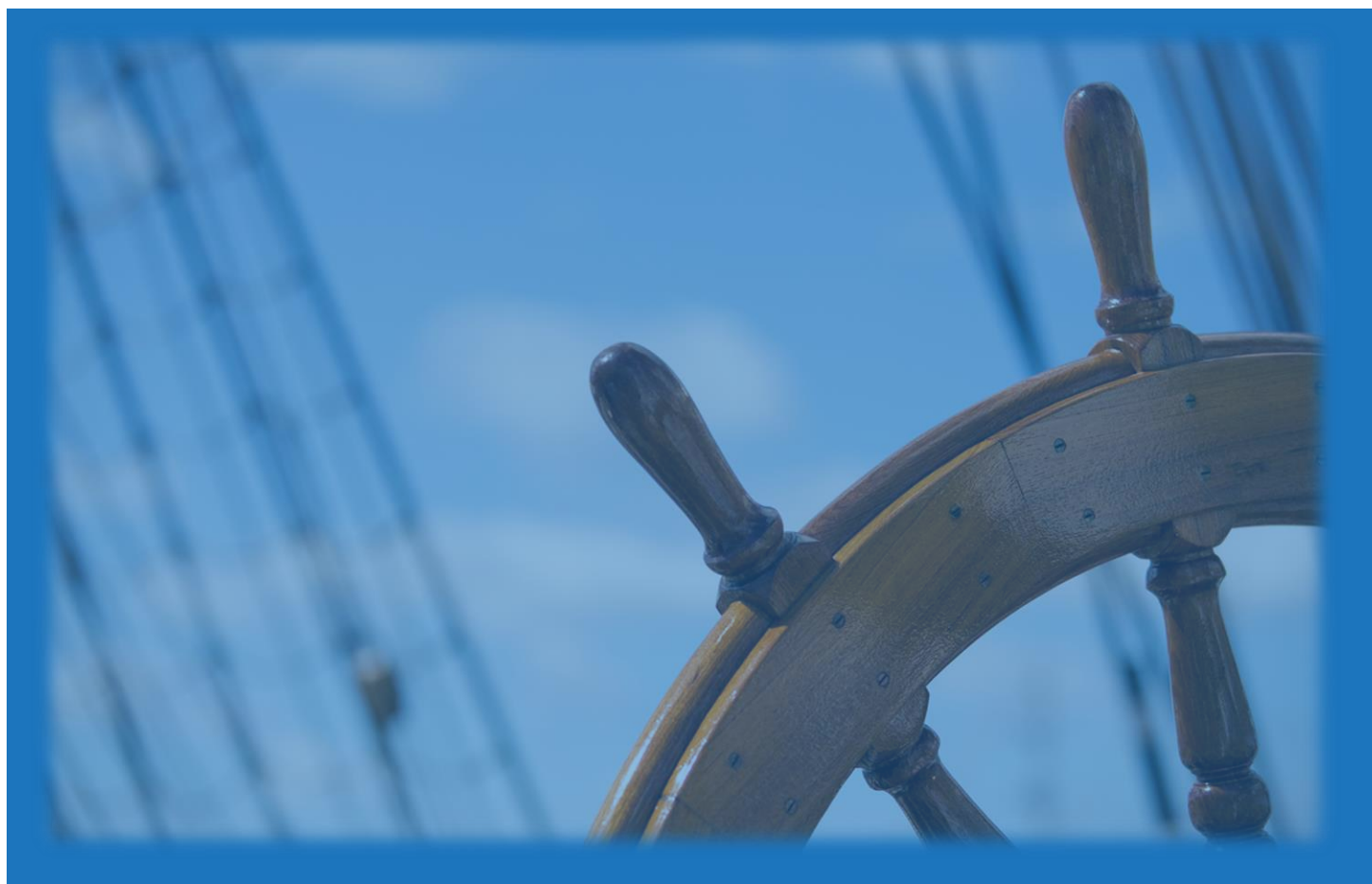


# CDC-RFA-PS-24-0003 Support and Scale-Up of HIV Prevention Services in Sexual Health Clinics (SHIPS) Performance Measure Guidance



