Ryan White HIV/AIDS Program Regional AIDS Education and Training Centers National Evaluation Plan

AIDS Education Training Centers (AETC) Evaluation Implementation Contract

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John Snow, Inc.

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AETC AIDS Education & Training Center Program

JSI

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I. Overview of Ryan White HIV/AIDS Program AETC National Evaluation Plan

A. Background of the Ryan White HIV/AIDS Program AETC Program

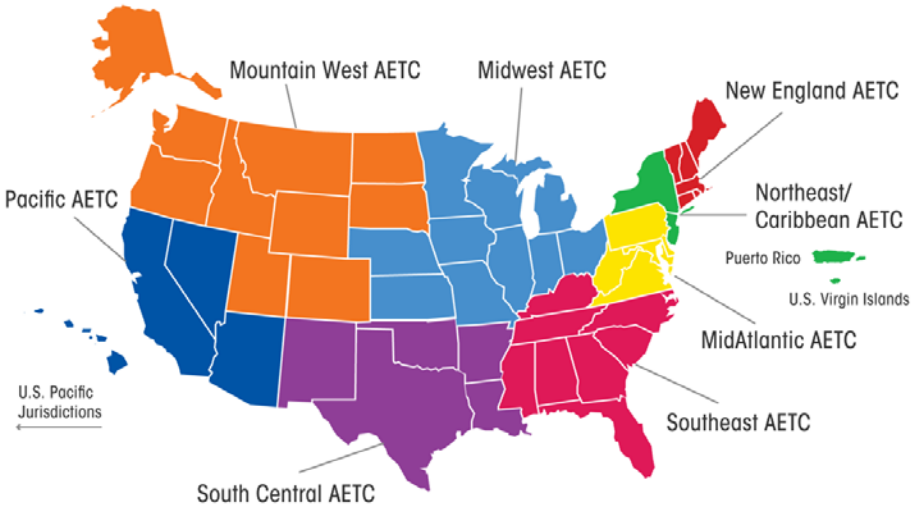
The Ryan White HIV/AIDS Program (RWHAP) AIDS Education and Training Centers (AETC) provides targeted, multidisciplinary education and training for healthcare professionals serving people living with HIV (PLWH). The overarching goal of the RWHAP AETC Program is to increase the number of healthcare providers who are educated and motivated to counsel, diagnose, treat, and medically manage PLWH and to help prevent HIV transmission. The program is designed to provide innovative, tailored, and data-driven support at the local level to ensure that providers in all states and territories have the opportunity to receive appropriate HIV clinical training that supports the overall objectives of RWHAP and contributes to the national goals. The RWHAP AETC Program focuses on training a diverse group of HIV service providers, including physicians, nurse practitioners, physician assistants, nurses, oral health professionals, and pharmacists. The specific goals of the RWHAP AETC Program are below.

Goals of the RWHAP AETC Program

- Increase the size and strengthen the skills of the current and novice HIV clinical workforce in the United States.
- Improve outcomes along the HIV care continuum, including diagnosis, linkage, retention and viral suppression, through training and technical assistance.
- Reduce HIV incidence by improving the achievement and maintenance of viral load suppression of PLWH.

The RWHAP AETC Program currently supports a network of eight Regional AETCs (Figure 1), more than 130 affiliated local partner sites (LPS), and two national centers: the National Clinician Consultation Center (NCCC) and the National Coordinating Resource Center (NCRC). The RWHAP AETC national network of leading HIV experts serves all 50 States, the District of Columbia, the U.S. Virgin Islands, Puerto Rico, and the six U.S. Pacific Jurisdictions. The RWHAP AETC Program also works with other multidisciplinary HIV care team members working in RWHAP and sexually transmitted infection clinics, hospitals, community-based organizations, health departments, mental health and substance use treatment facilities, and other health care facilities.

Figure 1: Map of Regional AETCs



Source: https://aidsetc.org/aetc-program/regional-offices

B. RWHAP AETC Programmatic Subcomponents

The RWHAP AETC Program provides technical assistance and training (TA/T), education, consultation, and clinical decision support to diverse health care providers, allied health professionals, and health care support staff through the following four programmatic subcomponents set forth in the 2015-2019 Regional AETC Funding Opportunity Announcement (FOA)[1]. The programmatic subcomponents are described here briefly and in more detail in Sections III-VI of the National Evaluation Plan (NEP).

1. **Core Technical Assistance and Training (Core TA/T) (50% of funding)**
   This program area aims to increase the number of HIV providers who are effectively motivated and willing to counsel, diagnose, treat, and medically manage PLWH, particularly by reaching novice and low-volume HIV providers in an effort to increase the size of the HIV workforce and patient access to quality HIV care.

2. **Minority AIDS Initiative (MAI) Activities (At least 20% of funding across PT, IPE, and CORE TA/T activities)**
   AETCs dedicate approximately 20% of their funding to education and TA/T to increase the capacity of minority providers and minority-serving health professionals to provide HIV care, increase access to HIV care, and decrease disparities in outcomes along the HIV care continuum among minority PLWH.

[1] HRSA HAB Division of Training and Capacity Development Regional AIDS Education and Training Centers, Announcement Type: Initial: New, Funding Opportunity Number: HRSA-15-154, Catalog of Federal Domestic Assistance (CFDA) No. 93.145. Issued June 15, 2015.

3. **Practice Transformation (PT) Project (40% of funding)**
   In this program area, each Regional AETC guides a minimum of six eligible community health centers (CHCs) in HIV care delivery practice transformation to assist recipients in improving HIV-related health outcomes. Of the CHCs selected, half are RWHAP funded, and half are not. Through coaching and facilitating practice transformation, the goal is for the AETCs to assist the selected CHCs in enhancing patient outcomes along the HIV care continuum.

4. **Interprofessional Education Project (IPE) Project (10% of funding)**
   Through training and curriculum support by the AETCs, faculty of health professional programs (HPPs) will be better able to teach students how to provide high-quality HIV care to PLWH by incorporating a hands-on, team-based learning approach. The goal of this subcomponent is to increase and strengthen the HIV workforce, thus contributing to improved outcomes along the HIV care continuum through current and future student practice.

C. Regional AETC Technical Assistance and Training Modalities

The Regional AETCs use a variety of modalities (Table 1) to provide TA/T across the programmatic subcomponents. An understanding of these different modalities is important, and figures into the decision of when to implement particular data collection tools. While multiple modalities are encouraged, purely didactic training events or learning modules that do not include participant engagement should be limited to no more than 20% of the overall TA/T activities. Additional instructions to support documentation of TA/T modalities through the *Event Record* (*ER*) are provided in the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau's (HAB) *AETC Data Collection Instruction Manual and Codebook for Reporting*.[2]

[2] AETC Data Collection Instruction Manual and Codebook for Reporting for 2016-2017 Data. HRSA HAB. 5600 Fishers Lane, Rockville, MD 20857.

Table 1: Technical Assistance and Training Modalities and Definitions

TA/T Modality	Definition	In-person[1]	Distance-based (live)[2]	Distance-based (archived)[3]
Didactic presentations	Trainer presents information to learners in oral and/or written presentation. This category may include lectures and archived webinars (minimum time: 30 minutes).	Yes	Yes	Yes
Interactive presentations	Trainer engages learners with brief synopses of information blended with questions, discussion, case studies, group work, and other activities that promote discovery (minimum time: 4 hours).	Yes	Yes	Not applicable
Communities of practice	Trainer facilitates discussion between learners of a similar level. This category includes case-based discussion (minimum time: not defined).	Yes	Yes	Not applicable
Self-study	The learner goes through self-study materials at his/her own pace to achieve stated objectives and competencies (minimum time: 30 minutes).	Not applicable	Not applicable	Yes
Clinical preceptorships	Learner actively involved with clinical care experiences under the direct supervision of an expert (minimum time: ½ day).	Yes	Yes	Not applicable
Clinical consultation	Provider-driven and may occur with an individual or a group, through the use of telephone, e-mail, fax, or other remote communication technologies. Discussion of real-life cases is a key element (minimum time: not defined).	Yes	Yes	Not applicable
Coaching for organizational capacity building	Aim to increase knowledge, attitudes, and clinical skills, in order to increase capacity across the organization consultation (minimum time: not defined).	Yes	Yes	Not applicable

[1] ***In-person*** *is a presentation to a live audience that may be part of a workshop or lecture. This can also include clinical workgroups or organizational coaching.*

[2] ***Distance-based (Live)*** *is an event occurring by telephone or internet with one or more people actively participating in the event.*

[3] ***Distance-based (Archived)*** *is a training program that users can complete on their own time. These programs may include CD-ROMs/DVDs/Videos, Web-based materials, or print products.*

Source: AIDS Education and Training Centers Data Collection Instruction Manual for Reporting 2017-2018 Data

II. Overview of Methods

A. Background

John Snow, Inc. (JSI) was awarded a three-year contract from the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) effective September 15, 2017 to lead an evaluation of the Regional AIDS Education and Training Centers (AETCs). As part of the contract scope of work, JSI was tasked with revising the prior regional RWHAP AETC Program National Evaluation Plan (NEP). The revised NEP was developed through a collaborative and iterative process involving ongoing feedback from HRSA HAB and the Regional AETCs, including key informant interviews with the Regional AETC Evaluators and Leadership, a Design Strategy Workgroup, and a Pilot Process. HRSA HAB staff from the Divisions of Policy and Data and Office of Training and Capacity Development reviewed and approved the final NEP. The overall focus of the evaluation is to address HRSA HAB's three evaluation questions (presented in part B of this section) that are designed to assess the national impact of the RHWAP AETC Program. Figure 2 below provides a timeline of the key activities for implementation of the revised NEP.

Figure 2: Timeline of Key Implementation Activities for the Current National Evaluation Plan

1. Regional AETCs receive new NEP and tools *(Aug. 31, 2018)*
2. AETCs prepare for use of new NEP and tools *(Sept. 1-Oct .1, 2018)*
3. JSI holds AETC NEP Implementation Overview Webinar *(Sept. 6, 2018)*
4. AETCs receive Qualtrics surveys and codebooks *(Sept. 7, 2018)*
5. AETCs review Qualtrics surveys and provide feedback to JSI *(Sept. 7-21, 2018)*
6. JSI updates Qualtrics surveys and sends revised materials to AETCs *(Sept. 28, 2018)*
7. AETCs implement new NEP *(Oct. 1, 2018-Jun. 30, 2019)*

B. Evaluation Questions

HRSA HAB's national evaluation questions are key to assessing the extent to which the RWHAP AETC Program achieves its stated goals (see Section I). Notably, these questions advance the national evaluation to document the impact of the RWHAP AETC Program on improving quality of care and health outcomes for PLWH along the HIV care continuum (see Figure 3). The three overarching RWHAP AETC Program evaluation questions set forth by HRSA HAB in the Request for Task Order Proposal (RFTOP)[3] are listed below.

[3] All Domain I – Indefinite Delivery Indefinite Quantity Contractor(s) Evaluation of the Effectiveness of HRSA-Support Activities. RFTOP 17-250-SOL-00186 – Task Order Request under Domain I, HIV/Aids Bureau (HAB) AIDS Education Training Centers (AETC) Evaluation Implementation Contract. Issued July 14, 2017

1. *How do the activities conducted by the Regional AETCs show impact on the HIV workforce overall and within the four programmatic subcomponents?*
2. *How do the AETCs ensure that the minority health care professionals and health care professionals serving minority clients apply the training provided by the Regional AETCs to improve care delivery and HIV health outcomes for disproportionately affected minority populations?*
3. *How does the AETC Program impact service delivery, at national and regional levels, including increases in HIV testing, use of PrEP, linkage to and retention in care, and utilization of ART to achieve viral suppression?*

Figure 3: HIV Care Continuum

C. Conceptual Framework to Guide the National Evaluation Plan

The NEP is informed by the RE-AIM framework[4]. RE-AIM is a systematic approach for planning and translating research and best practices, such as those provided through TA/T, into "real-world" settings in order to improve the sustainable adoption and implementation of effective, evidence-based interventions. RE-AIM (Table 2) provides a guide to build on past evaluations of the ATEC Program that have successfully documented *Reach*, and to more formally collect, analyze, and present data that assess the *Effectiveness* of the Regional AETCs, along with strategies for effective *Adoption, Implementation, and Maintenance* (or sustainability) of TA/T activities.

[4] Glasgow, R. E., Vogt, T. M., & Boles, S. M. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. American journal of public health, 89(9), 1322-1327.

Table 2: RE-AIM Framework

RE-AIM	Definition
REACH	Reach the target population of individuals or organizations
EFFECTIVENESS	Effectiveness of the intervention on specified outcomes of interest
ADOPTION	Adoption of the intervention by target individuals or organizations
IMPLEMENTATION	Implementation consistency, fidelity, and adaptation
MAINTENANCE	Maintenance of interventions effects among individuals and organizations over time

D. RWHAP Regional AETC National Program Logic Model

The RWHAP Regional AETC National Program Logic Model (Figure 4) establishes a unified framework and shared understanding of the evaluation activities across the AETC network, and recognizes the need for the evaluation to document program impact on outcomes along the HIV care continuum. The following logic model, developed in collaboration with the Regional AETCs, presents the components of the RWHAP AETC Program that cut across all regions. It indicates the resources and impacts of the RWHAP AETC Program as a whole, and the activities, outputs, and outcomes for each of four programmatic subcomponents (see Section I). The logic model was developed collaboratively with HRSA HAB and the Regional AETCs.

Figure 4: RWHAP Regional AETC National Program Logic Model

INPUTS/ RESOURCES	ACTIVITIES	OUTPUTS	SHORT & INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
HRSA HAB funding Regional AETCs and local partners HRSA RWHAP and non-RWHAP health centers Health Professions School partnerships National AETCs (NCCC & NCRC) and National HIV curriculum HIV Care Continuum data National AETC Evaluator	**Core Technical Assistance/Training (TA/T)**			↑ HIV workforce & workforce capacity ↑ Care networks and HIV care coordination ↑ Patient access to high quality HIV care ↑ Patient HIV care continuum outcomes IMPACT ↑ Number of patients virally suppressed ↓ HIV incidence ↓ HIV-related racial and ethnic disparities
	Reach providers including novice, low-volume HIV care providers, to increase patient access to quality, comprehensive HIV care	# trainings provided by topic, modality, and duration # participants and characteristics # new and repeat participants	↑ provider intent to apply skills learned in HIV practice *(individual)* ↑ application of skills learned in HIV practice *(individual)* ↑ adoption of policies or procedures in practice setting *(systems)*	
	Minority AIDS Initiative (MAI) Activities			
	Build capacity of minority providers and providers serving disproportionally-affected minority populations to deliver quality HIV care	# minority providers trained who provide HIV care # providers serving minority populations trained # MAI trainings provided, overall, by topic, modality, and duration	↑ intent and application of HIV skills among minority providers and minority-serving populations *(individual)* ↑ # minority providers and minority-serving providers who provide HIV care *(workforce)* ↑ TA/T activities in minority communities disproportionately impacted by HIV *(systems)*	
	Practice Transformation (PT) Project			
	Improve patient HIV care outcomes through RWHAP and CHC clinics system and practice changes	# and characteristics of clinic providers/staff trained # PT TA/T sessions provided # coaching sessions with clinics PT models/strategies used	↑ provider and staff capacity to deliver patient-centered, team-based HIV care *(individual)* ↑ provider and staff skills to deliver high quality evidence-based HIV care *(individual)* ↑ adoption of clinic policies, procedures, and systems to support patient-centered, team-based HIV care *(systems)* ↑ # patients tested for HIV *(patient)* ↑ # patients diagnosed, linked, engaged, and retained in care *(patient)* ↑ # patients prescribed ART *(patient)* ↑ # patients prescribed PrEP *(patient)*	
	Interprofessional Education (IPE) Project			
	Collaborate with health profession schools to integrate team-based and HIV care core competencies	# school partners and characteristics # IPE-HIV trainings provided # faculty trained # IPE students enrolled/trained IPE curriculum strategies used	↑ faculty capacity to teach IPE-HIV core competencies *(individual)* ↑ student skills and intentions to provide interprofessional, quality HIV care *(individual)* ↑ # students who intend to provide HIV care after program completion *(workforce)* ↑ # health professions programs with IPE-HIV curriculum *(systems)*	

E. Overall Evaluation Methodology

The NEP uses a mixed methods approach to yield information to evaluate each of the four programmatic subcomponents. While each programmatic subcomponent has its own evaluation plan described in Sections III-VI, general evaluation methods are described here. Analytic approaches to support these methods are described in Section VIII.

Quantitative methods will be used to collect and analyze the process and outcome measures for each programmatic subcomponent annually and across years to detect trends or changes over time. In order to conduct analyses reflecting the impact of the RWHAP Regional AETC National Program, standard questions and scales are necessary. The use of standardized tools ensures consistency of data collection to evaluate the RWHAP Regional National AETC Program as a whole. Regions may ask additional questions beyond those required for the national evaluation as part of local evaluations for quality monitoring efforts; however, the data collection tools, questions, and methodology for administration detailed in the NEP are required for the national evaluation. The standardized data collection tools are summarized in Figures 5 and 6 below, and are described and presented in Sections III-VI of the NEP.

Figure 5: Summary of Data Collection Tools by Programmatic Subcomponent

CURRENT NEP TOOLS	
CORE TECHNICAL ASSISTANCE AND TRAINING TOOLS	1. *Event Record (ER)* 2. *Participant Information Form (PIF)* 3. *CORE Immediate-Post Survey (CORE-IP)* 4. *CORE Long-Term Follow-Up Survey (CORE-LT)*
PRACTICE TRANSFORMATION PROJECT TOOLS	1. *Event Record (ER)* 2. *Participant Information Form (PIF)* 3. *PT Organizational Assessment (PT-OA)* 4. *PT Performances Measures Form (PT-PM), Baseline and Annual Follow- Up* 5. *PT Provider Assessment (PT-PA)* 6. *PT Clinic Completion Form (PT-CCF)*
INTERPROFESSIONAL EDUCATION PROJECT TOOLS	1. *Event Record (ER)* 2. *Participant Information Form (PIF)* 3. *IPE Health Professional Program Profile (IPE-HPPP), Baseline and Annual Follow-Up* 4. *IPE Faculty Assessment (IPE-FA), Baseline and Annual Follow-Up* 5. *IPE Student Assessment (IPE-SA), Baseline and One-Time Follow-Up*

Figure 6: Summary of Required AETC Data Collection Tools for Completion by Programmatic Subcomponent, Training Modality, and Participant Role

NATIONAL EVALUTION PLAN DATA COLLECTION TOOLS												
PROGRAMMATIC SUBCOMPONENT			ER[1]	PIF[1]	CORE-IP	CORE-LT	PT-OA	PT-PM	PT-PA	PT-CCF	IPE-HPPP	IPE-FA	IPE-SA
	Core TA/T Participant by Modality	Didactic Presentation, less than 60 minutes in duration	✓	✓									
		Didactic Presentation, greater than or equal to 60 minutes in duration	✓	✓	✓								
		Didactic Presentation, any length part of a multi-session training	✓	✓	✓								
		Interactive Presentation	✓	✓	✓	✓							
		Communities of Practice	✓	✓	✓	✓							
		Self-Study											
		Clinical Preceptorship	✓	✓	✓	✓							
		Clinical Consultation	✓	✓	✓								
		Coaching for Organizational Capacity Building	✓	✓	✓								
	MAI Funding Source	TA/T funded exclusively by MAI[2]	✓	✓	✓	✓							
		TA/T funded jointly by MAI and Core TA/T[2]	✓	✓	✓	✓							
		TA/T funded jointly by MAI and PT	✓	✓			✓	✓	✓	✓			
		TA/T funded jointly by MAI and IPE	✓	✓							✓	✓	✓
	PT Participant Role	AETC PT Coach	✓				✓[3]			✓[4]			
		Clinic Lead and/or Leadership Team		✓			✓[3]	✓		✓[4]			
		Clinic Provider/Staff		✓					✓				
	IPE Participant Role	AETC IPE Coordinator	✓										
		HPP Faculty Lead		✓							✓	✓	
		HPP Faculty teaching IPE and/or receiving training		✓								✓	
		Student of hands-on clinical learning	✓	✓									✓
		Student in cohort-based training	✓	✓									✓

1. ER and PIF instructions vary by subcomponent. Refer to the NEP for specific instructions for each programmatic subcomponent.

2. Core TA/T tool administration varies by modality and duration. The ER is completed by the AETC trainer/staff for each Core TA/T event. See "Core TA/T Participant by Modality" above and Core TA/T section of NEP for additional instructions.

3. PT-OA is completed jointly by the PT Coach and Clinic Lead and/or Leadership team. See the PT Section of NEP for additional instructions.

4. PT-CCF is completed jointly by the PT Coach and Clinic Lead and/or Leadership team when the clinic completes the PT Project as scheduled and by the PT Coach only if the clinic ends participation earlier than scheduled. See PT Section of NEP for additional instructions.

The evaluation will also leverage existing secondary data sources, including the HRSA HAB RHWAP Services Report (RSR) and the Uniform Data System (UDS) data sets.

Qualitative methods will supplement quantitative data findings, by providing context for why and how changes occurred. Discussions will be held with Regional AETC leadership and evaluators biannually in years 2 and 3 of the evaluation to gather context on the data findings. Quantitative data findings will inform qualitative data collection protocols and interview guides.

An analysis plan of the various data sources, including ideas for identified thematic studies, is presented in Section VIII. Plans for disseminating the findings are explained in Section IX.

F. Key Process and Outcome Measures

Key process and outcome measures for each of the programmatic subcomponents are summarized in Table 3 below. Additionally, the NEP incorporates a core group of performance measures (indicated with an asterisk*) that are similar across all four programmatic subcomponents. Inclusion of cross-cutting measures provides a new opportunity to support analyses for standardized comparisons of use of knowledge and/or skills learned through training within and across all four programmatic subcomponents. HRSA HAB's three overarching evaluation questions are aligned with the four programmatic subcomponents and key measures in Table 3.

Table 3: Summary of Key Process and Outcomes Measures

Programmatic Subcomponent	National Evaluation Questions	Key Measures
Core TA/T	• How do the activities conducted by the Regional AETCs show impact on the HIV workforce overall and within the four programmatic subcomponents?	• Number of individuals trained to provide clinical and non-clinical services to PLWH • Use of knowledge and/or skills among training participants providing clinical and non-clinical services to PLWH* • Changes in policies or procedures at organizations providing clinical and non-clinical services to PLWH
MAI	• How do the activities conducted by the Regional AETC show impact on the HIV workforce overall and within the four programmatic subcomponents? • How do the AETCs ensure that the minority health care professionals and health care professionals serving minority clients apply the training provided by the Regional AETCs to improve care delivery	• Number of minority individuals trained to provide clinical and non-clinical services to PLWH • Use of knowledge and/or skills among minority training participants or participants providing clinical and non-clinical services to PLWH minorities* • Changes in HIV-related race and ethnicity-related disparities along the continuum of care outcomes (i.e., through PT activities)

	and HIV health outcomes for disproportionately affected minority populations?	
PT Project	• How do the activities conducted by the Regional AETC show impact on the HIV workforce overall and within the four programmatic subcomponents? • How does the RWHAP AETC Program impact service delivery, at national and regional levels, including increases in HIV testing, use of PrEP, linkage to and retention in care, and utilization of ART to achieve viral suppression?	• Use of knowledge and/or skills among training participants providing clinical and non-clinical services to PLWH* • Changes in policies or procedures at organizations providing clinical and non-clinical services to PLWH • Number and type of staff/providers demonstrating improved skills with respect to patient-centered care • Number and percent of patients diagnosed, linked, retained, prescribed ART, virally suppressed, and engaged in PrEP services
IPE Project	• How do the activities conducted by the Regional AETC show impact on the HIV workforce overall and within the four programmatic subcomponents?	• Changes in skills among training participants providing clinical and non-clinical services to PLWH* • Changes in HIV-related curriculum within health professional programs (HPPs) • Students' and graduates' IPE and HIV related skills • Intention to provide HIV care and treatment services after graduation

** Indicates a core measure that is incorporated across all programmatic subcomponents.*

G. OMB and IRB Review

1. Office of Management and Budget Approval

The current *Event Record* (*ER*) and *Participant Identification Form* (*PIF*) are approved by the Office of Management and Budget (OMB) through July 31, 2019 (OMB Number 0915-0281). HRSA HAB has determined that OMB approval is not required for the CORE, PT and IPE tools because the data collected through the tools are submitted to JSI.

2. Institutional Review Board

JSI's Institutional Review Board (IRB) reviewed the NEP and associated data collection tools (IRB Reference: IRB #18-27E) and determined the Regional AETC national evaluation is EXEMPT from human subjects oversight. The basis of this exemption is CFR 46.101 (b) (2), which covers survey without identifiers or sensitive questions that could result in harm and on the basis that respondents will not be less than 18 years of age. Regional AETCs should follow IRB review requirements at their institutions.

III. Core Technical Assistance and Training Evaluation Plan

The remaining sections in the revised NEP are structured by each of the following four programmatic subcomponents: 1) Core Technical Assistance and Training (TA/T)/T; 2) Minority AIDS Initiative (MAI); 3) Practice Transformation (PT) Project; and 4) Interprofessional Education (IPE) Project. Each section includes the following sub-sections:

- Background and Goals
- Evaluation Questions
- Key Process and Outcome Measures
- Data Collection Methods

Data collection tools are located in the Appendix. The Data Management Plan is described in Section VII, Data Analysis Plan in Section VIII, and Dissemination Plan in Section IX. The data codebook and data collection tools programmed in Qualtrics are provided separately.

A. Core Technical Assistance and Training Background and Goals

The goal of the AETC Core Technical Assistance/Training (TA/T) program subcomponent is to increase the number of HIV providers who are effectively motivated and willing counsel, diagnose, treat, and medically manage PLWH, particularly by reaching novice and low-volume HIV providers in an effort to increase the size of the HIV workforce and patient access to quality HIV care. AETCs leverage various TA/T modalities, such as didactic and interactive presentations, communities of practice, clinical preceptorships, clinical consultation, and coaching, to provide training and clinical updates on policies and guidelines, care management and coordination, and strategies to retain and re-engage patients in care. Core TA/T seeks to strengthen the HIV-related skills of healthcare professionals providing clinical and non-clinical services to PLWH. The RWHAP Regional AETC National Program Logic Model (Figure 4) indicates the resources, activities, outputs, and outcomes for the Core TA/T subcomponent.

