

IHPCP Goal Evaluation Worksheet

Day 1 Meeting: September 10, 2025 (Morning Session)

<p>Ending the HIV Epidemic Pillar: Respond</p> <p>Goal: Monitor HIV incidence and respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them</p> <p>Strategy: 4C: Continue and enhance HIV Surveillance</p> <p>Key Disparity Metric(s): N/A</p> <p>Data Sets Informing this Objective: Needs Assessments</p> <p>Priority Setting: 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>HPCP Activity(s):</p> <table border="1"> <thead> <tr> <th>#</th> <th>Activity</th> <th>Need/Gap/ Barrier & Priority Pop.</th> <th>Responsible Party & Partnerships</th> <th>Data Baseline</th> <th>Target Goals/ Outcomes</th> </tr> </thead> <tbody> <tr> <td>66</td> <td>Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly</td> <td>Accurate and timely HIV lab reporting</td> <td>HIV Surveillance, disease investigators</td> <td>85% of people who had one or more documented CD4 or viral load reactive</td> <td>Per calendar year, at least 85% of people who had one or more documented</td> </tr> </tbody> </table>						#	Activity	Need/Gap/ Barrier & Priority Pop.	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes	66	Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly	Accurate and timely HIV lab reporting	HIV Surveillance, disease investigators	85% of people who had one or more documented CD4 or viral load reactive	Per calendar year, at least 85% of people who had one or more documented
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	diagnosed with HIV.			tests will receive a diagnosis of HIV within 30 days (1 month) in 2021.	CD4 or viral load reactive tests will receive a diagnosis of HIV within 30 days (1 month).
67	Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.	Ensuring secure data	Division and HIV Surveillance staff; Partners: DOH Information Technicians (IT) Staff	100% completion of annual security and confidentiality training by all disease investigators working with PA-NEDSS data in 2021	100% completion of annual security and confidentiality training by all disease investigators working with PA-NEDSS data by January 1 of each reporting year
68	Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.	Accurate and timely geocoding and data linkage	HIV Surveillance, disease investigators	99.1% of newly diagnosed HIV and prevalence were geocoded in 2021	At least 90% of newly diagnosed HIV and prevalence are geocoded
69	Finalize CAREWare Centralization Project for data completeness and security.	accurate and complete HIV data and reporting	Division; Partners: DOH IT Staff	N/A	Data centralization completed and reported to HPG. There is not a formal end date on the project.

70	Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.	Accurate and timely HIV diagnosis reporting	HIV Surveillance, Disease investigators	100% of newly diagnosed HIV cases were reported to the Pa. DOH through conducting facilities audit in 2021	95% of newly diagnosed HIV cases are reported to the Pa. DOH by conducting facilities audit
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1. Please describe the initiative as a whole.

- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

This public health initiative focuses on strengthening the HIV diagnostic process by improving the timeliness and completeness of laboratory data used to identify new HIV cases. The Pennsylvania HIV reporting regulations for reporting all VL and CD4 test results were approved and became effective on October 20, 2020. Since the commencement of these regulations, the HIV surveillance program initiated monthly monitoring of HIV laboratory reporting volumes to make sure the laboratories are complying. The target is to ensure that at least 85% of individuals with one or more documented reactive CD4 or viral load (VL) tests receive an official HIV diagnosis within 30 days (1 month) of that reactive result, per calendar year. This timely diagnosis is essential for rapid linkage to care, improving health outcomes, and reducing onward transmission.

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

This initiative focuses on maintaining strong structural strategies to ensure the security and confidentiality of all data managed by the Department of Health (DOH), particularly in the use of Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS). The goal is to ensure that 100% of disease investigators who access or handle PA-NEDSS data complete annual security and confidentiality training by January 1 of each reporting year. This training reinforces the department's commitment to data protection, HIPAA compliance, and ethical data handling. In addition, security and confidentiality considerations are applied to places where HIV work is performed, and how HIV data is shared.

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

This initiative aims to improve the ability of public health systems to accurately geocode addresses. By enhancing geocoding, the program seeks to deepen understanding of how social determinants of health (such as neighborhood and access to resources) impact HIV risk and the continuum of care outcomes. The goal is to ensure that at least 90% of newly diagnosed HIV cases and individuals living with HIV have geocoded data, enabling more precise spatial analyses and targeted interventions. HIV surveillance program has a SAS program that is used to geocode HIV data quarterly.