CDC estimates the average public reporting burden for this collection of information as 56 hours annually, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1282)



## Introduction & Purpose of Performance Measure Guidance Document

This document provides performance measure guidance to sexual health clinics (SHCs) participating in the Division of Sexually Transmitted Disease Prevention's (DSTDP) CDC-RFA-PS-24-0003 Support and Scale-Up of HIV Prevention Services in Sexual Health Clinics (or SHIPS).

**Performance measurement** is the ongoing monitoring of a set of indicators (performance measures) to determine program progress. Performance measurement interprets patterns in performance measures and answers the general line of questioning around “what occurred or what is occurring?” with the program. Performance measures are assessed with a set recurring frequency so that strategy and approach may be adjusted when needed. Recipients will report required performance measurement quantitative and qualitative data using CDC-approved systems.

CDC-RFA-PS-24-0003, or SHIPS, has two required strategies. Recipients must address both Strategies A and B.

- Strategy A: Strengthen clinic infrastructure and improve service delivery to address the syndemic of HIV and other STIs. There are four required activities associated with Strategy A.
- Strategy B: Foster strategic partnerships in support of the EHE initiative. There are three required activities associated with Strategy B.

Recipients should familiarize themselves with these required strategies and activities by referring to the CDC-RFA-PS-24-0003 Notice of Funding Opportunity. Recipients will enter planned strategy and activity implementation information into their work plans. Performance measure monitoring will help the CDC and recipients understand where reality deviated from plans and the proximal benefit of implemented work.

There are **21** SHIPS performance measures (**15** for Strategy A and **6** for Strategy B). SHIPS performance measures link directly to select high-priority outcomes (see SHIPS logic model below). These measures were selected to serve as meaningful markers towards meeting program outcomes; to inform actions to drive improvements for achieving intended outcomes; and to keep recipient reporting burden low.

Each SHIPS performance measure is described here below with a performance measure reference sheet.

**Performance measure reference sheets provide insights into how the CDC calculates performance measures from data entered into the REDCap platform.**



For further detail on *how* to report the base data used to calculate performance measures, refer to the **Data Entry Guidance** document. The **Data Entry Guidance** document will also include key definitions and reporting guidance. **The Data Entry Guidance document is the foundational reporting document for SHIPS recipients.**