B. Core Technical Assistance and Training Evaluation Questions

The evaluation questions for the Core TA/T programmatic subcomponent are as follows:

1. *What is the reach of Core TA/T activities overall and by TA/T modality, frequency, and duration?*
2. *What are the characteristics of participants who have accessed Core TA/T?*
3. *To what extent do participants use the knowledge and/or skills learned through Core TA/T in their work with PLWH?*

4. *To what extent does Core TA/T change or enhance clinic/organizational policies or procedures related to HIV care and treatment?*

C. Key Core Technical Assistance and Training Measures

Key process and outcome measures to evaluate the Core TA/T programmatic subcomponent are listed in Table 4 below.

Table 4: Summary of Core TA/T Process and Outcomes Measures

Evaluation Questions	Key Measures	Data Sources
What is the reach of Core TA/T activities overall and by TA/T modality, frequency, and duration?	Number of trainings conducted by topic, modality, and duration Number of individuals trained to provide clinical and non-clinical services to PLWH	*Event Record (ER)* *Participant Information Form (PIF)*
What are the characteristics of participants who have accessed Core TA/T?	Provider demographics Provider profession Services provided to PLWH	*Participant Information Form (PIF)*
To what extent do participants use the knowledge and/or skills learned through Core TA/T in their work with PLWH?	Intent to use knowledge and/or skills learned in Core TA/T Actual use of knowledge and/or skills learned in Core TA/T	*CORE Immediate-Post (CORE-IP)* *CORE Long-Term Follow-Up (CORE-LT)*
To what extent does Core TA/T change or enhance clinic/organizational policies or procedures related to HIV care and treatment?	Changes in clinic/organizational policies or procedures	*CORE Long-Term Follow-Up (CORE-LT)*

D. Core Technical Assistance and Training Data Collection Methods

The next section describes the data collection tools for the Core TA/T programmatic subcomponent, including its purpose, key measures, and administration procedure. A table summarizing administration of Core TA/T tools is presented in Table 5.

Table 5: Summary of Core TA/T Tools Administration Procedure

Tool Name	Who completes the tool?	Which TA/T modalities complete the tool?	When is the tool completed?
Event Record (ER)	Regional AETC or AETC trainer	• All Core TA/T modalities (except self-study)	Immediately after the training
Participant Information Form (PIF)	Training participants	• All Core TA/T modalities (except self-study)	Every 12 months
CORE Immediate-Post (CORE-IP)	Training participants	• Didactic presentations **60 minutes or longer in duration** (stand-alone) • Didactic trainings of any length that are **part of a multi-session training** • Interactive presentations • Clinical preceptorships • Communities of practice • Clinical consultation • Coaching for organizational capacity building	Complete *CORE-IP* after a single session training or after the final session of multi-session training For communities of practice, complete *CORE-IP* at the terminating session or annually, whichever occurs first
CORE-Long-Term Follow-Up (CORE-LT)	Training participants	• Interactive presentations • Communities of practice • Clinical preceptorships	Complete *CORE-LT* three months after a single session training or three months after the final session of multi-session training

1. Event Record (ER)

Purpose: The *ER* gathers information on each TA/T activity, including topic(s) covered, TA/T modality, number of participants trained, unique, identification number of participants, type of training conducted, training modalities used, length of training, and collaborations with other organizations. The *ER* has been approved for use by the OMB (OMB Number 0915-0281) through July 31, 2019.

Measures: Key measures collected by the *ER* are:

- Total number of TA/T events
- Number of events by type training topic including, HIV care continuum, HIV prevention and management, primary care, co-morbidities, health care organization or system issues, and target population
- TA/T modality
- Funding source (i.e., programmatic subcomponent)

Administration: The Regional AETC or AETC trainer completes the *ER* at the end of training events. The *ER* is completed for all training modalities, except self-study.

2. Participant Information Form (PIF)

Purpose: The *PIF* captures information from the individuals who attend an event—including their demographic characteristics (i.e., profession, employment setting, race/ethnicity), and the demographic characteristics of the PLWH they serve. The *PIF* has been approved for use by the OMB (OMB Number 0915-0281) through July 31, 2019.

Measures: Key measures collected by the *PIF* are:

- Number of participants overall and by programmatic funding source (linking to *ER)*
- Trainees' characteristics including primary profession, race/ethnicity, gender, services provided to PLWH, years providing services to PLWH, and number of PLWH served
- Characteristics of PLWH served by trainee
- Characteristics of primary employment setting, including zip code of work setting

Administration: The AETC Data Collection Instruction Manual and Codebook for Reporting states that the *PIF* is completed once every 12 months by all participants of all training events. Regional AETCs should ensure that all participants in any event have a completed *PIF* on file every 12 months.

3. CORE Immediate-Post Survey (CORE-IP)

Purpose: Two CORE data collection tools are required. The purpose of the CORE data collection tools is to assess training participants' intent and actual use of knowledge and/or skills learned through the trainings. The *CORE Immediate-Post Survey (CORE-IP)* assesses intent to use newly acquired knowledge and/or skills immediately after the training event.

Measure: The key measure collected by *CORE-IP* is training participants' intent to use knowledge and/or skills across the following service areas: HIV prevention, HIV testing and diagnosis, HIV care and treatment, care and management of co-occurring conditions, and HIV service delivery.

Meta-Data Questions: A key goal of the national evaluation is to measure the impact of training provided by the Regional AETCs on service delivery and outcomes along the HIV care continuum. Data collected through the Core TA/T tools assess use of newly acquired skills and/or knowledge among training participants as proximal outcome to changes in care continuum measures. However, additional information is required to link training and care continuum outcomes. Regional AETCs are required to answer several questions at the end of the *CORE-IP* to facilitate analytic linkage and tracking of Core TA/T events with care continuum outcomes.

Administration: The *CORE-IP* will be completed by participants of the following TA/T modalities: 1) didactic presentations 60 minutes and longer in duration; 2) interactive presentations; 3) clinical preceptorships; 4) communities of practice; 5) clinical consultation; and 6) coaching for organizational capacity building. The *CORE-IP* is administered immediately after a single session training or after the final session of a multi-session training event. For communities of practice, *CORE-IP* is administered at the terminating session or annually, whichever occurs first.

A **multi-session training** is defined as a pre-determined number of associated sessions that meets ALL of the following criteria: 1) intended to reach the same individual participants; 2) designed to build upon one another; and 3) marketed as a series where participants register for the full series.

A standardized protocol for survey administration is recommended whereby the Regional AETC distributes the survey in electronic or paper-based format and reminder emails containing the survey links are sent to participants who have not completed the tool one and two weeks after the initial request. Sample language for survey distribution and reminders is provided in the Appendix. To ensure high-quality and standardized data collection across the AETCs, the training participant response timeframe for CORE-IP is one month after the survey is administered.

4. CORE Long-Term Follow-Up Survey (CORE-LT)

Purpose: The purpose of the *CORE Long-Term Follow-Up Survey (CORE-LT)* is to assess training participants' use of knowledge and/or skills in their work with PLWH three months after the training event and to identify any changes in organizational policies or procedures as a result of the training.

Measures: Key measures collected by the *CORE-LT* are:

- Training participants' use of knowledge and/or skills across the following service areas: HIV prevention, HIV testing and diagnosis, HIV care and treatment, care and management of co-occurring conditions, and HIV service delivery
- Changes to clinic/organizational policies or procedures related to services provided to PLWH

Meta-Data Questions: As previously stated, a key goal of the national evaluation is to measure the impact of TA/T provided by the Regional AETCs on service delivery and outcomes along the HIV care continuum. Data collected through the Core TA/T tools assess use of newly acquired skills and/or

knowledge among training participants as proximal outcome to changes in care continuum measures. However, additional information is required to link training and care continuum outcomes. Regional AETCs are required to answer several questions at the end of the *CORE-IP* to facilitate analytic linkage and tracking of Core TA/T events with care continuum outcomes.

Administration: The *CORE-LT* will be completed by participants of the following training modalities: 1) interactive presentations; 2) communities of practice; and 3) clinical preceptorships (see Section I for HRSA HAB's definitions of these modalities). The *CORE-LT* is administered three months after a single session training or after the final session of a multi-session training event.

A **multi-session training** is defined as a pre-determined number of associated sessions that meets ALL of the following criteria: 1) intended to reach the same individual participants; 2) designed to build upon one another; and 3) marketed as a series where participants register for the full series.

A standardized protocol for survey administration is recommended whereby the Regional AETC distributes the survey in electronic or paper-based format and reminder emails containing the survey links are sent to participants who have not completed the tool one and two weeks after the initial request. Sample language for survey distribution and reminders is provided in the Appendix. To ensure high-quality and standardized data collection across the AETCs, the response timeframe for *CORE-LT* is one month after the survey is administered.

IV. Minority AIDS Initiative Activities Evaluation Plan

A. Minority AIDS Initiative Background and Goals

Regional AETC MAI activities aim to improve HIV-related health outcomes and reduce HIV-related disparities among racial and ethnic minorities by building the capacity of minority providers and minority-serving health care professionals. Activities to support the MAI goals are integrated throughout the Core TA/T, PT, and IPE programmatic subcomponents. The RWHAP Regional AETC National Program Logic Model (Figure 4) indicates the resources, activities, outputs, and outcomes for the MAI subcomponent.

B. Minority AIDS Initiative Evaluation Questions

The evaluation questions for the MAI programmatic subcomponent are as follows:

1. *What is the reach of the RWHAP AETC Program in providing TA/T to minority providers and those serving PLWH who are minorities, overall and by TA/T modality, frequency, and duration?*
2. *To what extent does TA/T improve HIV practice among minority providers and minority-serving providers?*
3. *To what extent does TA/T change organizational HIV-related policies or procedures in settings where minority providers were trained or trained providers serve minority populations?*

C. Key Minority AIDS Initiative Measures

Key measures to evaluate the MAI programmatic subcomponent are listed in Table 6 below.

Table 6: Summary of MAI Process and Outcomes Measures

Evaluation Questions	Key Measures	Data Sources
What is the reach of the RWHAP AETC Program in providing TA/T to minority providers and those serving PLWH who are minorities, overall and by TA/T modality, frequency, and duration?	Number of trainings conducted by topic, modality, and duration Number of minority individuals trained to provide clinical and non-clinical services to PLWH	*Event Record (ER)* *Participant Information Form (PIF)*
To what extent does TA/T improve HIV practice among minority providers and minority-serving providers?	Intent to use knowledge and/or skills learned in Core TA/T Actual use of knowledge and/or skills learned in Core TA/T Changes in HIV-related race and ethnicity-related disparities along the continuum of care outcomes (i.e., through PT activities)	*CORE Immediate-Post (CORE-IP)* *CORE Long-Term Follow-Up (CORE-LT)* *PT Provider Assessment (PT-PA)* *PT Performance Measures (PT-PM)* *IPE Faculty Assessment (IPE-FA)* *IPE Student Assessment (IPE-SA)*
To what extent does TA/T change organizational HIV-related policies or procedures in settings where minority providers were trained or trained providers serve minority populations?	Changes in clinic policies or procedures	*Participant Information Form (PIF)* *CORE Long-Term Follow-Up (CORE-LT)* *PT Organizational Assessment (PT-OA)*

D. Minority AIDS Initiative Evaluation Methods

Given that MAI activities cut across the RHWAP Regional AETC Program subcomponents, evaluation tools for MAI activities are integrated into the other programmatic areas. Since there is no separate data collection for MAI, analytic methods will be used to evaluate the process and impact of this programmatic subcomponent. Analyses will evaluate the extent to which AETCs are reaching minority

providers and/or providers serving racial/ethnic minority populations, as well as the extent to which these providers' capacity to serve and improve outcomes for disproportionately affected PLWH has changed.

Methods: A subset of data from the *PIF*, *ER*, CORE, *PT* and *IPE* tools will be used to evaluate the extent to which MAI goals and objectives are met. The main source of information will be from the *ER* and *PIF*. Data on the *ER* and *PIF* indicate which events/trainings are funded through MAI and participants who are minorities or serve racial/ethnic minorities. Select measures from the PT and IPE tools can also be used to identify minority providers in the PT clinics, race/ethnicity of patient populations served, and minority IPE students trained.

Analyses: Descriptive statistics will be used to summarize MAI reach and trends over time, similar to those used for the other programmatic subcomponents by sub-setting existing data. Additionally, data from the CORE, *PT-Provider Assessment (PT-OA)*, and *IPE-Student Assessment (IPE-SA)* will be analyzed to assess impact of trainings (e.g. skills and practices) among minority providers, minority students, or those serving racial/ethnic minorities.

Administration: As previously noted, the MAI programmatic subcomponent is evaluated using a subset of data collected from the other three subcomponents. Data collection tool administration for MAI should therefore be administered as follows:

- AETC TA/T activities jointly funded by Core TA/T and MAI funds are evaluated using the Core TA/T tools. See instructions in Section III.
- AETC TA/T activities jointly funded by PT and MAI funds are evaluated using the PT tools. See instructions in Section V.
- AETC TA/T activities jointly funded by IPE and MAI funds are evaluated using the IPE tools. See instructions in Section VI.
- AETC TA/T activities that are funded exclusively by MAI are evaluated using the CORE tools. See instructions in Section III.

V. Practice Transformation Project Evaluation Plan

A. Practice Transformation Project Background and Goals

A key focus of the RHWAP AETC Program in funding cycle 2015-2019[5,6] is to assist clinical care organizations, funded by RWHAP and/or the Bureau of Primary Health Care, in transforming selected clinical practices and building the capacity of these clinics to provide quality HIV care. The overarching goal of the Practice Transformation (PT) Project is to increase the size and strength of the HIV clinical workforce and to improve patient outcomes along the HIV care continuum.

For the PT programmatic subcomponent, as noted in the Regional AIDS Education and Training Centers Funding Opportunity Announcement[5], Regional AETCs are required to work with a minimum of six health facilities or clinics, (three that receive RHWAP funding and three that do not) that meet HRSA HAB-specified criteria. Participating health facilities or clinics must meet the following requirements: 1) use of an electronic health record (EHR); 2) serve a patient population that consists of at least 30% racial/ethnic minorities; 3) conduct HIV testing; and 4) demonstrate a willingness to treat persons living with HIV (PLWH) onsite. Additionally, an emphasis is placed on reaching health facilities/clinics that have minority health care professionals on staff. The RWHAP Regional AETC National Program Logic Model (Figure 4) indicates the resources, activities, outputs, and outcomes for the PT subcomponent.

B. Practice Transformation Project Evaluation Questions

The process and outcome evaluation questions for the PT Project are as follows:

1. *What is the reach of PT Project activities overall and by TA/T modality, frequency, and duration?*
2. *To what extent does clinic participation in PT activities change organizational HIV-related health systems (i.e., changes in policies, procedures, data systems)?*
3. *To what extent were there changes in participating PT Project provider and staff ability to provide HIV-related services?*
4. *To what extent did patient outcomes along the HIV care continuum change at participating PT Project clinics?*
5. *What PT activities were associated with improvements in HIV care continuum outcomes?*

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[5] HRSA HAB Division of Training and Capacity Development Regional AIDS Education and Training Centers, Announcement Type: Initial: New, Funding Opportunity Number: HRSA-15-154, Catalog of Federal Domestic Assistance (CFDA) No. 93.145. Issued June 15, 2015.

[6] Bazilio-Bellegarde, J., Doshi, R., and Ross, P. (2015). Practice transformation project: AIDS Education and Training Centers. Presentation delivered at AETC Reverse Site Visit Meeting on November 18, 2015.

C. Key Practice Transformation Project Measures

Key process and outcome measures to evaluate the PT Project are listed in Table 7 below.

Table 7: Summary of PT Project Process and Outcomes Measures

Evaluation Questions	Key Measures	Data Sources
What is the reach of PT Project activities overall and by TA/T modality, frequency, and duration?	Number of trainings conducted by topic, modality, and duration Number and role of individuals trained to provide clinical and non-clinical services to PLWH	*Event Record (ER)* *Participant Information Form (PIF)*
To what extent does clinic participation in PT activities change organizational HIV-related health systems (i.e., changes in policies, procedures, data systems)?	Focus area of clinic policies and procedures Electronic Health Record (EHR) characteristics and capacity improved	*PT Organizational Assessment (PT-OA)*
To what extent were there changes in participating PT Project provider and staff ability to provide HIV-related services?	Number and type of staff/providers indicating improved skills with respect to HIV care delivery and patient-centered care	*Event Record (ER)* *Participant Information Form (PIF)* *PT Organizational Assessment (PT-OA)* *PT Provider Assessment (PT-PA)*
To what extent did patient outcomes along the HIV care continuum change at participating PT Project clinics?	Number and percent of patient diagnosed, linked, retained, prescribed ART, virally suppressed, and engaged in PrEP services	*PT Performance Measures (PT-PM) Baseline and Follow-Up*
What PT activities were associated with improvements in HIV care continuum outcomes?	Number of trainings conducted by topic, modality, and duration Coaching topics Clinic staff involved Characteristics of clinic staff involved Patients diagnosed, linked, retained, prescribed ART, virally suppressed and engaged in PrEP services	*Event Record (ER)* *Participant Information Form (PIF)* *PT Organizational Assessment (PT-OA)* *PT Performance Measures (PT-PM) Baseline and Follow-Up*

D. Practice Transformation Project Data Collection Methods

The next section describes the data collection tools for the PT Project, including the purpose, key measures, and administration procedure.

The following tools are used to evaluate the PT Project subcomponent:

- *Event Record (ER)*
- *Participant Information Form (PIF)*
- *PT Organizational Assessment (PT-OA)*
- *PT Performance Measures (PT-PM)*
- *PT Provider Assessment (PT-PA)*
- *PT Clinic Completion Form (PT-CCF)*

The data collection tools required for the PT Project evaluation and administration method are summarized in Table 8 below.

Table 8: Summary of PT Tool Requirements

Tool Name	Who completes the tool?	When is the tool completed
Event Record (ER)	Faculty leading the training event for the following TA/T modalities: • Didactic presentations • Interactive presentations • Community of practice, • Clinical preceptorships • Clinical consultations Coaching for organizational capacity building	After each event for all training modalities, **except** coaching For **coaching** for organizational capacity building, once per calendar month per participating clinic
Participant Information Form (PIF)	Providers participating in PT Project	Once every 12 months
PT Organizational Assessment (PT-OA)	PT Coach and PT Clinic Leadership Team	At start of the PT Project and once every 12 months thereafter
PT Performance Measures (PT-PM) Baseline and Follow-Up	PT Clinic Leadership Team	At start of the PT Project (baseline) and once every 12 months (annual follow-up)
PT Provider Assessment (PT-PA)	Staff/providers at participating PT clinics	At start of the PT Project and once every 12 months thereafter
PT Clinic Completion Form (PT-CCF)	PT Coach	At scheduled or unscheduled completion of PT Project activities

1. Event Record (ER) and Participant Information Form (PIF)

The *ER* must be completed after all PT training events, as defined in Table 8, and the source of funds must be marked as "Practice Transformation." Additionally, an *ER* is completed on a monthly basis (following the calendar month) to document the Regional AETC site assigned coach's ("PT Coach") capacity building activities with the PT Clinic Leadership Team at each participating clinic.

Participants in PT Project trainings must complete the *PIF* one per year.

Regional AETCs are required to maintain all *ER* and *PIF* data for the PT Project so that the "modality" and "dose" of intervention can be linked to outcomes. See Section III for additional information about administering the *ER* and *PIF.*

2. Practice Transformation Organizational Assessment (PT-OA)

Purpose: The purpose of the *PT Organizational Assessment (PT-OA)* is to track clinics participating in the PT Project, including 1) clinic and patient characteristics; 2) HIV-related policies, procedures, and services provided; 3) types of projects and activities undertaken as part of the PT Project, and 4) PT Project objectives in relation to the HIV care continuum. This tool will be used to guide the development of clinic-specific technical assistance plans, including coaching/facilitation activities, and to assess the effect of PT activities on health service delivery and patient HIV care continuum outcomes.

Measures: Key clinic-level measures collected by the *PT-OA* are:

- Staffing levels
- HIV care and service provided
- HIV care skills and practices
- EHR system and data extraction capacity
- HIV-related policies and procedures
- Staff and provider capacity related to patient-centered care and HIV care
- Priority for building clinic capacity around patient-centered care and HIV care
- TA focus activities

Administration: The Regional AETC PT Coach will work with the clinic to identify the PT Clinic Leadership Team. Recommended team members include representation from clinic administration, clinical providers, and data or quality improvement staff. Once identified, the PT Clinic Leadership Team will be asked to complete the first annual *PT-OA*. During the first in-person meeting with the PT Coach, the PT Leadership Team will review and finalize the *PT-OA* together. Findings from the *PT-OA* should be used by the Regional AETC PT Coach to facilitate discussion on the clinic's coaching needs related to PT Project and development of the clinic's PT Project workplan. At 12 months following the completion of the first *PT-OA*, and every 12 months thereafter, the PT Coach will meet with the PT Clinic Leadership Team to complete the *PT-OA.*

A standardized protocol for administering the *PT-OA* is recommended whereby the Regional AETC or PT

Coach sends a reminder email to the PT Leadership team to complete the data collection tool. To ensure high-quality and standardized data collection across the AETCs, the response timeframe for follow-up annual *PT-OA* is not to exceed one month before or after the annual follow-up date.

3. Practice Transformation Performance Measures (PT-PM)

Purpose: The purpose of the *PT Performance Measures (PT-PM)* data collection tool is to document the quality of the HIV care services delivered and patient-level HIV care continuum outcomes. Performance measures include HRSA HAB core performance indicators and CDC clinical guidelines for PrEP:[7,8]

Measures: Key measures collected by the *PT-PM* are:

- Number and percent of patients diagnosed linked to HIV care
- Number and percent of patients retained in HIV care
- Number and percent of patients prescribed ART
- Number and percent of patients virally suppressed
- Number of patients engaged in PrEP services

Administration: Aggregate data and performance measure data are to be collected by all participating clinics annually in conjunction with the *PT-OA*. The data or quality improvement specialist on the PT Clinic Leadership Team should oversee completion of *PT-PM*. PT coaches should discuss this data requirement during the first meeting with the PT Clinic Leadership Team. Some clinics may have the capacity to create customized reports in their EHRs and others may need to identify alternative methods to gather the data.

A standardized protocol for administering the *PT-PM* is recommended whereby the Regional AETC or PT Coach sends a reminder email to the PT Leadership Team to complete the data collection tool. Sample language for tool distribution and reminders is provided in the Appendix. To ensure high-quality and standardized data collection across the AETCs, the response timeframe for *PT-PM* is not to exceed one month before or after the annual follow-up date.

4. Practice Transformation Provider Assessment Survey (PT-PA)

Purpose: The *PT Provider Assessment (PT-PA)* is used to characterize providers at participating clinics and assess their ability to provide HIV care and treatment to patients in the clinic.

Measures: Key staff/provider-level measures collected by the *PT-PA* are:

- Years of practice
- Profession

[7] http://hab.hrsa.gov/deliverhivaidscare/habperformmeasures.html
[8] https://www.cdc.gov/hiv/pdf/guidelines/PrEPProviderSupplement2014.pdf .

- HIV-related services provided
- Treatment and prescribing practices
- Ability to provide HIV-related care to patients

Administration: This survey should be completed by all providers and staff participating in the PT Project at the selected PT sites, defined as those who receive AETC training and/or provide services to patients living with HIV. The first *PT-PA* is sent to participants following the completion of the first *PT-OA.* At 12 months following the completion of the first *PT-PA*, and every 12 months thereafter, the *PT-PA* is administered to participants following completion of the annual *PT-OA.*

A standardized protocol for administering the *PT-PA* is recommended whereby the Regional AETC oversees distribution of the survey in electronic or paper-based format. If the survey is administered electronically, the recommendation is that the PT Clinic Leadership Team provides the email addresses of participating providers and staff to the PT Coach and/or Regional AETC to administer the survey or the PT Clinic Leadership Team administers the survey with guidance from the Regional AETC and/or PT Coach. The individual distributing the survey sends reminder emails to the participating providers and staff to completion of the data collection tool. Sample language for survey distribution and reminders is provided in the Appendix. To ensure high-quality and standardized data collection across the AETCs, the response timeframe for *PT-PA* is not to exceed one month before or after the annual follow-up date.

**All participating PT providers must complete a PIF along with the PT-PA annually; each PT-PA must have a matching PIF.*

5. Practice Transformation Clinic Completion Form (PT-CCF)

Purpose: For any clinic electing to end participation in the PT Project, the *PT Clinic Completion Form (PT-CCF)* documents the clinic's reason for ceasing PT Project activities and status of project activities prior to cessation.

Key Measures: Key measures collected by the *PT-CCF* are:

- Date of cessation of PT activities at the participating clinic
- Activities completed prior to cessation
- Reasons for ceasing activities
- Lessons learned
- Key accomplishments

Administration: The *PT-CCF* is to be completed by the PT Coach for clinics completing PT activities as scheduled or prior to the completion date agreed upon between the AETC and the clinic. To ensure high-quality and standardized data collection across the AETCs, the response timeframe for *PT-CCF* is not to exceed one month after the cessation of PT activities.

VI. Interprofessional Education Project Evaluation Plan

A. Interprofessional Education Project Background and Goals

A key focus of the RWHAP AETC Program (in funding cycle 2015-2019[9,10]) is to train the faculty of health professional programs (HPPs) to better equip them to teach their students to respond to the healthcare needs of people living with HIV (PLWH) through the implementation of Interprofessional Education Project (IPE). Each Regional AETC will develop at least one HIV IPE program that incorporates hands-on, interprofessional clinical learning opportunities to educate students on interprofessional competencies and HIV care.

IPE promotes collaborative and integrated learning among at least two or more different types of health professionals (including pre-license students and/or post-license practitioners) in order to improve access to high-quality patient-centered care to ultimately improve health outcomes for PLWH. Interprofessional competencies in healthcare are defined as integrated enactments of knowledge, skills, and values or attitudes that support collaborative work with other healthcare professions, families, and communities to improve health outcomes in specific care contexts. The four interprofessional competency domains are: 1) values and ethics for interprofessional practice; 2) roles and responsibilities; 3) interprofessional communication; and 4) teams and teamwork[11].

The goal of the AETC IPE Project is to increase the size and the strength of the HIV clinical workforce and to improve outcomes along the HIV care continuum by providing hands-on learning in HIV care and treatment in the post-graduate setting. HRSA HAB hypothesizes that participation in the AETC IPE Project will result in the following outcomes:

1. Targeted interprofessional healthcare providers will be able to provide quality, comprehensive care and treatment to PLWH.
2. Faculty of the participating health professions schools will develop and implement hands-on clinical learning opportunities that include comprehensive HIV care and interprofessional education.

