P4C PROGRESS REPORT # 5 – OUTCOMES REPORT

INSTRUCTIONS FOR HEALTH CENTERS

Reporting Period January 1, 2017 to August 31, 2017

Due in EHB October 31, 2017

INSTRUCTIONS

This progress report requests information on health center progress toward implementing the Partnerships for Care (P4C) project (Section 1) and aggregate data for P4C outcome measures (Section 2).

Please use the reporting form beginning on the next page to provide requested information. Do not delete any information contained on the reporting form. Type your responses directly into the reporting form tables. Detailed instructions for Section 2 of the reporting form appear in Attachment 1.

Submit the completed reporting forms to your BPHC project officer via the Electronic Handbooks (EHB) Submissions task titled P4C Bi-Annual Progress Report 5 by October 31, 2017. Be sure to save a copy for your records.

If you have any questions regarding the content of this report, please contact your P4C project officer, Dr. Rene Sterling at rsterling@hrsa.gov or 301-443-9017.

If you experience any technical challenges submitting this report via EHB, please contact the BPHC Help Desk on-line at http://www.hrsa.gov/about/contact/bphc.aspx or by phone at 877-974-2742 Monday through Friday (except federal holidays) from 8:30 AM to 5:30 PM (ET).

Public Burden Statement: 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 project is 0906-0011. Public reporting burden for this collection of information is estimated to average 25 hours 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 Reports Clearance Officer, 5600 Fishers Lane, Room 10C-03I, Rockville, Maryland, 20857.

P4C PROGRESS REPORT # 5 – OUTCOMES REPORT

REPORTING FORM

Reporting Period January 1, 2017 to August 31, 2017

Due in EHB October 31, 2017

SECTION 1. IMPLEMENTATION

Use the reporting tables below to provide requested information. Type your responses directly into corresponding boxes. Do not delete any information.

CONTACT INFORMATION FOR SECTION 1 Please provide contact information for questions regarding this section of the report.		
Health center name		
H80 number		
Point of Contact for questions regarding this report	Name and title	
	Phone	
	Email	

WORKPLAN IMPLEMENTATION Please provide a brief summary of health center progress on the P4C project. For each of the five project focus areas, describe successes and challenges experienced during the reporting period. Also please discuss progress toward achieving target projections for workforce development (i.e., providers, staff and board members trained) and partnership development (i.e., case conferences with health department, other P4C related meetings with health department). Please be concise and limit each row response to no more than 300 words (3,900 words total for this table).	
Workforce development	
Successes	
Challenges	
Projections	
Infrastructure development	
Successes	
Challenges	

Service delivery	
Successes	
Challenges	
Projections	
Partnership development	
Successes	
Challenges	
Projections	
Quality Improvement/ Evaluation	
Successes	
Challenges	

PROMISING PRACTICES Please provide a brief summary of promising practices identified in your implementation of the P4C project that HRSA should promote for adoption by other health centers. Briefly describe the practice and resources required for implementation. Provide a justification or explanation for why the described practice is particularly useful (e.g., outcomes data or other supporting evidence). Please focus on practices that had the most significant impact on achieving P4C outcome evaluation measures. Please be concise and limit each row response to no more than 300 words (4,500 words total for this table).	
Routine HIV Testing	
Promising practices	
Resource requirements	
Justification	
Linkage to Care	
Promising practices	
Resource requirements	

Justification	
Retention in Care	
Promising practices	
Resource requirements	
Justification	
Viral Suppression	
Promising practices	
Resource requirements	
Justification	
Partnership Development	
Promising practices	
Resource requirements	
Justification	

SECTION 2. OUTCOMES

Use the reporting tables below to provide requested information across all health center sites. Type your responses directly into corresponding boxes. Do not delete any information. Feel free to add notes beneath any table to clarify or add background information about provided data (optional).

CONTACT INFORMATION FOR SECTION 2 Please provide contact information for questions regarding this section of the report.		
Health center name		
H80 number		
Point of Contact for questions regarding this report	Name and title	
	Phone	
	Email	

Detailed instructions for the following outcomes data tables are attached to this reporting form. **Please read carefully the Attachment provided with this reporting form as a separate document prior to completing the tables.**

A. ROUTINE HIV TEST DURING MEDICAL CARE VISIT				
		(a) Total number of medical patients aged 15 to 65 in need of HIV testing	(b) Number of charts sampled or EHR total	(c) Number of medical patients aged 15 to 65 tested for HIV as part of a medical care visit
Line 1	Measure: 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		*Chart sample not an option for CY 2017 reporting*	

B. ROUTINE HIV TEST DURING NON-MEDICAL CARE VISIT				
		(a) Total number of medical patients aged 15 to 65 in need of HIV testing	(b) Number of charts sampled or EHR total	(c) Number of medical patients aged 15 to 65 tested for HIV as part of a non-medical care visit
Line 2	Measure: 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		*Chart sample not an option for CY 2017 reporting*	

