

**California Department of Public Health, Office of AIDS
Expanded HIV Testing in Health Care Settings (PS12-1201)
Monitoring and Evaluation Plan**

A. Description of the Program

The intent of the Expanded HIV Testing in Health Care Settings (Expanded Testing) is to promote: 1) high volume HIV screening; and 2) linkage to care (LTC), Partner Services (PS), and prevention services for persons testing positive for HIV in health care and other settings, especially among African Americans, Latinos, men who have sex with men (MSM), and injection drug users (IDUs) in order to more fully implement CDC's September 2006 *Revised Recommendations for HIV Testing of Adults, Adolescents and Pregnant Women in Healthcare Settings* and more recently the 2013 *United States Preventative Services Task Force, (USPSTF) recommendations*.

In order to implement the Expanded Testing program, OA is soliciting applications from eligible entities to provide local coordination of PS12-1201 Funding. OA anticipates funding between up to six EEs. Selected programs must have the capacity to scale up screening in order to contribute to OA's annual total of 61,691 HIV screening tests once the program is fully implemented. OA designated 18 (of 61) local health jurisdictions (LHJs) as an Eligible Entity (EE); these 18 LHJs represent 92 percent of all living HIV/AIDS cases (excluding Los Angeles and San Francisco) for CDC's target populations. The following are designated as Eligible entities (EEs): a) the 18 local health jurisdictions (LHJs)¹; b) any health care facility in any of the 18 LHJs such as, but not limited to, hospitals, emergency departments, inpatient units, urgent care centers, federally qualified health centers, community health centers, sexually transmitted disease (STD) clinics, family planning and gynecological clinics, adolescent care clinics; and c) other HIV screening venues in any of the 18 LHJs, including faith-based health screening programs, syringe exchange programs, community health education programs (i.e., Promotores), substance abuse treatment centers, and local jails.

The six goals and specific, measurable objectives are listed in Table 1, below.

¹ Alameda, Contra Costa, Fresno, Kern, Marin, Monterey, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, and Ventura.

TABLE 1: Expanded Testing Goals and Objectives, January 2015 – December 2017

GOALS	OBJECTIVES
<p>1. To increase HIV screening tests performed by eligible entities (EE), particularly among African American and Latino men and women, MSMs and IDUs.</p>	<p>1. By December 31, 2015, perform a total of 46,271 screenings for HIV in the eligible entities. For each subsequent calendar year (i.e., 2016 and 2017) perform a total of 61,691 screenings for HIV in the eligible entities.</p>
<p>2. To ensure that persons newly-identified as HIV positive by EEs receive their test results, are linked to HIV medical care and treatment, Partner Services, and HIV prevention services.</p>	<p>1. Ensure 90 percent of newly-identified HIV positive people tested during each calendar year (i.e., 2015, 2016 and 2017) have received their test results.</p> <p>2. Ensure at least 85 percent of the newly-identified HIV positive people tested during each calendar year (i.e., 2015, 2016 and 2017), who received their test results, are referred to medical care and attended their first appointment within 90 days of their HIV disclosure date.</p> <p>3. Ensure that at least 85 percent of the newly-identified HIV positive people tested during each calendar year (i.e., 2015, 2016 and 2017), who received their test results, are provided Partner Services or referred to Partner Services, within 30 days of their HIV disclosure date.</p> <p>4. Ensure that at least 85 percent of the newly-identified HIV positive people tested during each calendar year (i.e., 2015, 2016 and 2017), who received their test results, are referred or linked to Prevention Services.</p>
<p>3. To ensure that persons previously-identified as HIV positive by EEs receive their test results, are linked to HIV medical care and treatment, Partner Services, and HIV prevention services.</p>	<p>1. Ensure 90 percent of previously-identified HIV positive people tested during each calendar year (i.e., 2015, 2016 and 2017) have received their test results.</p> <p>2. Ensure at least 85 percent of previously-identified HIV positive</p>