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[9] Crooks, S. & Gamliel, D. (2015). Interprofessional education project (IPE). Presentation delivered at AETC Reverse Administrative Site Visit Meeting on November 18, 2015.
[10] Health Resources and Services Administration. Guidance for the development of a regional AIDS Education and Training Center (AETC) needs assessment. Released October 19, 2015.
[11] Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative. Accessed: 7/11/2018 https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1

3. Pre-professional trainees who participate in these programs will achieve HIV expertise and interprofessional competencies, and upon graduation will plan to enter clinical practice settings where they can provide team-based, comprehensive care to PLWH.

The RWHAP Regional AETC National Program Logic Model (Figure 4) indicates the resources, activities, outputs, and outcomes for the IPE Project.

B. Interprofessional Education Project Evaluation Questions

The process and outcome evaluation questions for the IPE Project are as follows:

1. *What is the reach of IPE Project activities overall and by TA/T modality, frequency, and duration?*
2. *To what extent does participation in the IPE Project change health professional programs' policies and activities related to faculty development and student training in core competencies related to HIV care and interprofessional practice?*
3. *To what extent were there changes in faculty's capacity to teach core competencies in HIV interprofessional practice?*
4. *To what extent were there changes in IPE students' knowledge, attitudes, and abilities related to delivering interprofessional HIV care and services?*
5. *To what extent do IPE students intend to provide HIV care and services after program completion?*

C. Key Interprofessional Education Project Measures

Key process and outcome measures to evaluate the IPE Project are listed in Table 9 below.

Table 9: Summary of IPE Project Process and Outcome Measures

Evaluation Questions	Key Measures	Data Sources
What is the reach of IPE Project activities overall and by TA/T modality, frequency, and duration?	Number and characteristics of participating HPPs, faculty, and students Number of trainings conducted by topic, modality, and duration Number and role of individuals trained to provide clinical and non-clinical services to PLWH	*Event Record (ER)* *Participant Information Form (PIF)* *IPE Health Professional Program Profile (IPE-HPPP) Baseline and Annual Follow-Up*
To what extent does participation in the IPE Project change health professional programs' policies and activities related to faculty development and student training in core competencies related to HIV care and interprofessional practice?	Number and types policies and activities related to HIV IPE training for faculty and students at participating schools	*IPE Health Professional Program Profile (IPE-HPPP) Baseline and Annual Follow-Up*
To what extent were there changes in faculty's capacity to teach core competencies in HIV interprofessional practice?	Number and characteristics of faculty who have improved skills and capacity to teach HIV IPE	*IPE Faculty Assessment (IPE-FA) Baseline and Annual Follow-Up* *Event Record (ER)* *Participant Information Form (PIF)*
To what extent were there changes in IPE students' knowledge, attitudes, and abilities related to delivering interprofessional HIV care and services?	Number and characteristics of IPE students who have improved knowledge, attitudes, and abilities related to delivering HIV care and services	*IPE Student Assessment (IPE-SA) Baseline and One-Time Follow-Up* *Event Record (ER)* *Participant Information Form (PIF)*
To what extent do IPE students intend to provide HIV care and services after program completion?	Number and characteristics of IPE students who intend to provide HIV care and services after program completion	*IPE Student Assessment (IPE-SA) One-Time Follow-Up* *Participant Information Form (PIF)*

**Students enrolled at IPE Project schools who receive HIV IPE training may be pre-licensure students or post-licensure practitioners*

D. Interprofessional Education Project Data Collection Methods

The next section describes the tools for the IPE Project, including the: 1) purpose; 2) key measures; and 3) administration.

The following tools are used to evaluate the IPE Project subcomponent:

- *Event Record (ER)*
- *Participant Information Form (PIF)*
- *IPE Health Professional Program Profile (IPE-HPPP) Baseline and Annual Follow-Up*
- *IPE Faculty Assessment (IPE-FA) Baseline and Annual Follow-Up*
- *IPE Student Assessment (IPE-SA) Baseline and One-Time Follow-Up*

The data collection tools required for the IPE Project evaluation and administration methods are summarized in Table 10 below.

Table 10: Summary of IPE Tool Requirements

Tool Name	Who completes the tool?	When is the tool completed?
Event Record (ER)	AETC faculty leading the training event	After AETC-led or sponsored training events *(not curriculum or trainings delivered by HPP Faculty)* For **coaching** for organizational capacity building, once per calendar month per participating HPP
Participant Information Form (PIF)	Faculty and students participating in the IPE Project	Once every 12 months
IPE Health Professional Program Profile (IPE-HPPP) Baseline and Annual Follow-Up	Faculty lead with assistance from other participating faculty, as needed	At start of the IPE project (baseline) and once every 12 months (annual follow-up)
IPE Faculty Assessment (IPE-FA) Baseline and Annual Follow-Up	Faculty participating in the IPE Project, defined as those who receive training or teach students	At start of the IPE project (baseline) and once every 12 months (annual follow-up)
IPE Student Assessment (IPE-SA) Baseline and One-Time Follow-Up	Students participating in the IPE Project	Before start of training (baseline) and after training (one-time follow-up)

Additional delineation of IPE data collection tool requirements is specified in Tables 10a and 10b, including administration by type and description of the IPE training approach.

Table 10a. IPE Tool Requirements for Trainings/Events for Health Professional Program Faculty

	Type & Description	Provided or Facilitated by	Complete *ER*?	HPP Faculty Complete *PIF*?	HPP Faculty Complete *IPE FA*?
Training Events for HPP Faculty	Trainings for HPP Faculty on HIV IPE	AETC Faculty or other experts brought in by AETC	**YES** *After each event, by AETC Faculty or IPE Coordinator*	**YES** *Once per year by HPP Faculty*	**YES** *Baseline and annual follow-up*
	TA or consultation to Faculty Lead for IPE Project implementation	IPE Coordinator and/or AETC Faculty	**YES** *Monthly, by IPE Coordinator summarizing all coaching provided during the month*	**YES** *Once per year by HPP Faculty Lead*	**YES** *Faculty Lead also completes baseline and annual follow-up*

Table 10b. IPE Tool Requirements for Trainings Events for Health Professional Program Students

	Type & Description	Provided or Facilitated by	Complete *ER*?	HPP Students Complete *PIF*?	HPP Students Complete *IPE SA*?
Trainings Events for HPP Students	HPP-wide, curriculum-integrated or other HIV IPE trainings*	HPP Faculty	**NO**	**NO**	**NO**
	HPP-wide, curriculum-integrated or other HIV IPE trainings	AETC Faculty or other experts brought in by AETC	**NO**	**NO**	**NO**
	Hands-on clinical learning: student placements in clinical settings for HIV IPE	HPP, AETC, and clinical partners sites	**YES** *One ER for each student at the end of clinical learning experience*	**YES** *Before start of placement*	**YES** *Before and end of training*
	Cohort-based trainings: a group of students receive a defined HIV IPE curriculum with specified start and end dates**	HPP and AETC	**YES** *One ER for each cohort of students trained, at completion of each cohort. (ER will document start/end date, topics covered, modality types and duration, list of participants)*	**YES** *Before start of training*	**YES** *Before and end of training*

*Notes: *HPP-wide, curriculum-integrated or other HIV IPE trainings: trainings that HPP students may receive at different or unspecified time points during their course of study (e.g., classroom lectures, didactic presentations, intermittent one-time events, etc.) whether provided by HPP Faculty or through AETC-sponsored training events.*
*** If students in cohort-based training also participate in a structured hands-on clinical learning program as part of the cohort training, then administer ER protocol for each student placement.*

1. *Event Record (ER)* and *Participant Information Form (PIF)*

The *Event Record (ER)* must be completed for all IPE training events, as defined Tables 10a and 10b, and the source of funds must be marked as "Interprofessional Education." Additionally, an *ER* is completed on a monthly basis (following the calendar month) to document the Regional AETC assigned IPE Coordinator's capacity building activities with the Faculty Lead at each participating HPP.

The *Participant Information Form (PIF)* must be completed at baseline by all eligible IPE participants (see Tables 10a and 10b), including faculty and students along with the *IPE-FA* and *IPE-SA* respectively.

Regional AETCs are required to maintain all *ER* and *PIF* data for the IPE Project so that the "dose" of intervention can be linked to outcomes. The IPE Coordinator should ensure the *ER* is completed for eligible IPE training events at each participating HPP. See Section III for additional information about administering the *ER* and *PIF*.

2. *Interprofessional Education Health Professional Program Profile (IPE-HPPP)*

Purpose: The purpose of the *IPE Health Professional Program Profile (IPE-HPPP)* is to describe the characteristics of IPE Project participating HPPs; assess current level of HIV IPE curriculum being taught to students at HPPs; document faculty training on HIV IPE; and identify strategies to integrate principles of HIV interprofessional practice into the curriculum. In addition to being a useful assessment tool, this survey captures the diversity of program models being implemented by AETCs to train faculty and students on HIV interprofessional education and practice.

Measures: Key measures collected by the *IPE-HPPP* are:

- Describe the lead and collaborating HPPs teaching HIV IPE
- Stage of project implementation
- Project components for participating faculty and students
- Strategies used to incorporate HIV IPE content and hands-on clinical learning opportunities into curriculum
- HIV IPE training offered to faculty and students
- Lessons learned
- Key accomplishments

Administration: The *IPE-HPPP* should be completed by the Faculty Lead at each IPE Project participating HPP. A HPP is one that offers HIV IPE training and/or hands-on clinical learning opportunities to its students (i.e., if both the School of Medicine and School of Dentistry within a single institution are participating in the HIV IPE Project, then each program is considered a separate program and each should complete a tool). The Faculty Lead is identified as the designated point-of-contact and champion of IPE activities at the participating program. It is possible that more than one faculty member, or a group of faculty members, will need to complete the profile together as the "IPE Faculty Lead Team." The same Faculty Lead should complete the *IPE-HPPP* again at follow-up unless this individual has left

the school and/or withdrawn from the IPE Project. In this case, the new Faculty Lead should coordinate completion of the survey.

The Regional AETC IPE Coordinator will ask the Faculty Lead at each participating HPP to complete the *IPE-HPPP Baseline* prior to the start of IPE activities. The *IPE-HPPP Annual Follow-Up* will be completed 12 months after baseline and then annually 12-months thereafter. The Faculty Lead will complete the survey on paper and then review the assessment with the AETC IPE Coordinator prior to implementation of IPE activities. At baseline, the Faculty Lead will identify the IPE components and strategies of focus for implementation as well as any technical assistance needs.

At follow-up, the AETC IPE Coordinator will review with the Faculty Lead/Team the strategies used during the past year and accomplishments, in addition to planning for next year. After the *IPE-HPPP* is completed and finalized with the Faculty Lead, data will be entered into the data collection system. Additionally, at the end of each HPP's engagement with the AETC IPE Project, a final *IPE-HPPP Follow-Up* should be completed.

A standardized protocol for administering the *IPE-HPPP* is recommended whereby the Regional AETC or IPE Coordinator sends reminder emails to the IPE Faculty Lead to complete the data collection tool. Sample language for survey distribution and reminders is provided in the Appendix. To ensure high-quality and standardized data collection across the AETCs, the response timeframe for *IPE-HPPP* is not to exceed one month before or after the annual follow-up date.

3. Interprofessional Education Faculty Assessment (IPE-FA)

Purpose: The purpose of the *IPE Faculty Assessment (IPE-FA)* is to describe the characteristics of faculty participating in the IPE Project across participating IPE HPPs; assess current teaching on HIV and IPE topics; assess faculty confidence in their ability to teach HIV and IPE content; and determine level of HIV and IPE content that are incorporated into the courses.

Measures: Key measures collected by the *IPE-FA* are:

- Role of respondent on project
- Coverage of HIV and IPE in course(s)/clinical teaching
- Confidence in ability to teach HIV care and treatment;
- Confidence in ability to teach IPE and collaborative practice
- Confidence in ability to implement project components

Administration: All faculty and staff members affiliated with an IPE Project participating health professional program who are participants of the project, defined as those who receive/will receive training on teaching HIV IPE and/or those who teach HIV IPE to students, should complete the survey. *AETC-affiliated faculty or other external experts who provide training to faculty members and/or students should NOT complete the survey.* In the case where an HPP Faculty is also an AETC faculty, whether or not they complete a survey will depend on the primary role they serve in the IPE Project. If their primary role in the IPE Project is that of an HPP Faculty, then they should complete the *IPE-FA.*

A standardized protocol for administering the *IPE-FA* is recommended whereby the Faculty Lead at the participating IPE HPP will coordinate with the Regional AETC IPE Coordinator to administer the survey, which may be completed on paper or online. If online, the Faculty Lead will coordinate with sending out the email invitations to participating/eligible faculty. Alternatively, the Regional AETC IPE Coordinator and Faculty Lead can coordinate paper-based survey administration. Paper surveys will be collected by the IPE Coordinator and entered into the data collection system. Sample language for survey distribution and reminders is provided in the Appendix. To ensure high-quality and standardized data collection across the AETCs, the response time window for *IPE-FA* is not to exceed one month before or after the annual follow-up date.

The number of faculty completing the survey should match the number of participating faculty as provided in the *IPE-HPPP*. Participating faculty will complete the survey prior to the implementation of IPE Project activities (after the Faculty Lead completes the *IPE-HPPP Baseline*) and then once every 12 months (again after the Faculty Lead completes the *IPE-HPPP Follow-Up*).

**All participating IPE faculty must complete a PIF along with the IPE-FA at baseline; so each IPE-FA must have a matching PIF.*

4. Interprofessional Education Student Assessment (IPE-SA)

Purpose: The purpose of the *IPE Student Assessment (IPE-SA)* is to describe the characteristics of students who receive HIV IPE training at the participating IPE Project HPPs; assess changes in student knowledge and abilities related to HIV care and interprofessional practice; and determine student intent in providing interdisciplinary and interprofessional team-based HIV care after IPE training.

Measures: Key measures collected by *IPE-SA* are:

- Knowledge of interprofessional healthcare team functioning
- Attitudes toward IPE
- Abilities related to interprofessional practice and team communications
- Abilities related to performing HIV-related services
- Intentions to provide HIV care and treatment services after graduating or completing IPE program.

Administration: This survey should be completed by all students participating in the AETC HIV IPE Project at participating HPPs. Students may be pre-licensure students or post-licensure practitioners enrolled at an IPE Project HPP. Students eligible for the *IPE-SA* are those who receive HIV IPE training through a cohort-based training and/or other hands-on clinical learning opportunities provided by the HPP.

A standardized protocol for administering the *IPE-SA* is recommended whereby the Regional AETC IPE Coordinator will collaborate with the Faculty Lead to administer the survey to eligible students at baseline (Tables 10a and 10b), prior to the implementation of IPE activities or student exposure to HIV IPE training. Students will complete the survey electronically or on paper. An *IPE-SA One-Time Follow-Up*

is to be administered to students immediately after they complete their HIV IPE training. Sample language for survey distribution and reminders is provided in the Appendix. To ensure high-quality and standardized data collection across the AETCs, the response timeframe for the *IPE-SA* is not to exceed one month after the end of training.

The actual timing of the one-time follow-up is dependent on the IPE program model being implemented by each IPE participating program and the training the student participates in. For cohort-based training where there is a defined cohort of students who receive a defined HIV IPE curriculum with a defined start and end date, the one-time follow-up is to be administered to all students in the cohort at completion of the cohort training. For IPE Projects that support hands-on clinical learning opportunities, where individual students are placed in clinical settings, the one-time follow-up is to be administered immediately (within two weeks) after the end of the clinical practicum or learning experience (see Tables 10a and 10b).

For trainings or HIV IPE content that is integrated into the curriculum and delivered by HPP Faculty (and/or AETC faculty or external experts), whereby students may be exposed to the training at different times during the course of their study, the *IPE-SA* is not recommended and should not be administered.

**All participating IPE students must complete a PIF along with the IPE-SA Baseline; each IPE-SA must have a matching PIF.*

VII. Data Management Plan

To facilitate the national evaluation of the RWHAP AETC Program, a national data collection and management plan has been developed to coordinate and guide Regional AETC data collection and data submission activities.

It is important to note that although the Regional AETCs collect evaluation data on an ongoing basis, JSI will be collecting the evaluation data from the AETCs on an annual basis. Thus, ongoing data quality management and assurance is required to be implemented by each Regional AETC to ensure high quality data and completion rates. JSI will summarize the data completion rates by tool for each AETC at the end of the program year to share with HRSA HAB; however, at that time it will be too late for AETCs to collect missing data. JSI will create an NEP Data Quality Monitoring Checklist/Table that can be used to the Regional AETCs and HRSA HAB to monitor ongoing collection and completion of data records. Regional AETCs are expected to submit clean and processed data to JSI, following guidance in the codebooks and data submission instruction manuals, described below.

A. Data Collection Tools and Codebooks

An inventory of HRSA HAB approved data collection tools, protocols, and codebooks for each RWHAP AETC programmatic subcomponent are available to guide Regional AETCs in collecting high-quality and consistent data to support the national evaluation.

For each of the four RWHAP AETC programmatic subcomponents - Core TA/T, MAI, PT Project, and IPE Project - data collection tools have been developed to capture key process and outcome measures for assessing the extent to which AETC activities are reaching their intended audiences and impacting targeted outcomes along the HIV care continuum. Figure 5 in Section II outlines these data collection tools by RWHAP AETC programmatic subcomponent. Descriptions of each tool are included in Sections III-VI and the tools are included in the Appendix.

Codebooks for the associated tools define the variable names for each question, response options/coding schema, and format (text/numeric) that are used to ensure consistent data collection and reporting across Regional AETCs. The *PIF* and *ER* which are OMB approved have their own codebooks and instructions from HRSA HAB.

Unless otherwise instructed by HRSA HAB, the national AETC evaluation will utilize the tools and codebooks in this evaluation plan, along with the *PIF* and *ER* codebooks provided by HRSA HAB. Any updates to the tools in the future will require a review and approval process by HRSA HAB. In the event of any changes, updates to the associated tools and codebooks will be made accordingly and shared for use by the Regional AETCs.

B. Regional AETC Data Collection and Submission Protocol

Aligning Regional AETC data collection to NEP guidance: To support a cohesive national evaluation, Regional AETCs are required to follow the data collection protocols set forth in this evaluation plan. This includes administering the tools (Figure 5) and following the associated protocols as approved by HRSA

HAB. Details of the tools and protocols, including methods and frequency of administration, and sample population are described in the respective "Data Collection Methods" sections of each programmatic subcomponent-specific evaluation plan. By adhering to the NEP protocols for data collection, Regional AETCs will be able to contribute high-quality and standardized data that can be combined and used for evaluating the overall national impact of the RHWAP AETC Program. The Regional AETCs may collect additional regional-specific data to inform local programming and quality improvement as needed. However, all data elements required for the national evaluation must be collected and submitted. Additional data elements collected by Regional AETCs should not be submitted for the national evaluation.

Furthermore, Regional AETCs will continue to use and maintain their own data systems to support training event management and data collection activities. This allows regions to adapt data collection to their local priorities and supports real-time access to data.

Additionally, the data collection tools have been programmed in Qualtrics to support Regional AETC data collection. The programmed Qualtrics surveys (i.e., Qualtrics survey format files or .qsf files) are transferred to the Regional AETCs' Qualtrics accounts. With this approach, AETCs have full ownership and management of their data and variable names and formats are standardized by JSI during survey development surveys in Qualtrics. If Regional AETCs choose to use the Qualtrics surveys, the AETCs are responsible for maintaining their own Qualtrics accounts and for all costs associated with the account and data collection.

Regional AETC data submission schedule: While Regional AETCs are responsible for monitoring and reviewing their data on a regular basis to ensure high-quality complete data, data submission to JSI to support national analysis activities occurs once per year following the schedule in Table 11.

Table 11: Timeline of Data Collection Activities

Data From RWHAP AETC Program Year	Data Set	Data Recipient	Submission Date
2017-2018	ER, PIF	HRSA HAB	August 17, 2018
	ACRE, PT, IPE	JSI	October 31, 2018
2018-2019	ER, PIF	HRSA HAB	August 2019*
	CORE, PT, IPE	JSI	August 30, 2019
2019-2020	ER, PIF	HRSA HAB	August 2020*
	CORE, PT, IPE	JSI	August 31, 2020

**The exact date for ER and PIF data submission will be shared by HRSA HAB in the updated Data Collection Instruction Manual and Codebook for Reporting.*

Regional AETC data preparation protocol: One month prior to the data submission date, JSI will send a reminder email detailing the data requested, including information on data file preparation, data coding and cleaning, and submission instructions. JSI has provided data codebooks for each survey tool containing specifications for variable names, response coding, and formats. Regional AETCs will prepare

their data according to the specifications and complete a checklist to ensure data quality before submission.

Regional AETC data submission protocol: Regional AETCs will submit the Core TA/T, PT Project, and IPE Project data directly to JSI according to the specifications in the data codebooks. A week before the data submission due date, JSI will send out a secure email to the Regional AETCs to request the data. The Regional AETC staff person responsible for data submissions will need to create an account on JSI's secure email portal. Prepared data files and the completed Data Checklist can be submitted as attachments by replying to the secure email. JSI will also provide technical assistance and answer questions related to data preparation and submission during the submission period as needed.

The *ER* and *PIF* data will continue to be submitted to HRSA HAB via the Electronic Handbook. JSI will obtain the *ER* and *PIF* data from HRSA HAB directly.

C. Data Storage and Security Protocols

Data storage: All data files submitted by Regional AETCs will be downloaded and saved immediately in a secure folder, accessible only by permission to the JSI evaluation team. Analytic data files, such as datasets with combined Regional AETC data, will also be stored in this folder. Access to the folder is based on user credentials and computers are password protected.

Data security: All project team members will observe JSI's data security protocol. While data collected by the Regional AETCs and shared with JSI will contain no individual-identifying information, data will be kept and maintained in secure folders on JSI's network drive. Data submissions by Regional AETCs will be through JSI's secure email portal as stated above.

D. JSI Data Management Protocol

Designated JSI staff will be responsible for managing program data collected and submitted by the Regional AETCs. The following describes JSI's internal data management activities:

Tracking data submissions: JSI will track and log the status of data submissions across the Regional AETCs in a database and share progress reports with HRSA HAB. Details of this log will include a summary of the data files submitted by each Regional AETC, number of records per file, number of variables per file, file format of submission, person submitting data, and date submitted. Information provided by the Regional AETCs on the Data Submission Checklist will also be entered into this tracking log.

Confirming receipt of data submission, data review, and follow-up: JSI will confirm receipt of data via email and review data for accuracy and consistency with the specified coding conventions. A set of standardized data quality checks will be conducted. If there are any questions, JSI will follow-up with the Regional AETC data manager to correct the data issues. As needed, data managers will be asked to correct and re-submit data.

Combining Regional AETC data: Once data files have passed quality checks, JSI will combine all the Regional AETC data into a national dataset for each data collection tool. Summary statistics will be

generated to describe the number of records submitted per Regional AETC for each tool. Additional variables and composite scores will be created to generate an analytic dataset.

VIII. Data Analysis Plan

This section describes the data analysis plan and outlines the processes and methods for analyzing data collected and submitted by the Regional AETCs for the national evaluation. Data analyses will answer HRSA HAB's three overarching evaluation questions, as well as evaluation questions for each programmatic subcomponent. Descriptive statistics will be used to describe AETC activities, reach, and implementation processes.

A. General Overview of Analysis Methods

Data collected by the Regional AETCs using the *ER, PIF, CORE, PT* and *IPE* surveys will be analyzed to answer HRSA HAB's three overarching evaluation questions (Section II) and the programmatic subcomponent specific evaluation questions (Sections III-VI). Data analyses will be grounded by the RE-AIM framework and RWHAP Regional AETC National Program Logic Model (Section II), specifically linking the data measures to the outputs and outcomes components. Outputs include the *reach*, *adoption*, *implementation*, and *maintenances* processes of the Regional AETC activities, which are critical for explaining factors that contributed to the expected outcomes observed or achieved. Outcomes are the measures that describe the impact or *effectiveness* of AETC activities.

All Regional AETC data submissions will be aggregated and combined for the national analyses. Separate analytic files will be created for each data collection tool, with additional analytic variables such as composite scores generated, whereby scores of individual items measuring the same construct are averaged. Descriptive statistics will be used to analyze process and outcome measures, such as frequencies and proportions for categorical variables and means for continuous variables. Bivariate analyses will be used to evaluate the association between variables, such as reach by programmatic subcomponent or by HIV care continuum topic area. Where linkage of data sets is feasible, stratified analyses will be conducted to compare across groups, such as changes in intent and application of skills by training modality or provider type. Trend analyses will also be conducted to assess and describe trends in reach or changes in clinics' capacity for practice transformation over time.

In addition to these quantitative methods, qualitative methods such as content analyses will also be drawn upon to identify, categorize, and summarize common themes for case studies, interviews, and document reviews that may be used in any thematic studies to explore special topics of interest.

B. Description of Planned Data Analyses

RWHAP AETC Program reach analyses: Measures of program reach can be categorized into two levels: individuals and organizations reached. Descriptive statistics, including counts and percentages, will be calculated for each programmatic subcomponent to describe program reach. For example, the total number of participants who receive TA/T will be summarized by programmatic subcomponent. The total number of organizations reached, including PT participating clinics and IPE participating health professional programs (HPPs), will also be described.

Bivariate analyses of reach measures will also be conducted to describe the characteristics the individuals (e.g., profession/discipline, gender, race/ethnicity) and organizations reached (e.g., PT clinic type and location, IPE program type). See Figure 7 for details on specific analyses.

Any differences in participants reached may identify the need for additional analyses. Geographic mapping may be used to identify regional trends and thematic studies to understand adoption across different subgroups. Findings may be used to help guide HRSA HAB and Regional AETCs to target TA/T activities (See Thematic Studies and Geographic Mapping analyses below).

AETC activities/programming or implementation analyses: While causality cannot be inferred, analyses of implementation measures are important for explaining the process by which expected outcomes were driven by or associated with the AETC activities and TA/T provided. Descriptive statistics, such as counts and percentages, will be calculated to describe the number of trainings and types of trainings provided, across the four programmatic subcomponents and overall. Descriptions of the PT and IPE Project activities, such as the number of HPPs and PT clinics participating, number of trainings provided under those two programmatic subcomponents, and the PT strategies and IPE curriculum models used will be summarized. See Figure 7 for details on specific analyses.