C. DOCUMENTED HIV TEST				
		(a) Total number of medical patients aged 15-65	(b) Number of charts sampled or EHR total	(c) Number of medical patients aged 15 to 65 with an HIV test documented in their medical record
Line 3	Measure: Medical patients aged 15-65 years seen during the reporting period who had at least one HIV test in their lifetime		*Chart sample not an option for CY 2017 reporting*	

C-1. DOCUMENTED HIV TEST BY RACE/ETHNICITY									
		Number of Medical Patients by Hispanic or Latino Ethnicity							
		Hispanic/ Latino		Not Hispanic/ Latino		Unreported/ Refused to Report		Total	
	Medical Patients by Race	(d) Aged 15-65	(e) Aged 15-65 with documented HIV test	(f) Aged 15-65	(g) Aged 15-65 with documented HIV test	(h) Aged 15-65	(i) Aged 15-65 with documented HIV test	(j) Total Aged 15-65	(k) Total Aged 15-65 with documented HIV test
Line 4	Asian					*Do not report*			
Line 5	Native Hawaiian								
Line 6	Other Pacific Islander								
Line 7	Black/African American								
Line 8	American Indian/ Alaskan Native								
Line 9	White								
Line 10	More than one race								
Line 11	Unreported/ Refused to report								
Line 12	Total								

C-2. DOCUMENTED HIV TEST BY GENDER			
		Number of Medical Patients by Gender	
		(l) Aged 15-65	(m) Aged 15-65 with documented HIV test
Line 13	Male		
Line 14	Female		
Line 15	Transgender		
Line 16	Unreported/ Refused to report		
Line 17	Total		

D. NEW CONFIRMED DIAGNOSIS AMONG PATIENTS AGED 15 TO 65				
		(a) Total number of medical patients 15 to 65 tested for HIV	(b) Number of charts sampled or EHR total	(c) Number of medical patients aged 15 to 65 with new, confirmed diagnosis of HIV
Line 18	Measure: Medical patients aged 15 to 65 and tested for HIV who had a new, confirmed diagnosis of HIV during the reporting period		*Chart sample not an option for this measure*	

E. NEW CONFIRMED DIAGNOSIS AMONG ALL PATIENTS				
		(a) Total number of medical patients tested for HIV between Oct 1st and Sep 30th	(b) Number of charts sampled or EHR total	(c) Number of medical patients with new, confirmed diagnosis of HIV
Line 19	Measure: Medical patients tested for HIV between Oct 1st of the previous reporting period and Sep 30th of the current reporting period who had a new, confirmed diagnosis of HIV		*Chart sample not an option for this measure*	

F. LINKAGE TO CARE				
		(a) Total number of medical patients with new, confirmed diagnosis of HIV between Oct 1st and Sep 30th	(b) Number of charts sampled or EHR total	(c) Number of medical patients with an HIV medical care visit within 90 days after HIV diagnosis
Line 20	Measure: Medical patients with a new, confirmed diagnosis of HIV between Oct 1st of the previous reporting period and Sep 30th of the current reporting period who had an HIV medical care visit within 90 days after HIV diagnosis		*Chart sample not an option for this measure*	

G. RISK REDUCTION SCREENING/COUNSELING				
		(a) Total number of medical patients with new, confirmed diagnosis of HIV between Oct 1st and Sep 30th	(b) Number of charts sampled or EHR total	(c) Number of medical patients provided risk reduction screening/ counseling within 90 days after HIV diagnosis
Line 21	Measure: Medical patients with a new, confirmed diagnosis of HIV between Oct 1st of the previous reporting period and Sep 30th of the current reporting period who were provided HIV risk reduction screening/ counseling within 90 days after HIV diagnosis		*Chart sample not an option for this measure*	

H. SEXUALLY TRANSMITTED INFECTION SCREENING				
		(a) Total number of medical patients with new, confirmed diagnosis of HIV between Oct 1st and Sep 30th	(b) Number of charts sampled or EHR total	(c) Number of medical patients screened for chlamydial infection and gonorrhea and syphilis within 90 days after HIV diagnosis
Line 22	Measure: Medical patients with a new, confirmed diagnosis HIV between Oct 1st of the previous reporting period and Sep 30th of the current reporting period who were screened for chlamydial infection and gonorrhea and syphilis within 90 days after diagnosis		*Chart sample not an option for this measure*	

I. RETENTION IN CARE				
		(a) Total number of HIV-positive medical patients during previous reporting period	(b) Number of charts sampled or EHR total	(c) Number of medical patients with at least one HIV medical care visit during each half of current reporting period at least 60 days apart
Line 23	Measure: HIV-positive medical patients during 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		*Chart sample not an option for CY 2017 reporting*	