# SHIPS LOGIC MODEL: Visual depicting logical flow of desired program outcomes

## Strategy A

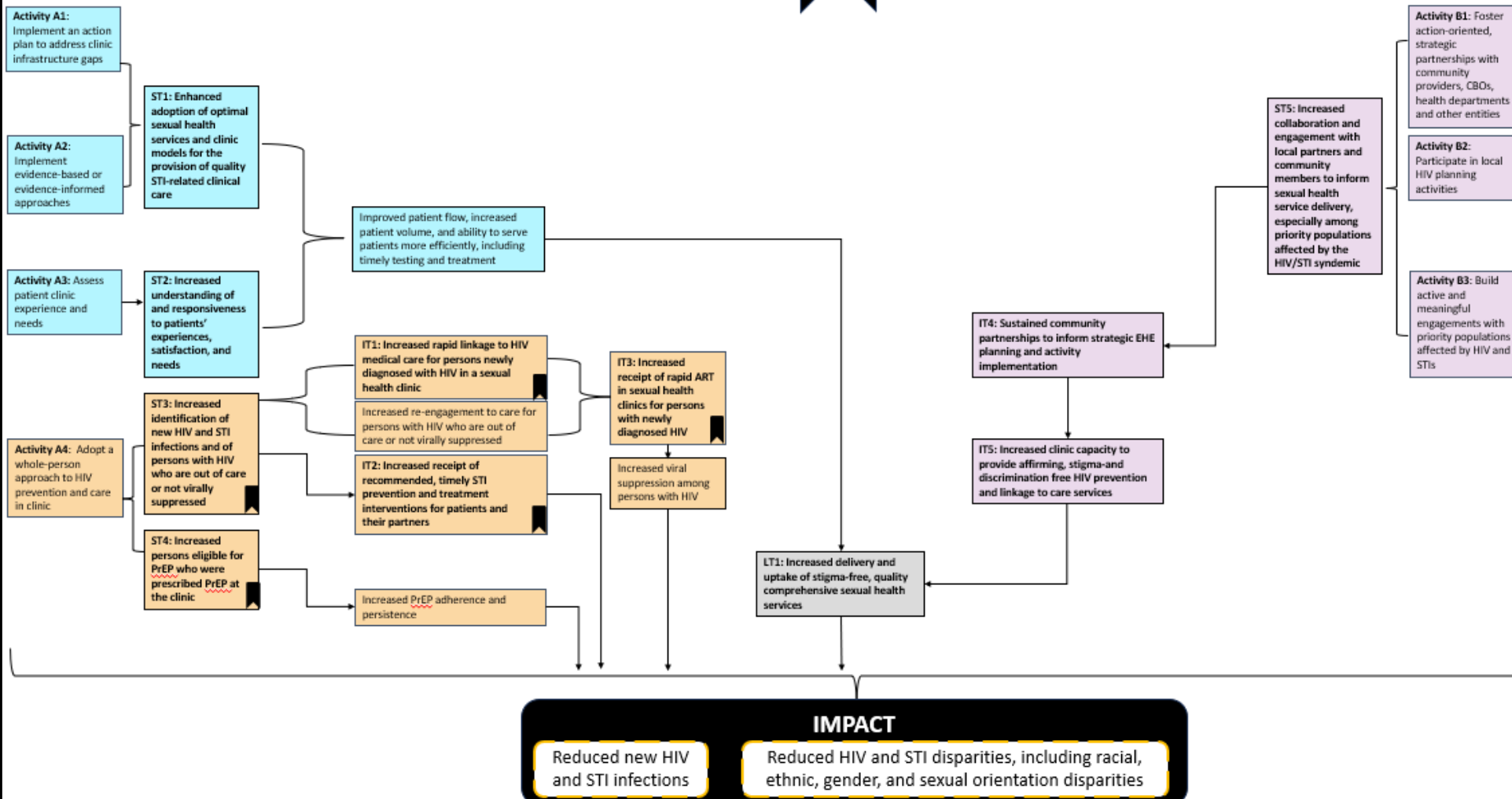
## Strategy B


Short-term outcomes

Long-term outcomes

Long-term outcomes

Short-term outcomes



Bolded outcomes will be measured in some form under SHIPS, unbolded will not be measured or may be proxied via qualitative assessments as needed • Outcome boxes outlined with dashes are presumed to be impacted • Outcomes marked with a  icon will have some measures overlapping between SHIPS, ESSHC, and SsUN