Program outcomes and impact analyses: Data analyses will be conducted to evaluate the outcomes of the RWHAP AETC Program across several levels – individuals (e.g., providers, faculty, and students), patients, organizations or systems (i.e., clinics, HPPs), and HIV workforce. Descriptive statistics will be used to summarize different outcomes, such as:

- **Individual-level outcomes**, such as the number and percentage of Core TA/T participants, PT providers, and IPE students and graduates who have used or plan to use specific areas of knowledge and/or skills learned though AETC trainings.
- **Patient-level health outcomes**, such as rates of HIV clinical care performance measures collected through the PT Project, including percentages of patients who received PrEP, HIV testing, diagnosed and linked to care, retained in care, prescribed ART, and had viral suppression.
- **Organizational or systems-level outcomes**, such as the adoption of policies and procedures related to supporting patient-centered and team-based care at PT participating clinics, and standardization of faculty training and curriculum on HIV-IPE at IPE participating HPPs.
- **HIV workforce outcomes**, such as the number of IPE students who intend to provide HIV care post-graduation.

See Figure 7 for details on specific analyses on outcome measures across these levels for each of the RHWAP AETC programmatic subcomponents.

Trend or longitudinal analyses of program reach and outcomes: For relevant process and outcome measures, and where it is feasible to link data sets, additional analyses can be conducted to describe any increasing or decreasing trends over time. For example, *ER* and *PIF* data will be analyzed across the 2016-2019 program years to describe patterns of training events overall and by various event characteristics; that is, the total number of trainings and percentage of trainings by type, topic, and

modality will be summarized. Likewise, participant reach nationally across all Regional AETCs combined will be described; that is, the total number of participants overall and percentages by demographics will be summarized.

Other analyses of longitudinal outcomes data are also planned, such as comparisons of PT clinic capacity for PT and IPE HPP capacity for integrating HIV-IPE curriculum as measured at baseline and every twelve months. Trend analyses can also be performed on aggregated patient-level outcomes data collected across all PT clinics combined to assess for any changes or improvements over time. See Figure 7 for details on specific analyses.

Figure 7: Descriptive Statistics of Process and Outcome Measures

PROCESS MEASURES *(Reach, Adoption, Implementation)*	OUTCOME MEASURES *(Maintenance, Effectiveness)*
Core Technical Assistance and Training *Sources: PIF, ER, and CORE tools*	
# of TA/T provided [*ER*] o #/% by training characteristics: topic, training (e.g., didactic, interactive) and modality (e.g., in-person, distance-based) types o #/% by other factors: location of training, funding/programmatic subcomponent o Average # participants per event, by type o Trends over time **# of participants trained/reached** [*PIF*] o #/% by participant characteristics: gender, profession/discipline, race/ethnicity, patient population served, employment setting, location/geography; new versus repeat participant, etc. *(PIF)* o #/% by training characteristics: topic, modality *(PIF, ER)* o Average # events per participant *(PIF, ER)* o Trends over time *(PIF, ER)*	**#/% of participants reporting intent to use or actual use of knowledge and/or skills along the HIV care along the HIV care continuum and other aspects of HIV care and treatment** *(individual level)* [*CORE-IP, CORE-LT*] o By training characteristics *(ER)* o By participant characteristics *(PIF)* o By other factors *(ER)*
Minority AIDS Initiative Activities *Sources: PIF, ER, CORE, PT, and IPE tools*	
# of minority providers/# providers serving minority populations trained to provide HIV care [*PIF*] o #/% by participant characteristics gender, profession/discipline, race/ethnicity, patient population served, employment setting, location/geography; new versus repeat participant, etc. *(PIF)* o #/% by training characteristics: topic, modality *(PIF, ER)*	**#/% of minority or minority-serving providers who have increased capacity to deliver quality HIV care** *(individual)* [*CORE, PT, and IPE tools]* o By training characteristics *(ER)* o By participant characteristics *(PIF)* o By other factors *(ER)* **# minority/minority-serving providers who provide HIV care** *(workforce) [IPE-SA]*

- Trends over time *(PIF, ER)*

# of trainings provided, using MAI funds *[ER]*
- #/% by training characteristics: topic, modality *(ER)*
- #/% by other factors: location of training *(ER)*
- Trends over time *(ER)*

- # of IPE graduate racial/ethnic minorities who report providing HIV care or graduates providing HIV care to racial/ethnic minorities post-graduation

↑ access to quality HIV care in minority communities disproportionately impacted by HIV *(systems) (PT-OA, PT-PM)*
- #/% of PT participating clinics serving racial/ethnic minorities with improved care continuum outcome measures

Practice Transformation Project

Sources: PT, PIF, ER, and CORE tools

# of clinics in PT Project *[PT-OA]*
- #/% by clinic characteristics: RWHAP or CHC, location, clinic setting/type; patient caseload and characteristics; provider characteristics; capacity for PT and QI/QM at intake

# of PT trainings provided *[ER]*
- #/% by training characteristics: topic, modality

 # clinic staff/providers trained *[ER, PIF]*
- #/% participating/trained out of total eligible
- #/% by characteristics: gender, profession/discipline, race/ethnicity, location/geography

PT models or strategies used *[PT-OA]*
- Description of PT strategies or models – e.g., HIV care continuum focus, coaching activities and intensity

#/% of providers with increased capacity and skill to deliver patient-centered, team-based HIV care *(individual) [CORE, PT-PA]*
- By training characteristics *(ER, PT-OA)*
- By provider characteristic *(PIF, PT-PA)*
- By clinic characteristics, PT capacity, PT strategy or model *(PT-OA)*

#/% of PT clinics with increased capacity and policies and procedures to support patient-centered, team-based HIV care *(systems) [PT-OA]*
- By clinic characteristics, PT capacity, PT strategy or model
- Comparisons over time, baseline and annual follow-up

#/% of patients at PT clinics who are tested for HIV, diagnosed and linked to care, retained, and prescribed ART improved *(patient-level) [PT-PM]*
- By clinic characteristics, PT capacity, PT strategy or model *(PT-OA)*
- By provider skills *(CORE, PT-PA)*
- Trends over time

Interprofessional Education Project

Sources: IPE, PIF, ER, and CORE tools

# of HPP partners in IPE Project *[IPE-HPPP]*
- #/% by HPP characteristics: type or discipline, location, student size, faculty size

# of HIV IPE trainings provided *[ER]*
- #/% by training characteristics: topic, modality

# of faculty participating & trained *[PIF]*
- #/% participating/trained out of total eligible

#/% of faculty who have increased capacity and ability to teach HIV IPE core competencies *(individual) [CORE, IPE-FA]*
- By training characteristics *(ER, IPE-SA)*
- By faculty characteristic *(PIF, IPE-FA)*
- By HPP characteristics, capacity, IPE curriculum strategy or model *(IPE-HPPP)*

o #/% by characteristics: gender, profession/discipline, race/ethnicity, location/geography **# of IPE students enrolled & trained** *[PIF, IPE-SA]* o #/% participating/trained out of total eligible o #/% by characteristics: gender, profession/discipline, race/ethnicity, location/geography **HIV IPE curriculum strategies used** *[IPE-HPPP]* Description of HIV IPE curriculum strategies or models	**#/% of HPPs with new or enhanced policies related to integration of HIV IPE core competencies into curriculum** *(systems) [IPE-HPPP]* o By HPP characteristics and IPE curriculum strategy or model o Comparisons over time, baseline and annual updates **#/% of students who have increased knowledge, skills, and intentions to provide team-based, quality HIV care** *(individual) [CORE, IPE-SA]* o By training characteristics *(ER, IPE-SA)* o By student characteristic *(PIF, IPE-SA)* o By HPP characteristics, capacity, IPE curriculum strategy or model *(IPE-HPPP)* **#/% of IPE program graduates who intend to provide HIV care** *(workforce) [IPE-SA]* o By graduate characteristic *(IPE-SA)* o By HPP characteristics, capacity, IPE curriculum strategy or model *(IPE-HPPP)*

C. Additional Potential Methods and Analysis

This section describes additional evaluation methods and data analyses that may be conducted to further describe the implementation processes and impact of AETC activities. The design and focus of these studies will be informed by the findings of the quantitative data analyses described above. These supplementary studies will help HRSA HAB and the national RWHAP AETC Program stakeholders understand the adoption, implementation, and maintenance/sustainability aspects of AETC activities and programming.

1. Thematic Studies

Thematic studies focus on special topics and are particularly useful for describing how, why, and what aspects of interventions were successful or challenging and can provide contextual background information for the quantitative findings observed. Methods for these studies can vary from conducting sub-analyses of NEP data, to establishing new study protocols to assess a particular phenomenon, to drawing on qualitative evaluation methods (i.e., case studies) to further explain patterns and trends in the data. Secondary data sources such as HRSA HAB RWHAP RSR and the UDS data sets can also be drawn upon for analysis to provide contextual background.

Examples of thematic studies might include:

- Analysis of PT Project clinic outcomes based on HIV care continuum outcome(s) of focus. For example, identification of all clinics focusing their PT activities on specific HIV care continuum

topics, such as retention or viral suppression, would facilitate cross-clinic measurement of changes in these outcomes over time.

- Description of PT intervention strategies and components that are most associated with improvements in HIV quality of care outcomes.
- Identification of barriers and facilitators for incorporating patient-centered, team-based care in the delivery of comprehensive quality HIV care for the PT Project.
- Case studies of successful approaches to adapting and sustaining HIV IPE-related curricula at HPPs to prepare students to provide care for PLWH.

Potential UDS measures to support the thematic studies may include the following: count of patients and visits with symptomatic and asymptomatic HIV; count of patients and visits with an HIV test conducted; HIV linkage to care measured as number of patients newly diagnosed with HIV and number of patients seen for follow-up treatment within 90 days of diagnosis; count of HIV-positive pregnant women served by the health center; and total federal grant dollars health centers received for Ryan White Part C-HIV Early Intervention. These thematic studies will be further developed upon review of the NEP data and in consultation with HRSA HAB and the Regional AETCs. JSI will track and document any thematic studies and analyses that are conducted.

2. Geographic Mapping Analyses

Visual depictions of process and outcomes data using geospatial software can be helpful for understanding spatial and geographic trends for answering HRSA HAB evaluation questions.

Given the national reach of the RWHAP AETC Program and regional-level data, combined with the availability of secondary data sources, such as HIV incidence and health professional shortage areas, there are opportunities to include geographic analyses in the national evaluation. Examples of mapping analyses might include:

- Mapping AETC participant demographics against HIV-related disparity, HIV care continuum outcomes, and health professional shortage area data to indicate the extent to which an RWHAP AETC Program is reaching minority providers and/or minority serving providers in areas where there are HIV disparities or unmet needs.
- Overlaying AETC training participant reach data against HIV prevalence and incidence data can also reveal any gaps or geographically-based TA/T needs to inform future programming, such as targeting activities in areas with disparities (e.g., specific states, or rural, urban, or suburban areas).
- A time series set of maps representing the geographic locations of training participation and training topic focus may identify any annual or seasonal variability and/or changes in participant interest and reach.

Other opportunities to utilize mapping analyses to evaluate RWHAP AETC program impact can be further explored after review of the national evaluation data and in discussions with HRSA HAB. JSI will track and document any mapping analyses that are conducted.

To conduct the mapping analyses, geographic or location-related data elements such as AETC Region, state, county, zip code (e.g., zip codes in which participants provide HIV care as captured in the *PIF* and locations of IPE participating HPPs) that are collected in the NEP tools, will be identified in the datasets and linked to the associated geographic identifiers in the secondary data sources.

D. Data Analysis Schedule and Updates

Data analysis activities will align with reporting and dissemination activities and timeline. Regional AETC data submissions will also align with reporting. Table 12 outlines the dates of planned data analyses, the program year of the data being analyzed and the version of the NEP which data collected were based upon.

Table 12: JSI's Data Analysis and Reporting Timeline

RWHAP AETC Program Year	NEP Tools (Previous/Current)	JSI Data Analysis Timeframe	Evaluation Report (Date due to HRSA HAB)
2016-2017	Previous NEP Tools	October 2018 – March 2019	**Analysis and Summary Report** (Spring 2019)
2017-2018	Previous NEP Tools	October 2018 – March 2019	**Analysis and Summary Report** (Spring 2019)
2018-2019	Current NEP Tools Previous and Current	October 2019 – March 2020	**Analysis and Summary Report** (Spring 2020)
2016-2019	Previous and Current	October 2019 – May 2020	**Trend Analysis Report** (Spring 2020)

Data analysis plan review and updates: The national AETC evaluation will follow the analysis plan described here. At a minimum, JSI will review the analysis plan annually and make updates as needed to reflect any changes in HRSA HAB's evaluation priorities.

IX. Data Dissemination Plan

This section describes the dissemination strategy for findings from the implementation of the AETC NEP. Findings will be structured around HSRA HAB's three evaluation questions, as well as evaluation questions for each programmatic subcomponent. Overall findings, by programmatic subcomponent, as well as findings for any specific thematic studies conducted will be presented. Data reports, timelines, and planned venues for presenting evaluation findings by JSI are presented below. Recommended dissemination activities to be conducted by the Regional AETCs are also listed below, though these specific regional strategies are described in Regional AETC applications, workplans, and progress reports.

A. Description and Frequency of National Evaluation Reports

The data summary reports are described below, along with the program years for the data to be analyzed in each report. Reports will also include a summary of major findings addressing the three HRSA HAB evaluation questions in a visually engaging manner (i.e., use of infographics) to support the accessibility of information by HRSA HAB and RWHAP AETC Program stakeholders.

1. **Data Report: Analysis of 2016/2017 RWHAP Regional AETC Program Data**

   Starting in October 2018, JSI will begin analysis of the 2016/2017 RWHAP Regional AETC Program data. The planned completion date for this report is April 2019.

2. **Data Report: Analysis of 2017/2018 RWHAP Regional AETC Program Data**

   Starting in October 2018, JSI will begin analysis of the 2017/2018 RWHAP Regional AETC Program data. The planned completion date for this report is April 2019.

3. **Data Report: Analysis of 2018/2019 RWHAP Regional AETC Program Data**

   Starting in October 2019, JSI will begin analysis of the 2018/2019 Regional AETC Program data. The planned completion date for this report is April 2020.

4. **Data Report: Trend Analysis of RWHAP Regional AETC Program Data 2016 - 2019 Data**

   Starting in October 2019, JSI will begin analysis of the 2016-2019 RWHAP Regional AETC Program Data. The planned completion date for this report is July 2020.

In addition to these data reports outlined in the evaluation contract scope of work, JSI will work with HRSA HAB and the Regional AETCs to develop dissemination plans related to summarizing the results of any thematic studies conducted to examine the reach and impact of the RWHAP AETC programmatic subcomponents, specifically as they relate to the adoption, implementation, and maintenance or sustainability of program activities in an effort to spread lessons learned and best practices.

B. Presentation of Evaluation Findings

In addition to the presentation of major findings from each of the above reports to HRSA HAB, JSI will present at the following conferences and meetings.

- 2018 National Ryan White Conference on HIV Care and Treatment *(December 11-14, 2018)*
- AETC Administrative Reverse Site Visit for FY 2019 *(April 2019, dates to be determined)*
- 2019 Ryan White HIV/AIDS Clinical Care Conference *(Fall 2019, date to be determined)*

Opportunities for additional dissemination venues will be discussed and identified with HRSA HAB.

C. Dissemination of Regional AETCs Evaluation Findings

While regional trends in the RWHAP AETC Program data may be analyzed and presented as part of the data reports listed above, the timeline for production of these reports is much later than what is necessary for local utilization of data for program improvement purposes. Additionally, Regional AETCs will need access to data to fulfill reporting requirements and requests (i.e., progress reports to HRSA HAB). Therefore, this NEP builds on the premise that Regional AETCs have local access to their own data to allow for ongoing review and data analysis to support regional data sharing and program planning. In addition, opportunities to share region-specific evaluation findings and practices will be built into ongoing regional AETC evaluation calls with HRSA HAB.

X. Appendix: Data Collection Tools

CORE Immediate-Post Training Survey

Instructions: Thank you for participating in an HIV training event through the AIDS Education and Training Centers (AETC) Program. The purpose of this brief survey is to better understand how you plan to use the information and skills presented during the training. Please take a few minutes to complete the following survey.

---

1. **Please create your participant ID by completing the following:**
   You should use the same ID for all AETC trainings

   First two letters of first name: ___ ___
   First two letters of last name: ___ ___
   Birth month in numbers (two digits): ___ ___
   Birth day (two digits): ___ ___

2. **To what extent do you plan to use the following knowledge and/or skills learned in the training?**
   Please select "N/A" if the topic was not addressed or if you do not provide the particular service.

	Not at All	A Little	A Moderate Amount	Quite a Bit	A Great Deal	N/A
HIV prevention (i.e., HIV education, HIV counseling, PrEP)	○	○	○	○	○	○
HIV testing (i.e., testing and interpretation of test results)	○	○	○	○	○	○
HIV care and treatment (i.e., linkage, engagement, retention, antiretroviral therapy treatment and adherence)	○	○	○	○	○	○
Screening, evaluation, and management of co-occurring conditions (i.e., Hepatitis B & C, mental health, substance use, other chronic conditions, sexually transmitted infections, opportunistic infections)	○	○	○	○	○	○
HIV service delivery (i.e., team-based care, services for diverse PLWH, non-medical care coordination)	○	○	○	○	○	○
Other training topic, please specify: _____ _____	○	○	○	○	○	○

3. Please indicate the extent to which you agree or disagree with the statements below. As a result of the training…

	Strongly Disagree	Somewhat Disagree	Neither Agree or Disagree	Somewhat Agree	Strongly Agree	N/A
I intend to change the way I provide services to PLWH	○	○	○	○	○	○
I intend to seek additional training from HIV experts	○	○	○	○	○	○

4. Do you prescribe medications as part of your work with people living with HIV (PLWH)?

[ ] Yes, I prescribe medication
[ ] No, I do not prescribe medication

Thank you for completing this survey!

To Be Completed by AETC

AETC Region Number: ___ ___

Local Partner Site Number: ___ ___ ___

Event Record Program ID Number: ___ ___ ___ ___ ___ ___ ___ ___

Date of Training Event (MM/DD/YYYY): ___ ___/___ ___/___ ___ ___ ___

Date Survey Completed (MM/DD/YYYY): ___ ___/___ ___/___ ___ ___ ___

Is this training event part of a "multi-session" event?

[ ] No
[ ] Yes

If yes, what session number is this training event? ____*(#)* of how many total sessions? ____*(#)*

Select the one topic that best describes the content covered by this training. *(Select one)*

[ ] HIV prevention
[ ] HIV testing and diagnosis
[ ] Linkage/referral to HIV care
[ ] Engagement and retention in HIV care
[ ] Antiretroviral treatment and adherence
[ ] Management of co-morbid conditions
[ ] Other, please specify: _____

CORE Long-Term Follow-Up Training Survey

Instructions: Thank you for participating in an HIV training event through the AIDS Education and Training Centers (AETC) Program. The purpose of this brief survey is to better understand how you have used the information and skills presented during the training you attended three months ago. Please take a few minutes to complete the following survey.

---

1. **Please create your participant ID by completing the following:**
   You should use the same ID for all AETC trainings

   First two letters of first name: ___ ___
   First two letters of last name: ___ ___
   Birth month in numbers (two digits): ___ ___
   Birth day (two digits): ___ ___

2. **To what extent have you used the knowledge and/or skills learned during the training?**
   Please select "N/A" if the topic was not addressed or if you do not provide the particular service.

	Not at All	A Little	A Moderate Amount	Quite a Bit	A Great Deal	N/A
HIV Prevention						
HIV education and counseling	○	○	○	○	○	○
PrEP assessment and prescribing	○	○	○	○	○	○
HIV Testing						
HIV testing	○	○	○	○	○	○
Interpretation of HIV testing results	○	○	○	○	○	○
HIV Care and Treatment						
Linkage to HIV care	○	○	○	○	○	○
Engagement and retention	○	○	○	○	○	○
Prescribing, managing, and monitoring antiretroviral therapy	○	○	○	○	○	○
Antiretroviral therapy adherence	○	○	○	○	○	○
Screening, Evaluation, and Management of Co-Occurring Conditions						
Hepatitis B and/or C co-infection	○	○	○	○	○	○
Mental health disorders	○	○	○	○	○	○
Substance use disorders	○	○	○	○	○	○
Other chronic medical conditions	○	○	○	○	○	○
Sexually transmitted infections	○	○	○	○	○	○
Opportunistic infections	○	○	○	○	○	○
HIV Service Delivery						
Delivering team-based, interdisciplinary care	○	○	○	○	○	○
Providing services to culturally diverse PLWH	○	○	○	○	○	○
Care-coordination for non-medical needs	○	○	○	○	○	○
Other Training Topic						
Other, please specify: _____ _____	○	○	○	○	○	○

3. **Do you prescribe medications as part of your work with people living with HIV (PLWH)?**

[ ] Yes, I prescribe medication
[ ] No, I do not prescribe medication

4. **As a result of the training, in which of the following areas did your clinic/organization create new or enhanced policies or procedures?** (*Select all that apply*)

[ ] Increase in PrEP prescribing
[ ] Increase in retention in care for patients on PrEP
[ ] Increase in HIV testing
[ ] Increase in sharing of HIV test results with patients
[ ] Increase in patients with HIV-positive test linked to HIV care
[ ] Increase in services to support patient engagement and retention in HIV care
[ ] Increase in patients with undetectable viral load
[ ] Other policies/procedures, please specify: _____
[ ] None of the above
[ ] Not applicable or my clinic/organization setting does not provide HIV-related services

Thank you for completing this survey!

To Be Completed by AETC

AETC Region Number: ___ ___

Local Partner Site Number: ___ ___ ___

Event Record Program ID Number: ___ ___ ___ ___ ___ ___ ___ ___

Date of Training Event (MM/DD/YYYY)**:** ___ ___ /___ ___ /___ ___ ___ ___

Date Survey Completed (MM/DD/YYYY)**:** ___ ___ /___ ___ /___ ___ ___ ___

Is this training event part of a "multi-session" event?

[ ] No
[ ] Yes

If yes, what session number is this training event? ____*(#)* of how many total sessions? ____*(#)*

Check the one topic that best describes the content covered by this training. *(Select one)*

[ ] HIV prevention
[ ] HIV testing and diagnosis
[ ] Linkage/referral to HIV care
[ ] Engagement and retention in HIV care
[ ] Antiretroviral treatment and adherence
[ ] Management of co-morbid conditions
[ ] Other, please specify: _____

Practice Transformation Project
Organizational Assessment (PT-OA)

Instructions: The goal of this assessment is to describe the current capacity of your clinic to provide patient-centered HIV care, identify areas for strengthening staff skills and organizational capacity to support persons living with HIV (PLWH) achieve viral suppression, and to document changes over the course of the PT Project. For this assessment, the term "clinic" refers to the location at which PT activities occur. Your organization may have multiple clinic sites participating in this project. A *PT-OA* form should be completed for each participating clinic site.

This form is to be completed by the **PT Clinic Leadership Team**, which includes administrative, clinical, and quality management staff at the participating clinic site. The AETC PT Coach working with your clinic site will review and finalize the completed form with the PT Clinic Leadership Team.

Findings from the *PT-OA* completed at baseline should be used by the PT Coach to facilitate discussion of the clinic's PT needs and capacity, and guide the development of your clinic's PT work plan.

This assessment tool will be repeated every 12 months to examine changes in staff and organizational capacity as a result of participating in the PT Project. This form should be completed and submitted along with the *PT-Performance Measures Form* (*PT-PM*).

BACKGROUND INFORMATION

1. Please list the professions of all the individuals providing input into this assessment.
(Select all that apply)

[ ] Dentist
[ ] Other Dental Professional
[ ] Nurse Practitioner or other Nursing Professional who prescribes
[ ] Nurse Professional who does not prescribe
[ ] Midwife
[ ] Pharmacist
[ ] Physician
[ ] Physician Assistant
[ ] Case manager/Care Coordinator
[ ] Dietician or Nutritionist
[ ] Health Educator
[ ] Mental/Behavioral Health Professional
[ ] Community Health Worker (includes Peer Educator or Navigator)
[ ] Social Worker
[ ] Substance Use Professional
[ ] Practice Administrator or Leader (e.g., Chief Executive Officer, Nurse Administrator)
[ ] Other Allied Health Professional (e.g., Medical Assistant, Podiatrist, Physical Therapist), please specify: _____
[ ] Other Public Health Professional, please specify: _____
[ ] Non-clinical professional (e.g., Front Desk Staff, Grant Writer), please specify: _____

2. Which statement below best describes your clinic's participation status in the AETC PT Project?
(Select one and indicate the date; dates may be approximate.)