GOALS	OBJECTIVES
	<p>people tested during each calendar year (i.e., 2015, 2016 and 2017), who received their test results, are referred to medical care and attended their first appointment within 90 days of their HIV disclosure date.</p> <p>3. Ensure that at least 85 percent of the previously-identified HIV positive people tested during each calendar year (i.e., 2015, 2016 and 2017), who received their test results, are provided Partner Services or referred to Partner Services, within 30 days of their HIV disclosure date.</p> <p>4. Ensure that at least 85 percent of the previously-identified HIV positive people tested during each calendar year (i.e., 2015, 2016 and 2017), who received their test results, are referred or linked to Prevention Services.</p>
4. To ensure that EEs comply with surveillance reporting requirements.	1. Ensure that 100 percent of newly-identified HIV positive people tested during each calendar year (i.e., 2015, 2016 and 2017) are reported to the local health jurisdiction as required by California law.
5. To ensure that EEs are working towards establishing sustainable routine opt-out HIV testing locations.	<p>1. Ensure that at least 40 percent of all HIV tests conducted during 2015 are billed to a source other than OA or the clinic. Ensure that at least 60 percent of all HIV tests conducted during 2016 are billed to a source other than OA or the clinic. Ensure that at least 80 percent of all HIV tests conducted during 2017 are billed to a source other than OA or the clinic. (With OA's permission, specific underserved populations do not need to be billed to a source other than OA or the clinic.)</p> <p>2. Ensure that at least 30 percent of all HIV tests conducted during 2015 which are billed to sources other</p>

GOALS	OBJECTIVES
	<p>than OA or the clinic are reimbursed. Ensure that at least 40 percent of all HIV tests during 2016 which are billed to a source other than OA or the clinic are reimbursed. Ensure that at least 50 percent of all HIV tests during 2017 which are billed to a source other than OA or the clinic are reimbursed. (With OA’s permission, specific underserved populations do not need to be reimbursed.)</p>
<p>6. To implement OA-directed quality assurance (QA), program monitoring, and evaluation activities.</p>	<p>3. By April 1, 2015, ensure that EEs have implemented QA, program monitoring, and evaluation procedures as directed by OA and CDC.</p>

B. M&E Questions for Local Program Monitoring and Evaluation

The monitoring and evaluation questions will be finalized once OA receives applications from EEs and makes award decisions. However, OA has provided preliminary questions in Table 2 that will more than likely be included in the local M&E plan. Additionally, high level data dictionaries for negative and positive test results can be found in Attachments 11 and 12, respectively.

TABLE 2: Expanded Testing Capacity Building Activities Planned for January 1, 2015 to December 31, 2017

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
<p>How many testing events occurred?</p>	<p>Number of records that include an HIV test result.</p>	<p>LEO Category B-funded testing data, EvaluationWeb, XML submissions</p>	<p>January 1, 2015 – December 31, 2017, evaluated annually</p>
<p>What proportion of patients tested were African-American?</p>	<p>Number of African-Americans tested divided by number of patients tested.</p>	<p>LEO Category B-funded testing data, EvaluationWeb, XML submissions</p>	<p>January 1, 2015 – December 31, 2017, evaluated annually</p>

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Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
What proportion of patients tested were Latino?	Number of Latino tested divided by number of patients tested.	LEO Category B-funded testing data, EvaluationWeb, XML submissions	January 1, 2015 – December 31, 2017, evaluated annually
How many of the testing events were included HIV confirmed positive test results?	Number of records with a confirmed positive HIV test result.	LEO Category B-funded testing data	January 1, 2015 – December 31, 2017, evaluated annually
How many of the confirmed positives were newly-identified confirmed positives?	Number of records with a confirmed positive HIV test result in which the client did not report a previous confirmed positive test result.	LEO Category B-funded testing data	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of the testing events resulted in newly-identified confirmed HIV-positives?	Newly-identified confirmed positives divided by number of testing events.	LEO Category B-funded testing data, EvaluationWeb, XML submissions	January 1, 2015 – December 31, 2017, evaluated annually
What proportions of the newly-identified confirmed positives belong to a risk-based priority population (e.g., MSM, IDU)?	Number of records with a newly-identified confirmed positive HIV test result in which the client reports a risk behavior divided by number of newly-identified confirmed positives.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportions of the newly-identified confirmed positives belong to a race-based priority population (i.e., African-American, Latino)?	Number of records with a newly-identified confirmed positive HIV test result in which the client reports being either African- American or Latino divided by number of newly- identified confirmed positives.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually

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Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
How many newly- identified confirmed HIV- positive test results were returned to clients?	Newly-identified confirmed positives with either a disclosure date for the confirmatory test result or who attended their first medical appointment.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of newly-identified confirmed HIV- positive test results were returned to clients?	Number of newly-identified confirmed HIV-positive test results returned to clients divided by number of newly-identified confirmed HIV-positive test results.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of newly-identified confirmed HIV- positive clients were referred and linked to HIV medical care within 90 days of disclosure date?	Number of newly-identified confirmed HIV-positive clients referred and linked to HIV medical care within 90 days of disclosure divided by number of newly-identified confirmed HIV-positive clients.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of newly-identified confirmed HIV- positive clients were referred and provided Partner Services within 30 days of disclosure date?	Number of newly-identified confirmed HIV-positive clients referred and provided Partner Services within 30 days of disclosure divided by number of newly-identified confirmed HIV-positive clients.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually

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Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
What proportion of newly-identified confirmed HIV-positive clients were referred and linked to HIV prevention services?	Number of newly-identified confirmed HIV-positive clients referred and linked to HIV prevention services divided by number of newly-identified confirmed HIV-positive clients.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
How many unique IDs from newly-identified confirmed positive clients were provided to the HIV/AIDS Surveillance Coordinators or program to be included on the HIV/AIDS Adult Case Report Form (ACRF)?	Number of unique IDs of newly-identified confirmed positive clients that were provided to the HIV/AIDS Surveillance Coordinators or program.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
How many of the confirmed positives were previously-identified confirmed positives?	Number of records with a confirmed positive HIV test result in which the client reports a previous confirmed positive test result.	LEO Category B-funded testing data	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of the testing events resulted in previously-identified confirmed HIV-positives?	Previously-identified confirmed positives with a confirmed HIV-positive test result divided by number of testing events.	LEO Category B-funded testing data, EvaluationWeb, XML submissions	January 1, 2015 – December 31, 2017, evaluated annually

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Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
What proportion of the previously-identified confirmed positives belong to a risk-based priority population (e.g., MSM, IDU)?	Number of records with a previously-identified confirmed positive HIV test result in which the client reports a risk behavior divided by number of previously - identified confirmed positives.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of the previously-identified confirmed positives belong to a race-based priority population (i.e., African-American, Latino)?	Number of records with a previously-identified confirmed positive HIV test result in which the client reports being either African- American or Latino divided by number of previously-identified confirmed positives.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
How many previously-identified confirmed HIV-positive test results were returned to clients?	Previously-identified confirmed positives with either a disclosure date for the confirmatory test result or who attended their first medical appointment.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of previously-identified confirmed HIV-positive test results were returned to clients?	Number of previously-identified confirmed HIV-positive test results returned to clients divided by number of previously-identified confirmed HIV-positive test results.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually

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Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
What proportion of previously-identified confirmed HIV-positive clients were referred and linked to HIV medical care within 90 days of disclosure date?	Number of previously-identified confirmed HIV-positive clients referred and linked to HIV medical care within 90 days of the first disclosure of current testing event divided by number of previously-identified confirmed HIV-positive clients.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of previously-identified confirmed HIV-positive clients were referred and provided Partner Services within 30 days of disclosure date?	Number of previously-identified confirmed HIV-positive clients referred and provided Partner Services within 30 days of the first disclosure of the current testing event divided by number of previously-identified confirmed HIV-positive clients.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of previously-identified confirmed HIV-positive clients were referred and linked to HIV prevention services?	Number of previously-identified confirmed HIV-positive clients referred and linked to HIV prevention services divided by number of previously-identified confirmed HIV-positive clients.	LEO Category B-funded testing data.	January 1, 2015 – December 31, 2017, evaluated annually
What proportion of HIV tests were billed to a source other than OA or the local clinic?	Number of tests billed to a source other than OA or the local clinic divided by the number of HIV tests.	LEO Category B-funded testing data, EvaluationWeb, XML submissions	January 1, 2015 – December 31, 2017, evaluated annually

Monitoring and Evaluation question	Indicator(s)/Measure(s)	Data Source	Timeline
What proportion of HIV tests billed to a source other than OA or the local clinic were reimbursed?	Number of tests reimbursed divided by the number of tests billed to a source other than OA or the local clinic divided by the total number of HIV tests.	LEO Category B-funded testing data, EvaluationWeb, XML submissions	January 1, 2015 – December 31, 2017, evaluated annually

