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HRSA AIDS Education and Training Centers
Practice Transformation-Site Characteristics/Outcomes Form (PT-SC)

Instructions: The PT-SC is designed to collect descriptive PT site-level data for all PT sites during the reporting period. An entry should be completed for each participating PT site.

1. **Clinic ID#: _____**

2. **If applicable, please provide the institutional National Provider Identifier (NPI).**

3. **Clinic state: _____**

4. **Clinic ZIP code (5 digits):**

5. **Is this a newly enrolled PT site? Select one.**
   - Yes
   - No

6. **What is the current status of the PT project? Select one.**
   - Not yet in development
   - Foundation phase
   - Integration phase
   - Sustainment phase
   - Graduated phase

7. **Type of clinic? Select one.**
   - Health centers funded through the PHS Act 330 authority
   - Indian Health Services (IHS) and tribal facilities **(Skip to question 8)**
   - Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, or D-funded health care delivery sites

8. **Is this a minority-serving health care facility?**
   - Yes
   - No

9. **Which of the following are true for your site? Select all that apply.**
   - Located in an EHE county or jurisdiction
   - At least 25% of the patient population served does not identify as only White
   - At least 10% of the patient population served is LGBTQ+
   - At least 10% of the patient population served is with a substance use disorder

10. **For health centers only: which UDS performance measure did your PT site use for the previous year's data? (In order to indicate if it was below the recent median result)?**
    - Linkage to care: Percentage of clients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the previous year and November 30 of the reporting period and who were seen for follow-up HIV treatment within 30 days of that first-ever diagnosis
    - Routine HIV screening: Percentage of clients 15 through 65 years of age who were tested for HIV (when the client was in age range)

11. **For RWHAP-funded sites only: Indicate at least one of the following performance measures reported on the RWHAP Services Report (RSR) was less than the national average result:**
    - Annual retention in care: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year
    - HIV viral load suppression: Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last viral load test during measurement year

12. **Clinic PT enrollment date:**

M	M	D	D	Y	Y	Y	Y

If your clinic implements the following HIV care activities and procedures, <u>please provide a start date</u>.

13. **Routine HIV testing?**
    - Yes
    - No **(Skip to question 14)**

14. **Provide routine HIV testing start date:**

M	M	D	D	Y	Y	Y	Y

15. **Linkage to care practices?**
    - Yes
    - No **(Skip to question 16)**

16. **Provide linkage to care practices start date:**

M	M	D	D	Y	Y	Y	Y

17. **Prescribes pre-exposure prophylaxis (PrEP)?**
    - Yes
    - No **(Skip to question 18)**

18. **Provide prescribing PrEP start date:**

M	M	D	D	Y	Y	Y	Y

19. **Prescribes antiretroviral therapy (ART)?**
    - Yes
    - No

20. **Provide prescribing PrEP start date:**

M	M	D	D	Y	Y	Y	Y

Please provide the number of activities and/or policies:

21. Number of activities and/or policies developed that are related to **HIV testing**: _____
22. Number of activities and/or policies implemented that are related to **HIV testing**: _____

23. Number of activities and/or policies developed that are related to **linkage to care**: _____
24. Number of activities and/or policies implemented that are related to **linkage to care**: _____

25. Number of activities and/or policies developed that are related to **PrEP prescription**: _____
26. Number of activities and/or policies implemented that are related to **PrEP prescription**: _____

27. Number of activities and/or policies developed that are related to **ART prescription**: _____
28. Number of activities and/or policies implemented that are related to **ART prescription**: _____

The following questions are based on the number of unique clients (i.e., unduplicated) seen by your site in the reporting period, please provide a whole number. If your clinic does not provide the service or the question is not applicable, please put in "0" (zero).

Description of client population served at your site during the reporting period	Number of all unique clients	Number of unique clients with HIV
Clients served in the clinic during the reporting period		
Clients served who are from racial and ethnic minority groups		
Clients served who are LGBTQ+		
Clients served with substance use disorders		
Clients served who are ages 15 through 65 (as of December 31)		
Clients served who were tested for HIV		
Clients served with a new HIV diagnosis		
Clients served who were seen within 30 days of the first diagnosis of HIV		
Clients served with a new HIV diagnosis who were prescribed ART		
Clients served who were prescribed ART		
Clients served who were prescribed PrEP		