[ ] The PT Project is not yet in development → Date development will begin
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)
[ ] The PT Project is in development → Date implementation will begin
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)
[ ] The PT Project is being implemented → Date implementation began
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)
[ ] The PT Project is ending or completing → Date activities will formally end
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)
[ ] Other status, specify: _____

3. What is the state/territory and zip code of your clinic?

___ ___*(state/territory)* and ___ ___ ___ ___ ___*(zip code)*

4. **Does your clinic currently participate in other federal, state, or local initiatives to improve the health care workforce or practice transformation at your site?**
   - [ ] Yes (*Continue to Question 4b)*
   - [ ] No *(Skip to Question 5)*

4b. If yes, describe the funder, project time frame, and clinic department(s) involved:

_____
_____
_____

5. **Select <u>all</u> type(s) of funding your clinic currently receives:**
(Select all that apply)

- [ ] Federal Qualified Health Center (FQHC) with operational funding under Section 330 of the Public Health Service Act
- [ ] Ryan White HIV AIDS Program (RWHAP) Part A funding
- [ ] RWHAP Part B funding
- [ ] Minority AIDS Initiative (MAI) funding
- [ ] Other types of funding received for HIV prevention and care services, please specify:
  _____

6. **If your clinic is an FQHC, does your clinic provide HIV care services beyond HIV screening and testing?**

- [ ] Yes
- [ ] No
- [ ] Not applicable, my clinic is not an FQHC

7. **Is your clinic a recognized and/or certified Patient-Centered Medical Home (PCMH)?**

- [ ] Yes *(Continue to Question 7a)*
- [ ] No *(Skip to Question 8)*
- [ ] Don't know *(Skip to Question 8)*

7a. If yes, what year was certification/recognition obtained? ___ ___ ___ ___(YYYY)

7b. What type of certification/recognition was obtained? *(Select all that apply)*

- [ ] Joint Commission on Accreditation of Health Care Organizations (JACHO)
- [ ] National Committee for Quality Assurance (NCQA)
- [ ] Other, please specify: _____

8. **Is your clinic a certified Patient-Centered Specialty Practice (PCSP)?**
   - [ ] Yes
   - [ ] No
   - [ ] Don't know

FOCUS OF TRAINING ACTIVITIES FOR THE PRACTICE TRANSFORMATION PROJECT

9. Please select *all* of the training topics of focus for the AETC PT Project at your clinic.
(Select all that apply)

- [ ] HIV education and counseling
- [ ] HIV Pre-exposure Prophylaxis (PrEP) assessment and prescribing
- [ ] HIV testing
- [ ] Interpretation of HIV testing results
- [ ] Linkage to HIV care
- [ ] Engagement and retention
- [ ] Prescribing, managing, and monitoring antiretroviral treatment
- [ ] Antiretroviral therapy adherence
- [ ] Hepatitis B and/or C co-infection
- [ ] Mental health disorders
- [ ] Substance use disorders
- [ ] Other chronic medical conditions
- [ ] Sexually transmitted infections
- [ ] Opportunistic infections
- [ ] Delivering team-based, interdisciplinary care
- [ ] Providing services to culturally diverse PLWH
- [ ] Care-coordination for non-medical needs
- [ ] Other, please specify: _____

10. Select the statement that best describes the target of the AETC PT Project activities at your clinic:
(Select one)

- [ ] PT Project training and TA are targeted at the entire clinic
- [ ] PT Project training and TA are targeted at a specific unit of the clinic only
- [ ] PT Project training and TA are targeted at multiple clinics housed at the same site
- [ ] PT Project training and TA are targeted at one clinic location in a network of multiple clinic locations
- [ ] Other, please specify: _____

11. Which of the following best describes the team model at your clinic?
(Select one)

- [ ] Prescribers almost always work with the same RN, LVN/LPN, or Medical Assistant
- [ ] Prescribers almost always work with the same group of RNs, LVN/LPNs, or Medical Assistants
- [ ] Prescribers rarely work with the same RN, LVN/LPN, or Medical Assistant

CLINIC'S PROVIDER/STAFF CHARACTERISTICS AND SERVICES PROVIDED

12. For the staff categories listed below, please specify the total number of <u>current</u> staff in each category, as well as the number that are racial/ethnic minorities, and the total full time equivalent (FTE). Racial/ethnic minorities include those who identify as non-white or Hispanic (any race).

	Total Number Unique Individuals	Total Number Racial/Ethnic Minorities	Total FTE
Prescribing clinical providers (MD/DO, PA, NP, PharmD, DDS, etc.)			
Non-prescribing clinical providers (RN, LPN/LVN, BSN, etc.)			
Clinical support staff (MA, CNA, med. tech., etc.)			
Behavioral health staff (psychologists, BSW, MSW, LCSW, nutritionists, etc.)			
Support services, outreach and navigation staff (case managers, CHW, patient navigators, etc.)			
Administrative non-clinical support staff (non-clinical, front desk, billing, admin support, quality improvement etc.)			

12a. For the staff categories below, please specify the turnover in full time equivalents (FTE) for each type of position during the past 12 months.

	Total Number of FTE for Staff who Left Position or on Leave of Absence	Total Number of FTE for Staff Hired	Total Number of FTE currently vacant
Prescribing clinical providers (MD/DO, PA, NP, PharmD, DDS, etc.)			
Non-prescribing clinical providers (RN, LPN/LVN, BSN, etc.)			
Clinical support staff (MA, CNA, med. tech., etc.)			
Behavioral health staff (psychologists, BSW, MSW, LCSW, nutritionists, etc.)			
Support services, outreach and navigation staff (case managers, care coordinators CHW, patient navigators, etc.)			
Administrative non-clinical support staff (front desk, billing, quality improvement etc.)			

13. **Please indicate whether your clinic provides the following services to patients at risk for or living with HIV. If your clinic provides the service, indicate which staff member(s) is/are responsible for providing that service.** *(Select all that apply)*

	Is service provided?	Prescribing clinical providers	Non-prescribing clinical providers	Clinical support staff	Behavioral health staff	Case management, support services, outreach & navigation staff	Administrative non-clinical support staff	Other staff
HIV testing	[ ] Yes [ ] No	○	○	○	○	○	○	○
PrEP services to patients/partners	[ ] Yes [ ] No	○	○	○	○	○	○	○
Primary medical care for PLWH	[ ] Yes [ ] No	○	○	○	○	○	○	○
Prescription and monitoring of anti-retroviral therapy	[ ] Yes [ ] No	○	○	○	○	○	○	○
Prophylaxis and treatment for opportunistic infections	[ ] Yes [ ] No	○	○	○	○	○	○	○
Care and treatment for co-morbid conditions	[ ] Yes [ ] No	○	○	○	○	○	○	○
Care and treatment for mental health conditions	[ ] Yes [ ] No	○	○	○	○	○	○	○
Care and treatment for substance use disorders	[ ] Yes [ ] No	○	○	○	○	○	○	○
Oral health care	[ ] Yes [ ] No	○	○	○	○	○	○	○

14. Please indicate whether your clinic provides the following services to patients living with HIV. If your clinic provides the service, indicate which staff member(s) is/are responsible for providing that service. *(Select all that apply)*

	Is service provided?	Prescribing clinical providers	Non-prescribing clinical providers	Clinical support staff	Behavioral health staff	Case management, support services, outreach & navigation staff	Administrative non-clinical support staff	Other staff
Referring and linking newly HIV diagnosed patients to care	[ ] Yes [ ] No	○	○	○	○	○	○	○
Care coordination for HIV patients (identifying and organizing needed resources)	[ ] Yes [ ] No	○	○	○	○	○	○	○
Follow-up with patients who miss appointments	[ ] Yes [ ] No	○	○	○	○	○	○	○
HIV medication adherence counseling	[ ] Yes [ ] No	○	○	○	○	○	○	○
Benefits/services enrollment (health insurance, payment for medications, etc.)	[ ] Yes [ ] No	○	○	○	○	○	○	○
Translation services including interpretation services for hearing impaired	[ ] Yes [ ] No	○	○	○	○	○	○	○
Transportation for medical appointments	[ ] Yes [ ] No	○	○	○	○	○	○	○

15. **Within your clinic, patients with HIV…** *(Select one)*

- [ ] Receive primary care and are referred out of the practice for HIV specialty care
- [ ] Receive HIV care from an HIV expert and are referred out of the practice for primary care
- [ ] Receive primary care and basic HIV care from the same clinician who can access expert HIV consultation when needed
- [ ] Receive both primary and expert HIV care from the same clinician
- [ ] Receive HIV care and primary care from different clinicians within our clinic

16. **HIV care workflows for clinical teams are…** *(Select one)*

- [ ] Not documented and/or are different for each person or team
- [ ] Documented, but are not used to standardize workflows across the practice
- [ ] Documented, and are utilized to standardize practice
- [ ] Documented, and utilized to standardize workflows, and are evaluated and modified on a regular basis

17. **Standing orders for HIV-related care that can be completed by non-physicians under protocol…** *(Select one)*

- [ ] Do not exist for the clinic
- [ ] Exist, but are not used
- [ ] Exist, and sometimes used
- [ ] Exist, and are used all the time

18. **Support services (provided by case management, care coordinators, community health workers, patient navigators, or outreach workers) for high-risk HIV patients are…** *(Select one)*

- [ ] Not available
- [ ] Provided by external staff with limited connection to the practice
- [ ] Provided by external staff who regularly communicate with the care team
- [ ] Provided by a member of the practice team, regardless of location

19. **Linking HIV patients to supportive (wrap-around) services is…** *(Select one)*

- [ ] Not done routinely
- [ ] Limited to providing patients a list of identified resources in an accessible format
- [ ] Accomplished through a designated staff person or resource responsible for connecting patients with resources within the practice team
- [ ] Accomplished through active coordination between the health system, support service agencies and patients, and accomplished by a designated staff person in the clinic but not the practice team
- [ ] Accomplished through active coordination between the health system, support service agencies and patients, and accomplished by a designated staff person external to the clinic
- [ ] Other, please specify: _____

CLINIC'S EHR SYSTEM AND DATA USE CAPACITY

20. Does your clinic use an electronic patient portal?

[ ] Yes *(Continue to Question 20a)*
[ ] No *(Skip to Question 20b)*

20a. If yes, is there a specific person on the HIV care team who provides patient education on the use of the portal?

[ ] Yes *(Skip to Question 21)*
[ ] No *(Skip to Question 21)*

20b. If no, is your clinic planning to develop a patient portal?

[ ] Yes
[ ] No

21. Does your clinic regularly remind and/or confirm patient appointments prior to their planned visit?

[ ] Yes
[ ] No

22. Please rate your clinic's ability to generate annual reports from your EHR on data related to the HIV care continuum outcomes as part of this AETC PT Project.

	Currently can generate annual reports	Please select how reports are generated
Prescribed PrEP	[ ] Yes [ ] No	[ ] Manually [ ] Electronically
HIV testing	[ ] Yes [ ] No	[ ] Manually [ ] Electronically
Linkage to care	[ ] Yes [ ] No	[ ] Manually [ ] Electronically
Retention in care	[ ] Yes [ ] No	[ ] Manually [ ] Electronically
Prescribed ART	[ ] Yes [ ] No	[ ] Manually [ ] Electronically
Viral suppression	[ ] Yes [ ] No	[ ] Manually [ ] Electronically

CLINIC'S POLICIES AND PROCEDURES RELATED TO HIV SERVICES

23. Select <u>all</u> the statement(s) that describe your clinic's HIV testing policies and practices. We test…

[ ] All patients without a result on record
[ ] All new patients at intake
[ ] High risk patients annually
[ ] Patients based on risk factors
[ ] At patients' request
[ ] Based on recommendation made by the clinical provider

23a. Is confirmatory HIV testing conducted onsite?

[ ] Yes *(Continue to Question 23ai)*
[ ] No *(Skip to Question 23b)*

23ai. If yes, how many days on average does it take to give test results to the patient?
____*(# days)*

23b. Please answer the following questions about how HIV test results are delivered to patients at your clinic.

23bi. Are results given in person?

[ ] Yes
[ ] No

23bii. Who gives test results? *(Select all that apply)*

[ ] Nurse Practitioner
[ ] Nurse/Advanced Practice Nurse (non-prescriber)
[ ] Registered Nurse
[ ] Physician
[ ] Physician Assistant
[ ] Case Manager/Care Coordinator
[ ] Health Educator
[ ] Mental/Behavioral Health Professional
[ ] Community Health Worker (includes Peer Educator or Navigator)
[ ] Social Worker
[ ] Substance Use Professional
[ ] Other, please specify: _____

23biii. Are the results given using a team-based approach?
("Team-based" is defined as results given by two or more members of the HIV care team as listed above.)

[ ] Yes
[ ] No

23biv. Is there a staff member designated to link a newly diagnosed patient to medical care?

[ ] Yes
[ ] No

23bv. How soon is a patient seen for medical care after receiving a positive HIV test?

[ ] Same day
[ ] Within a week
[ ] Within a month
[ ] Other, please specify: _____

24. Which statement(s) below describe(s) your clinic's practices for linking patients newly diagnosed with HIV into medical care? *(Select all that apply)*

[ ] Referral and linkage to HIV medical care is a standardized practice across teams and providers
[ ] Follow-up is conducted to ensure patients are successfully linked to HIV medical care
[ ] Assessment and care planning for HIV support services (e.g., emergency housing, case management, food services) and referral to these services are provided as needed
[ ] Other, please specify: _____

25. If your clinic provides HIV services beyond HIV testing, does your clinic review records to identify patients with HIV who may currently be out of care or at risk of "falling out of care?"

[ ] Yes *(Continue to Question 25a)*
[ ] No *(Skip to Question 26)*
[ ] Not applicable, my clinic does not provide services other than HIV testing *(Skip to Question 26)*

25a. If yes, please describe how this is accomplished:
_____
_____
_____

26. Does your clinic review records to identify patients with HIV who may be currently or at risk of ART non-adherence or virologic failure?

[ ] Yes *(Continue to Question 26a)*
[ ] No *(Skip to Question 27)*

26a. If yes, please describe how this is accomplished:

_____
_____
_____

27. Please indicate whether your clinic screens for the conditions and circumstances listed in the table below, and, if yes, whether a standardized assessment is used.

	Does your clinic screen for the condition?	If yes, is a standardized screening assessment used?
Depression and/or anxiety	[ ] Yes [ ] No	[ ] Yes [ ] No
Alcohol problems	[ ] Yes [ ] No	[ ] Yes [ ] No
Misuse of illicit drugs	[ ] Yes [ ] No	[ ] Yes [ ] No
Domestic violence	[ ] Yes [ ] No	[ ] Yes [ ] No
Homelessness or unstable housing	[ ] Yes [ ] No	[ ] Yes [ ] No

28. Select the category that best describes your clinic's implementation of the following HIV-specific policies and procedures.

	We do not have a formal written policy or procedure	Policies & procedures are being established	Policies & procedures developed, but not yet implemented	Policies & procedures developed and implemented
PrEP medication prescription or dispensing	○	○	○	○
Universal HIV screening	○	○	○	○
Notification of HIV test results	○	○	○	○
Partner notification	○	○	○	○
Initial linkage to HIV services	○	○	○	○
Engagement and retention in HIV care	○	○	○	○
Monitoring and outreach to patents that have not seen in 6 or more months	○	○	○	○
Re-engagement patients into care	○	○	○	○
ART adherence monitoring and support	○	○	○	○
HIV viral suppression monitoring	○	○	○	○
Outreach to patients who have a detectable viral load	○	○	○	○

CLINIC'S CAPACITY DEVELOPMENT RELATED TO HIV

29. Which statement below best describes your clinic's approach to identifying and meeting the HIV-related training needs of providers and staff?

[ ] Do not have a formal approach
[ ] Periodically assess HIV-related training needs and provide opportunities for staff to be trained
[ ] Routinely assess HIV-related training needs and assure staff are trained
[ ] Other, please specify: _____

30. Rate your clinic's current capacity and priority level for implementing the following aspects of patient-centered care and delivery of HIV-related services. *Enter the number corresponding to your clinic's capacity level and the priority level.*

	Capacity Level: **1. Very Low Capacity** **2. Low Capacity** **3. Medium Capacity** **4. High Capacity** **5. Very High Capacity**	**Priority Level:** **1. Very Low Priority** **2. Low Priority** **3. Medium Priority** **4. High Priority** **5. Very High Priority**
Aspects of Patient-Centered Care		
Developing a practice-wide vision with concrete goals and objectives		
Enhancing the use of performance monitoring data and quality improvement practices		
Enhancing the coordination of care through the use of provider teams and improved referrals		
Linking each patient to a care team and a primary care clinician		
Creating teams with well-trained clinical support staff to add primary care capacity		
More effectively engaging patients on clinical decision-making regarding their care		
Periodically checking the registry to identify patients who are due for routine HIV-related services		
HIV-Related Services		
Providing primary medical care to HIV patients		
PrEP counseling and prescribing		
Initiating ART		
Conducting adherence counseling and monitoring adherence		
Managing HIV treatment when drug resistance is present		
Initiating care to prevent and treat co-morbid conditions (e.g., opportunistic infections, cancer)		
Achieving viral suppression among patients receiving medical care		

Thank you for completing this survey!

To Be Completed by AETC

AETC Region Number: ____ ____

Local Partner Site Number: ____ ____ ____

Clinic ID: ___ ___ ___

Indicate Survey Phase:

____**Baseline**

____**1st Follow-up**

____**2nd Follow-up**

____**3rd Follow-up**

Date Survey Completed (MM/DD/YYYY): ___ ___ / ___ ___ / ___ ___ ___ ___

Practice Transformation Project
Performance Measures Form (PT-PM) Baseline

Instructions: The purpose of this form is to document the quality of the HIV care services delivered and patient-level care continuum outcomes at clinic sites participating in PT activities. Aggregate data and performance measure data are to be collected from/submitted by all participating clinics annually. The *PT-PM Baseline* should be collected and submitted with the first annual *PT Organizational Assessment.*

The data or quality improvement specialist on the PT Clinic Leadership Team should oversee completion of the *PT-PM Baseline.* It is strongly recommended that the PT Coach work with the PT site on collecting and reviewing these data on a more frequent basis as part of quality improvement activities to determine progress in reaching the determined PT goals.

BACKGROUND INFORMATION

Please complete the information on this form about the patient population served in your clinic in a given measurement year. To calculate the time frame, please use the previous 12 months from the date this form is completed. *Please note, the measurement year should be continuous with no gaps between years.*

1a. Reporting Year Start Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

1b. Reporting Year End Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

2a. Number of unique (i.e., unduplicated) patients who were provided care in the clinic in the reporting period: _____

2b. Number of unique patients with HIV who were provided care in the clinic in the reporting period: _____

CLINIC'S PATIENT POPULATION INFORMATION

Please complete the following information about the patient population served by your clinic in the given reporting period specified in Question 1. All percentages should be reported up to one decimal point (xx.x%, e.g., 100.0, 95.0, 89.5).

3. **Please describe the socio-demographics and risk factors for your entire clinic population and HIV patient population. Please include the number and percentage for each category**.
Please indicate "0" for the number and percentage if your clinic does not provide care to this population.

	Entire Clinic Population		HIV Patient Population	
	N	(%)	N	(%)
Below 25 years of age				
Racial/ethnic minorities (non-white or Hispanic any race)				
Men who have sex with men (MSM)				
Women				
Transwomen (male-to-female)				
Men				
Transmen (female-to-male)				
Homeless/unstably housed				
Diagnosed with substance use disorder				
Diagnosed with a mental health disorder				

4. **What is the number (numerator) and percentage of your HIV population that fall into each of the categories below?** *Please indicate "0" if your clinic does not provide HIV care to this population.*

	HIV Patient Population	
	N	(%)
Newly diagnosed with HIV (within the last 12 months)		
Newly receiving HIV care at the clinic (within the last 12 months)		
People living with HIV (PLWH) who missed 1 or more scheduled appointments in any 6 month period during the last 12 months		
PLWH returning to care after more than a 12-month absence at the clinic		

REQUIRED PERFORMANCE MEASURES

The following measures are to be collected from all participating PT clinics annually, during the date range above. All percentages should be reported up to one decimal point (xx.x%, e.g., 100.0, 95.0, 89.5).

5. **HIV Testing:** Percentage of patients ages 13-64 years tested for HIV in the reporting period (Source: CDC defined population, see Attachment A)
   ___ ___ ___. ___ %

6. **HIV Positivity**: Percentage of patients ages 13-64 who tested HIV-positive (with confirmatory test) in the reporting period (Source: HRSA HAB, see Attachment A)
   ___ ___ ___. ___%

7. **Linkage to Care:** Percentage of newly diagnosed HIV patients, regardless of age, who were linked to HIV care within 30 days, defined as percentage of patients who had a documented test result for CD4 count or viral load within 30 days of HIV diagnosis (Source: NHAS Updated to 2020 indicator, see Attachment A)
   ___ ___ ___. ___%

8. **HIV Medical Visit Frequency:** Percentage of patients, regardless of age, with a diagnosis of HIV who had two medical appointments with a prescribing provider at least 90 days apart in the measurement period (Source: HRSA HAB, see Attachment A)
   ___ ___ ___. ___%

9. **Prescribed Antiretroviral Therapy (ART)**: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed ART for the treatment of HIV infection during the reporting period, including new prescriptions and refills (Source: HRSA HAB, see Attachment A)
   ___ ___ ___. ___%

10. **Viral Load Suppression**: Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last HIV viral load test during the reporting period (Source: HRSA HAB, see Attachment A)
    ___ ___ ___. ___%

ADDITIONAL PERFORMANCE MEASURES

These performance measures are required for PT clinics that target the following areas as part of their PT Project interventions.

11. **Does your clinic target PrEP use as part of the PT Project?**

    [ ] No *(Skip to Question 12)*
    [ ] Yes *(Continue to Question 11a)*

    11a. Number of patients ever prescribed PrEP since the start of the PT Project *(Use the first enrollment date in the PT Project):*
    _____

11b. Number of patients currently prescribed PrEP in the reporting period *(This includes all new prescriptions and refills in the last 12 months):*

_____

11c. Percentage of PrEP patients with an HIV test in the reporting period:
___ ___ ___. ___%

12. Does your clinic target substance abuse screening as part of the PT Project?

[ ] No *(Skip to Question 13)*
[ ] Yes *(Continue to Question 12a)*

12a. Substance Abuse Screening: Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

13. Does your clinic target antiretroviral therapy (ART) adherence assessment and counseling as part of the PT Project?

[ ] No *(Skip to Question 14)*
[ ] Yes *(Continue to Question 13a)*

13a. ART Adherence Assessment and Counseling: Percentage of patients with an HIV infection on ART who were assessed and counseled for adherence two or more times in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

14. Does your clinic target Hepatitis B screening as part of the PT Project?

[ ] No *(Skip to Question 15)*
[ ] Yes *(Continue to Question 14a)*

14a. Hepatitis B Screening: Percentage of patients with an HIV diagnosis who were screened for Hepatitis B in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

15. Does your clinic target Hepatitis C screening as part of the PT Project?

[ ] No *(Skip to Question 16)*
[ ] Yes *(Continue to Question 15a)*

15a. Hepatitis C Screening: Percentage of patients with an HIV diagnosis who were screened for Hepatitis C in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

16. Does your clinic target syphilis testing and treatment as part of the PT Project?

[ ] No *(Skip to Question 17)*
[ ] Yes *(Continue to Question 16a)*

16a. Syphilis Screening: Percentage of patients with an HIV diagnosis who were screened for syphilis in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

17. Does your clinic target gonorrhea testing and treatment as part of the PT Project?

[ ] No *(Skip to Question 18)*
[ ] Yes *(Continue to Question 17a)*

17a. Gonorrhea Screening: Percentage of patients with an HIV diagnosis who were screened for gonorrhea in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

18. Does your clinic target chlamydia testing and treatment as part of the PT Project?

[ ] No *(Skip to Question 19)*
[ ] Yes (*Continue to Question 18a)*

18a. Chlamydia Screening: Percentage of patients with an HIV diagnosis who were screened for chlamydia in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

19. Does your clinic target oral health screening for PLWH as part of the PT Project?

[ ] No *(Survey complete. Thank you!)*
[ ] Yes *(Continue to Question 19a)*

19a. Oral Health Screening: Percentage of patients with an HIV diagnosis who had an oral health screening exam in the measurement year (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

Thank you for completing this survey!

To Be Completed by the Regional AETC

AETC Region Number: ____ ____

Local Partner Site Number: ____ ____ ____

Clinic ID: ____ ____ ____

Indicate Survey Phase:

____Baseline

____1st Follow-Up

____2nd Follow-Up

____3rd Follow-Up

Date Survey Completed (MM/DD/YYYY)**:** ___ ___ / ___ ___ / ___ ___ ___ ___

ATTACHMENT A: PT PROJECT PERFORMACNE MEASURES DEFINITIONS

Measure	Source	Definition	Numerator	Denominator	Data Elements
HIV testing	CDC defined population. Performance measure consistent with Ryan White Services Report	Percentage of patients ages 13-64 years tested for HIV in the reporting period	Number of patients ages 13-64 years tested for HIV in the reporting period	Number of patients ages 13-64 with a clinic visit during the reporting period	Number of patients ages 13-64 years tested for HIV in the reporting period Number of patients ages 13-64 years tested for HIV in the reporting period
HIV positivity	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Systems-Level Performance Measures, page 1	Percentage of HIV positive tests in the measurement year	Number of HIV positive tests among persons ages 13 to 64 years in the 12-month measurement period	Number of HIV tests among persons ages 13-64 year conducted in the 12-month measurement period	Number of HIV tests conducted in the measurement Year Of the number of HIV tests conducted, number that were HIV positive
Linkage to HIV medical care	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Systems-Level Performance Measures, page 3 NHAS Updated to 2020	Percentage of patients, regardless of age, who attended a routine HIV medical care visit within 30 days of HIV diagnosis	Number of persons newly diagnosed with HIV infection during the 12-month measurement period who were linked to care within 30 days of their diagnosis date as measured by	Number of persons with an HIV diagnosis in 12-month measurement period	Did the patient receive a diagnosis of HIV in the measurement year? (Y/N) If yes, did the patient have at least one documented test result for a CD4 count or viral load within 30 days of diagnosis of HIV? (Y/N)

Measure	Source	Definition	Numerator	Denominator	Data Elements
	Indicator #4 Office of National AIDS Policy (ONAP). (2015). National HIV/AIDS Strategy for the United States: Updated to 2020, page 52		documented test results for a CD4 count or viral load		
HIV medical visit frequency	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Core Performance Measures, page 5	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two visits 90 days apart in the measurement period	Number of patients in the denominator who had at least two visits 90 days apart in the measurement period	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in in the measurement period	Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) If yes, did the patient have at least one medical visit in the first 6 months of the 12-month measurement period? (Y/N) AND Was the patient's last visit in the second 6-month period 90 days or more from the 1st visit in the first 6-month period? (Y/N)
Prescription of HIV antiretroviral therapy	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Core	Percentage of patients, regardless of age, with a diagnosis of	Number of patients in the denominator prescribed HIV antiretroviral	Number of patients, regardless of age, with a diagnosis of	Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) If yes, did the patient have at least one medical visit during the measurement year?

