

**IHPCP Goal Evaluation Worksheet**

**Day 1 Meeting: March 12, 2025**

<p><b>Ending the HIV Epidemic Pillar: DIAGNOSE</b></p> <p><b>Goal:</b> Diagnose all people living with HIV as early as possible</p> <p><b>Strategy:</b> 2A: Continue and expand HIV Testing</p> <p><b>Key Disparity Metric(s):</b> n/a</p> <p><b>Data Sets Informing this Objective:</b> Epidemiological data, PA-NEDSS, Stakeholder Input Data # 1, 8</p> <p><b>Priority Setting:</b> The HPG voted these as their top priorities for 2022-2027</p> <table border="1"> <tr> <td>1. SPBP/ADAP (collapsed because SPBP serves this purpose in PA)</td> <td>6. Emergency Financial Assistance</td> </tr> <tr> <td>2. Housing</td> <td>7. Health Insurance Premiums</td> </tr> <tr> <td>3. Medical Case Management</td> <td>8. Outreach Services</td> </tr> <tr> <td>4. Early Intervention Services</td> <td>9. Home and Community Based Care</td> </tr> <tr> <td>5. Outpatient/Ambulatory Care</td> <td>10. Oral Health Care</td> </tr> </table>						1. SPBP/ADAP (collapsed because SPBP serves this purpose in PA)	6. Emergency Financial Assistance	2. Housing	7. Health Insurance Premiums	3. Medical Case Management	8. Outreach Services	4. Early Intervention Services	9. Home and Community Based Care	5. Outpatient/Ambulatory Care	10. Oral Health Care		
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<p><b>HPCP Activity(s):</b></p> <table border="1"> <thead> <tr> <th>#</th> <th>Activity</th> <th>Need/Gap/ Barrier &amp; Priority Pop.</th> <th>Responsible Party &amp; Partnerships</th> <th>Data Baseline</th> <th>Target Goals/ Outcomes</th> </tr> </thead> <tbody> <tr> <td>26</td> <td>Increase efforts to support private providers conducting HIV testing.</td> <td><i>Need:</i> Increased testing among priority populations, esp. BIPOC and SGM communities and youth</td> <td>Division; Partners: testing providers, Pa. Expanded HIV Testing Initiative (PEHTI), MAAETC, HPCP</td> <td>45 private providers in 2021</td> <td>25% increase</td> </tr> </tbody> </table>						#	Activity	Need/Gap/ Barrier & Priority Pop.	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes	26	Increase efforts to support private providers conducting HIV testing.	<i>Need:</i> Increased testing among priority populations, esp. BIPOC and SGM communities and youth	Division; Partners: testing providers, Pa. Expanded HIV Testing Initiative (PEHTI), MAAETC, HPCP	45 private providers in 2021	25% increase
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27	Provide/facilitate capacity building for clinical testing.	<i>Need:</i> ongoing training needs for clinicians	Division, HPCP, MAAETC; PEHTI Partners: hospitals/clinicians	0 of clinicians & clinician staff trained in 2022	10 % increase per year
28	Identify and support health care and non-health care providers that have diagnosed individuals with HIV.	Gap: Providers testing and linking clients to care	Division; CMHD, Partners: testing providers	Identify private providers that Diagnosed individuals with HIV	Conduct outreach to private providers that diagnosed individuals with HIV
29	Increase HIV testing with priority populations.	Need/Priority pop: increased testing among BIPOC and SGM communities and youth	Division Prevention program staff, CMHD, testing providers	28,852 (56% of all individuals tested)	75% of all people tested identify with priority populations

**Please describe the program as a whole.**

The HPP offers opt-out HIV testing and non-clinical HIV testing through a network of 43 fee-for-service participating provider agreements (PPA). There are performance standards set in the PPAs including a minimum of 80% of individuals falling into the priority populations, as defined by CDC. The HPP also supports opt-out HIV testing through grants with the ten (10) County and Municipal Health Departments (CMHD) as well as through the Pennsylvania Expanded HIV Testing Initiative (PEHTI) in conjunction with Penn State University (PSU).