C. Data Collection Plans, Timelines, and Tools

OA will work with each funded entity to identify the most efficient method to obtain test-level data for clients screened in health care settings. It is anticipated that for HIV tests with a negative result most entities will utilize their existing electronic health record data collection system and extract the agency, client demographic, HIV antibody laboratory test result, and billing information required by OA; each entity will need to provide some additional administrative/identification elements, as defined by OA (e.g., agency and location IDs). Technical assistance, including the use of a java program designed to convert .CSV files to XML files (i.e., CSV2XML program), will be provided to ensure that the extracted data are submitted to OA in an Extensible Markup Language (XML) format that can be imported into EvaluationWeb. These data must be submitted to OA on a monthly basis, due 20 days after the end of each month. OA will review the data files and import into EvaluationWeb, as well as convert the data into a SAS file for data analysis. OA will import these data into EvaluationWeb on a quarterly basis, by the 45th day after the end of each quarter.

For HIV tests with a positive result it is the responsibility of each funded entity to complete a Healthcare HIV Testing Form (HTF) and enter the data directly into OA’s prevention data collection system, the Local Evaluation Online (LEO) system. It is anticipated that the HTF data elements will be collected after the patient is confirmed HIV positive, likely at the HIV medical care site either by staff at the site or the person responsible for Linkage to Care/Partner Services (LTC/PS) within the funded entity. Confirmed HIV-positive results and all available patient information must be entered into LEO within 10 business days of confirmation and updated until complete. OA will extract the CDC-required variables from LEO and import into EvaluationWeb on a quarterly basis, by the 45th day after the end of each quarter. Additionally, OA will extract the positive testing data from LEO, convert it into SAS and add it to the negative testing data SAS file for analysis.

D. Data Analysis Plan

The expanded testing data will be analyzed on a monthly and quarterly basis. The first level of analysis will consist of quality assurance activities to determine if each funded entity is (a) conducting HIV tests; (b) collecting all the required variables for negative and positive tests; (c) successfully transferring the data to OA; and (d) collecting reliable and valid data; these QA analyses will primarily be running frequency tables. The second stage of the analysis will focus on assessing how well the program is meeting its stated goals, largely using descriptive statistics (percentages and means).

E. Data Use Plan

Internal (within OA) data analysis, reporting, and discussion will take place monthly at the expanded testing team meetings. Elements included in this monthly assessment will include, at a minimum: testing volume by venue, testing volume and rate within target populations (AA, Latino, IDU, MSM) by venue, volume and rate of all and new infections identified by venue, disclosure rates for positive results, and rates of referral for individuals with positive results to care, PS, and prevention services, by testing venue and reporting rates to eHARS. These results will be used to monitor which entities are properly implementing the program and which are meeting the program's objectives, allowing for ongoing feedback to the entities. This information will be used to identify which entities may need technical assistance and capacity building activities, and to share the strategies and procedures of successful entities. Furthermore, providing results and interpretations can be used by OA to adjust and refine the program and/or the entities funded, if necessary.

These ongoing monitoring and process evaluation data will be shared regularly (via conference calls, internal meetings, and informal presentations) with OA staff, the funded entities, and CDC via progress reports and quarterly data submissions.

F. Data Dissemination Plan

OA's Data and Program Evaluation Monitor will develop and distribute data reports to both OA and the funded entities, with the purpose of tracking progress towards program goals and identifying areas that need attention/improvement in a given venue. The monitoring and evaluation findings will be disseminated to LHJs and funded entities two to four times per year via written reports, consultation phone calls, and/or in-person site visits. Additional assessments will be derived from ongoing contact with LHJs and funded entities and may include analyses requested/suggested by LHJs and funded entities as needed for troubleshooting problem areas, improving program services, and enhancing the sustainability of routine HIV screening in these settings. In addition to routine assessments of program performance, custom reports may be provided to LHJs and funded entities to

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assess areas of specific interest to them, and/or data subsets may be provided to LHJs and funded entities with the capacity for conducting their own analyses (subject to data security requirements).

Annual summary reports will be developed, posted on OA's Internet site, and distributed to a variety of stakeholders such as community planning group members, the California Conference of Local AIDS Directors, and the California Conference of Local Health Officers.