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

Pa DOH is migrating provider data from a stand-alone CAREWare (CW) system to a centralized CW system. Centralized CW data will give Pa DOH to access provider data to generate real-time reports and analysis, rather than providers having to send data for aggregation. Pa DOH maintains system updates rather than providers.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

This initiative is designed to improve the completeness and accuracy of HIV case reporting to the Pennsylvania Department of Health (PA DOH). Through systematic facility audits, the program aims to identify and address gaps in reporting practices at healthcare facilities where HIV diagnoses occur. The goal is to ensure that at least 95% of newly diagnosed HIV cases are reported to PA DOH promptly and accurately, enabling better surveillance, resource allocation, and public health intervention planning.

2. 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 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

Monitor trends in data completeness, accuracy, and reporting lag to ensure ongoing data integrity supporting timely diagnoses. Conduct periodic data audits and feedback loops with laboratories and reporting entities.

Data baseline is 85%. The current data indicator is 81.1%

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

Completion of the training is measured through Internal training records and learning management systems.

Data baseline is 100%. Current data indicator is 100%

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

Percentage of newly diagnosed HIV cases with geocoded residential addresses at the time of HIV infection.

Percentage of prevalent HIV cases with geocoded residential addresses.

Completeness and accuracy of address data submitted for geocoding.

Timeliness of geocoding the addresses.

99.1% of newly diagnosed HIV were geocoded in 2021 as the data baseline. In 2024:

- **Individuals newly diagnosed with HIV: 82.5% were geocoded**
- **People living with HIV (prevalent cases): 87.8% were geocoded**

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

Currently there are 28/34 providers centralized.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

Percentage of newly diagnosed HIV cases reported to PA DOH.

Number and percentage of facilities audited.

Number of discrepancies identified during facility audits (e.g., missed or delayed reports).

Timeliness of case reporting post-diagnosis.

Follow-up actions taken after audits to improve reporting.

Data baseline is 100%. The current data indicator is 100%.

3. 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? **Yes**
- **Target Population: General population, individuals diagnosed with HIV, and individuals living with HIV.**

- **How was your Target Populations Decided? Based on the nature of the disease condition.**
- **Alignment with Disparity Metrics in IHPCP: N/A**
- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

We target all the labs who conducting and reporting VL and CD4 to DOH. The HIV reporting regulations became effective October 20, 2020. All labs are required to report AIDS, HIV, CD4 T-lymphocyte counts and percentages, HIV viral load test results, including detectable and undetectable viral load results and HIV genotype test results, and perinatal exposure of newborns to HIV within 5 days of obtaining the test result.

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

All disease investigators working with PA-NEDSS data, including full-time staff, contractors, and temporary employees.

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

The two-target population are: Individuals newly diagnosed with HIV and People living with HIV (prevalent cases).

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

All providers from the 7 regions are targeted to centralize their CW data.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

Healthcare facilities diagnosing new HIV and laboratories across Pennsylvania.

Newly diagnosed individuals with HIV residing or diagnosed in PA.

Rationale: Healthcare facilities are the primary reporters of new HIV diagnoses. Auditing their reporting ensures compliance with state requirements and completeness of data submitted. The focus on newly diagnosed individuals ensures timely capture of all newly diagnosed individuals critical for public health response.

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

- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

Success is measured by consistently reaching or exceeding the 85% timely diagnosis target, maintaining high-quality and complete lab data reporting, and reducing the time between reactive lab tests and confirmed HIV diagnosis by each lab.

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

Percentage of staff who completed training by the target deadline.

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

Monitoring the proportion of newly diagnosed and prevalent HIV cases with successfully geocoded addresses against the 90% target. Periodic data quality assessments of address completeness and accuracy.

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

We are continuing to work with the remaining stand-alone CW providers until they are all centralized.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

Regular calculation of the proportion of newly diagnosed HIV cases reported versus those identified through audits or other surveillance methods.

Tracking the number of facilities audited and improvements in their reporting practices over time.

Monitoring reductions in reporting delays and missed cases following audit feedback.

Comparing year-over-year reporting completeness data.

5. What barriers or challenges have you experienced/are experiencing?

- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

Laboratories may fail to report CD4 and viral load test results promptly or completely to the surveillance system, causing delays or gaps in data.

Individuals with reactive tests may be lost to follow-up due to stigma, lack of awareness, or barriers accessing care.

