Comments for Proposed Forms from HRSA – New England AETC

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PPA

- 2, 3
  - Wording doesn't make sense: Should start with "How much…"
- 2
  - Full wording: "How **much** did this activity increase your knowledge about HIV and**/or** the provision of care for people with **or at risk for** HIV?"
- 3
  - Full wording: "How **much** will you be able to apply the new skills obtained during this activity to the provision of HIV care and treatment **and/or HIV prevention**?"
- 5-8
  - What is the rationale for having the IPE questions here?
  - How often will these questions be asked to IPE members?
    - If asked at every event, only the most recent data may make sense to use
    - If asked once per year, this would fit better as a separate form
      - Could also combine with IPE-LT (if that survey timing is made to be sooner after the IPE trainee's completion of the program)
  - Skip logic/instructions on question 5 should be edited so that question 8 is asked to all participants
- 8
  - This should be asked to all participants, with an additional option of "I already provide HIV care in my practice/career"
- 9-12
  - "Regional Partner" → "Local Partner"
- 12
  - "State" → "Start"
  - 12b has a formatting issue
- Suggest adding qualitative write-in questions
  - "Please describe why you would or would not recommend this training activity."
  - "How will you apply the knowledge and skills obtained during this training activity?"

TAR

- Name of form

    - Why change from Event Record? We recommend keeping as it previously was
- 3
    - "Regional" → "Local"
- 4
    - "State" → "Start"
- 5, 6
    - Recommend consistently word funding sources with the word "funding"
    - Funding source options are better with the new skip logic
    - Despite that improvement, we still recommend combining 5 and 6
        - Move MAI funding into question 6, keeping all skip logic
        - "Select the primary funding source that was used to support this training activity."
            - MAI
            - AETC Base Grant Funding [**needs skip logic for funding types**]
            - EHE (skip to question __)
            - BPHC Primary Care HIV Prevention (PCHP) Funding (Skip to question __)
- 6
    - Skip logic issues
        - EHE, PCHP, and "Other" funding skips to IPE question
        - No proper skip logic for collecting the PT or IPE clinic IDs
    - EHE should be written out
- 7
    - All responses should have skip logic to skip to question 10
    - Will PT activities under MAI funding require PT clinic IDs?
- 12
    - Should be relocated to directly after question 6 for skip logic reasons
    - Skip logic needs to be corrected
        - CEE has no skip logic
        - Other options skip to improper questions
- 13
    - Is this looking for topics that cover Guidelines, or is it looking for specific Guidelines that have been covered during an activity?
    - Guidelines being covered during an activity would be rare, and other topics in the form would indicate the answer to this question already
- 15-19
    - Current Data Manual states that only topics discussed for at least 15 minutes should be selected
    - This should be made clear in the instructions on the TAR form itself
- 15
    - Typos
        - Extra ")" at end of PEP option
        - "Post-exposure" and "Pre-exposure" should be hyphenated
- 17

    - Add “HRA/anal cancer screening” option
- 19
    - Add “Billing/financial (i.e., HCPC, ICD9 codes)” option
    - Add examples to “Funding or resource allocation” option
        - We are not sure what this refers to, so examples would be helpful
- 20
    - “Individual with justice system involvement” → “People with justice system involvement”
        - Or make “individual” plural
    - Add “People who are pregnant” option
    - Add “Adults (ages 25 to 49)” option
    - Add “People with HIV” option
    - Words “To” and “And” in age ranges should not be capitalized
- 21
    - Add acronym for NASC
- 23
    - Add “State Primary Care Associations” option
    - Add “Other, (Specify: ____)” option
- 24
    - Need definitions and/or examples
        - It is unclear where some modalities fit (e.g., coaching, clinical consultations, clinical preceptorships)
- 25
    - What is the purpose of this question?
    - This information is already captured in the event dates
    - Recommend removing
- 26
    - move, so the current 26 comes directly after 24
        - Primary and additional modalities should be asked consecutively
    - Ask this question to all activities regardless of longitudinal status
    - “Were their” → “Were there”
- 27
    - Skip logic doesn’t make sense
        - Hybrid, in-person, and live virtual should skip to 29
        - Both on-demand virtual formats should have no skip logic
    - Distinction made between virtual (on-demand) with and without CEUs, but whether credits are offered is asked in question 30, so it is redundant
    - Continuing education credits are abbreviated as “CEE,” but should be abbreviated as “CEC” or “CE”
- 28
    - Recommend removing
    - We can use PIF numbers to get an accurate number for this
        - People may view a video twice, or bots may view it for data scraping purposes (e.g., AI training)