# Performance Measure Reference Sheets

## Strategy A Performance Measure Reference Sheets

<b>PM-1. Proportion of STD-QCS recommended services offered, by service category.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A1. Implement an action plan to address clinic infrastructure gaps.</p> <p>Outcome ST1. Enhanced adoption of optimal sexual health services and clinic models for the provision of quality STI-related clinical care.</p>
Measure Rationale, Background, and/or Guidance	<p><i>CDC's Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services</i> (STD QCS) assessment tool will be used to assess the recipient's clinic infrastructure for each of the seven domains of recommended STD clinical services (prevention, evaluation, laboratory, treatment, sexual history and exam, screening, partner services) for the stipulated performance period. CDC will use this measure to assess changes in clinic infrastructure over time within the cooperative agreement period.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	Dichotomous Yes/No answer options by service. CDC will derive counts and proportions of "should" and "could" STD-QCS recommendations met based on Yes/No answers logged in the assessment.
Numerator	<p>STD-QCS "should" recommendations met:</p> <ul style="list-style-type: none"> <li># "should" recommendations offered in clinic.</li> </ul> <p>STD-QCS "could" recommendations met:</p> <ul style="list-style-type: none"> <li># "could" recommendations offered in clinic.</li> </ul>
Denominator	<p>STD-QCS "should" recommendations met:</p> <ul style="list-style-type: none"> <li>Total # of possible "should" recommendations.</li> </ul> <p>STD-QCS "could" recommendations met:</p> <ul style="list-style-type: none"> <li>Total # of possible "could" recommendations.</li> </ul>
Frequency of Reporting	Due at NOFO application submission and September 15 <sup>th</sup> annually, beginning 9/15/25.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the STD-QCS Assessment instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year. Recipients will receive a copy of their previous year's submission to aid in data entry for the current year.
<b>PM-2. Number of training, technical assistance, and/or capacity-building events completed.</b>	

<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A1. Implement an action plan to address clinic infrastructure gaps.</p> <p>Outcome ST1. Enhanced adoption of optimal sexual health services and clinic models for the provision of quality STI-related clinical care.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients should collaborate with the National Network of STD Clinical Prevention Training Centers (NNPTC) to identify training, technical assistance, and capacity-building opportunities to implement quality sexual health services at the participating clinic in accordance with the STD QCS. Emphasis should be placed on the identification of training needs to support the provision of culturally sensitive, trauma-informed, patient-centered care. Recipients will enter information about each training, technical assistance, and/or capacity-building event completed in the reporting period.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
Population Targeted	More than likely, clinic staff.
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count. Recipients will enter information about each training, technical assistance, and/or capacity-building event into the REDCap Annual Performance Measures instrument. CDC will then derive a count by type of event logged in the instrument.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	September 15th annually, beginning 9/15/25.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Annual Performance Measures instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year.

<b>PM-3. Number of evidence-based or informed clinic projects completed.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A2. Implement evidence-based or evidence-informed approaches.</p> <p>Outcome ST1. Enhanced adoption of optimal sexual health services and clinic models for the provision of quality STI-related clinical care.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients will identify and implement evidence-based or evidence-informed approaches or emerging strategies to implement at the participating clinic that will improve patient flow, increase patient volume, and allow clinic staff to serve patients more efficiently, including the provision of timely testing and treatment. Recipients will enter information about each evidence-based or informed project completed in the reporting period.</p>

	See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count. Recipients will enter information about each evidence-based or informed project completed in the reporting period. CDC will then derive a count by project logged in the instrument.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	September 15th annually, beginning 9/15/25.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Annual Performance Measures instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year.

<b>PM-4. Number of assessments completed to assess patient satisfaction and needs.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A3. Assess patient clinic experience and needs.</p> <p>Outcome ST2. Increased understanding of and responsiveness to patients' experiences, satisfaction, and needs.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients will assess the patient clinic experience via surveys, patient interviews or focus groups, etc. and make improvements based on their findings. Recipients will enter information about each assessment completed in the reporting period.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count. Recipients will enter information about each patient satisfaction or needs assessment completed in the reporting period. CDC will then derive a count by assessment logged in the instrument.
Numerator	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Denominator	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Frequency of Reporting	September 15th annually, beginning 9/15/25.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Annual Performance Measures instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year.