Missing or inaccurate patient identifiers or test information can make it difficult to link lab results to confirmed HIV diagnoses.

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

Staff turnover or onboarding delays may result in late training completion.

Technical issues with online training platforms may prevent timely access.

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

If incomplete or inaccurate addresses are reported, our in-house SAS program may not geocode the addresses.

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

Each provider uses their stand-alone CW differently, including interfacing with other EMR systems, so we must first understand how they set up their CW and use their data before migrating it. Additionally, each provider has varying historical data to migrate, which impacts the amount of data that needs to be sent to Pa DOH, tested and reviewed. Migration process heavily relies on provider availability and communication.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

Variation in reporting processes and systems across healthcare facilities.
Delays in reporting due to administrative backlogs or lack of awareness.
Incomplete or inaccurate patient information hindering case matching.

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

- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

We flag the labs where we see delays in lab reporting and reach out to the lab to investigate and resolve the issue.
Identify the individuals with missing CD4/VL and work with filed staff to link them back to care.
Our team checks the list of unlinked reports and links the labs to the correct individual manually.

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

NEDSS access is revoked if the annual security and confidentiality training is not completed by the deadline.
Supervisors are now required to monitor and ensure their teams' compliance.

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

Training the field staff to accurately enter the addresses at time of investigation.

We generate the list of all the addresses which failed geocoding, manually clean them and then complete the geocoding.

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

Pa DOH continues to work with providers based on their schedules, availability and around other priorities. Pa DOH also works with Jpro helpdesk if additional technical assistance is needed.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

Develop standardized reporting protocols and easy-to-use tools.

Establishing strong communication channels and regular follow-ups with facilities.

Utilizing electronic laboratory reporting systems to supplement facility reporting.

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

- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

As per our most recent we are at 81.1% and constantly working to reach the target.

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

All HIV surveillance staff have completed the annual security and confidentiality training. HIV related work is performed in secure workspaces and hard copies with confidential patient data are maintained in locked file cabinets located in the inner secure room.

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

Individuals newly diagnosed with HIV: 82.5%
People living with HIV (prevalent cases): 87.8%

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

28/37 = 76% complete. However, the remaining providers have more variation in the way they use CW that will need more time to complete the migration.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

100% of newly diagnosed HIV cases are reported to the DOH

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

- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

Work with labs to improve electronic reporting processes, ensuring timely and complete submission of CD4 and VL results. Provide regular feedback to labs and healthcare providers on performance metrics. Regularly analyze data to assess progress toward the 85% timely diagnosis target.

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

Ongoing annual security & confidentiality training and additional trainings if needed.

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

Expand training and technical support for data providers to improve address accuracy.

Enhance automated geocoding processes.

Run a report monthly to check the completeness of Geocoding.

Clean the addresses and complete the geocoding to meet the benchmark by the end of year.

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

Continue to work with the remaining stand-alone providers until they are centralized. Once all providers are centralized, centralized CW will continue to be monitored and maintained. Pa DOH is also in discussion with DHH to centralize their providers.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

Embedding audits and reporting compliance into routine public health surveillance activities ensures ongoing monitoring.

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

- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

Currently we are working on updating primary contact information for all the labs. This will be followed by requesting all labs to resubmit their historic records of labs and then compare them with the lab reporting we have in our reporting system.

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

None

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

Recently we worked with the DOH IT team to automate the process of geocoding the residence at HIV diagnoses.

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

None

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

None

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

- **Activity 66: Ensure completeness of laboratory data including CD4+ T-lymphocyte (CD4) and VL results that will be used to determine linkage to care for persons newly diagnosed with HIV.**

None

- **Activity 67: Maintain structural strategies to ensure data security and confidentiality in the collection, review, and use of all data managed by the DOH.**

None

- **Activity 68: Enhance geocoding and data linkage capacity to enhance knowledge of the influence of social determinants on risk for disease and continuum of care outcomes.**

None

- **Activity 69: Finalize CAREWare Centralization Project for data completeness and security.**

The centralization project really depends on a whole team of members. It greatly depends on The Health and Human Services delivery Center team, who works closely with providers and their data to migrate it to centralized CW. Additionally, other members include the web team and support from program management.

- **Activity 70: Ensure complete reporting of newly diagnosed individuals with HIV to the Pa DOH.**

None

This section is for Evaluation Subcommittee purposes only