

Public Burden Statement: The purpose this collection is to enable HRSA and the Ryan White HIV/AIDS Program (RWHAP) Regional AIDS Education Training Centers (AETC) Program to assess the program’s performance and identify gaps in RWHAP -related education and training. Additionally, the data enables HRSA to summarize and report to Congress and other stakeholders of the RWHAP Regional AETC Program’s accomplishments such as training topics covered, hours of contact with health care professionals, type of professionals trained, and collaborative efforts with other federally funded entities. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0108 and it is valid until 7/31/2028. This information collection is required to obtain or retain benefits. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average approximately 7 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

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

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

1. Today’s date:

M	M	D	D	Y	Y	Y	Y

2. Clinic ID#: _____

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

--	--	--	--	--	--	--	--	--	--

4. Clinic state/territory:

--	--

5. Clinic ZIP code (5 digits):

--	--	--	--	--

6. PT Clinic enrollment month and year:

a.

M	M

b.

Y	Y	Y	Y

7. **What is the current status of the PT project?** *Select one.*
- Development phase
 - Foundation phase
 - Integration phase
 - Sustainment phase
 - Graduated phase
8. **Select the type of clinic for the purposes of Practice Transformation (PT).** *Select all that apply.*
- Health center funded through the PHS Act 330 authority
 - Indian Health Service (IHS) or tribal facility
 - Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, or D-funded health care delivery site
9. **Which of the following are true for this site during the reporting period (July 1 – June 30)?** *Select all that apply.*
- Located in an Ending the HIV Epidemic in the U.S. (EHE) county or jurisdiction
 - At least 25% of the patient/client population served are people from racial/ethnic minority groups
 - At least 10% of the patient/client population served has a substance use disorder
 - None of the above
10. **For health centers only: Which UDS performance measure from the previous year's data did this PT site use to determine eligibility to participate in PT as outlined in the most recent HRSA NOFO (in order to indicate if performance was below the recent median result)?** *Select all that apply.*
- Linkage to care:** Percentage of clients whose first-ever HIV diagnosis was made by health center personnel between December 1 of the previous year and November 30 of the reporting period and who were seen for follow-up HIV treatment within 30 days of that first-ever diagnosis
 - Routine HIV screening:** Percentage of clients 15 through 65 years of age who were tested for HIV (when the client was in age range)
 - Not applicable/clinic does not fit criteria above per PT waiver
11. **For RWHAP-funded sites only: Which RWHAP Services Report (RSR) performance measure did the PT site use to determine eligibility to participate in PT as outlined in the most recent HRSA NOFO (in order to indicate if performance was less than the national average result)?** *(select all that apply):*
- Annual retention in care:** Percentage of patients, regardless of age, with a diagnosis of HIV who had at least two (2) encounters within the 12-month measurement year
 - HIV viral load suppression:** Percentage of patients, regardless of age, with a diagnosis of HIV with an HIV viral load less than 200 copies/mL at last viral load test during measurement year
 - Not applicable/clinic does not fit criteria above per PT waiver
12. **Does this clinic offer the following HIV prevention, care, and treatment activities and procedures?** *Select all that apply.*
- Routine HIV testing
 - Linkage to care practices

- Pre-exposure prophylaxis (PrEP) prescription
- Post-exposure prophylaxis (PEP) prescription
- Antiretroviral therapy (ART) prescription

For questions 13-22, please provide the number of new protocols, processes, and/or policies during this reporting period (July 1 – June 30). Please provide a whole number. If no protocols, processes, and/or policies are currently in development or implemented during this reporting period, please put a “0” (zero).

Number of new protocols, processes and/or policies....

	...currently in development	...implemented
PrEP prescription	13)	14)
PEP prescription	15)	16)
HIV testing	17)	18)
Linkage to care	19)	20)
ART prescription	21)	22)

The following questions (23-35) are based on the number of unique patients/clients (i.e., unduplicated) seen by this site in the previous calendar year (Jan 1 – Dec 31), please provide a whole number.

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

Description of patient/client population served at this site during the reporting period	Number of all <u>unique</u> patients/clients	Number of <u>unique</u> patients/clients with <u>HIV</u>
Patients/clients served in the clinic during the reporting period	23)	24)
Patients/clients served who are from racial/ethnic minority groups	25)	26)
Patients/clients served with substance use disorders	27)	28)
Patients/clients served who were tested for HIV	29)	
Patients/clients served with a new HIV diagnosis (within the last 30 days)		30)
Patients/clients served who were linked to HIV care within 30 days of the first diagnosis of HIV		31)
Patients/clients served with a new HIV diagnosis (within the last 30 days) who were prescribed ART		32)
Patients/clients served who were prescribed ART		33)
Patients/clients served who were prescribed PrEP	34)	
Patients/clients served who were prescribed PEP	35)	