

Organizational Treatment Cascade Patient-level Data Fields

2019 Review of Care Provided in 2018

Updated 2/22/19

Patient Information	Applies To	Field Type	Allowed Values	Notes
First name	All patients	Text	Up to 50 characters	
Last name	All patients	Text	Up to 80 characters	
Middle initial	All patients	Text	Single character	
Date of birth	All patients	Date	mm/dd/yyyy	
MRN	All patients	Text	Up to 50 characters	Optional
Sex at birth	All patients	Single selection	M (= male), F (= female), I (= intersex), UK (= unknown)	Mark 'UK' if unknown, but sex at birth and current gender cannot both be unknown
Current gender	All patients	Single selection	M (= male), F (= female), TGM (= transgender man), TGW (= transgender woman), OTH (= transgender other, non-binary, gender non-conforming, other), UK (= unknown)	Mark 'UK' if unknown, but sex at birth and current gender cannot both be unknown
Ethnicity	All patients	Single selection	H (= Hispanic or Latino/Latina), NH (= non-Hispanic/Latino/Latina), UK (= unknown)	Mark 'UK' if unknown
Hispanic subgroup	Hispanic patients	Multiple selection (as needed, comma separated)	M (= Mexican, Mexican American or Chicano/Chicana), PR (= Puerto Rican), C (= Cuban), OH (= other Hispanic, Latino/Latina, Spanish Origin), UK (= unknown), NA (= not applicable)	Mark 'NA' if patient is not Hispanic, 'UK' if unknown
Race	All patients	Multiple selection (as needed, comma separated)	W (= White), B (= Black or African American), A (= Asian), NHPI (= Native Hawaiian or Pacific Islander), AIAN (= American Indian or Alaska Native), UK (= unknown)	Mark 'UK' if unknown

Asian subgroup	Asian patients	Multiple selection (as needed, comma separated)	AI (= Asian Indian), C (= Chinese), F (= Filipino), J (= Japanese), KOR (= Korean), V (= Vietnamese), OA (= Other Asian), UK (= unknown), NA (= not applicable)	Mark 'NA' if patient is not Asian, 'UK' if unknown
Housing	All patients	Single selection	S (= stable/permanent), T (= temporary), US (= unstable), UK (= unknown)	Mark 'UK' if unknown
HIV Risk	All patients	Multiple selection (as needed, comma separated)	MSM (= male who has sex with male(s)), IDU (= injecting drug use), HETERO (= heterosexual contact), HEMO (= hemophilia/coagulation disorder), BLOOD (= blood transfusion/blood products), PERI (= perinatal transmission), OTH (= other), UK (= unknown)	Mark 'UK' if unknown
Insurance status	All patients	Single selection	MEDICAID, MEDICARE, DUALELG (= Medicaid & Medicare), PRIVATE (= Individual or employer-based private insurance), VA (= Veteran's Administration), ADAP (= AIDS Drug Assistance Program (Primary Care)), OP (= other plan), NONE, UK (= unknown)	Primary insurance on last status check during the review period; mark 'UK' if unknown
Enrollment status (as of the end of the review period, was the patient established in care, new to care, deceased, incarcerated, relocated, in external care, or of other/unknown status?)	All patients	Single selection	ACTNEW (= active, new to clinic during review period or returning after not being seen the previous two years, continuing in program), ACTEST (= active, seen prior to the review period, continuing in program), DEC (= died during review period), INC (= incarcerated as of end of review period), RELOC (= relocated out of New York State during the review period), EXTCARE (= confirmed to be receiving ongoing HIV care at another site as of end of the review period), OTH (= other status, not enrolled in care at your organization)	Mark 'OTH' if unknown

Clinic (where was the patient enrolled in care?)	New or established active patients	Single selection	Must match one of the clinic codes we have defined for your organization	If seen at multiple sites, location where seen most often or, if tied, where seen last; leave blank if not applicable
Service line (where was the patient seen within your system?)	Unknown-status patients (enrollment = 'OTH')	Multiple selection (as needed, comma separated)	ED (= emergency department/urgent care), IP (= inpatient care, including ICU, surgery and psychiatric care), PC (= primary care provided outside of your HIV clinic(s)), FACHIV (= faculty practice HIV care outside HIV clinic(s)), NHSC (= non-HIV specialty care such as cardiology, pulmonology, neurology, ambulatory surgery, etc.), RHS (= reproductive health services) MBHS (= outpatient mental and behavioral health services), DS (= dental services), SS (= supportive services), OTH (= other)	Leave blank if not applicable
Service line specifics	Unknown-status patients seen on "other" service	Text	Up to 200 characters	Leave blank if not applicable
Diagnosis status (when was the patient diagnosed, and if during the review period, where?)	All patients	Single selection	NEWINTIP (= internally diagnosed during the review period while on an inpatient service), NEWINTAMB (= internally diagnosed during the review period while not on an inpatient service), NEWEXT (= externally diagnosed during the review period), PREV (= diagnosed prior to the review period), UK (= unknown)	Mark 'UK' if unknown
Was the patient on ARV therapy during the review period?	All patients	Single selection	YES, NO, UK (= unknown)	Mark 'UK' if unknown
Was a VL test obtained during the review period?	All patients	Single selection	YES, NO, UK (= unknown)	Mark 'UK' if unknown

Diagnosis date	Newly diagnosed patients	Date	mm/dd/yyyy	During the review period; leave blank if patient was previously diagnosed or unknown when diagnosed
Discharge date	Newly diagnosed as inpatient	Date	mm/dd/yyyy	On or after diagnosis date; leave blank if not applicable
Was the patient seen for HIV care during the review period?	Newly diagnosed patients	Single selection	YES, NO, UK (= unknown), NA (= not applicable)	Mark 'UK' if unknown, 'NA' if patient was previously diagnosed
If yes, date of first visit with an HIV provider	Newly diagnosed patients	Date	mm/dd/yyyy	Leave blank if not applicable
Was a suppressed viral load obtained during the review period?	Newly diagnosed patients	Single selection	YES, NO, UK, NA (= not applicable)	Mark 'UK' if unknown, 'NA' if patient was previously diagnosed or not tested
Date of first VL test during review period	Newly diagnosed patients	Date	mm/dd/yyyy	Must be within the review period, on or after date of diagnosis; leave blank if not applicable
Date of first suppressed VL	Newly diagnosed patients	Date	mm/dd/yyyy	Must be within the review period, on or after date of diagnosis; leave blank if not applicable
Was the patient suppressed on final VL test during the review period?	Previously diagnosed patients	Single selection	YES, NO, UK, NA (= not applicable)	Mark 'UK' if unknown, 'NA' if patient was newly diagnosed or not tested