

## ATTACHMENT

### P4C PROGRESS REPORT # 4 – OUTCOMES REPORT DETAILED INSTRUCTIONS FOR REPORTING FOR SECTION 2

These instructions pertain to CY 2016 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 (<https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.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**

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. If you are unable to report a P4C measure on the universe of patients meeting measure criteria, please contact the BPHC P4C Project Officer to discuss.

#### **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.

#### **Reminders**

##### Alignment with UDS

P4C outcome evaluation measures are based, in part, on Uniform Data System (UDS) definitions for health center visits, providers and patients. Reported data should be in accord with these definitions and the inclusion and exclusion criteria established for each measure. In addition, UDS expectations for EHR total reporting should be followed (see 2016 UDS manual (<https://bphc.hrsa.gov/datareporting/reporting/2016udsreportingmanual.pdf>)).

##### Patient Inclusion

Health centers should use established specifications for P4C measures to determine patient inclusion and exclusion. The type of funding or award used to support service delivery (e.g., P4C supplemental funding, Ryan White HIV/AIDS Program, other state/local health department

funding) is not an inclusion or exclusion criteria for any measure. P4C focus areas include workforce development, infrastructure development, service delivery, and evaluation and quality improvement at an organizational level (i.e., across departments and/or sites). Therefore, P4C evaluation measures are focused at an organizational level and are not tied to any specific funding stream.

#### EHR Based Reporting

All health center patients that meet measure specifications should be captured. If a health center does not have information in its medical records pertaining to the services a patient received via referral, then the numerator of the corresponding measure must be reported with a low or zero value accordingly. As stated in the FY 2014 P4C supplemental funding announcement, health centers are expected to implement system enhancements to support HIV service delivery, including (but not limited to) patient tracking and follow-up for referrals (see Focus Area 2.c.iv.).

#### Health Department Partnership

Health centers should work with their State health department to confirm whether a patient diagnosed with HIV infection is a new diagnosis (i.e., not previously diagnosed as HIV positive), and to ensure alignment across health center and health department measures pertaining to new diagnoses.

### **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, 1951 and on or before December 31, 2001 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 2016

Exclusion Criteria: Remove patients who on January 1, 2016:

- 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)**

Chart sample not an option for CY 2016 reporting.

#### **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 2016 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

**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, 1951 and on or before December 31, 2001 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 2016

Exclusion Criteria: Remove patients who on January 1, 2016:

- 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)**

Chart sample not an option for CY 2016 reporting.

**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 2016 had a non-medical care visit at the health center<sup>1</sup> 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<sup>2</sup>

Exclusion Criteria: None

## Notes

<sup>1</sup> 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).

<sup>2</sup> 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 2016:

- Were born on or after January 1, 1951 and on or before December 31, 2001 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 2016

Exclusion Criteria: None

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

Chart sample not an option for CY 2016 reporting.

#### **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.

## 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.

## 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, 1951 and on or before December 31, 2001 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 2016 AND
- Had a specimen collected for a laboratory-based HIV test at the health center during 2016

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 2016:

- 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

**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 2015 or 2016 AND
- Had a specimen collected for a laboratory-based HIV test at the health center between October 1, 2015 and September 30, 2016

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, 2015 and September 30, 2016:

- 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

**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 2015 or 2016 AND
- Had a specimen collected for a laboratory-based HIV test at the health center between October 1, 2015 and September 30, 2016 AND
- Were newly confirmed positive for HIV infection between October 1, 2015 and September 30, 2016 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

**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 2015 or 2016 AND



- Had a specimen collected for a laboratory-based HIV test at the health center between October 1, 2015 and September 30, 2016 AND
- Were newly confirmed positive for HIV infection between October 1, 2015 and September 30, 2016 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

**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 2015 or 2016 AND
- Had a specimen collected for a laboratory-based HIV test at the health center between October 1, 2015 and September 30, 2016 AND
- Were newly confirmed positive for HIV infection between October 1, 2015 and September 30, 2016 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

**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 2015 AND

- Had at least one medical visit at the health center in 2015 AND
- Were living on December 31, 2016

Exclusion Criteria: None

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

Chart sample not an option for CY 2016 reporting.

**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, 2016 and at least one visit between July 1 – December 31, 2016 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

**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.

## 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.

## 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 2016:

- 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)

Chart sample not an option for CY 2016 reporting.

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

Inclusion Criteria: Add patients from the denominator whose health center medical record demonstrates that during 2016 they received a prescription for ART

Exclusion Criteria: None

## 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 2016:

- 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)**

Chart sample not an option for CY 2016 reporting.

### **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 2016 they had:

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

Exclusion Criteria: None

## 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.

## 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.

## 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 2016:

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

Exclusion Criteria: None

### EHR Total, Column (b)

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### 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 2016 they had:

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

Exclusion Criteria: None

## 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 2016:

- 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

### **EHR Total, Column (b)**

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

**Inclusion Criteria:** Add patients from the denominator who during 2016 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

## 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.

## 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.

## 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, 1951 and on or before December 31, 2001 AND
- Had at least one medical care visit at the health center during 2016

Exclusion Criteria: None

### EHR Total, Column (b)

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

Inclusion Criteria: Add patients from the denominator who during 2016 were known to be HIV-positive

Exclusion Criteria: None