<b>PM-5. Clinic patient volume: Number of visits completed in the reporting period.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome ST3. Increased identification of new HIV and STI infections and of persons with HIV who are out of care or not virally suppressed.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients are expected to report the total number of patient visits conducted in the reporting period. This information will allow CDC to contextualize the number of unique patient visits conducted in the reporting period. Taken together, patient volume and unique patient visits helps the CDC understand clinic activity.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Visits documented here need not be per unique patients. Rather, the CDC is looking for total visit numbers.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	<p>9/15 submissions will use a look-back period of January 1 to June 30.</p> <p>3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).</p>

<b>PM-6. Clinic test volume: Number of tests completed in the reporting period.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome ST3. Increased identification of new HIV and STI infections and of persons with HIV who are out of care or not virally suppressed.</p>
Measure Rationale, Background, and/or Guidance	Recipients are expected to report the total number of tests conducted in the reporting period. This information will allow CDC to contextualize the number



	<p>of unique patients tested in the reporting period (PM8). Taken together, test volume and unique patient tests helps the CDC understand clinic activity.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Tests documented here need not be per unique patients. Rather, the CDC is looking for total test numbers.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	<p>9/15 submissions will use a look-back period of January 1 to June 30.</p> <p>3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).</p>

<b>PM-7. Clinic case volume: Number of diagnoses in the reporting period.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome ST3. Increased identification of new HIV and STI infections and of persons with HIV who are out of care or not virally suppressed.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients are expected to report total number of new STI cases identified (syphilis, gonorrhea, chlamydia, and mpox), in the specified reporting period. This may include cases diagnosed in any previous reporting period and reinfected, then diagnosed in this reporting period. Please count only cases with a positive test AND confirmed clinical diagnosis.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Diagnoses documented here need not be per unique patients. Rather, the CDC is looking for total case numbers.
<b>Data Source Attributes</b>	



Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	9/15 submissions will use a look-back period of January 1 to June 30.  3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).

<b>PM-8. Clinic treatment volume: Number of cases treated in the reporting period.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome ST3. Increased identification of new HIV and STI infections and of persons with HIV who are out of care or not virally suppressed.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients are expected to report the total number of STI cases identified receiving CDC-recommended treatment for syphilis, gonorrhea, chlamydia, and mpox in the specified reporting period. This may include cases treated in any previous reporting period and reinfected, then diagnosed and treated in this reporting period. CDC's recommendations for treating STIs are outlined in the <a href="#">2021 STI Treatment Guidelines</a>.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Treatments documented here need not be per unique patients. Rather, the CDC is looking for total treatment numbers.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	9/15 submissions will use a look-back period of January 1 to June 30.  3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).

<b>PM-9. Proportion of unique persons served, by HIV status.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p>

	Outcome ST3. Increased identification of new HIV and STI infections and of persons with HIV who are out of care or not virally suppressed.
Measure Rationale, Background, and/or Guidance	<p>An Ending the HIV Epidemic midterm goal is to increase knowledge of HIV status to 95%. Recipients should ascertain whether each patient seen in clinic knows their HIV status and if status is unknown, patients should be offered an HIV test.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
Population Targeted	All clinic patients seen in the reporting period.
<b>Performance Measure Specifications</b>	
Unit of Measurement	%
Numerator	<p>HIV-positive:</p> <ul style="list-style-type: none"> <li>All unique patients served who are known to be HIV-positive.</li> </ul> <p>HIV-Negative:</p> <ul style="list-style-type: none"> <li>All unique patients served who are known to be HIV-negative.</li> </ul> <p>Unknown status:</p> <ul style="list-style-type: none"> <li>All unique patients served with an unknown HIV status.</li> </ul>
Denominator	<p>HIV-positive:</p> <ul style="list-style-type: none"> <li>All unique clinic patients seen in the reporting period.</li> </ul> <p>HIV-Negative:</p> <ul style="list-style-type: none"> <li>All unique clinic patients seen in the reporting period.</li> </ul> <p>Unknown status:</p> <ul style="list-style-type: none"> <li>All unique clinic patients seen in the reporting period.</li> </ul>
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Unique clinic patients.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	<p>9/15 submissions will use a look-back period of January 1 to June 30.</p> <p>3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).</p>

<b>PM-10 Number of unique persons tested for HIV at least once in the reporting period.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome ST3. Increased identification of new HIV and STI infections and of persons with HIV who are out of care or not virally suppressed.</p>

