

# Cascade Measures: Review of Care Provided in 2018

**Table 1: Patient level data to be collected**

Type of Patients	Patient level Data
All Patients	First name of patient
	Last name of patient
	Initial letter of patient's middle name
	Patient's date of birth
	Patient's sex at birth
	Patient's current gender
	Patient's ethnicity
	Hispanic subgroup if applicable (multiple entries are allowed, separated by comma(s))
	Patient's race (multiple entries are allowed, separated by comma(s))
	Asian subgroup if applicable (multiple entries are allowed, separated by comma(s))
	Patient's housing status on last assessment/report during the review period
	Patient's HIV exposure risk (multiple entries are allowed, separated by comma(s))
	Primary insurance on final status check during the review period
	Patient's enrollment status
Did the patient receive antiretroviral therapy (besides PrEP) during the review period?	
Previously Diagnosed	If the patient was diagnosed prior to the review period (or diagnosis date is not known), did he/she receive a viral load test during the review period?
	Standardized abbreviation for the clinic within the organization where patient receives care (active patients)
Open & Active	If the patient was diagnosed prior to the review period (or diagnosis date is not known) and tested during the review period, was the patient virally suppressed (< 200 copies/mL) on final VL during the review period?
Unknown Status	Service line or facility where patient last received care during the review period (inactive patients)
	If patient was seen on a service line other than those we have listed, specify where the patient was seen.
Newly Diagnosed	Was the patient newly diagnosed during the review period, and if so, internally or externally?
	If the patient was diagnosed during the review period, what was the date of the patient's diagnosis?
	If the patient was newly diagnosed as an inpatient during the review period, when was the patient discharged from inpatient care?

	If the patient was newly diagnosed during the review period, was he/she seen for HIV care during the review period?
	If the patient was newly diagnosed and seen for HIV care, what was the date when the patient was first seen for HIV care?
	If the patient was diagnosed during the review period and tested during the review period, was the patient virally suppressed (< 200 copies/mL) on any test during the review period?
	If the patient was diagnosed during the review period and tested during the review period, what was the date of the first VL test?
	If the patient was diagnosed during the review period and suppressed during the review period, what was the date of the first suppressed VL (< 200 copies/mL)?

**Table 2: Categories of key characteristics for the active caseload drill down**

<b>Characteristic</b>	<b>Categories (adapted from CDC, NYS Bureau of HIV/AIDS Epidemiology, and HUD)</b>
Age	0-12; 13-19; 20-24; 25-29; 30-39; 40-49; 50-59; 60+; Unknown
Sex at Birth	Male; Female; Intersex; Unknown
Current Gender	Male; Female; Transgender Man; Transgender Woman; Other (Transgender other, non-binary, gender non-conforming); Unknown
Race	White; Black or African American; Asian; Native Hawaiian or Pacific Islander; American Indian or Alaska Native; Unknown
Ethnicity	Hispanic or Latina/Latino; Non-Hispanic, Latina/Latino; Unknown
Risk Category	Men who have Sex with Men (MSM); Intravenous Drug Users (IDU); Heterosexual contact; Hemophilia or coagulation disorder; Blood transfusion or Blood products; Perinatal transmission; Other; Unknown
Housing Status	Stable permanent housing; Temporary housing <sup>1</sup> ; Unstable housing <sup>2</sup> ; Unknown

<sup>1</sup> Defined as short-term arrangement with family or friends, transitional housing or temporary institutional placement including substance abuse treatment facilities and psychiatric hospitals.

<sup>2</sup> Defined as emergency shelters, jail/prison, places not meant for human habitation