Comparison

P4C reporting of prescribed ART is equivalent to the National Quality Forum (NQF) endorsed measure #2083: Prescription of HIV Antiretroviral Therapy (http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=72958).

Accuracy Check

P4C Table J, Line 38, Column (a) is not equivalent to Table I, Line 23, Column (a).

- Table J refers to HIV-positive medical patients during the current reporting period
- Table I refers to HIV-positive medical patients during the previous reporting period

K. VIRAL SUPPRESSION AT 200 COPIES, LINE 39

PERFORMANCE MEASURE: Percent of HIV-positive medical patients during the reporting period who had a viral load <200 copies/mL at most recent test

- Numerator: Number of patients in the denominator who had a viral load <200 copies/mL at most recent test during the reporting period at the health center or elsewhere
- Denominator: Number of HIV-positive patients seen for at least one medical care visit at the health center during the reporting period

Denominator, Total Number of HIV-Positive Medical Patients, Column (a)

Inclusion Criteria: Add patients who during 2015:

- Were known to be HIV-positive AND
- Had at least one medical visit at the health center

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Enter the total number of health center patients included in the denominator (Column a) for whom data have been reviewed. This will be EITHER all patients who fit the criteria (Column a) OR a scientifically drawn sample of 70 patients drawn from all patients who fit the criteria.

Numerator, Number of Medical Patients with Viral Load <200 copies/mL, Column (c)

Inclusion Criteria: Add patients from the denominator whose medical record demonstrates that during 2015 they had:

- At least one viral load test AND
- A viral load <200 copies/mL at the most recent test

Exclusion Criteria: None

Accuracy Check

K-1. VIRAL SUPPRESSION AT 200 COPIES BY RACE/ETHNICITY, LINES 40-48

Additional Information

Table K-1 collects additional information for Table I, Line 39 on Hispanic/Latino ethnicity regardless of their race.

- Hispanic/Latino, Columns (d)-(e): Report the number of persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, broken down by their racial identification and including those Hispanics/Latinos born in the United States. Do *not* count persons from Brazil or Haiti whose ethnicity is not tied to the Spanish language.
- Not Hispanic/Latino, Columns (f)-(g): Report the number of all other patients *except* those for whom there is neither racial *nor* Hispanic/Latino ethnicity data.
- Unreported/Refused to Report, Columns (h)-(i): Only two cells are available in this column. Report on Line 47, Columns (h) or (i) only those patients who left the entire race and Hispanic/Latino Ethnicity part of the intake form totally blank.
    - Patients who self-report as Hispanic/Latino but do not separately select a race must be reported on Line 47, Columns (d) or (e) (i.e., Hispanic/Latino whose race is unreported or refused to report). Health centers may not default these patients to “White”, “Native American”, “more than one race”, or any other category.

UDS Comparison

P4C reporting of race/ethnicity is equivalent to UDS reporting of race/ethnicity for *Table 3B-Patients by Race and Ethnicity and Patients by Language*. P4C Progress Reports do not require reporting of patients by language.

Accuracy Check

Table K-1, Line 48, Column (j) must equal Table I, Line 39, Column (a).

Table K-1, Line 48, Column (k) must equal Table I, Line 39, Column (c)

K-2. VIRAL SUPPRESSION AT 200 COPIES BY GENDER, LINES 49-53

Additional Information

Table K-2 collects additional information for Table K, Line 39 on patient current, self-reported gender.

- Male, Line 49: An individual with strong and persistent identification with the male sex.
- Female, Line 50: An individual with strong and persistent identification with the female sex.
- Transgender, Line 51: An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female.
- Unreported/ Refused to report, Line 52: Indicates the client's gender category is unknown or was not reported.

UDS Comparison

P4C reporting of gender is not equivalent to UDS Table 3A-Patients by Age and Gender.

- P4C reporting uses sexual identity based on patient self-report across three categories, male, female and transgender.
- UDS reporting uses gender based on two categories, male and female

P4C Progress Reports do not require reporting of patient age by gender (UDS Table 3B).

Other Measure Comparison

P4C reporting of gender is equivalent to the Ryan White HIV/AIDS Program Services Report (RSR) data element for "client's current self-reported gender" (XML variable name GenderID) (https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual).

Accuracy Check

Table K-2, Line 53, Column (l) must equal Table C, Line 39, Column (a).

Table K-2, Line 53, Column (m) must equal Table C, Line 39, Column (c).

L. VIRAL SUPPRESSION AT 75 COPIES, LINE 54

PERFORMANCE MEASURE: Percent of HIV-positive medical patients during the reporting period who had a viral load <75 copies/mL at most recent test

- Numerator: Number of patients in the denominator who had a viral load <75 copies/mL at most recent test during the reporting period at the health center or elsewhere

- Denominator: Number of HIV-positive patients seen for at least one medical care visit at the health center during the reporting period

Denominator, Total Number of HIV-Positive Medical Patients, Column (a)

Inclusion Criteria: Add patients who during 2015:

- Were known to be HIV-positive AND
- Had at least one medical visit at the health center

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Enter the total number of health center patients included in the denominator (Column a) for whom data have been reviewed. This will be EITHER all patients who fit the criteria (Column a) OR a scientifically drawn sample of 70 patients drawn from all patients who fit the criteria.