Measure Rationale, Background, and/or Guidance	<p>Persons testing for HIV at least once in the reporting period will be captured by this measure. Do not include persons who are known to be HIV positive and receiving confirmatory testing here. If a person was tested more than once, only count them here once. Test volume is recorded elsewhere.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	<p>Count.</p> <p>Tested for HIV:</p> <ul style="list-style-type: none"> <li>All unique patients testing for HIV at least once in the reporting period, regardless of result.</li> </ul>
Numerator	N/A
Denominator	N/A
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Unique clinic patients.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	<p>9/15 submissions will use a look-back period of January 1 to June 30.</p> <p>3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).</p>

<b>PM-11. Proportion of unique persons newly diagnosed with HIV in the reporting period.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome ST3. Increased identification of new HIV and STI infections and of persons with HIV who are out of care or not virally suppressed.</p>
Measure Rationale, Background, and/or Guidance	<p>This is the number of persons that are newly diagnosed with HIV and were not tested and diagnosed in a previous reporting period. New HIV cases are the numbers of people who, at minimum, test positive after being tested in the specified reporting period, and should not be greater than the number of people tested. For unavailable or missing values, please enter the applicable numbers in the 'unknown' fields.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	

Unit of Measurement	%
Numerator	Number of unique persons newly testing positive for HIV.
Denominator	Total number of unique persons tested for HIV.
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Unique clinic patients.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	9/15 submissions will use a look-back period of January 1 to June 30.  3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).

<b>PM-12. Proportion of unique persons newly diagnosed with HIV linked to HIV medical care.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome IT1. Increased rapid linkage to HIV medical care for persons newly diagnosed with HIV in a sexual health clinic.</p>
Measure Rationale, Background, and/or Guidance	<p>An Ending the HIV Epidemic midterm goal is to increase linkage to HIV medical care to 95%. Patients with newly diagnosed HIV should be rapidly linked to HIV medical care either onsite or with an external provider within 7 days of diagnosis.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
Population Targeted	Clinic patients newly diagnosed with HIV in the reporting period.
<b>Performance Measure Specifications</b>	
Unit of Measurement	%
Numerator	<p>Linked to care internally:</p> <ul style="list-style-type: none"> <li># newly diagnosed persons linked to care within 30 days of diagnosis- internally or in-house</li> </ul> <p>Linked to care externally:</p> <ul style="list-style-type: none"> <li># newly diagnosed persons linked to care within 30 days of diagnosis- externally</li> </ul> <p>Unlinked to care/lost-to follow-up:</p> <ul style="list-style-type: none"> <li># newly diagnosed persons unlinked to care within 30 days of diagnosis /lost to follow-up</li> </ul>
Denominator	<p>Linked to care internally:</p> <ul style="list-style-type: none"> <li>Total # unique persons newly diagnosed with HIV</li> </ul> <p>Linked to care externally:</p> <ul style="list-style-type: none"> <li>Total # unique persons newly diagnosed with HIV</li> </ul>

	Unlinked to care/lost-to follow-up: <ul style="list-style-type: none"> <li>Total # unique persons newly diagnosed with HIV</li> </ul>
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Unique clinic patients.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	9/15 submissions will use a look-back period of January 1 to June 30.  3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).

<b>PM-13. Number of unique persons prescribed HIV post-exposure prophylaxis (nPEP).</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome IT2. Increased receipt of recommended, timely STI prevention and treatment interventions for patients and their partners.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients will report the number of people who were prescribed nPEP for HIV at least once, in the specified reporting period. Count all persons who received one or more prescriptions for nPEP.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
Population Targeted	All clinic patients seen in the reporting period.
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Unique clinic patients.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	9/15 submissions will use a look-back period of January 1 to June 30.  3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).

