



Organizational HIV Treatment Cascades

Submission Checklist, 2018

This checklist is intended to help organizations determine whether they have completed all aspects of the Organizational HIV Treatment Cascade Submission. Submissions are due Thursday, May 31, 2018. The first page includes a summary checklist, and the following pages include detailed checklists for each component of the submission.

Summary

- Methodology Section
- Results Section
 - Newly diagnosed/new-to-care cascade
 - Open patients cascade
 - Service delivery point for open patients
 - Active patients cascade
 - Drill-down of the active caseload
- Analysis and Improvement Plan

I. Methodology Section

See pages 6-7 of the guidance.

General

- List all sources of data that were used to construct the cascades and data table(s)
- Explain why each source of data was selected
- Explain the limitations of each of the data sources
- List who within the organization was involved in extraction, analysis, and presentation of cascade data

Caseload-specific

Newly diagnosed/new-to-care caseload

Explain how:

- The number of patients newly diagnosed at the organization in 2017 was determined
- The number of patients newly diagnosed outside the organization in 2017 was determined
- The number of previously diagnosed new-to-care patients was determined
- The number of newly diagnosed patients linked internally within 3 days was determined
- The number of newly diagnosed patients linked externally within 3 days was determined

Previously diagnosed caseload

Describe how:

- The number of previously diagnosed patients who received any service at the organization was determined
 - Explain the methodology used to identify, determine, and confirm the care status of open patients
 - Explain how patients were determined to be deceased, incarcerated, or in care at an outside organization
- The methodology used to identify and confirm the care status of active patients
- The service delivery point was determined and verified for non-active patients
- Age, gender, race/ethnicity, risk category, and housing status was determined and verified for active patients

II. Results Section

The results section comprises all required measures, including the cascades and data tables.

Data that must be reported on a cascade (rather than in narrative or table form) are marked with asterisks.

Newly diagnosed/new-to-care caseload

Newly diagnosed/new-to-care cascade (see pages 2 & 5-7 of the guidance)

- Total number of newly diagnosed and new-to-care patients at an organization*
 - Number of patients newly diagnosed with HIV at the organization in 2017
 - Number of patients who were newly diagnosed with HIV at another organization in 2017
 - Number of patients new to care at an organization who were diagnosed with HIV prior to 2017
- Linkage to care: Proportion of PLWH newly diagnosed *at the organization* in 2017 who attended a routine HIV medical visit within 3 calendar days of diagnosis. Raw numbers and percentage reported.
 - Number of patients newly diagnosed at the organization who were internally linked to care within 3 days
 - Number of patients newly diagnosed at the organization who were externally linked to care within 3 days
 - Number of patients newly diagnosed at the organization who were not linked to care within 3 days
- Prescription of ART**: Proportion of newly diagnosed PLWH linked to care and other PLWH new to care at the organization in 2017 who were prescribed ART in 2017. Raw numbers and percentage reported.
 - Number of patients newly diagnosed at the organization who were prescribed ART
 - Number of new-to-care patients newly diagnosed at another organization who were prescribed ART
 - Number of new-to-care patients diagnosed before the measurement year at another organization who were prescribed ART
- Viral load monitoring**: Proportion of newly diagnosed PLWH linked to care and other PLWH new to care at the organization in 2017 who had a documented viral load test in 2017. Raw numbers and percentage reported.
 - Number of patients newly diagnosed at the organization who had a documented viral load test
 - Number of new-to-care patients newly diagnosed at another organization who had a documented viral load test
 - Number of new-to-care patients diagnosed before the measurement year at another organization who had a documented viral load test
- Viral suppression**: Proportion of newly diagnosed PLWH linked to care and patients new to care at the organization in 2017 who were virally suppressed at their last viral load test in 2017. Raw numbers and percentage reported.
 - Number of patients newly diagnosed at the organization who were virally suppressed
 - Number of new-to-care patients newly diagnosed at another organization who were virally suppressed

* This total should be the first bar on the cascade, unless an organization has chosen to separate the newly diagnosed and new-to-care caseloads into separate cascades, in which case the first bar in each of those cascades would be the total population of newly diagnosed and new-to-care patients, respectively.