Measure	Source	Definition	Numerator	Denominator	Data Elements
	Performance Measures, page 3	HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	therapy during the measurement year	HIV with at least one medical visit in the measurement year	(Y/N) If yes, was the patient prescribed HIV antiretroviral therapy during the measurement year? (Y/N)
Viral load suppression	HRSA HAB HRSA. (2017). HIV/AIDS Core Performance Measures, page 1	Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) If yes, did the patient have at least one medical visit during the measurement year? (Y/N) If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

Additional measures:

Measure	Source	Definition	Numerator	Denominator	Data Elements
Pre-exposure Prophylaxis (PrEP)	Source not available	Number of patients prescribed PrEP	Not Applicable	Not Applicable	Number of patients ever prescribed PrEP since the start of the PT project Number of patients currently prescribed PrEP in the reporting period
Percentage of PrEP patients with an HIV test in the reporting period	Source not available	Percentage of PrEP patients with an HIV test in the reporting period	Number of patients with an HIV test within the measurement year	Number of patients prescribed PrEP within the measurement year	Number of patients with an HIV test within the measurement year Number of patients prescribed PrEP within the measurement year
Substance abuse screening	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Adolescent/Adult Performance Measures, page 17	Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year	Number of patients with a diagnosis of HIV who: Were new during the measurement year AND Had a medical visit with a medical provider with prescribing privileges at least once in	Does the patient have a diagnosis of HIV? (Y/N) If yes, was the patient new to the program during the reporting period? (Y/N) If yes, was the patient screened for substance use during the measurement year? (Y/N)

Measure	Source	Definition	Numerator	Denominator	Data Elements
				the measurement year	
Adherence assessment and counseling	HRSA HAB HRSA. (2008). HAB HIV Core Clinical Performance Measures: Adult/Adolescent Clients Group 2, page 1	Percentage of clients with an HIV infection on ARVs who were assessed and counseled for adherence two or more times in the measurement year	Number of HIV-infected clients, as part of their primary care, who were assessed and counseled for adherence two or more times at least three months apart	Number of HIV-infected clients on ARV therapy who had a medical visit with a provider with prescribing privileges at least once in the measurement year	Is the client HIV-infected? (Y/N) If yes, was the client on ARVs? (Y/N) If the client was on ARVs, did he/she receive adherence counseling during the measurement year? (Y/N).
Hepatitis B screening	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Adolescent/Adult Performance Measures, page 6	Percentage of patients for whom Hepatitis B (HBV) screening was performed at least once since the diagnosis of HIV	Number of patients with a diagnosis of HIV who have documented HBV status in chart	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year	Does the patient have a diagnosis of HIV? (Y/N) If yes, is there documentation of the patient's Hepatitis B status in the medical record? (Y/N)
Hepatitis C screening	HRSA HAB HRSA. (2017). HIV/AIDS Bureau	Percentage of patients for whom Hepatitis C (HCV) screening was	Number of patients with a diagnosis of HIV who have documented	Number of patients with a diagnosis of HIV who had a	Does the patient have a diagnosis of HIV? (Y/N) If yes, is there documentation of the patient's Hepatitis C status in the medical record? (Y/N)

Measure	Source	Definition	Numerator	Denominator	Data Elements
	Adolescent/Adult Performance Measures, page 8	performed at least once since the diagnosis of HIV	HCV status in chart	medical visit with a provider with prescribing privileges at least once in the measurement year	
STI screening	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Adolescent/Adult Performance Measures, pages 2-4, 18-19	Percentage of adult patients with a diagnosis of HIV who had a test for syphilis, gonorrhea, and chlamydia, performed within the measurement year	Number of patients with a diagnosis of HIV who had a serologic test for syphilis, gonorrhea, and chlamydia, performed at least once during the measurement year	Number of patients with a diagnosis of HIV who: Were >18 years old in the measurement year or had a history of sexual activity < 18 years, AND Had a medical visit with a provider with prescribing privileges 2 at least once in the measurement year	Does the patient have a diagnosis of HIV? (Y/N) If yes, is the patient > 18 years or reports having a history of sexual activity? (Y/N) If yes, was the patient screened for syphilis, chlamydia, and gonorrhea during the measurement year? ***Consider analyzing data for disparities among youth, men who have sex with men, and uninsured patients. **Patient exclusions:** Patients who were < 18 years old and denied a history of sexual activity
Oral health screening	HRSA HAB HRSA. (2017).	Percent of patients with a diagnosis of HIV	Number of patients with a diagnosis of	Number of patients with a diagnosis of HIV	Does the patient have a diagnosis of HIV? (Y/N)

Measure	Source	Definition	Numerator	Denominator	Data Elements
	HIV/AIDS Bureau Adolescent/Adult Performance Measures, page 10	who received an oral exam by a dentist at least once during the measurement year	HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation	who had a medical visit with a provider with prescribing privileges at least once in the measurement year	If yes, did the patient receive an oral exam by a dentist during the measurement year? (Y/N)

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Practice Transformation Project
Performance Measures Form (PT-PM) Follow-Up

Instructions: The purpose of this form is to document the quality of the HIV care services delivered and patient-level care continuum outcomes at clinic sites participating in PT activities. Aggregate data and performance measure data are to be collected from/submitted by all participating clinics annually. The *PT-PM Follow-Up* should be collected and submitted with the annual *PT Organizational Assessment.*

The data or quality improvement specialist on the PT Clinic Leadership Team should oversee completion of the *PT-PM Follow-Up.* It is strongly recommended that the PT Coach work with the PT site on collecting and reviewing these data on a more frequent basis as part of quality improvement activities to determine progress in reaching the determined PT goals.

BACKGROUND INFORMATION

Please complete the information on this form about the patient population served in your clinic in a given measurement year. To calculate the time frame, please use the previous 12 months from the date this form is completed. *Please note, the measurement year should be continuous with no gaps between years.*

1a. Reporting Year Start Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

1b. Reporting Year End Date: ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

2a. Number of unique (i.e., unduplicated) patients who were provided care in the clinic in the reporting period:
_____

2b. Number of unique patients with HIV who were provided care in the clinic in the reporting period: _____

REQUIRED PERFORMANCE MEASURES

The following measures are to be collected from all participating PT clinics annually, during the date range above. All percentages should be reported up to one decimal point (xx.x%, e.g., 100.0, 95.0, 89.5).

3. **HIV Testing:** Percentage of patients ages 13-64 years tested for HIV in the reporting period (Source: CDC defined population, see Attachment A)
   ___ ___ ___. ___ %

4. **HIV Positivity**: Percentage of patients ages 13-64 who tested HIV-positive (with confirmatory test) in the reporting period (Source: HRSA HAB, see Attachment A)
   ___ ___ ___. ___%

5. **Linkage to Care:** Percentage of newly diagnosed HIV patients, regardless of age, who were linked to HIV care within 30 days, defined as percentage of patients who had a documented test result for CD4 count or viral load within 30 days of HIV diagnosis (Source: NHAS Updated to 2020 indicator, see Attachment A)
   ___ ___ ___. ___%

6. **HIV Medical Visit Frequency:** Percentage of patients, regardless of age, with a diagnosis of HIV who had two medical appointments with a prescribing provider at least 90 days apart in the measurement period (Source: HRSA HAB, see Attachment A)
   ___ ___ ___. ___%

7. **Prescribed Antiretroviral Therapy (ART)**: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed ART for the treatment of HIV infection during the reporting period, including new prescriptions and refills (Source: HRSA HAB, see Attachment A)
   ___ ___ ___. ___%

8. **Viral Load Suppression**: Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last HIV viral load test during the reporting period (Source: HRSA HAB, see Attachment A)
   ___ ___ ___. ___%

ADDITIONAL PERFORMANCE MEASURES

These performance measures are required for PT clinics that target the following areas as part of their PT Project interventions.

9. **Does your clinic target PrEP use as part of the PT Project?**

   [ ] No *(Skip to Question 10)*
   [ ] Yes *(Continue to Question 9a)*

   9a. Number of patients ever prescribed PrEP since the start of the PT Project *(Use the first enrollment date in the PT Project):*
   _____

9b. Number of patients currently prescribed PrEP in the reporting period *(This includes all new prescriptions and refills in the last 12 months):*

_____

9c. Percentage of PrEP patients with an HIV test in the reporting period:
___ ___ ___. ___%

10. Does your clinic target substance abuse screening as part of the PT Project?

[ ] No *(Skip to Question 11)*
[ ] Yes *(Continue to Question 10a)*

10a. Substance Abuse Screening: Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

11. Does your clinic target antiretroviral therapy (ART) adherence assessment and counseling as part of the PT Project?

[ ] No *(Skip to Question 12)*
[ ] Yes *(Continue to Question 11a)*

11a. ART Adherence Assessment and Counseling: Percentage of patients with an HIV infection on ART who were assessed and counseled for adherence two or more times in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

12. Does your clinic target Hepatitis B screening as part of the PT Project?

[ ] No *(Skip to Question 13)*
[ ] Yes *(Continue to Question 12a)*

12a. Hepatitis B Screening: Percentage of patients with an HIV diagnosis who were screened for Hepatitis B in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

13. Does your clinic target Hepatitis C screening as part of the PT Project?

[ ] No *(Skip to Question 14)*
[ ] Yes *(Continue to Question 13a)*

13a. Hepatitis C Screening: Percentage of patients with an HIV diagnosis who were screened for Hepatitis C in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

14. Does your clinic target syphilis testing and treatment as part of the PT Project?

[ ] No *(Skip to Question 15)*
[ ] Yes *(Continue to Question 14a)*

14a. Syphilis Screening: Percentage of patients with an HIV diagnosis who were screened for syphilis in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

15. Does your clinic target gonorrhea testing and treatment as part of the PT Project?

[ ] No *(Skip to Question 16)*
[ ] Yes *(Continue to Question 15a)*

15a. Gonorrhea Screening: Percentage of patients with an HIV diagnosis who were screened for gonorrhea in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

16. Does your clinic target chlamydia testing and treatment as part of the PT Project?

[ ] No *(Skip to Question 17)*
[ ] Yes (*Continue to Question 16a)*

16a. Chlamydia Screening: Percentage of patients with an HIV diagnosis who were screened for chlamydia in the reporting period (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

17. Does your clinic target oral health screening for PLWH as part of the PT Project?

[ ] No *(Survey complete. Thank you!)*
[ ] Yes *(Continue to Question 17a)*

17a. Oral Health Screening: Percentage of patients with an HIV diagnosis who had an oral health screening exam in the measurement year (Source: HRSA HAB, see Attachment A)
___ ___ ___. ___%

Thank you for completing this survey!

To Be Completed by the Regional AETC

AETC Region Number: ____ ____

Local Partner Site Number: ____ ____ ____

Clinic ID: ____ ____ ____

Indicate Survey Phase:

____Baseline

____1st Follow-Up

____2nd Follow-Up

____3rd Follow-Up

Date Survey Completed (MM/DD/YYYY)**:** ___ ___ / ___ ___ / ___ ___ ___ ___

ATTACHMENT A: PT PROJECT PERFORMACNE MEASURES DEFINITIONS

Measure	Source	Definition	Numerator	Denominator	Data Elements
HIV testing	CDC defined population. Performance measure consistent with Ryan White Services Report	Percentage of patients ages 13-64 years tested for HIV in the reporting period	Number of patients ages 13-64 years tested for HIV in the reporting period	Number of patients ages 13-64 with a clinic visit during the reporting period	Number of patients ages 13-64 years tested for HIV in the reporting period Number of patients ages 13-64 years tested for HIV in the reporting period
HIV positivity	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Systems-Level Performance Measures, page 1	Percentage of HIV positive tests in the measurement year	Number of HIV positive tests among persons ages 13 to 64 years in the 12-month measurement period	Number of HIV tests among persons ages 13-64 year conducted in the 12-month measurement period	Number of HIV tests conducted in the measurement Year Of the number of HIV tests conducted, number that were HIV positive
Linkage to HIV medical care	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Systems-Level Performance Measures, page 3 NHAS Updated to 2020	Percentage of patients, regardless of age, who attended a routine HIV medical care visit within 30 days of HIV diagnosis	Number of persons newly diagnosed with HIV infection during the 12-month measurement period who were linked to care within 30 days of their diagnosis date as measured by	Number of persons with an HIV diagnosis in 12-month measurement period	Did the patient receive a diagnosis of HIV in the measurement year? (Y/N) If yes, did the patient have at least one documented test result for a CD4 count or viral load within 30 days of diagnosis of HIV? (Y/N)

Measure	Source	Definition	Numerator	Denominator	Data Elements
	Indicator #4 Office of National AIDS Policy (ONAP). (2015). National HIV/AIDS Strategy for the United States: Updated to 2020, page 52		documented test results for a CD4 count or viral load		
HIV medical visit frequency	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Core Performance Measures, page 5	Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two visits 90 days apart in the measurement period	Number of patients in the denominator who had at least two visits 90 days apart in the measurement period	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in in the measurement period	Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) If yes, did the patient have at least one medical visit in the first 6 months of the 12-month measurement period? (Y/N) AND Was the patient's last visit in the second 6-month period 90 days or more from the 1st visit in the first 6-month period? (Y/N)
Prescription of HIV antiretroviral therapy	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Core	Percentage of patients, regardless of age, with a diagnosis of	Number of patients in the denominator prescribed HIV antiretroviral	Number of patients, regardless of age, with a diagnosis of	Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) If yes, did the patient have at least one medical visit during the measurement year?

Measure	Source	Definition	Numerator	Denominator	Data Elements
	Performance Measures, page 3	HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year	therapy during the measurement year	HIV with at least one medical visit in the measurement year	(Y/N) If yes, was the patient prescribed HIV antiretroviral therapy during the measurement year? (Y/N)
Viral load suppression	HRSA HAB HRSA. (2017). HIV/AIDS Core Performance Measures, page 1	Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year	Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year	Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year	Does the patient, regardless of age, have a diagnosis of HIV? (Y/N) If yes, did the patient have at least one medical visit during the measurement year? (Y/N) If yes, did the patient have a HIV viral load test with a result <200 copies/mL at the last test? (Y/N)

Additional measures:

Measure					
Pre-exposure Prophylaxis (PrEP)	Source not available	Number of patients prescribed PrEP	Not Applicable	Not Applicable	Number of patients ever prescribed PrEP since the start of the PT project Number of patients currently prescribed PrEP in the reporting period
Percentage of PrEP patients with an HIV test in the reporting period	Source not available	Percentage of PrEP patients with an HIV test in the reporting period	Number of patients with an HIV test within the measurement year	Number of patients prescribed PrEP within the measurement year	Number of patients with an HIV test within the measurement year Number of patients prescribed PrEP within the measurement year
Substance abuse screening	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Adolescent/Adult Performance Measures, page 17	Percentage of new patients with a diagnosis of HIV who have been screened for substance use (alcohol & drugs) in the measurement year	Number of new patients with a diagnosis of HIV who were screened for substance use within the measurement year	Number of patients with a diagnosis of HIV who: Were new during the measurement year AND Had a medical visit with a medical provider with prescribing privileges at least once in	Does the patient have a diagnosis of HIV? (Y/N) If yes, was the patient new to the program during the reporting period? (Y/N) If yes, was the patient screened for substance use during the measurement year? (Y/N)

Measure	Source	Definition	Numerator	Denominator	Data Elements
				the measurement year	
Adherence assessment and counseling	HRSA HAB HRSA. (2008). HAB HIV Core Clinical Performance Measures: Adult/Adolescent Clients Group 2, page 1	Percentage of clients with an HIV infection on ARVs who were assessed and counseled for adherence two or more times in the measurement year	Number of HIV-infected clients, as part of their primary care, who were assessed and counseled for adherence two or more times at least three months apart	Number of HIV-infected clients on ARV therapy who had a medical visit with a provider with prescribing privileges at least once in the measurement year	Is the client HIV-infected? (Y/N) If yes, was the client on ARVs? (Y/N) If the client was on ARVs, did he/she receive adherence counseling during the measurement year? (Y/N).
Hepatitis B screening	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Adolescent/Adult Performance Measures, page 6	Percentage of patients for whom Hepatitis B (HBV) screening was performed at least once since the diagnosis of HIV	Number of patients with a diagnosis of HIV who have documented HBV status in chart	Number of patients with a diagnosis of HIV who had a medical visit with a provider with prescribing privileges at least once in the measurement year	Does the patient have a diagnosis of HIV? (Y/N) If yes, is there documentation of the patient's Hepatitis B status in the medical record? (Y/N)
Hepatitis C screening	HRSA HAB HRSA. (2017). HIV/AIDS Bureau	Percentage of patients for whom Hepatitis C (HCV) screening was	Number of patients with a diagnosis of HIV who have documented	Number of patients with a diagnosis of HIV who had a	Does the patient have a diagnosis of HIV? (Y/N) If yes, is there documentation of the patient's Hepatitis C status in the medical record? (Y/N)

Measure	Source	Definition	Numerator	Denominator	Data Elements
	Adolescent/Adult Performance Measures, page 8	performed at least once since the diagnosis of HIV	HCV status in chart	medical visit with a provider with prescribing privileges at least once in the measurement year	
STI screening	HRSA HAB HRSA. (2017). HIV/AIDS Bureau Adolescent/Adult Performance Measures, pages 2-4, 18-19	Percentage of adult patients with a diagnosis of HIV who had a test for syphilis, gonorrhea, and chlamydia, performed within the measurement year	Number of patients with a diagnosis of HIV who had a serologic test for syphilis, gonorrhea, and chlamydia, performed at least once during the measurement year	Number of patients with a diagnosis of HIV who: Were >18 years old in the measurement year or had a history of sexual activity < 18 years, AND Had a medical visit with a provider with prescribing privileges 2 at least once in the measurement year	Does the patient have a diagnosis of HIV? (Y/N) If yes, is the patient > 18 years or reports having a history of sexual activity? (Y/N) If yes, was the patient screened for syphilis, chlamydia, and gonorrhea during the measurement year? ***Consider analyzing data for disparities among youth, men who have sex with men, and uninsured patients. **Patient exclusions:** Patients who were < 18 years old and denied a history of sexual activity
Oral health screening	HRSA HAB HRSA. (2017).	Percent of patients with a diagnosis of HIV	Number of patients with a diagnosis of	Number of patients with a diagnosis of HIV	Does the patient have a diagnosis of HIV? (Y/N)

Measure	Source	Definition	Numerator	Denominator	Data Elements
	HIV/AIDS Bureau Adolescent/Adult Performance Measures, page 10	who received an oral exam by a dentist at least once during the measurement year	HIV who had an oral exam by a dentist during the measurement year, based on patient self-report or other documentation	who had a medical visit with a provider with prescribing privileges at least once in the measurement year	If yes, did the patient receive an oral exam by a dentist during the measurement year? (Y/N)

Practice Transformation Project
Provider Assessment (PT-PA)

Instructions: The goal of this assessment is to describe current skills and services delivered by staff/providers participating in the PT activities and assess changes in practices and skills over time in delivering patient-centered HIV care.

This survey should be completed by ALL staff/providers participating in the PT Project at each of the selected PT sites. The staff/providers will be identified at the start of the project by the AETC PT Coach and Clinic Leadership Team. The *PT-PA* should be sent to staff/providers after completion of the *PT-OA* and annually following the *PT-OA.*

BACKGROUND INFORMATION

1. **Please create your participant ID by completing the following:**
   You should use the same ID for all AETC trainings

   First two letters of first name: ___ ___
   First two letters of last name: ___ ___
   Birth month in numbers (two digits): ___ ___
   Birth day (two digits): ___ ___

2. **How long have you worked at this clinic?**

   [ ] Less than 1 year
   [ ] 1 to 2 years
   [ ] 3 to 5 years
   [ ] More than 6 years

3. **What is your primary profession/occupation?** (*Select one*)

[ ] Dentist
[ ] Other Dental Professional
[ ] Nurse Practitioner or other Nursing Professional who prescribes
[ ] Nurse Professional who does not prescribe
[ ] Midwife
[ ] Pharmacist
[ ] Physician
[ ] Physician Assistant
[ ] Case Manager/Care Coordinator
[ ] Dietician or Nutritionist
[ ] Health Educator
[ ] Mental/Behavioral Health Professional
[ ] Community Health Worker (includes Peer Educator or Navigator)
[ ] Social Worker
[ ] Substance Use Professional
[ ] Practice/Clinic Administrator or Leader (e.g., Chief Executive Officer, Nurse Administrator)
[ ] Other allied health professional (e.g., Medical Assistant, Podiatrist, Physical Therapist), please specify: _____
[ ] Other Public Health Professional, please specify: _____
[ ] Non-Clinical Professional (e.g., front desk staff, grant writer), please specify: _____

3a. When did you complete your health profession education/training for the work you now do (e.g., residency or fellowship for physicians, graduate schools for APNs and social workers, etc.)?

[ ] Currently in residency/training
[ ] Less than 1 year
[ ] 1 to 5 years
[ ] More than 6 years

4. **Do you serve as a primary care provider to patients/clients at this clinic?**

[ ] Yes
[ ] No

5. **From the list below, check the types of services you provide to your patients/clients with HIV at this clinic.** *(Select all that apply)*

[ ] Social support services (e.g., psychological, behavioral, social and preventive services)
[ ] Case management services/patient navigation
[ ] Clinical support services (e.g., rooming patient/clients, taking patient/client vital signs)
[ ] Medical care
[ ] I do not currently provide care/services to patients/clients with HIV

6. In your role, do you provide HIV testing at this clinic?

[ ] Yes *(Continue to question 7)*
[ ] No *(Skip to Question 8)*

7. From the list below, check the statements that describes your HIV testing practices. I offer HIV testing...

[ ] To all patients (13 to 64 years of age, as recommended by CDC)
[ ] To all new patients/clients at intake
[ ] To all pregnant patients/clients, early in pregnancy
[ ] To high risk patients/clients annually
[ ] To any patients/clients who have risk factors
[ ] When patient/clients request testing
[ ] Other, please specify: _____

8. Do you prescribe medication to patients/clients?

[ ] Yes *(Continue to Question 8a)*
[ ] No *(Skip to Question 9)*

8a. Have you ever prescribed the following medications?

Medication	Ever prescribed?
Tenofovir/emtricitabine (Truvada) for pre-exposure prophylaxis (PrEP) to prevent HIV infection	[ ] Yes [ ] No
Antiretroviral therapy (ART) for non-occupational post-exposure prophylaxis (nPEP)	[ ] Yes [ ] No
ART for ongoing treatment of HIV	[ ] Yes [ ] No

9. Please rate your <u>current ability</u> to perform HIV-related services listed below.
Please select "N/A" if you do not provide the particular service.

	Needs considerable improvement	Needs improvement	Adequate	Very good	Excellent	N/A
HIV Prevention						
HIV education and counseling	○	○	○	○	○	○
PrEP assessment and prescribing	○	○	○	○	○	○
HIV Testing						
HIV testing	○	○	○	○	○	○
Interpretation of HIV testing results	○	○	○	○	○	○
HIV Care and Treatment						
Linkage to HIV care	○	○	○	○	○	○
Engagement and retention	○	○	○	○	○	○
Prescribing, managing, and monitoring antiretroviral therapy	○	○	○	○	○	○
Antiretroviral therapy adherence	○	○	○	○	○	○
Screening, Evaluation, and Management of Co-Occurring Conditions						
Hepatitis B and/or C co-infection	○	○	○	○	○	○
Mental health disorders	○	○	○	○	○	○
Substance use disorders	○	○	○	○	○	○
Other chronic medical conditions	○	○	○	○	○	○
Sexually transmitted infections	○	○	○	○	○	○
Opportunistic infections	○	○	○	○	○	○
HIV Service Delivery						
Delivering team-based, interdisciplinary care	○	○	○	○	○	○
Providing services to culturally diverse PLWH	○	○	○	○	○	○
Care-coordination for non-medical needs	○	○	○	○	○	○
Other HIV-Related Service						
Other, please specify:_____ _____	○	○	○	○	○	○

10. To what extent do policies and procedures at your clinic support provision of team-based HIV services?

[ ] Needs considerable improvement
[ ] Needs improvement
[ ] Adequate
[ ] Very good
[ ] Excellent

11. Please select the category that best reflects the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
This clinic has adequate policies and procedures to support HIV testing and linkage to care for patients who test positive.	○	○	○	○	○
This clinic has policies and procedures to identify those who are out of care and re-engage in them in care.	○	○	○	○	○
This clinic has adequate policies and procedures for ensuring patients at risk of HIV infection have full information and access to PrEP.	○	○	○	○	○
This clinic has adequate policies and procedures to support ART prescribing, monitoring, and strategies to support patients in achieving HIV viral suppression.	○	○	○	○	○

12. Please select the category that best reflects the degree to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I do not have enough time during clinical encounters to meet patient/client medical needs.	○	○	○	○	○
Medical providers and staff at this clinic operate as a team.	○	○	○	○	○
Patient/clinical care is well coordinated among physicians, nurses, and clinic staff within this clinic.	○	○	○	○	○
Candid and open communication does not exist between physicians and other staff at this clinic.	○	○	○	○	○
This clinic has high provider/staff turnover.	○	○	○	○	○
Providers and staff at this clinic are given adequate release time from their regular job duties for training and development of skills.	○	○	○	○	○

13. What comments would you like to share about your participation in the AETC PT Project?

_____

_____

_____

Thank you for completing this survey!

To Be Completed by AETC

AETC Region Number: ____ ____

Local Partner Site Number: ____ ____ ____

Clinic ID: ___ ___ ___

Indicate Survey Phase:

____**Baseline**

____**1st Follow-Up**

____**2nd Follow-Up**

____**3rd Follow-Up**

Date Survey Completed (MM/DD/YYYY)**:** ___ ___ / ___ ___ / ___ ___ ___ ___

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Practice Transformation
Clinic Completion Form (PT-CCF)

Instructions: The goal of the *PT-CCF* is to document a clinic's completion of the AETC PT Project, the reason(s) for ending participation, and the status of project activities prior to completion. This form is completed by the PT Coach and PT Clinic Leadership immediately after a clinic ends its participation in the AETC PT Project, or by the PT Coach only if the clinic ends participation earlier than planned.

---

1. **Date Form Completed:** ___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

2. **AETC Region Number:** ___ ___

3. **Local Partner Site Number:** ___ ___ ___

4. **Clinic ID#:** ___ ___ ___

5. **Date clinic initiated activities:** ___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

6. **Originally planned end date:** ___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

7. **Date clinic formally completed activities:** ___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

8. **Which activities of the AETC PT Project implementation were completed prior to the clinic completing activities?** *(Select all that apply)*

   [ ] Negotiating memoranda of understanding
   [ ] Establishing project goals
   [ ] Baseline data collection
   [ ] Planning and developing a training and technical assistance plan
   [ ] Finalizing the formal training and technical assistance plan
   [ ] Implementing components of the training and technical assistance plan
   [ ] Follow-up data collection
   [ ] Other, please specify: _____

9. **Did the clinic complete participation in the AETC PT Project at the planned time?**

   [ ] Yes, the clinic completed the PT Project as planned *(Skip to Question 11)*
   [ ] No, the clinic completed the PT Project earlier than planned *(Continue to Question 10)*
   [ ] Other, please specify: _____*(Skip to Question 11)*

10. **Which of the following describes the clinic's reasons for ceasing AETC PT Project activities earlier than planned?** *(Select all that apply)*

    [ ] Insufficient clinic buy-in from senior leadership
    [ ] Change in clinic leadership
    [ ] Staff turnover
    [ ] Other clinic or departmental priorities
    [ ] Participation in the project requirements was more intensive than anticipated
    [ ] Clinic has the resources to meet its HIV prevention, care, and treatment goals and does not require additional support
    [ ] Unable to agree upon a scope of work that fit with the clinic's goals
    [ ] Unable to communicate with the clinic
    [ ] Other, please specify: _____

11. **Describe the lessons learned throughout the course of the clinic's participation in the AETC PT Project.**

    _____
    _____
    _____

12. **What are three main accomplishments that the clinic has achieved since its involvement in the AETC PT Project?**

    _____
    _____
    _____

Interprofessional Education Project
Health Professional Program Profile (IPE-HPPP)
Baseline

Instructions: This assessment is to be completed by each IPE participating **health professional program (HPP)**. A HPP offers HIV IPE training and/or hands-on clinical learning opportunities to its students (i.e., if both the School of Medicine and School of Dentistry within a single institution are participating in the HIV IPE Project, then each program should complete a tool). The goal of this assessment is to describe the characteristics of IPE Project participating HPPs; assess the current level of HIV IPE curriculum being taught to students at HPPs; document faculty training on HIV and IPE; and identify strategies to integrate training on HIV and IPE into the curriculum. The *IPE-HPPP Baseline* is to be completed by the identified Faculty Lead at each participating HPP prior to the start of IPE activities.