<b>PM-14. Number of unique persons prescribed or given doxyPEP for bacterial STIs.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome IT2. Increased receipt of recommended, timely STI prevention and treatment interventions for patients and their partners.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients will report the number of people who were prescribed or given DoxyPEP for bacterial STIs in the reporting period. Count all unique persons who received one or more prescriptions for DoxyPEP.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
Population Targeted	All clinic patients seen in the reporting period.
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Unique clinic patients.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	<p>9/15 submissions will use a look-back period of January 1 to June 30.</p> <p>3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).</p>

<b>PM-15. PrEP coverage by the clinic, or the <b>Proportion</b> of unique persons PrEP eligible receiving PrEP in clinic.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activity and outcome:</p> <p>Activity A4. Adopt a whole-person approach to HIV prevention and care in clinic.</p> <p>Outcome ST4. Increased persons eligible for PrEP who were prescribed PrEP at the clinic.</p>
Measure Rationale, Background, and/or Guidance	<p>An Ending the HIV Epidemic goal is to increase PrEP coverage to 50%. PrEP coverage is defined as the estimated percentage of people with indications for PrEP classified as having been prescribed PrEP. Those eligible for PrEP are HIV-negative and at substantial risk for HIV, as defined locally or by CDC</p>

	<p>guidelines for PrEP (<a href="https://www.cdc.gov/hiv/effective-interventions/prevent/prep/index.html">https://www.cdc.gov/hiv/effective-interventions/prevent/prep/index.html</a>).</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
Population Targeted	Clinic patients eligible for PrEP in the reporting period (local definition allowable).
<b>Performance Measure Specifications</b>	
Unit of Measurement	%
Numerator	# unique persons already on PrEP (refill/maintenance prescription) + # unique persons prescribed PrEP at/by the clinic (initial prescription)
Denominator	Total # of unique persons PrEP eligible.
Frequency of Reporting	First collection to occur on 3/15/25 with subsequent submissions due on 9/15 and 3/15 of each year.
Record Level of Reporting	Unique clinic patients.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Biannual Performance Measures instrument programmed in REDCap.
Lag in Reporting	<p>9/15 submissions will use a look-back period of January 1 to June 30.</p> <p>3/15 submissions will use a look-back period of July 1 to December 31 (with the exception of the first biannual PM submission occurring on 3/15/25).</p>

## Strategy B Performance Measure Reference Sheets

<b>PM-16. Number (and type) of <u>new</u> partnerships established.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activities and outcome:</p> <p>Activity B1. Foster action-oriented, strategic partnerships with community providers, CBOs, health departments and other entities.</p> <p>Activity B2. Participate in local HIV planning activities.</p> <p>Activity B3. Build active and meaningful engagements with priority populations affected by HIV and STIs.</p> <p>Outcome ST5. Increased collaboration and engagement with local partners and community members to inform sexual health service delivery, especially among priority populations affected by the HIV/STI syndemic.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients are expected to foster strategic community partnerships to maximize the impact of Ending the HIV Epidemic implementation and improve equitable access to HIV and sexual health services. Recipients will enter information about each partnership established in the reporting period.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>



Performance Measure Specifications	
Unit of Measurement	Count. Recipients will enter information about each partnership established in the reporting period. CDC will then derive a count by partner logged in the instrument.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	September 15th annually, beginning 9/15/25.
Data Source Attributes	
Data Source(s)	Recipients will complete the Initial Partnership instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year.

PM-17. Number (and type) of HIV planning activity engagements completed.	
Performance Measure Characteristics	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activities and outcome:</p> <p>Activity B1. Foster action-oriented, strategic partnerships with community providers, CBOs, health departments and other entities.</p> <p>Activity B2. Participate in local HIV planning activities.</p> <p>Activity B3. Build active and meaningful engagements with priority populations affected by HIV and STIs.</p> <p>Outcome ST5. Increased collaboration and engagement with local partners and community members to inform sexual health service delivery, especially among priority populations affected by the HIV/STI syndemic.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients are expected to actively participate in existing local HIV planning activities in their jurisdiction and use input obtained to improve the quality of clinical care and clinic experience in their respective clinics and to focus on their priority population(s). Recipients will enter information about each HIV planning activity engagement completed in the reporting period.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
Performance Measure Specifications	
Unit of Measurement	Count. Recipients will enter information about each HIV planning activity engagement completed in the reporting period. CDC will then derive a count by activity logged in the instrument.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	September 15th annually, beginning 9/15/25.
Data Source Attributes	

Data Source(s)	Recipients will complete the Annual Performance Measures instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year.