    - The way we capture on-demand viewing is that they must complete a PIF to access the recording
        - We recommend that all AETC regions do this
    - How would this data be collected directly from a service like YouTube?
        - If something like downloads isn't public information, this would require LPs to send in the information, which would place an unnecessary data burden on them
        - Also, what would be the data collection timeline for this? After a month, at the end of the project year, or something else?
            - Our current policy is to have all data for a training to be submitted within 30 days of the event end date

IND-PAR

- Overall, very long – ~50% longer than previous PIF form
- Which of these questions will be mandatory?
- Name
    - We recommend not changing the form name, as our LPs recognize the form as the "PIF"
- 2
    - Recommend removing, unless there is rationale for collecting NPI data
- 4
    - Add "Case manager"
    - Add "Pharmacist"
    - Add "Mental/behavioral health professional"
    - Add "Community health worker"
    - Add "Not working"
    - Add "Student"
        - Currently, undergraduate students have no options, including write-in categories
- 5
    - Remove "City, local, or state government employee"
    - Remove "Federal government employee"
    - Those options are not functional roles but employment settings, which is captured in question 14
    - Remove "Case manager"
- 6
    - Recommend removing, unless there is rationale for collecting this data
- 7, 8
    - Will the training tracks be defined?
    - If not, consider removing
- 9
    - Some participants may not know whether they are part of an IPE program by name

    - The IPE participants should have a separate form

- 10
    - item content does not map well to the IPE program. Instead of academic level (bachelor's, master's, etc.), the choices should the names of health professions programs (e.g., medicine, nursing, advanced practice nursing, pharmacy, behavioral health, other).
- 12
    - Great
    - Combining race and ethnicity questions will simplify analysis
- 13
    - Reword question to "What is your gender identity?"
        - Matches question 12 better
    - Add "Non-binary" option, as it is a federally recognized gender identity
    - Add a write in, rewording "Other gender identity" to "Other gender identity (Specify: _____)"
- 14
    - Add "University/Institution of higher education"
    - Add "Health center"
        - Not all health centers are academic health centers or FQHCs
    - Reword "Academic health center" to "Academic medical center"
- 16
    - Add back a "Not sure" option, as many participants won't know the answer to this
- 18
    - If "No" answer is given, survey should end
- 18, 20-24, 26-35
    - Reword to "clients/patients"
- 19
    - Should go after question 22
    - Skip logic should exclude people who answer "No" from answering questions 25-28, as those relate to clients/patients with HIV
- 23, 24
    - Combine questions 23 and 24
    - Change to "select all that apply" format, as a participant could do ART and other services
- 24
    - Typo: "client" → "clients/patients"
    - Applies to other questions as well
- 28-35
    - We recommend not including these questions
    - Asking participants to estimate these percentages will likely lead to inaccurate data
    - What is the rationale for collecting these data?
- 28

    - Should read “Estimate the PERCENTAGE of your clients **with HIV** in the past YEAR who are receiving antiretroviral therapy (ART).”
    - To match questions 33 and 35
- 29-32, 34
    - Are these questions all referring to clients with HIV (similarly to questions 28, 33, and 35), or are they referring to the full client population?
    - If they are about the full client population, the questions should be grouped according to the client population
    - Some questions would be good to view under both potential client groups (all clients and clients with HIV), such as mental illness
- Estimate percentage questions says 28-33, but those questions are actually 28-35

IPE-SC

- In the instructions, the reporting period should be defined
- Clarify definitions of “site” and “health professional program”
    - Use consistent language throughout
- 1
    - Need a new question before this to ask for the overarching institution
    - In the IPE-HPPP, there were the institution (the overarching institution) and the health professional programs
- 4
    - Is “Majority Institution” an official designation?
        - Remove “Majority Institution” option, as “None of the above” would capture that information
- 6
    - Remove “If the HIV IPE program has not been established yet, skip this question.”
        - If a program has not been established, they would not be completing this form
    - Only need four (4) boxes for the year – currently, there are five (5)
- Add qualitative questions regarding successes, lessons learned, and sustainability plans

IPE-LT

- A 1-year follow-up may lead to very low response rates
    - Many students lose access to their email addresses upon completing the program, which can even cause follow-up issues if contacting the students immediately following their completion of the program
    - Recommend 1-, 3-, or 6-month follow-up
- 1
    - These instructions should be given when students enter the IPE program (perhaps in the PAR)

    - Many IPE students lose access to their institutional email addresses upon completion of the program, so they can't be contacted for follow-up surveys
    - They would need to be instructed to use an email address that they will continue to have access to after their completion of the program
- 2
    - Remove question
- 3
    - Skip logic typo – "13A"
- 4
    - Create separation of the rows of boxes
- 5
    - Add "Pharmacist"
    - Add "Mental/behavioral health professional"
- 6-11
    - New order of questions
        - 7-9 asked of all trainees (about HIV prevention), followed by:
        - 6 (do you provide services directly to PWH) (with a skip to item 11 if "No"), followed by:
        - 10 (do you prescribe ART)
- 6
    - Reword to "clients/patients"
    - Applies to other questions/forms as well
- 11
    - Match with question 14 from IND-PAR
- 12
    - Ask specifically about medically underserved areas (MUAs) and medically underserved populations (MUPs)
        - Add a link for students to reference
    - People may not know the answer to this
    - Also add an "I don't know" option
- 13
    - "in the past year" → "since participating in the IPE program"
- 14
    - There needs to be skip logic so that people who say "Yes" to question 3 do not answer this question
    - As it stands, a student who says "Not applicable—not currently working" in question 3 will answer question 14, which is redundant, as their answer must be "Not currently working" to that question as well
- End section
    - This section should not be on this form
    - It will not be possible to match IPE students to a single event
    - The most recent event would likely be at least 1 year old anyway, so it would be outdated and not included in that year's data submission

PT-SC

- General
    - Shorter, less survey burden overall
    - Some information would come from the PT Coach, and other information would come from the site
        - This may be confusing for the sites
        - May require two separate forms, or a process in which the PT Coach fills out certain information and then the site fills out the remaining questions
    - Below, we suggest removing questions 14, 16, 18, and 20
        - This data may be difficult to determine, and it would be redundant to ask this annually
        - The Yes/No questions before each of those questions will tell a story of longitudinal improvement if a PT site begins providing a certain service during the project
        - These questions may also be seen as shaming for sites that do not provide those services
        - If kept, the skip logic will need to be corrected
    - For the table at the end of the form, we will require guidance on calculating the proper percentages for certain measures, e.g., HIV testing, HIV positivity
- In the instructions, the reporting period should be defined
    - Should be the calendar year
        - UDS data and RSR data follows the calendar year, and the PT site data should align with that
- For data collection, recommend using REDCap or a similar platform that can show sites their data from previous surveys
    - This could help guide sites in future surveys
- Q2 – Remove this question
- Q6 – Define choices
- Q6 – Consider removing "Not yet in development"
- Q7
    - Should be a "select all that apply" format
        - Sites can receive PHS Act 330 and Ryan White funding
    - Skip logic skips to the next question, should skip to question 9
- Q9 – "is with a substance use disorder" → "has a substance use disorder"
- Q10 & Q11
    - Combine and collect same date measures for health centers AND RWHAP-funded sites
    - Define how the sites qualify for the project
        - They will have an incentive to underreport their data if it means they will continue to be included in the PT project
        - Perhaps include wording to describe how many years a site will receive funding after one year of qualifying for the project
- Q12 – Define

    - Move to earlier in the form
- Q14 – Remove
- Q15
    - Specify that this refers to linkage to HIV medical care
    - Change choices to:
        - Link patients care practices at site
        - Refer patients to care at external site
        - No (skip)
- Q16 – Remove
- Q17 – Should be moved to before HIV testing
- Q18 – Remove
- Q20
    - Remove
    - Refers to PrEP (same as 18), but should refer to ART
- Q21-28
    - Add a set of questions for retention in care
    - PrEP should come first in the list
    - Could be reformatted into a table with each topic in one column, and two more columns with checkboxes regarding development and implementation
- Q21, Q23, Q25, Q27 – change to Do you have policies that are related to … Yes/No
- Q22, Q24, Q26, Q28 – change to Have implemented policies that are related to … Yes/No
- Table – Needs a question number(s)
    - Add hepatitis B, hepatitis C, STIs (including separate rows for syphilis, chlamydia, and gonorrhea), substance use screening, oral health screening, viral load suppression, ART adherence, Mpox, Clients served who are currently on PrEP (directly after "Clients served who were prescribed PrEP" in order to deduce clients who were lost to care)
    - In addition to UDS HIV screening measure, include JSI HIV screening measures:

	<15 years	**Age 15-24**	**Age 25-65**	**Older than Age 65**	**Total**
Number of patients (from the denominator) tested for HIV in the reporting period (A):					
Number of patients in this age group at the start of the measurement period (B):					
Percentage (A÷B)	**____.__%**	**____.__%**	**____.__%**	**____.__%**	**____.__%**

- Add additional table [see below]

The following questions are based on your site's ability to provide or refer your patient among the HIV Whole-Person Care Continuum.			
Service Description	**Our site provides this service**	**Our site refers this service out to a community partner**	**Our site is unaware of this service**
Outpatient/Ambulatory Health Services • Primary medical care for HIV, including diagnostic tests, medical visits, and treatment adherence.			
Medical Case Management • Assistance with managing medical services, coordination of care, and adherence to treatment.			
Mental Health Services • Counseling, therapy, and other mental health services for individuals with HIV.			
Substance Abuse Outpatient Care • Services designed to address substance use disorders through outpatient treatment and counseling.			
Oral Health Care • Dental services for individuals with HIV, including cleanings, fillings, and other oral care.			
Early Intervention Services (EIS) • Activities that help individuals with HIV link to care, including HIV testing, counseling, and referrals.			
Health Insurance Premium and Cost Sharing Assistance • Financial support to help with the cost of health insurance premiums, co-pays, and other related expenses.			
Home and Community-Based Health Services • Home care and support for individuals with HIV who have limited mobility or require in-home services.			
Housing Services			

• Support to ensure stable housing for individuals living with HIV, including housing assistance and case management.			
Medical Nutrition Therapy • Nutritional assessment and counseling services to address dietary needs related to HIV.			
Emergency Financial Assistance • Short-term assistance with urgent needs like medication, housing, and utilities.			
Food Bank/Home-Delivered Meals • Nutritional support through food banks or meal delivery services.			
Non-Medical Case Management • Support with accessing services, housing, legal aid, transportation, and other social services.			
Legal Services • Assistance with legal issues such as discrimination, housing, and access to benefits.			
Psychosocial Support Services • Group or individual support to address emotional and social needs.			
Medical Transportation Services • Transportation assistance to attend medical appointments.			