Numerator, Number of Medical Patients with Viral Load <75 copies/mL, Column (c)

Inclusion Criteria: Add patients from the denominator whose medical record demonstrates that during 2015 they had:

- At least one viral load test AND
- A viral load <75 copies/mL at the most recent test

Exclusion Criteria: None

Accuracy Check

M. HIV MEDICAL CARE, LINE 55

PERFORMANCE MEASURE: Percent of HIV-positive patients during the reporting period who had at least one HIV medical care visit at the health center during the reporting period

- Numerator: Number of patients in the denominator who had at least one HIV medical care visit at the health center during the reporting period
- Denominator: Number of HIV-positive patients seen for any reason at the health center during the reporting period

Denominator, Total Number of HIV-Positive Patients, Column (a)

Inclusion Criteria: Add patients who during 2015:

- Were known to be HIV-positive AND
- Had at least one visit at the health center reportable to BPHC's Uniform Data System (UDS)

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Enter the total number of health center patients included in the denominator (Column a) for whom data have been reviewed. This will be EITHER all patients who fit the criteria (Column a) OR a scientifically drawn sample of 70 patients drawn from all patients who fit the criteria.

Numerator, Number of Patients with an HIV Medical Care Visit, Column (c)

Inclusion Criteria: Add patients from the denominator who during 2015 had at least one HIV medical care visit that was with a medical provider who provides comprehensive HIV care at the health center, as determined by a health center established list.

Exclusion Criteria: None

Accuracy Check

M-1. HIV MEDICAL CARE BY RACE/ETHNICITY, LINES 56-64

Additional Information

Table M-1 collects additional information for Table M, Line 55 on Hispanic/Latino ethnicity regardless of their race.

- Hispanic/Latino, Columns (d)-(e): Report the number of persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, broken down by their racial identification and including those Hispanics/Latinos born in the United States. Do *not* count persons from Brazil or Haiti whose ethnicity is not tied to the Spanish language.
- Not Hispanic/Latino, Columns (f)-(g): Report the number of all other patients *except* those for whom there is neither racial *nor* Hispanic/Latino ethnicity data.
- Unreported/Refused to Report, Columns (h)-(i): Only two cells are available in this column. Report on Line 63, Columns (h) or (i) only those patients who left the entire race and Hispanic/Latino Ethnicity part of the intake form totally blank.
    - Patients who self-report as Hispanic/Latino but do not separately select a race must be reported on Line 63, Columns (d) or (e) (i.e., Hispanic/Latino whose race is unreported or refused to report). Health centers may not default these patients to “White”, “Native American”, “more than one race”, or any other category.

UDS Comparison

P4C reporting of race/ethnicity is equivalent to UDS reporting of race/ethnicity for *Table 3B-Patients by Race and Ethnicity and Patients by Language*. P4C Progress Reports do not require reporting of patients by language.

Accuracy Check

Table M-1, Line 64, Column (j) must equal Table M, Line 55, Column (a).

Table M-1, Line 64, Column (k) must equal Table M, Line 55, Column (c)

M-2. HIV MEDICAL CARE BY GENDER, LINES 65-69

Additional Information

Table M-2 collects additional information for Table M, Line 55 on patient current, self-reported gender.

- Male, Line 65: An individual with strong and persistent identification with the male sex.

- Female, Line 66: An individual with strong and persistent identification with the female sex.
- Transgender, Line 67: An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female.
- Unreported/Refused to report, Line 52: Indicates the client's gender category is unknown or was not reported.

UDS Comparison

P4C reporting of gender is not equivalent to UDS Table 3A-Patients by Age and Gender.

- P4C reporting uses sexual identity based on patient self-report across three categories, male, female and transgender.
- UDS reporting uses gender based on two categories, male and female

P4C Progress Reports do not require reporting of patient age by gender (UDS Table 3B).

Other Measure Comparison

P4C reporting of gender is equivalent to the Ryan White HIV/AIDS Program Services Report (RSR) data element for "client's current self-reported gender" (XML variable name GenderID) (https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual).

Accuracy Check

Table M-2, Line 69, Column (l) must equal Table M, Line 55, Column (a).

Table M-2, Line 69, Column (m) must equal Table M, Line 55, Column (c).

N. HIV-POSITIVE PATIENTS, LINE 70

PERFORMANCE MEASURE: Percent of medical patients aged 15-65 years seen during the reporting period who were known to be HIV-positive

- Numerator: Number of patients in the denominator known to be HIV-positive at the end of the reporting period
- Denominator: Number of patients aged 15-65 years seen for at least one medical care visit at the health center during the reporting period

Denominator, Total Number of Medical Patients Aged 15-65, Column (a)

Inclusion Criteria: Add patients who:

- Were born on or after January 1, 1950 and on or before December 31, 2000 AND
- Had at least one medical care visit at the health center during 2015

Exclusion Criteria: None

Number of Charts Sampled or EHR Total, Column (b)

Chart sample is not an option for this measure. Do not enter value.

Numerator, Number of Patients Known to be HIV-Positive, Column (c)

Inclusion Criteria: Add patients from the denominator who during 2015 were known to be HIV-positive

Exclusion Criteria: None

Accuracy Check

Table N, Line 70, Column (a) is not equivalent to Table A, Line 1, Column (a) or Table B, Line 2, Column (a).

- Table N refers to all medical patients aged 15-65
- Table A and B refer to medical patients aged 15-65 in need of HIV testing