<b>PM-18. Number (and type) of community <u>engagement</u> activities completed.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activities and outcome:</p> <p>Activity B1. Foster action-oriented, strategic partnerships with community providers, CBOs, health departments and other entities.</p> <p>Activity B2. Participate in local HIV planning activities.</p> <p>Activity B3. Build active and meaningful engagements with priority populations affected by HIV and STIs.</p> <p>Outcome ST5. Increased collaboration and engagement with local partners and community members to inform sexual health service delivery, especially among priority populations affected by the HIV/STI syndemic.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients are expected to build active and meaningful engagements with the communities of priority populations affected by HIV and other STIs to inform clinical sexual health service delivery improvements and advance health equity. Recipients will enter information about each community engagement activity completed in the reporting period.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count. Recipients will enter information about each community engagement activity engagement completed in the reporting period. CDC will then derive a count by activity logged in the instrument.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	September 15th annually, beginning 9/15/25.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Annual Performance Measures instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year.

<b>PM-19. Number (and type) of community <u>outreach</u> activities completed.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activities and outcome:</p> <p>Activity B1. Foster action-oriented, strategic partnerships with community providers, CBOs, health departments and other entities.</p>

	<p>Activity B2. Participate in local HIV planning activities.</p> <p>Activity B3. Build active and meaningful engagements with priority populations affected by HIV and STIs.</p> <p>Outcome ST5. Increased collaboration and engagement with local partners and community members to inform sexual health service delivery, especially among priority populations affected by the HIV/STI syndemic.</p>
Measure Rationale, Background, and/or Guidance	<p>Recipients may conduct community outreach activities (including during events focused on wellness or general activities of cultural interest) to promote availability of comprehensive sexual health services. Recipients will enter information about each community outreach activity completed in the reporting period.</p> <p>See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.</p>
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count. Recipients will enter information about each community outreach activity completed in the reporting period. CDC will then derive a count by activity logged in the instrument.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	September 15th annually, beginning 9/15/25.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Annual Performance Measures instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year.

<b>PM-20. Number (and type) of <u>existing/sustained</u> partnerships.</b>	
<b>Performance Measure Characteristics</b>	
Relevant NOFO Logic Model Components	<p>This performance measure relates to the following activities and outcome:</p> <p>Activity B1. Foster action-oriented, strategic partnerships with community providers, CBOs, health departments and other entities.</p> <p>Activity B2. Participate in local HIV planning activities.</p> <p>Activity B3. Build active and meaningful engagements with priority populations affected by HIV and STIs.</p> <p>Outcome IT4. Sustained community partnerships to inform strategic EHE planning and activity implementation.</p>
Measure Rationale, Background, and/or Guidance	Recipients are expected to foster strategic community partnerships to maximize the impact of Ending the HIV Epidemic implementation and improve equitable access to HIV and sexual health services. Recipients will enter information about each existing or sustained partnership.

	See the <a href="#">Data Entry Guidance</a> document for key definitions and further specification.
<b>Performance Measure Specifications</b>	
Unit of Measurement	Count. Recipients will enter information about each existing or sustained partnership. CDC will then derive a count by partner logged in the instrument.
Numerator	N/A
Denominator	N/A
Frequency of Reporting	September 15th annually, beginning 9/15/26.
<b>Data Source Attributes</b>	
Data Source(s)	Recipients will complete the Annual Partnership instrument programmed in REDCap.
Lag in Reporting	Look-back period of one year.