**Describe the data indicators (if applicable) listed for your strategy and activity in the IHPCP.**

What are your **baseline data** and your current data indicators?

**Activity 26:**

- Baseline: 45 private providers in 2021

- Current: 43 providers in 2024

**Activity 27:**

- **Baseline:** 0 of clinicians & clinician staff trained in 2022
- **Current:** 34 clinicians & clinician staff trained since 2022

**Activity 28:**

- **Baseline:** Identify private providers that diagnosed individuals with HIV
- **Current:** Outreach and education provided to 283 providers since February 2023

**Activity 29:**

- **Baseline:** 28,852 (56% of all individuals tested)
- **Current:** 34,823 (73.7% of all individuals tested)
  - Out of 47,265 tests between July 1<sup>st</sup> 2024 and June 30<sup>th</sup>, 2024, 23,195 (49.07%) were identified as BIPOC and 11,628 (24.6%) were identified as SGM communities.

**What groups(s) are your target population(s) and how was that decided?**

**Does your target population(s) align with the disparity metrics outlined in the IHPCP under the corresponding strategy?**

**Target Population:**

Racial and ethnic minority youth ages 13-24, Men who have sex with men (MSM), African American/Black MSM, Hispanic MSM, All MSM ages 13-24, Transgender females, Racial and ethnic minorities within this group, Persons who currently inject drugs (PWID) or injected drugs within the last five years, Racial and ethnic minorities within this group, Pregnant Individuals, Racial and ethnic minorities within this group, and African American/Black and Hispanic women.

**Decision on Target Populations:**

These target populations are set by the CDC.

**Alignment with Disparity Metrics in IHPCP:**

Key Disparity Metrics listed as N/A above.

**How are you measuring your success in accomplishing or maintaining this activity?**

The Division keeps a tracking spreadsheet of every provider letter sent out in addition to every clinician and clinician staff trained in capacity building for clinical testing. Client level data reporting continuously occurs to track the number of HIV tests conducted which includes priority populations.

**What barriers or challenges have you experienced/are experiencing?**

The HPP experienced a few procurement setbacks during the reporting period with a change in the medical supply company used for purchasing rapid test kits. Using this as an opportunity to grow, the HPP did an emergency procurement of the dual-platform test kits and scheduled training opportunities for all providers.

The Division's data reporting tool is in the process of changing from REDCap to Qualtrics. During this reporting period, providers were instructed to manually enter data onto a spreadsheet. The absence of a data reporting tool proved to be an administrative challenge and prohibited real time data analysis.

**What solutions to these barriers and challenges have you come up with?**

An invitation for bid (IFB) was initiated for the long-term supply of HIV/Syphilis and Hepatitis C test kits that could take up to six-months to complete. Regarding Qualtrics, troubleshooting and technical assistance has occurred and the providers are currently getting onboarded into the data reporting tool. This will no longer be a barrier in the coming months.

**If you had to give a percentage of how close you are to completing this goal(s), what would it be and why?**

The Division estimates that we are approximately 75% of the way done with completing the goal. We have surpassed the goals for Activity 27 and 28 while Activity 29 was almost met as it only fell shy by 1.3%. Activity 26 is the only activity that did not have a successful effort.

**What are your next steps? What is the sustainability of this effort (if applicable)?**

The Division will continue working towards the successful implementation of these activities with our PS24-0047 grant. These activities are written into our work statement and will be actively addressed throughout the grant cycle.

**Is there anything additional you'd like the HPG Evaluation Subcommittee to know?**

N/A

**Are there any other individuals associated with the program you'd like to recognize?**

Jeremy Sandberg and Liza Conyers from the Pennsylvania Expanded HIV Testing Initiative (PEHTI) at Penn State University (PSU).

**This section is for Evaluation Subcommittee purposes only**