BACKGROUND INFORMATION

1. **Date form completed by Faculty Lead:** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

    1a. **In addition to the Faculty Lead, how many other individuals from the participating HPP are involved in completing this survey?**

    _____ *(# individuals)*

2. **Name of participating institution and specific health professional program:**
   (e.g., AETC University – School of Medicine)

   Institution: _____

   Specific health professional program: _____

3. **What is the state/territory and zip code of your academic institution?**

   ___ ___ *(state/territory)* and ___ ___ ___ ___ ___*(zip code)*

4. **Select the health professional program targeted for AETC HIV IPE Project.** *(Select one)*

[ ] Dentistry
[ ] Medicine
[ ] Nursing
[ ] Pharmacy
[ ] Physician Assistant
[ ] Public Health
[ ] Social Work
[ ] Dietetics or Nutrition
[ ] Mental/Behavioral Health
[ ] Health Administration
[ ] Other health professional program, please specify: _____

4a. How many total faculty are in your health professional program? _____

4b. How many of these faculty in your health professional program participate in the IPE Project (i.e., a faculty who receives/will receive HIV IPE training and/or will teach HIV IPE to students)? _____

5. **Your health professional program may collaborate with other programs to implement the IPE Project. Select <u>all</u> the collaborating health professional programs.**

[ ] Dentistry
[ ] Medicine
[ ] Nursing
[ ] Pharmacy
[ ] Physician Assistant
[ ] Public Health
[ ] Social Work
[ ] Dietetics or Nutrition
[ ] Mental/Behavioral Health
[ ] Health Administration
[ ] Other health professional program, please specify: _____
[ ] None, not collaborating with any other health professional programs

6. **Which statement below best describes your health professional program's participation status in the AETC HIV IPE Project?** *(Select one and indicate the date; dates may be approximate.)*

[ ] The HIV IPE Project is not yet in development → Date development will begin
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

[ ] The HIV IPE Project is in development → Date implementation will begin
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

[ ] The HIV IPE Project is being implemented → Date implementation began
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

[ ] The HIV IPE Project is ending or completing → Date activities will formally end
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

[ ] Other status, specify: _____

STRATEGIES FOR HIV IPE PROJECT

7. **The following is a list of HIV IPE project activities that may be offered to *faculty* to incorporate training and education on HIV and IPE in the curriculum. Please indicate whether your health professional program currently has faculty development and support activities in each area.**

	No activities in this area	Activities currently being established	Activities established, not yet implemented	Activities implemented
Training faculty on interprofessional education and practice	○	○	○	○
Training faculty on HIV screening, care, and treatment	○	○	○	○
Working with faculty members to incorporate HIV content into courses/lectures/curriculum	○	○	○	○
Working with faculty members to incorporate content on HIV IPE into courses/lectures/curriculum	○	○	○	○
Working with faculty members to incorporate HIV content into clinical teaching	○	○	○	○
Working with faculty members to incorporate content on HIV IPE into clinical teaching	○	○	○	○
Other HIV IPE training offered to faculty, please specify: _____ _____	○	○	○	○

8. **The following is a list of HIV IPE Project activities that may be offered to *students* to build their knowledge and skills in HIV interprofessional practice. Please indicate whether your health professional program currently has training activities for students in each of these areas.**

	No activities in this area	Activities currently being established	Activities established, not yet implemented	Activities implemented
Training students on HIV IPE in the classroom	○	○	○	○
Training students on HIV IPE in clinical practice, as part of a practicum experience or hands-on learning	○	○	○	○
Providing students with opportunities for clinical observation of functioning HIV interprofessional health care teams	○	○	○	○
Other HIV IPE offered to students, please specify: _____ _____	○	○	○	○

ABOUT YOUR HEALTH PROFESSIONAL PROGRAM

9. **To what extent does your HPP currently incorporate the following aspects of IPE in training students?**

	Not at all	A little	A moderate amount	Quite a bit	A great deal
Support students from different types of HPPs to enroll in your program's courses	○	○	○	○	○
Teach students how different types of health professionals work together to deliver quality care	○	○	○	○	○
Teach and integrate content on HIV screening, care and treatment into the program curriculum	○	○	○	○	○
Offer students clinical experience, clinical rotation, or practicum on HIV interprofessional team-based care	○	○	○	○	○

10. To what extent does your health professional program currently provide faculty capacity development on each of the following areas of interprofessional practice?

	Not at all	A little	A moderate amount	Quite a bit	A great deal
Values and ethics for interprofessional practice	○	○	○	○	○
Roles and responsibilities for collaborative practice	○	○	○	○	○
Interprofessional communication practices	○	○	○	○	○
Interprofessional teamwork and team-based practices	○	○	○	○	○

HIV IPE Project participating health professional programs use a variety of strategies to teach and train students. The three broad categories may include:

1. Cohort-based training where a group of students receive a defined HIV IPE curriculum with specified start and end dates;
2. Hands-on clinical learning opportunities, with placement of students in partnering clinical sites;
3. HPP-wide, curriculum-integrated or other HIV IPE trainings that students may receive at different or unspecified time points during their course of study (e.g., classroom lectures, didactic presentations, intermittent one-time events, etc. whether provided by HPP faculty or through AETC-sponsored training events)

11. In the following section, please indicate if your HPP is using any of these strategies to train students.

11a. Does your HPP have a defined cohort-based HIV IPE curriculum or program for training a defined group of students? *For example, a cohort-based group of students receives a defined program, which may also include hands-on learning and didactic trainings, with a specified start and end date.*

[ ] No *(Skip to Question 11b)*
[ ] Yes

11ai. Please select <u>all</u> the elements that are part of this cohort-based training program:

[ ] Classroom based training
[ ] Hands-on clinical learning: training students on HIV IPE in clinical practice (individual student placements)
[ ] Observations of HIV interprofessional health care teams in practice
[ ] Other, please specify: _____

11b. Not including any hands-on learning experiences offered to cohort-based trainings students, does your HPP provide hands-on clinical learning opportunities to other students? *This includes placement of students in partnering clinical settings or practicum/preceptor type opportunities (e.g., clinical rotations, preceptorships, etc.)*

[ ] No *(Skip to Question 11c)*
[ ] Yes

11bi. Please select the statement that best describes your HPP's current policies on student hands-on clinical learning experiences. *(Select one)*

[ ] All students are required to complete hands-on training in a clinical setting
[ ] Some students are required to complete hands-on training in a clinical setting
[ ] Hands-on clinical training is optional and elected by students
[ ] Other, please specify: _____

11c. Does your HPP provide program-wide, curriculum-integrated HIV IPE training, such as classroom lectures or other training events that students may receive at different times during their course of study?

[ ] No *(SURVEY COMPLETE, THANK YOU!)*

[ ] Yes *(Continue to Question 11ci)*

11ci. Who teaches curriculum-integrated HIV IPE training modules?
(Select all that apply)

[ ] Faculty affiliated with my health professional program

[ ] Faculty affiliated with collaborating or another health professional program

[ ] External experts/other guest lecturers (e.g. AETC faculty)

[ ] Other, please specify: _____

11cii. Please select the statement that best describes your HIV IPE Project activities related to integration of HIV IPE into the curriculum. *(Select one)*

[ ] All students are required to complete HIV IPE training

[ ] Some students are required to complete HIV IPE training

[ ] HIV IPE training are optional and elected by the student

[ ] Other, please specify: _____

Thank you for completing this survey!

To Be Completed by AETC

AETC Region Number: ___ ___

Local Partner Site Number: ___ ___ ___

Indicate Survey Phase:

____Baseline

____1st Follow-Up

____2nd Follow-Up

____3rd Follow-Up

Health Professional Program ID: ___ ___ ___ ___ ___
[5-digit numeric ID: 2-digit AETC Region Number + 1-digit Institution ID + 2-digit HPP ID e.g., 01, 02, 03, etc.]

IPE Project Participation Status *(Select one)*

[ ] Active/ongoing participation
[ ] Closing/completed IPE Project as planned (i.e., this is the final follow-up survey; *Skip to ii*)
[ ] Discontinuing participation in the IPE Project earlier than planned (i.e., this is the final follow-up survey; *Complete Questions i-iii*)

<u>If discontinuing participation</u>, which of the following best describes the HPP's reasons for ending IPE Project activities earlier than planned? *(Select all that apply)*

[ ] Insufficient buy-in from HPP leadership
[ ] Change in HPP leadership
[ ] Staff turnover
[ ] Other academic/departmental priorities
[ ] Participation in the project requirements were more intensive than anticipated
[ ] HPP has the resources to meet their faculty development and student training goals related to HIV IPE and does not require additional support
[ ] Unable to agree upon a scope of work that fits with the HPP goals
[ ] Unable to communicate with the HPP
[ ] Other, please specify: _____

For AETC IPE Coordinator Use Only

After completion of the *IPE-HPPP*, coordinate with Faculty Lead to administer the *IPE Faculty Assessment* and *IPE Student Assessment*.

Number of participating faculty/number of IPE-FAs expected: _____

Number of faculty assessments completed/received: _____

Number of participating students/number of IPE-SAs expected: _____

Number of student assessments completed/received: _____

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Interprofessional Education Project
Health Professional Program Profile (IPE-HPPP)
Follow-Up

Instructions: This assessment is to be completed by each IPE participating **health professional program (HPP)**. A HPP offers HIV IPE training and/or hands-on clinical learning opportunities to its students (i.e., if both the School of Medicine and School of Dentistry within a single institution are participating in the HIV IPE Project, then each program should complete a tool). The goal of this assessment is to describe the characteristics of IPE Project participating HPPs; assess the current level of HIV IPE curriculum being taught to students at HPPs; document faculty training on HIV and IPE; and identify strategies to integrate training on HIV and IPE into the curriculum. The *IPE-HPPP Follow-Up* is to be completed by the identified Faculty Lead at each participating HPP 12 months after the *IPE-HPPP Baseline* and every 12 months thereafter.

BACKGROUND INFORMATION

1. **Date form completed by Faculty Lead:** ___ ___ / ___ ___ / ___ ___ ___ ___ (MM/DD/YYYY)

   1a. **Is the Faculty Lead completing this follow-up survey the same person who completed the survey previously?**

   [ ] Yes
   [ ] No

2. **Name of participating institution and specific health professional program:**
   (e.g., AETC University – School of Medicine)

   Institution: _____

   Specific health professional program: _____

3. **What is the state/territory and zip code of your academic institution?**

   ___ ___ *(state/territory)* and ___ ___ ___ ___ ___*(zip code)*

4. **Select the health professional program targeted for AETC HIV IPE Project.** *(Select one)*

[ ] Dentistry
[ ] Medicine
[ ] Nursing
[ ] Pharmacy
[ ] Physician Assistant
[ ] Public Health
[ ] Social Work
[ ] Dietetics or Nutrition
[ ] Mental/Behavioral Health
[ ] Health Administration
[ ] Other health professional program, please specify: _____

4a. How many total faculty are in your health professional program? _____

4b. How many of these faculty in your health professional program participate in the IPE Project (i.e., a faculty who receives/will receive HIV IPE training and/or will teach HIV IPE to students)? _____

5. **Your health professional program may collaborate with other programs to implement the IPE Project. Select all the collaborating health professional programs.**

[ ] Dentistry
[ ] Medicine
[ ] Nursing
[ ] Pharmacy
[ ] Physician Assistant
[ ] Public Health
[ ] Social Work
[ ] Dietetics or Nutrition
[ ] Mental/Behavioral Health
[ ] Health Administration
[ ] Other health professional program, please specify: _____
[ ] None, not collaborating with any other health professional programs

6. **Which statement below best describes your health professional program's participation status in the AETC HIV IPE Project?** *(Select one and indicate the date; dates may be approximate.)*

[ ] The HIV IPE Project is not yet in development → Date development will begin
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

[ ] The HIV IPE Project is in development → Date implementation will begin
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

[ ] The HIV IPE Project is being implemented → Date implementation began
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

[ ] The HIV IPE Project is ending or completing → Date activities will formally end
___ ___ /___ ___ /___ ___ ___ ___ (MM/DD/YYYY)

[ ] Other status, specify: _____

STRATEGIES FOR HIV IPE PROJECT

7. **The following is a list of HIV IPE project activities that may be offered to *faculty* to incorporate training and education on HIV and IPE in the curriculum. Please indicate whether your health professional program currently has faculty development and support activities in each area.**

	No activities in this area	Activities currently being established	Activities established, not yet implemented	Activities implemented
Training faculty on interprofessional education and practice	○	○	○	○
Training faculty on HIV screening, care, and treatment	○	○	○	○
Working with faculty members to incorporate HIV content into courses/lectures/curriculum	○	○	○	○
Working with faculty members to incorporate content on HIV IPE into courses/lectures/curriculum	○	○	○	○
Working with faculty members to incorporate HIV content into clinical teaching	○	○	○	○
Working with faculty members to incorporate content on HIV IPE into clinical teaching	○	○	○	○
Other HIV IPE training offered to faculty, please specify: _____ _____	○	○	○	○

8. **The following is a list of HIV IPE Project activities that may be offered to *students* to build their knowledge and skills in HIV interprofessional practice. Please indicate whether your health professional program currently has training activities for students in each of these areas.**

	No activities in this area	Activities currently being established	Activities established, not yet implemented	Activities implemented
Training students on HIV IPE in the classroom	○	○	○	○
Training students on HIV IPE in clinical practice, as part of a practicum experience or hands-on learning	○	○	○	○
Providing students with opportunities for clinical observation of functioning HIV interprofessional health care teams	○	○	○	○
Other HIV IPE offered to students, please specify: _____ _____	○	○	○	○

ABOUT YOUR HEALTH PROFESSIONAL PROGRAM

9. **To what extent does your HPP currently incorporate the following aspects of IPE in training students?**

	Not at all	A little	A moderate amount	Quite a bit	A great deal
Support students from different types of HPPs to enroll in your program's courses	○	○	○	○	○
Teach students how different types of health professionals work together to deliver quality care	○	○	○	○	○
Teach and integrate content on HIV screening, care and treatment into the program curriculum	○	○	○	○	○
Offer students clinical experience, clinical rotation, or practicum on HIV interprofessional team-based care	○	○	○	○	○

10. To what extent does your health professional program currently provide faculty capacity development on each of the following areas of interprofessional practice?

	Not at all	A little	A moderate amount	Quite a bit	A great deal
Values and ethics for interprofessional practice	○	○	○	○	○
Roles and responsibilities for collaborative practice	○	○	○	○	○
Interprofessional communication practices	○	○	○	○	○
Interprofessional teamwork and team-based practices	○	○	○	○	○

HIV IPE Project participating health professional programs use a variety of strategies to teach and train students. The three broad categories may include:

1. Cohort-based training where a group of students receive a defined HIV IPE curriculum with specified start and end dates;
2. Hands-on clinical learning opportunities, with placement of students in partnering clinical sites;
3. HPP-wide, curriculum-integrated or other HIV IPE trainings that students may receive at different or unspecified time points during their course of study (e.g., classroom lectures, didactic presentations, intermittent one-time events, etc. whether provided by HPP faculty or through AETC-sponsored training events)

11. In the following section, please indicate if your HPP is using any of these strategies to train students.

11a. Does your HPP have a defined cohort-based HIV IPE curriculum or program for training a defined group of students? *For example, a cohort-based group of students receives a defined program, which may also include hands-on learning and didactic trainings, with a specified start and end date.*

[ ] No *(Skip to Question 11b)*
[ ] Yes

11ai. Please select <u>all</u> the elements that are part of this cohort-based training program:

[ ] Classroom based training
[ ] Hands-on clinical learning: training students on HIV IPE in clinical practice (individual student placements)
[ ] Observations of HIV interprofessional health care teams in practice
[ ] Other, please specify: _____

11aii. Please provide information on the cohort-based trainings this year:

Cohort Name	How many students were <u>enrolled</u> in the cohort-based training this year?	How many students <u>completed</u> the cohort-based training this year?	Duration (months)	*AETC Staff Use:* <u>One</u> ER Completed <u>for each</u> Cohort?
e.g. Cohort 1	***50***	***49***	***10***	**[ ] Yes [ ] No**
				[ ] Yes [ ] No
				[ ] Yes [ ] No
				[ ] Yes [ ] No
Total # cohorts: ____	**Total # enrolled: _____**	**Total # completed: _____**		

**To report on additional cohorts, please write in at the end of the survey.*

11b. Not including any hands-on learning experiences offered to cohort-based trainings students, does your HPP provide hands-on clinical learning opportunities to other students? *This includes placement of students in partnering clinical settings or practicum/preceptor type opportunities (e.g., clinical rotations, preceptorships, etc.)*

[ ] No *(Skip to Question 11c)*
[ ] Yes

11bi. Please select the statement that best describes your HPP's current policies on student hands-on clinical learning experiences. *(Select one)*

[ ] All students are required to complete hands-on training in a clinical setting
[ ] Some students are required to complete hands-on training in a clinical setting
[ ] Hands-on clinical training is optional and elected by students
[ ] Other, please specify: _____

11bii. Please provide information on the hands-on clinical training/learning experiences your HPP supported this year as part of the AETC HIV IPE Project:

Clinical partner site	Setting type (primary, specialty, both)	How many students were <u>placed</u> in hands-on clinical training this year at this site?	How many students <u>completed</u> hands-on clinical training this year at this site?	Average duration of placements (months)	*AETC Staff Use:* <u>One</u> ER Completed for <u>each Student Placement</u>?
e.g. Z Clinic	***both***	***5***	***5***	***6***	[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
					[ ] Yes [ ] No
Total # clinical partners____		**Total # students placed _____**	**Total # students completed _____**		

**To report on additional clinical partner sites and other student placements, please write in at the end of the survey.*

11c. Does your HPP provide program-wide, curriculum-integrated HIV IPE training, such as classroom lectures or other training events that students may receive at different times during their course of study?

[ ] No *(SURVEY COMPLETE, THANK YOU!)*

[ ] Yes *(Continue to Question 11ci)*

11ci. Who teaches curriculum-integrated HIV IPE training modules?

(Select all that apply)

[ ] Faculty affiliated with my health professional program

[ ] Faculty affiliated with collaborating or another health professional program

[ ] External experts/other guest lecturers (e.g. AETC faculty)

[ ] Other, please specify: _____

11cii. Please select the statement that best describes your HIV IPE Project activities related to integration of HIV IPE into the curriculum. *(Select one)*

[ ] All students are required to complete HIV IPE training

[ ] Some students are required to complete HIV IPE training

[ ] HIV IPE training are optional and elected by the student

[ ] Other, please specify: _____

11ciii. Please provide information on your health professional program's student enrollment and the estimated number who have received HIV IPE through the curriculum this year:

1. How many total students were enrolled in your HPP this year? _____
2. How many total students graduated from your HPP this year? _____
3. Please estimate the number of students who have received any HIV IPE training through the curriculum delivered by your HPP faculty this year *(e.g. the number of students enrolled in all classes where HIV IPE is integrated into the curriculum)* _____

Thank you for completing this survey!

To Be Completed by AETC

AETC Region Number: ___ ___

Local Partner Site Number: ___ ___ ___

Indicate Survey Phase:

____Baseline

____1st Follow-Up

____2nd Follow-Up

____3rd Follow-Up

Health Professional Program ID: ___ ___ ___ ___ ___
[5-digit numeric ID: 2-digit AETC Region Number + 1-digit Institution ID + 2-digit HPP ID e.g., 01, 02, 03, etc.]

IPE Project Participation Status *(Select one)*

[ ] Active/ongoing participation
[ ] Closing/completed IPE Project as planned (i.e., this is the final follow-up survey; *Skip to ii*)
[ ] Discontinuing participation in the IPE Project earlier than planned (i.e., this is the final follow-up survey; *Complete Questions i-iii*)

i. <u>If discontinuing participation</u>, which of the following best describes the HPP's reasons for ending IPE Project activities earlier than planned? *(Select all that apply)*

[ ] Insufficient buy-in from HPP leadership
[ ] Change in HPP leadership
[ ] Staff turnover
[ ] Other academic/departmental priorities
[ ] Participation in the project requirements were more intensive than anticipated
[ ] HPP has the resources to meet their faculty development and student training goals related to HIV IPE and does not require additional support
[ ] Unable to agree upon a scope of work that fits with the HPP goals
[ ] Unable to communicate with the HPP
[ ] Other, please specify: _____

ii. Describe the lessons learned throughout the course of the HPP's participation in the AETC IPE Project.

_____
_____
_____

iii. What are three main accomplishments that the health professional program has achieved since its involvement in the IPE Project?

_____

_____

_____

For AETC IPE Coordinator Use Only

After completion of the *IPE-HPPP*, coordinate with Faculty Lead to administer the *IPE-Faculty Assessment* and *IPE-Student Assessment*.

Number of participating faculty/number of IPE-FAs expected: _____

Number of faculty assessments completed/received: _____

Number of participating students/number of IPE-SAs expected: _____

Number of student assessments completed/received: _____

***For follow-up only, ensure that Event Records are completed for each cohort-based training and for each student placement.

Interprofessional Education Project Faculty Assessment (IPE-FA) Baseline

Instructions: This assessment is to be completed by all faculty participating in the HIV IPE Project at each participating health professional program. A **participating faculty** is one who receives HIV IPE training, teaches HIV IPE content, or supports student practicums or hands-on clinical learning experiences that include HIV IPE training. The *IPE-FA Baseline* is to be administered prior to the start of the IPE Project activities after the *IPE Health Professional Program Profile Baseline*.

BACKGROUND INFORMATION

1. **Please create your participant ID by completing the following:**
   You should use the same ID for all AETC trainings

   First two letters of first name: ___ ___
   First two letters of last name: ___ ___
   Birth month in numbers (two digits): ___ ___
   Birth day (two digits): ___ ___

2. **What is the name of your academic institution and specific health profession program?**
   (e.g., AETC University – School of Medicine)

   Institution: _____

   Specific health professional program:_____

3. **What is the state/territory and zip code of your academic institution?**

   ___ ___*(state/territory)* and ___ ___ ___ ___ ___*(zip code)*

4. **From the list below, check the responses that best describe your planned involvement in the AETC HIV IPE Project.** *(Select all that apply)*

   [ ] Leading and championing this project within my health professional school
   [ ] Teaching a course that includes IPE content
   [ ] Interested in incorporating HIV IPE content into my courses/lectures
   [ ] Interested in leading the student practicum experience for students involved in the project
   [ ] Interested in incorporating HIV IPE content into my clinical teaching
   [ ] Interested in receiving training on HIV and/or IPE
   [ ] Interested in learning more about the project, but not yet involved
   [ ] Other, please specify: _____

5. **From the list below, select the program/school of your primary academic appointment.** *(Select one)*

   [ ] Dentistry
   [ ] Medicine
   [ ] Nursing
   [ ] Pharmacy
   [ ] Physician Assistant
   [ ] Public Health
   [ ] Social Work
   [ ] Dietetics or Nutrition
   [ ] Mental/Behavioral Health
   [ ] Health Administration
   [ ] Other health professional program, please specify: _____

HIV CONTENT AND TEACHING

6. To what extent are the following topics/concepts related to HIV covered in your courses/clinical teaching?

	Not at all	A little	A moderate amount	Quite a bit	A great deal
HIV prevention					
HIV screening and testing					
HIV care and treatment					

7. Please rate how <u>confident</u> you are in your <u>ability to teach</u> on the following HIV-related topics.
Please select "N/A" if the topic is not applicable to your role.

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident	N/A
HIV Prevention						
HIV education and counseling	○	○	○	○	○	○
PrEP assessment and prescribing	○	○	○	○	○	○
HIV Testing						
HIV testing	○	○	○	○	○	○
Interpretation of HIV testing results	○	○	○	○	○	○
HIV Care and Treatment						
Linkage to HIV care	○	○	○	○	○	○
Engagement and retention	○	○	○	○	○	○
Prescribing, managing, and monitoring antiretroviral therapy	○	○	○	○	○	○
Antiretroviral therapy adherence	○	○	○	○	○	○
Screening, Evaluation, and Management of Co-Occurring Conditions						
Hepatitis B and/or C co-infection	○	○	○	○	○	○
Mental health disorders	○	○	○	○	○	○
Substance use disorders	○	○	○	○	○	○
Other chronic medical conditions	○	○	○	○	○	○
Sexually transmitted infections	○	○	○	○	○	○
Opportunistic infections	○	○	○	○	○	○
HIV Service Delivery						
Delivering team-based, interdisciplinary care	○	○	○	○	○	○
Providing services to culturally diverse PLWH	○	○	○	○	○	○
Care-coordination for non-medical needs	○	○	○	○	○	○
Other HIV-Related Service						
Other, please specify: _____ _____	○	○	○	○	○	○

INTERPROFESSIONAL EDUCATION CONTENT AND TEACHING

8. To what extent have you integrated HIV-related interprofessional education in the courses/trainings you deliver?

[ ] Not at all
[ ] A little
[ ] A moderate amount
[ ] Quite a bit
[ ] A great deal

9. To what extent have you taught/trained students from different health professions together?

[ ] Not at all
[ ] A little
[ ] A moderate amount
[ ] Quite a bit
[ ] A great deal

10. To what extent is interprofessional team-based health care delivery covered in the courses/trainings you deliver?

[ ] Not at all
[ ] A little
[ ] A moderate amount
[ ] Quite a bit
[ ] A great deal

11. Please rate how confident you are in your ability to teach on each of the following areas related to interprofessional education and collaborative practice.

