

IHPCP Goal Evaluation Worksheet

Day 1 Meeting: November 19, 2025

Ending the HIV Epidemic Pillar: RESPOND

Goal: Monitor HIV incidence and respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them

Strategy: 4D: Ensure comprehensive monitoring and evaluation

Key Disparity Metric(s): N/A

Data Sets Informing this Objective: Data Sets informing this objective: Data assessment, Stakeholder Input Data # 10

Priority Setting:

The HPG voted these as their top priorities for 2022-2027

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

HPCP Activity(s):

#	Activity	Need/Gap/ Barrier & Priority Pop.	Responsible Party & Partnerships	Data Baseline	Target Goals/ Outcomes
71	Create a data dashboard depicting HIV data relative to the Division's work.	HIV related data communication to inform Division planning and work	Division and HIV Surveillance staff; Partners: DOH IT Staff	N/A	Successful completion of dashboard

72	Create a dashboard to monitor and evaluate progress on IHPCP goals.	HIV related data communication and transparency	HPCP, HPG, Division	Dashboard development completed 2022, awaiting IHPCP approval	Maintain and Update dashboard at least semi annually
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Please describe the initiative as a whole.

71. Create a data dashboard depicting HIV data relative to the Division's work.

The HIV Data Dashboard is available on an internal workspace and shared with division staff. It now includes three reports: the CMHD Performance Measure (PM) report, the CQI Performance Measure report, and the PPA Performance Measure report. These reports are generated using data from EvalWeb, NEDSS, eHARS, and CAREWare. A data refresh is scheduled for all reports to ensure the data gets updated automatically and remains current.

CMHD PM Report: This report is based on annual data with quarterly updates. The annual CMHD report follows the State Fiscal Year (SFY), July 1 to June 30, as its reporting period. The report includes performance indicators specified in the contract, encompassing HIV testing data, partner services data, and linkage to care data.

CQI PM Report: The CQI Program selects performance measures based on client service utilization and the Health Resources and Services Administration's (HRSA) algorithm. This report is updated quarterly, with the baseline set in the first quarter of 2023. A rolling calendar year is used to compile the CQI Program performance measure report. The performance measures detailed in the CQI Plan serve as the categories for this report, which include Health Education Risk Reduction, Medical Case Management, Medical Transportation, Outpatient Ambulatory Health Services, and the Special Pharmaceutical Benefits Program. The report presents data outcomes at the state, regional, and provider levels.

PPA PM Report: This report is based on annual data and is automatically refreshed every six months. It includes performance indicators specified in the Integrated PPA contract and covers testing, priority population, and PrEP data.

Updated for November 2025:

CQI Disparity Report (Added to Dashboard-Q1 2025): This report expands upon the CQI PM report by incorporating demographic information such as age, race, and ethnicity. It presents state-level data outcomes and is published on the Reporting HUB.

2024 Quality Improvement Project (Added to Dashboard-Q2 2025): The responsibilities of the CQI Program are delegated to the state-level CQI Workgroup. Each year, this workgroup selects a topic for a state-level quality improvement project. In 2024, they chose to focus on Annual Retention in Service for Medical Case Management. Currently, there are 26 providers offering Ryan

White Part B Medical Case Management. The Data Visualization report identifies the baseline data from 2023, the outcome of the Medical Case Management Annual Retention in Service for the review period, and the expected Annual Retention in Service outcomes for the target condition and date.

72. Create a dashboard to monitor and evaluate progress on IHPCP goals.

HIV Prevention and Care Project (HPCP) staff utilizes the Evaluation Subcommittee's yearly workplan and the reports generated during each Subcommittee meeting to develop and update the IHPCP Dashboard accessible via HIVhealthPA.com. This Dashboard provides an interactive, visual repository for any site visitor to understand the evaluation and monitoring work being conducted by the HPG. The Dashboard serves as a database for all IHPCP Strategy evaluation reports as they are completed, for transparency and record retention.

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?

71. Create a data dashboard depicting HIV data relative to the Division's work.

Baseline data-See above answer

Baseline data indicators:

CMHD – SFY 2020-2021

CQI – April 2022 to March 2023

PPA – 2021 Annual data

72. Create a dashboard to monitor and evaluate progress on IHPCP goals.

The baseline expectation for Activity 72 was to create and maintain the Dashboard. The Dashboard was created in 2022 in close consultation with the HPG. Three variations of the Dashboard were modeled to the Evaluation Subcommittee, HPG, and the Division for feedback. The model with the most positive reviews was built out, finalized, and made operational in 2023. The Dashboard has since been updated (every six months in keeping with IHPCP requirements) to include pages for 2024 and 2025.

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

71. Create a data dashboard depicting HIV data relative to the Division’s work.

Internal staff

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To encourage transparency, the Dashboard is available to any visitor to HIVhealthPA.com. We anticipate that stakeholders in Pennsylvania’s HIV planning process are our prime audience.

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

71. Create a data dashboard depicting HIV data relative to the Division’s work.

The reports in the dashboard are visually appealing and easy to understand. They help users explore data from multiple angles and identify trends. The interactive dashboard allows users to navigate easily and make comparisons between two reporting periods.

The DV reports from the dashboard are generated in PDF format and shared with external users. The program has received positive feedback, as users found it easier to connect with and understand the data compared to the previous Excel format.

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The Dashboard has been operational since 2023 and is updated through September 2025, meeting all timeline and success metrics. HPCP will continue to refresh the data and timeline every six months in keeping with IHPCP requirements. In addition, we promptly address any corrections or updates identified by stakeholders.

What barriers or challenges have you experienced/are experiencing?

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External partners do not have access to the dashboard.

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The only identified challenge to date has been around staff transitions. As HPCP staffing has changed, new team members have had to learn how best to keep the Dashboard updated.

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

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DOH IT is developing a Data Reporting Hub platform where the program or division can publish and share the dashboard with external users. Users will have secure login access. The project is currently in the testing phase.

Update for 2025:

DOH IT has developed a secure Data Reporting Hub platform that allows our program or division to publish Power BI dashboards and story pages. External users can be granted access to the reports through individual logins. The Division of

HIV has published the statewide Continuous Quality Improvement (CQI) Performance Measure Disparity Report on this Reporting Hub.

72. Create a dashboard to monitor and evaluate progress on IHPCP goals.

To prevent future challenges related to staff turnover or availability, an internal Standard Operating Procedure was drafted to ensure any HPCP team member can assist with updating the Dashboard.

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

71. Create a data dashboard depicting HIV data relative to the Division's work.

Initial goal: To add the current reports to the dashboard. It was completed within the deadline.

New goal: Disparity data will be added to the CQI 2025 PM report on the dashboard. The feasibility study has been completed, and we plan to implement it for the state-level reports in Q1 2025.

72. Create a dashboard to monitor and evaluate progress on IHPCP goals.

This activity follows the lifespan of the IHPCP itself, and as such is on target to be completed with the end of the five-year planning cycle and work of the Evaluation Subcommittee.

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

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None currently.

72. Create a dashboard to monitor and evaluate progress on IHPCP goals.

This task will continue with no major operational changes.

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

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None currently.

72. Create a dashboard to monitor and evaluate progress on IHPCP goals.

In October 2025, the HPCP undertook a full review of the 2023-2025 Dashboard posts to ensure that every activity that had been evaluated by the Subcommittee was properly documented.

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

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None currently.

72. Create a dashboard to monitor and evaluate progress on IHPCP goals.

The HPCP Team would like to recognize:

- Ray Yeo for his ongoing management and upkeep of the Dashboard and HIVhealthPA.com.**
- