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HRSA Ryan White HIV/AIDS Program (RWHAP)
AIDS Education and Training Centers (AETC)
Practice Transformation-Site Characteristics/Outcomes Form (PT-SC)

Instructions: The PT-SC is designed to collect descriptive PT site-level data for all RWHAP Part F AETCs who are funded to provide PT during the reporting period (July 1 – June 30). An entry should be completed for each participating PT site. Please complete this form at the end of the reporting period.

1. **Today's date:**

M	M	D	D	Y	Y	Y	Y

2. **Clinic ID#: _____**

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

4. **Clinic state/territory:**

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

6. **Clinic PT enrollment month and year:**

M	M	Y	Y	Y	Y

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

8. **Select the type of clinic for the purposes of Practice Transformation (PT).** *Select one.*
   - Health Centers funded through the PHS Act 330 authority
   - Indian Health Services (IHS) or tribal facilities
   - Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, or D-funded health care delivery sites

9. **Is this a minority-serving health care facility?** *Select one.*
    - o Yes
    - o No

10. **Which of the following are true for your site?** *Select all that apply.*
    - ☐ Located in an Ending the HIV Epidemic in the U.S. (EHE) jurisdiction
    - ☐ At least 25% of the patient/client population served are not people from racial and ethnic minority groups (i.e., American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino, or Native Hawaiian or Pacific Islander)
    - ☐ At least 10% of the patient/client population served is LGBTQ+
    - ☐ At least 10% of the patient/client population served has a substance use disorder
    - ☐ None of the above

11. **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)
    - ☐ Not applicable/clinic does not fit criteria above per PT waiver

12. **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
    - ☐ Not applicable/clinic does not fit criteria above per PT waiver

13. **Does your clinic offer the following HIV prevention, care and treatment activities and procedures?** *Select all that apply.*
    - ☐ Routine HIV testing
    - ☐ Linkage to care
    - ☐ Pre-exposure prophylaxis (PrEP) prescription
    - ☐ Post-exposure prophylaxis (PEP) prescription
    - ☐ Antiretroviral therapy (ART) prescription

Please provide the number of new protocols, processes, and/or policies during this reporting period (July 1 – June 30). Please provide a whole number.

*Number of **new** protocols, processes and/or policies…*

14. …currently in development that are related to **PrEP prescription**: _____
15. …implemented that are related to **PrEP prescription**: _____

16. …currently in development that are related to **PEP prescription**: _____
17. …implemented that are related to **PEP prescription**: _____

18. …currently in development that are related to **HIV testing**: _____
19. …implemented that are related to **HIV testing**: _____

20. …currently in development that are related to **linkage to care**: _____
21. …implemented that are related to **linkage to care**: _____

22. …currently in development that are related to **ART prescription**: _____
23. …implemented that are related to **ART prescription**: _____

The following questions are based on the number of unique patients/clients (i.e., unduplicated) seen by your site in the reporting period (July 1 – June 30), please provide a whole number.

If your clinic does not provide the service or the question is not applicable, please put a "." (period). If your clinic does provide the service but no patients/clients were served, please report a "0" (zero).

Description of patient/client population served at your site during the reporting period	**Number of all unique patients/clients**	**Number of unique patients/clients with HIV**
Patients/clients served in the clinic during the reporting period	**24)**	**25)**
Patients/clients served who are from racial and/or ethnic minority groups (i.e., American Indian/Alaska Native, Asian, Black/African American, Latino/Hispanic, or Native Hawaiian or Pacific Islander)	**26)**	**27)**
Patients/clients served who are LGBTQ+	**28)**	**29)**
Patients/clients served with substance use disorders	**30)**	**31)**
Patients/clients served who are ages 15 through 65 (as of December 31)	**32)**	**33)**
Patients/clients served who were tested for HIV	**34)**	
Patients/clients served with a new HIV diagnosis (within the last 30 days)		**35)**
Patients/clients served who were linked to HIV care within 30 days of the first diagnosis of HIV		**36)**
Patients/clients served with a new HIV diagnosis (within the last 30 days) who were prescribed ART		**37)**
Patients/clients served who were prescribed ART		**38)**
Patients/clients served who were prescribed PrEP	**39)**	
Patients/clients served who were prescribed PEP	**40)**	

Public Burden Statement: The purpose this collection is to enable HRSA and the Ryan White HIV/AIDS Program (RWHAP) Regional AIDS Education Training Centers (AETC) Program to assess the program's performance and identify gaps in RWHAP-related education and training. Additionally, the data enables HRSA to summarize and report to Congress and other stakeholders of the RWHAP Regional AETC Program's accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is required to obtain or retain benefits. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 7 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital accessibility statement.