I-1. RETENTION IN CARE BY RACE/ETHNICITY									
		Number of Medical Patients by Hispanic or Latino Ethnicity							
		Hispanic/ Latino		Not Hispanic/ Latino		Unreported/ Refused to Report		Total	
	Medical Patients by Race	(d) HIV-positive during previous reporting period	(e) HIV medical care visits in each half of current reporting period	(f) HIV-positive during previous reporting period	(g) HIV medical care visits in each half of current reporting period	(h) HIV-positive during previous reporting period	(i) HIV medical care visits in each half of current reporting period	(j) Total HIV-positive during previous reporting period	(k) Total HIV medical care visits in each half of current reporting period
Line 24	Asian					*Do not report*			
Line 25	Native Hawaiian								
Line 26	Other Pacific Islander								
Line 27	Black/African American								
Line 28	American Indian/ Alaskan Native								
Line 29	White								
Line 30	More than one race								
Line 31	Unreported/ Refused to report								
Line 32	Total								

I-2. RETENTION IN CARE BY GENDER			
		Number of Medical Patients by Gender	
		(l) HIV-positive in previous reporting period	(m) HIV medical care visits in each half of current reporting period
Line 33	Male		
Line 34	Female		
Line 35	Transgender		
Line 36	Unreported/ Refused to report		
Line 37	Total		

J. PRESCRIBED ART				
		(a) Total number of HIV-positive medical patients	(b) Number of charts sampled or EHR total	(c) Number of medical patients prescribed ART
Line 38	Measure: HIV-positive medical patients during the reporting period who were prescribed ART		*Chart sample not an option for CY 2017 reporting*	

K. VIRAL SUPPRESSION AT 200 COPIES				
		(a) Total number of HIV-positive medical patients	(b) Number of charts sampled or EHR total	(c) Number of medical patients with viral load <200 copies/mL
Line 39	Measure: HIV-positive medical patients during the reporting period who had a viral load <200 copies/mL at most recent test		*Chart sample not an option for CY 2017 reporting*	

K-1. VIRAL SUPPRESSION AT 200 COPIES BY RACE/ETHNICITY									
		Number of Medical Patients by Hispanic or Latino Ethnicity							
		Hispanic/ Latino		Not Hispanic/ Latino		Unreported/ Refused to Report		Total	
	Medical Patients by Race	(d) HIV-positive patients	(e) Viral load <200 copies/mL	(f) HIV-positive patients	(g) Viral load <200 copies/mL	(h) HIV-positive patients	(i) Viral load <200 copies/mL	(j) Total HIV-positive patients	(k) Total viral load <200 copies/mL
Line 40	Asian					*Do not report*			
Line 41	Native Hawaiian								
Line 42	Other Pacific Islander								
Line 43	Black/African American								
Line 44	American Indian/ Alaskan Native								
Line 45	White								
Line 46	More than one race								
Line 47	Unreported/ Refused to report								
Line 48	Total								

K-2. VIRAL SUPPRESSION AT 200 COPIES BY GENDER			
		Number of Medical Patients by Gender	
		(l) HIV-positive medical patients	(m) Medical patients with viral load <200 copies/mL
Line 49	Male		
Line 50	Female		
Line 51	Transgender		
Line 52	Unreported/ Refused to report		
Line 53	Total		

L. VIRAL SUPPRESSION AT 75 COPIES				
		(a) Total number of HIV-positive medical patients	(b) Number of charts sampled or EHR total	(c) Number of medical patients with viral load <75 copies/mL
Line 54	Measure: HIV-positive medical patients during the reporting period who had a viral load <75 copies/mL at most recent test		*Chart sample not an option for CY 2017 reporting*	

M. HIV MEDICAL CARE				
		(a) Total number of HIV-positive patients	(b) Number of charts sampled or EHR total	(c) Number of patients with an HIV medical care visit
Line 55	Measure: HIV-positive patients during the reporting period who had at least one HIV medical care visit at the health center during the reporting period		*Chart sample not an option for CY 2017 reporting*	

M-1. HIV MEDICAL CARE BY RACE/ETHNICITY									
		Number of Medical Patients by Hispanic or Latino Ethnicity							
		Hispanic/ Latino		Not Hispanic/ Latino		Unreported/ Refused to Report		Total	
	Patients by Race	(d) HIV-positive	(e) HIV medical care visit	(f) HIV-positive	(g) HIV medical care visit	(h) HIV-positive	(i) HIV medical care visit	(j) Total HIV-positive	(k) Total HIV medical care visit
Line 56	Asian					*Do not report*			
Line 57	Native Hawaiian								
Line 58	Other Pacific Islander								
Line 59	Black/African American								
Line 60	American Indian/ Alaskan Native								
Line 61	White								
Line 62	More than one race								
Line 63	Unreported/ Refused to report								
Line 64	Total								

M-2. HIV MEDICAL CARE BY GENDER			
		Number of Patients by Gender	
		(l) HIV-positive	(m) HIV medical care visit
Line 65	Male		
Line 66	Female		
Line 67	Transgender		
Line 68	Unreported/ Refused to report		
Line 69	Total		

N. HIV-POSITIVE PATIENTS				
		(a) Total number of medical patients aged 15-65	(b) Number of charts sampled or EHR total	(c) Number of patients known to be HIV-positive
Line 70	Measure: Medical patients aged 15-65 years seen during the reporting period who were known to be HIV-positive		*Chart sample not an option for this measure*	