** This measure should be reported on the cascade.

- Number of new-to-care patients diagnosed before the measurement year at another organization who were virally suppressed
- Title is presented in an easy-to-read font, specifies the newly diagnosed/new-to-care patient population, and the year from which the data are drawn
- Axes are clearly labeled
- Legend includes definitions and sources for all measures in the cascade
- Measures are clearly labeled

Previously diagnosed caseload

Open patients cascade (see pages 2-3 & 5-7 of the guidance)

- Total number of open patients**
 - Number of active patients, excluding those new-to-care at the organization in 2017
 - Number of active patients who were new to care at the organization and who were excluded from the cascade (and reported in the newly diagnosed/new-to-care cascade)
 - Number of non-active patients
- Numbers of PLWH who received services from the organization in 2017 and were excluded from the cascade who:
 - Were deceased in 2017
 - Were incarcerated at the end of 2017, and who were not receiving ongoing care from the organization during incarceration
 - Received services from the organization in 2017, but who were confirmed to be in HIV care elsewhere by the end of 2017
- Prescription of ART**: Proportion of open patients who were prescribed ART in 2017. Raw numbers and percentage reported.
- Viral load monitoring**: Proportion of open patients who had a documented viral load test in 2017. Raw numbers and percentage reported.
- Viral suppression**: Proportion of open patients who were virally suppressed at their last viral load test in 2017. Raw numbers and percentage reported.
- Title is presented in an easy-to-read font, specifies the open patient population, and the year from which the data are drawn
- Axes are clearly labeled
- Legend includes definitions and sources for all measures in the cascade
- Measures are clearly labeled

Service delivery point for non-active patients table (See pages 2 & 6 of the guidance)

** This measure should be reported on the cascade.

- Report each service delivery point that non-active patients received services from in the organization in 2017
- Report number of non-active patients seen at each service delivery point
- Title is presented in an easy-to-read font, specifies the non-active patient population, and the year from which the data are drawn
- Columns and rows of the table are clearly labeled

Active patients cascade (see pages 2-3 & 5-6 of the guidance)

- Total number of active patients**, excluding those who were new to care at the organization in 2017
- Prescription of ART**: Proportion of active patients who were prescribed ART in 2017. Raw numbers and percentage reported.
- Viral load monitoring**: Proportion of active patients who had a documented viral load test in 2017. Raw numbers and percentage reported.
- Viral suppression**: Proportion of active patients who were virally suppressed at their last viral load test in 2017. Raw numbers and percentage reported.
- Title is presented in an easy-to-read font, specifies the active patient population, and the year from which the data are drawn
- Site-specific measures are calculated to allow for cross-site comparison (if applicable)
- Axes are clearly labeled
- Legend includes definitions and sources for all measures in the cascade
- Measures are clearly labeled

Drill down of active patients (cascades or tables) (see pages 3-4 & 6 of the guidance)

For each of the following categories, disaggregate the active caseload by:

- Age
- Gender
- Race/Ethnicity
- Risk Category
- Housing Status
- For each of the above categories, subgroups are divided according to definitions in Table 1 on pages 3-4 of the guidance
- Total number of active patients (for each of the above categories separately): Number of active patients in each subgroup, excluding those who were new to care at the organization 2017
- Prescription of ART (for each of the above categories separately): Proportion of active patients, within each sub-group, who were prescribed ART in 2017. Raw numbers and percentages reported.
- Viral load monitoring (for each of the above categories separately): Proportion of active patients, within each subgroup, who had a documented viral load test. Raw numbers and percentages reported.

- Viral suppression (for each of the above categories separately): Proportion of active patients, within each subgroup, who were virally suppressed at their last viral load test in 2017. Raw numbers and percentage reported.
- If presented in cascade format:
 - Title is presented in an easy-to-read font, specifies the active patient population, and the year from which the data are drawn
 - Axes are clearly labeled
 - Legend includes definitions and sources for all measures in the cascade
 - Measures are clearly labeled
- If presented in table format:
 - Title is presented in an easy-to-read font and specifies the active patient population, and the year from which the data are drawn
 - Columns and rows of the table are clearly labeled

III. Analysis and Improvement Plan

See pages 7-8 of the guidance.

Analysis

- Provide a progress report on each of last year's improvement goals
- Compare last year's results to this year's results
- Describe all meaningful gaps in care that were revealed by the cascade for 2017
- Describe any disparities in care that emerge from disaggregation of outcomes by key characteristics

Improvement Plan

- Develop specific, measurable, time-bound improvement goals that specifically address each of the identified gaps
 - Choose goals that represent meaningful improvements
- Propose action steps for each goal
 - Describe how and by when these steps will be measured and assessed
 - List staff members responsible for each action step
- Explain how consumers were engaged in the process of developing the improvement plan
- List all organization staff who will be responsible for implementing the improvement plan
- List (if applicable) any institutional or external partnerships pertinent to the improvement plan
- Plan how to disseminate the cascades to all relevant stakeholders