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident
Values and Ethics for Interprofessional Practice					
Patient involvement in decision-making on their care plans	○	○	○	○	○
Development of trusting relationships with patients and families	○	○	○	○	○
Management of ethical dilemmas specific to interprofessional patient-centered care situations	○	○	○	○	○
Roles and Responsibilities for Collaborative Practice					
Roles and responsibilities of different health professionals	○	○	○	○	○
Working together as an interprofessional team to provide care	○	○	○	○	○
Interprofessional Communication Practices					
Communication tools and techniques to facilitate discussions and interactions that enhance team functioning	○	○	○	○	○
Influence of authority and hierarchy on team functioning	○	○	○	○	○
Giving feedback to others about performance on a team	○	○	○	○	○
Responding to feedback from others about performance on a team	○	○	○	○	○
Interprofessional Teamwork and Team-based Practices					
Leadership practices that support collaborative practice and team effectiveness	○	○	○	○	○
Integration of the knowledge and experiences of other professions appropriate to the care situation to inform care decisions	○	○	○	○	○
Conflict resolution or addressing differences of opinions among interprofessional team members	○	○	○	○	○
Process improvement strategies used to increase effectiveness of interprofessional teamwork and team-based care	○	○	○	○	○

12. **Please rate how <u>confident</u> you are in your <u>ability to implement</u> the following components of the HIV-focused IPE Project.**

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident
Train different types of health profession students together on HIV IPE	○	○	○	○	○
Integrate HIV IPE content into your health professions' education program	○	○	○	○	○

Thank you for completing this survey!

<u>To Be Completed by AETC</u>

AETC Region Number: ___ ___

Local Partner Site Number: ___ ___ ___

Indicate Survey Phase:

____**Baseline**

____**1st Follow-Up**

____**2nd Follow-Up**

____**3rd Follow-Up**

Date Form Completed (MM/DD/YYYY)**:** ___ ___ / ___ ___ / ___ ___ ___ ___

IPE Participating Institution ID: ___ ___ ___ ___ ___
[5 digit numeric ID: 2-digit AETC Region Number + 1-digit Institution ID + 2-digit HPP ID e.g., 01, 02, 03, etc.]

Interprofessional Education Project
Faculty Assessment (IPE-FA) Follow-Up

Instructions: This assessment is to be completed by all faculty participating in the HIV IPE Project at each participating health professional program. A **participating faculty** is one who receives HIV IPE training, teaches HIV IPE content, or supports student practicums or hands-on clinical learning experiences that include HIV IPE training. The *IPE-FA Follow-Up* is to be administered after the *IPE Health Professional Program Profile Follow-Up* and *every 1*2 months thereafter.

BACKGROUND INFORMATION

1. **Please create your participant ID by completing the following:**
   You should use the same ID for all AETC trainings

   First two letters of first name: ___ ___
   First two letters of last name: ___ ___
   Birth month in numbers (two digits): ___ ___
   Birth day (two digits): ___ ___

2. **What is the name of your academic institution and specific health profession program?**
   (e.g., AETC University – School of Medicine)

   Institution: _____

   Specific health professional program:_____

3. **What is the state/territory and zip code of your academic institution?**

   ___ ___*(state/territory)* and ___ ___ ___ ___ ___*(zip code)*

4. **From the list below, check the responses that best describe your involvement in the AETC HIV IPE Project in the past year.** *(Select all that apply)*

   [ ] I led and championed this project within my health professional program
   [ ] I taught a course that included IPE content
   [ ] I incorporated HIV IPE content into my courses/lectures
   [ ] I led the student practicum experience for students involved in the project
   [ ] I incorporated HIV IPE content into my clinical teaching
   [ ] I received training on HIV and/or IPE
   [ ] I learned more about the project, but was not involved
   [ ] Other, please specify: _____

5. **From the list below, select the program/school of your primary academic appointment.** *(Select one)*

   [ ] Dentistry
   [ ] Medicine
   [ ] Nursing
   [ ] Pharmacy
   [ ] Physician Assistant
   [ ] Public Health
   [ ] Social Work
   [ ] Dietetics or Nutrition
   [ ] Mental/Behavioral Health
   [ ] Health Administration
   [ ] Other health professional program, please specify: _____

HIV CONTENT AND TEACHING

6. To what extent are the following topics/concepts related to HIV covered in your courses/clinical teaching?

	Not at all	A little	A moderate amount	Quite a bit	A great deal
HIV prevention					
HIV screening and testing					
HIV care and treatment					

7. Please rate how <u>confident</u> you are in your <u>ability to teach</u> on the following HIV-related topics.
Please select "N/A" if the topic is not applicable to your role.

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident	N/A
HIV Prevention						
HIV education and counseling	○	○	○	○	○	○
PrEP assessment and prescribing	○	○	○	○	○	○
HIV Testing						
HIV testing	○	○	○	○	○	○
Interpretation of HIV testing results	○	○	○	○	○	○
HIV Care and Treatment						
Linkage to HIV care	○	○	○	○	○	○
Engagement and retention	○	○	○	○	○	○
Prescribing, managing, and monitoring antiretroviral therapy	○	○	○	○	○	○
Antiretroviral therapy adherence	○	○	○	○	○	○
Screening, Evaluation, and Management of Co-Occurring Conditions						
Hepatitis B and/or C co-infection	○	○	○	○	○	○
Mental health disorders	○	○	○	○	○	○
Substance use disorders	○	○	○	○	○	○
Other chronic medical conditions	○	○	○	○	○	○
Sexually transmitted infections	○	○	○	○	○	○
Opportunistic infections	○	○	○	○	○	○
HIV Service Delivery						
Delivering team-based, interdisciplinary care	○	○	○	○	○	○
Providing services to culturally diverse PLWH	○	○	○	○	○	○
Care-coordination for non-medical needs	○	○	○	○	○	○
Other HIV-Related Service						
Other, please specify: _____ _____	○	○	○	○	○	○

INTERPROFESSIONAL EDUCATION CONTENT AND TEACHING

8. To what extent have you integrated HIV-related interprofessional education in the courses/trainings you deliver?

[ ] Not at all
[ ] A little
[ ] A moderate amount
[ ] Quite a bit
[ ] A great deal

9. To what extent have you taught/trained students from different health professions together?

[ ] Not at all
[ ] A little
[ ] A moderate amount
[ ] Quite a bit
[ ] A great deal

10. To what extent is interprofessional team-based health care delivery covered in the courses/trainings you deliver?

[ ] Not at all
[ ] A little
[ ] A moderate amount
[ ] Quite a bit
[ ] A great deal

11. Please rate how confident you are in your ability to teach on each of the following areas related to interprofessional education and collaborative practice.

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident
Values and Ethics for Interprofessional Practice					
Patient involvement in decision-making on their care plans	○	○	○	○	○
Development of trusting relationships with patients and families	○	○	○	○	○
Management of ethical dilemmas specific to interprofessional patient-centered care situations	○	○	○	○	○
Roles and Responsibilities for Collaborative Practice					
Roles and responsibilities of different health professionals	○	○	○	○	○
Working together as an interprofessional team to provide care	○	○	○	○	○
Interprofessional Communication Practices					
Communication tools and techniques to facilitate discussions and interactions that enhance team functioning	○	○	○	○	○
Influence of authority and hierarchy on team functioning	○	○	○	○	○
Giving feedback to others about performance on a team	○	○	○	○	○
Responding to feedback from others about performance on a team	○	○	○	○	○
Interprofessional Teamwork and Team-based Practices					
Leadership practices that support collaborative practice and team effectiveness	○	○	○	○	○
Integration of the knowledge and experiences of other professions appropriate to the care situation to inform care decisions	○	○	○	○	○
Conflict resolution or addressing differences of opinions among interprofessional team members	○	○	○	○	○
Process improvement strategies used to increase effectiveness of interprofessional teamwork and team-based care	○	○	○	○	○

12. **Please rate how <u>confident</u> you are in your <u>ability to implement</u> the following components of the HIV-focused IPE Project.**

	Not at all confident	A little confident	Moderately confident	Pretty confident	Extremely confident
Train different types of health profession students together on HIV IPE	○	○	○	○	○
Integrate HIV IPE content into your health professions' education program	○	○	○	○	○

Thank you for completing this survey!

<u>To Be Completed by AETC</u>

AETC Region Number: ___ ___

Local Partner Site Number: ___ ___ ___

Indicate Survey Phase:

____**Baseline**

____**1st Follow-Up**

____**2nd Follow-Up**

____**3rd Follow-Up**

Date Form Completed (MM/DD/YYYY)**:** ___ ___ / ___ ___ / ___ ___ ___ ___

IPE Participating Institution ID: ___ ___ ___ ___ ___
[5 digit numeric ID: 2-digit AETC Region Number + 1-digit Institution ID + 2-digit HPP ID e.g., 01, 02, 03, etc.]

Interprofessional Education Project Student Assessment (IPE-SA) Baseline

Instructions: This assessment is to be completed by students who receive HIV IPE training at each IPE Project participating health professional program. Students may be pre-license students or post-license practitioners. The *IPE-SA Baseline* is to be administered prior to the start of the IPE Project training activities.

BACKGROUND INFORMATION

1. **Please create your participant ID by completing the following:**
   You should use the same ID for all AETC trainings

   First two letters of first name: ___ ___
   First two letters of last name: ___ ___
   Birth month in numbers (two digits): ___ ___
   Birth day (two digits): ___ ___

2. **What is your discipline/area of study?** *(Select one)*

   [ ] Advanced practice nurse/Nurse Practitioner
   [ ] Medicine
   [ ] Dentistry
   [ ] Mental/ behavioral health
   [ ] Nursing
   [ ] Pharmacy
   [ ] Physician Assistant
   [ ] Social work
   [ ] Public Health
   [ ] Dietetics or Nutrition
   [ ] Health Administration
   [ ] Other health professional program, specify: _____

3. **What is the name of your academic institution and specific health profession program?**
   (e.g., AETC University – School of Medicine)

   Institution: _____

   Specific health professional program: _____

4. Please answer the following questions about your academic program and status in the program:

4a. How long is your program or course of study?
(i.e., if 4 years, enter '4' for years; if 1.5 years, then enter '1' for year and '6' for months)

_____*(years)* _____*(months)*

4b. What program year are you currently enrolled in?
If you are a part-time student, indicate the "year of study" you are currently in in your program, rather than the actual number of years you have been in the program.

[ ] 1st year
[ ] 2nd year
[ ] 3rd year
[ ] 4th year
[ ] 5+ years
[ ] Program completed/graduated

4c. Please select the category that best describes your current licensure status:

[ ] Pre-license student
[ ] Post-license practitioner
[ ] Other, please specify: _____

INTERPROFESSIONAL EDUCATION AND INTERPROFESSIONAL HEALTH CARE TEAM FUNCTIONING

The next set of questions ask about your knowledge and attitudes related to interprofessional care and practice to improve HIV care outcomes. Interprofessional education promotes collaborative and integrated learning among two or more types of health professionals (pre-license students and/or post-license practitioners) from different disciplines in order to encourage safe, high quality, accessible, patient-centered care and ultimately, improve health outcomes.

5. Rate your <u>current level of knowledge</u> on the ideal functioning of interprofessional health care teams.

[ ] Needs considerable improvement
[ ] Needs improvement
[ ] Adequate
[ ] Very good
[ ] Excellent

6. **Select the response category that best reflects the degree to which you agree or disagree with the following statements regarding interprofessional education.**

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Learning with students from other professions is helpful toward becoming a more effective health care professional	○	○	○	○	○
Working in an interprofessional manner complicates the delivery of care	○	○	○	○	○
To be effective, team members should understand the roles and responsibilities of their fellow interprofessional team members	○	○	○	○	○

The next set of questions are about your current ability to work as a member of an interprofessional health care team, either through a student practicum, preceptorship, residency, patient simulation exercises, or other hands-on clinical training experience where you may have had the opportunity to work with individuals from different health care disciplines to provide patient care.

7. **Rate your <u>current ability</u> to work as a member of an interprofessional health care team.**

[ ] Needs considerable improvement
[ ] Needs improvement
[ ] Adequate
[ ] Very Good
[ ] Excellent

8. **Please rate your <u>current ability</u> to perform the following functions as part of an interprofessional health care team.**

	Needs considerable improvement	Needs improvement	Adequate	Very good	Excellent
Develop trusting relationships with patients/clients and their families	○	○	○	○	○
Involve patients/clients in decision-making	○	○	○	○	○
Provide constructive feedback to team members on their performance	○	○	○	○	○
Respond to feedback from team members on your performance	○	○	○	○	○
Express opinions in a group, even when others disagree	○	○	○	○	○
Justify recommendations/actions in-person, with more senior people	○	○	○	○	○
Address conflict and differences of opinions among interprofessional team members	○	○	○	○	○
Develop an interprofessional patient/client care plan	○	○	○	○	○

9. **Please select the opportunities you have had to participate on an interprofessional health care team, since starting your training at this school/university/health professional program.**
(Select all that apply)

[ ] Clinical practicum
[ ] Clinical preceptorship
[ ] Clinical rotation
[ ] Residency or fellowship
[ ] Other hands-on clinical training experience, please specify: _____
[ ] I have not had any opportunities to participate as part of an interprofessional health care team

HIV-RELATED CARE AND SERVICES PROVIDED BY AN INTERPROFESSIONAL TEAM

The next set of questions are about your current ability related to providing HIV-related care and services. When responding, consider the training and education you have received on these topics. Think about your ability to perform these tasks in any hands-on learning opportunities you may have had providing care to clients/patients (e.g., practicum, preceptorship, residency, or other hands-on training experience, patient simulations, etc.).

10. Please rate your <u>current ability</u> to perform HIV-related services listed below in the context of an interprofessional care team.
Please select "N/A" if the service does not apply to your discipline or area of study.

HIV Prevention						
HIV education and counseling	○	○	○	○	○	○
PrEP assessment and prescribing	○	○	○	○	○	○
HIV Testing						
HIV testing	○	○	○	○	○	○
Interpretation of HIV testing results	○	○	○	○	○	○
HIV Care and Treatment						
Linkage to HIV care	○	○	○	○	○	○
Engagement and retention	○	○	○	○	○	○
Prescribing, managing, and monitoring antiretroviral therapy	○	○	○	○	○	○
Antiretroviral therapy adherence	○	○	○	○	○	○
Screening, Evaluation, and Management of Co-Occurring Conditions						
Hepatitis B and/or C co-infection	○	○	○	○	○	○
Mental health disorders	○	○	○	○	○	○
Substance use disorders	○	○	○	○	○	○
Other chronic medical conditions	○	○	○	○	○	○
Sexually transmitted infections	○	○	○	○	○	○
Opportunistic infections	○	○	○	○	○	○
HIV Service Delivery						
Delivering team-based, interdisciplinary care	○	○	○	○	○	○
Providing services to culturally diverse PLWH	○	○	○	○	○	○
Care-coordination for non-medical needs	○	○	○	○	○	○
Other HIV-Related Service						
Other, please specify: _____ _____	○	○	○	○	○	○

Survey complete. Thank you!

To Be Completed by AETC

AETC Region Number: ___ ___

Local Partner Site Number: ___ ___ ___

Indicate Survey Phase:

____**Baseline**

____ **Follow-Up**

Date Form Completed (MM/DD/YYYY)**:** ___ ___ / ___ ___ / ___ ___ ___ ___

Health Professional Program ID: ___ ___ ___ ___ ___
[5 digit numeric ID: 2-digit AETC Region Number + 1-digit institution ID + 2-digit HPP ID e.g., 01, 02, 03, etc.]

Interprofessional Education Project Student Assessment (IPE-SA) One-Time Follow-Up

Instructions: This assessment is to be completed by students who receive HIV IPE training at each IPE Project participating health professional program. Students may be pre-license students or post-license practitioners. The *IPE-SA One-Time Follow-Up* is to be administered immediately after the end of HIV IPE training or program completion, within two weeks.

BACKGROUND INFORMATION

1. **Please create your participant ID by completing the following:**
   You should use the same ID for all AETC trainings

   First two letters of first name: ___ ___
   First two letters of last name: ___ ___
   Birth month in numbers (two digits): ___ ___
   Birth day (two digits): ___ ___

2. **What is your discipline/area of study?** *(Select one)*

   [ ] Advanced Practice Nurse/Nurse Practitioner
   [ ] Medicine
   [ ] Dentistry
   [ ] Mental/ behavioral health
   [ ] Nursing
   [ ] Pharmacy
   [ ] Physician Assistant
   [ ] Social work
   [ ] Public Health
   [ ] Dietetics or Nutrition
   [ ] Health Administration
   [ ] Other health professional program, specify: _____

3. **What is the name of your academic institution and specific health profession program?**
   (e.g., AETC University – School of Medicine)

   Institution: _____

   Specific health professional program: _____

4. Please answer the following questions about your academic program and status in the program:

4a. How long is your program or course of study?
(i.e., if 4 years, enter '4' for years; if 1.5 years, then enter '1' for year and '6' for months)

_____*(years)* _____*(months)*

4b. What program year are you currently enrolled in?
If you are a part-time student, indicate the "year of study" you are currently in in your program, rather than the actual number of years you have been in the program.

[ ] 1st year
[ ] 2nd year
[ ] 3rd year
[ ] 4th year
[ ] 5+ years
[ ] Program completed/graduated

4c. Please select the category that best describes your current licensure status:

[ ] Pre-license student
[ ] Post-license practitioner
[ ] Other, please specify: _____

INTERPROFESSIONAL EDUCATION AND INTERPROFESSIONAL HEALTH CARE TEAM FUNCTIONING

The next set of questions ask about your knowledge and attitudes related to interprofessional care and practice to improve HIV care outcomes. Interprofessional education promotes collaborative and integrated learning among two or more types of health professionals (pre-license students and/or post-license practitioners) from different disciplines in order to encourage safe, high quality, accessible, patient-centered care and ultimately, improve health outcomes.

5. Rate your <u>current level of knowledge</u> on the ideal functioning of interprofessional health care teams.

[ ] Needs considerable improvement
[ ] Needs improvement
[ ] Adequate
[ ] Very good
[ ] Excellent

6. Select the response category that best reflects the degree to which you agree or disagree with the following statements regarding interprofessional education.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Learning with students from other professions is helpful toward becoming a more effective health care professional	○	○	○	○	○
Working in an interprofessional manner complicates the delivery of care	○	○	○	○	○
To be effective, team members should understand the roles and responsibilities of their fellow interprofessional team members	○	○	○	○	○

The next set of questions are about your current ability to work as a member of an interprofessional health care team, either through a student practicum, preceptorship, residency, patient simulation exercises, or other hands-on clinical training experience where you may have had the opportunity to work with individuals from different health care disciplines to provide patient care.

7. Rate your <u>current ability</u> to work as a member of an interprofessional health care team.

[ ] Needs considerable improvement
[ ] Needs improvement
[ ] Adequate
[ ] Very Good
[ ] Excellent

8. **Please rate your <u>current ability</u> to perform the following functions as part of an interprofessional health care team.**

	Needs considerable improvement	Needs improvement	Adequate	Very good	Excellent
Develop trusting relationships with patients/clients and their families	○	○	○	○	○
Involve patients/clients in decision-making	○	○	○	○	○
Provide constructive feedback to team members on their performance	○	○	○	○	○
Respond to feedback from team members on your performance	○	○	○	○	○
Express opinions in a group, even when others disagree	○	○	○	○	○
Justify recommendations/actions in-person, with more senior people	○	○	○	○	○
Address conflict and differences of opinions among interprofessional team members	○	○	○	○	○
Develop an interprofessional patient/client care plan	○	○	○	○	○

9. **Please select the opportunities you have had to participate on an interprofessional health care team, since starting your training at this school/university/health professional program.**
(Select all that apply)

[ ] Clinical practicum
[ ] Clinical preceptorship
[ ] Clinical rotation
[ ] Residency or fellowship
[ ] Other hands-on clinical training experience, please specify: _____
[ ] I have not had any opportunities to participate as part of an interprofessional health care team

HIV-RELATED CARE AND SERVICES PROVIDED BY AN INTERPROFESSIONAL TEAM

The next set of questions are about your current ability related to providing HIV-related care and services. When responding, consider the training and education you have received on these topics. Think about your ability to perform these tasks in any hands-on learning opportunities you may have had providing care to clients/patients (e.g., practicum, preceptorship, residency, or other hands-on training experience, patient simulations, etc.).

10. Please rate your <u>current ability</u> to perform HIV-related services listed below in the context of an interprofessional care team.
Please select "N/A" if the service does not apply to your discipline or area of study.

	Needs considerable improvement	Needs improvement	Adequate	Very good	Excellent	N/A
HIV Prevention						
HIV education and counseling	○	○	○	○	○	○
PrEP assessment and prescribing	○	○	○	○	○	○
HIV Testing						
HIV testing	○	○	○	○	○	○
Interpretation of HIV testing results	○	○	○	○	○	○
HIV Care and Treatment						
Linkage to HIV care	○	○	○	○	○	○
Engagement and retention	○	○	○	○	○	○
Prescribing, managing, and monitoring antiretroviral therapy	○	○	○	○	○	○
Antiretroviral therapy adherence	○	○	○	○	○	○
Screening, Evaluation, and Management of Co-Occurring Conditions						
Hepatitis B and/or C co-infection	○	○	○	○	○	○
Mental health disorders	○	○	○	○	○	○
Substance use disorders	○	○	○	○	○	○
Other chronic medical conditions	○	○	○	○	○	○
Sexually transmitted infections	○	○	○	○	○	○
Opportunistic infections	○	○	○	○	○	○
HIV Service Delivery						
Delivering team-based, interdisciplinary care	○	○	○	○	○	○
Providing services to culturally diverse PLWH	○	○	○	○	○	○
Care-coordination for non-medical needs	○	○	○	○	○	○
Other HIV-Related Service						
Other, please specify: _____ _____	○	○	○	○	○	○

HIV IPE TRAINING RECEIVED & POST-TRAINING PLANS

The next set of questions asks about the HIV IPE training you received at your health professional program and your plans for providing care and services to clients/patients with HIV in your current or future work.

11. Thinking back about the HIV IPE training you received at your health professional program, to what extent do you intend to apply the knowledge and skills you learned to your future work?

- [ ] Not at all
- [ ] A little
- [ ] A moderate amount
- [ ] Quite a bit
- [ ] A great deal

12. Please select <u>one</u> statement that best describes your employment status. *(Select one)*

- [ ] I am currently employed/working *(Skip to Question 13)*
- [ ] I am hired and will be working *(Skip to Question 13)*
- [ ] I will seek employment after completing my program *(Continue to Question 12a)*
- [ ] I will continue professional development or study, please specify: _____ *(Continue to Question 12a)*
- [ ] Other, please specify: _____ *(Continue to Question 12a)*

Thinking about your future work, please answer the following questions:

12a. In your future work setting, do you expect to have direct interactions with clients/patients?

- [ ] Yes *(Continue to Question 12b)*
- [ ] No *(Skip to Question 12c)*
- [ ] Not sure *(Skip to Question 12c)*

12b. In your role at your future work setting….

	Yes	No	Not sure
Do you expect to provide HIV prevention and testing services to clients/patients?	○	○	○
Do you expect to assess for and prescribe HIV PrEP to clients/patients?	○	○	○
Do you expect to provide services directly to people who are living with HIV?	○	○	○

12c. In your future work setting, what will be your <u>primary</u> profession/occupation?
(Select one)

- [ ] Dentist
- [ ] Other Dental Professional
- [ ] Nurse Practitioner or other Nursing Professional who prescribes
- [ ] Nurse Professional who does not prescribe
- [ ] Midwife
- [ ] Pharmacist
- [ ] Physician
- [ ] Physician Assistant
- [ ] Dietitian or Nutritionist
- [ ] Mental/Behavioral Health Professional
- [ ] Substance Abuse Professional
- [ ] Social Worker or Case Manager
- [ ] Community Health Worker (includes Peer Educator or Navigator)
- [ ] Clergy or Faith-based Professional
- [ ] Practice Administrator or Leader (e.g. Chief Executive Officer, Nurse Administrator)
- [ ] Other allied health professional (e.g., Medical Assistant, Podiatrist, Physical Therapist), please specify: _____
- [ ] Other Public Health Professional, please specify: _____
- [ ] Other Non-Clinical Professional (e.g. Front Desk Staff, Grant Writer), please specify:_____

Survey complete. Thank you!

Thinking about your work setting and employment role, please answer the following questions:

13. What is the state/territory and zip code of your employment setting?

___ ___*(state/territory)* and ___ ___ ___ ___ ___*(zip code)*

14. Does your principal employment setting receive Ryan White HIV/AIDS Program funding?

- [ ] Yes
- [ ] No
- [ ] Not sure

15. Are HIV prevention, care, or treatment services provided by your principal employment setting?

- [ ] Yes
- [ ] No
- [ ] Not sure

16. What is your principal employment setting? *(Select one)*

[ ] Clinic
[ ] Hospital
[ ] Pharmacy
[ ] Public Health Agency (government or other)
[ ] Other healthcare setting, please specify: _____
[ ] Not currently employed in a healthcare setting, please specify: _____

17. What is your primary profession/occupation? *(Select one)*

[ ] Dentist
[ ] Other Dental Professional
[ ] Nurse Practitioner or other Nursing Professional who prescribes
[ ] Nurse Professional who does not prescribe
[ ] Midwife
[ ] Pharmacist
[ ] Physician
[ ] Physician Assistant
[ ] Dietitian or Nutritionist
[ ] Mental/Behavioral Health Professional
[ ] Substance Abuse Professional
[ ] Social Worker or Case Manager
[ ] Community Health Worker (includes peer educator or navigator)
[ ] Clergy or Faith-based Professional
[ ] Practice Administrator or Leader (e.g. Chief Executive Officer, Nurse Administrator)
[ ] Other allied health professional (e.g., Medical Assistant, Podiatrist, Physical Therapist), please specify: _____
[ ] Other Public Health Professional, please specify: _____
[ ] Other non-clinical professional (e.g. Front Desk Staff, Grant Writer), please specify: _____

18. In your work setting, do you have direct interaction with clients/patients?

[ ] Yes *(Continue to Question 18a)*
[ ] No *(SURVEY COMPLETE. THANK YOU!)*

18a. In your role at your work setting….

	Yes	No
Do you provide HIV prevention and testing services to clients/patients?	○	○
Do you screen for and prescribe HIV PrEP to clients/patients?	○	○
Do you provide services directly to people who are living with HIV?	○	○

Thank you for completing this survey!

To Be Completed by AETC

AETC Region Number: ___ ___

Local Partner Site Number: ___ ___ ___

Indicate Survey Phase:

____**Baseline**

____ **Follow-Up**

Date Form Completed (MM/DD/YYYY)**:** ___ ___ / ___ ___ / ___ ___ ___ ___

Health Professional Program ID: ___ ___ ___ ___ ___
[5 digit numeric ID: 2-digit AETC Region Number + 1-digit institution ID + 2-digit HPP ID e.g., 01, 02, 03, etc.]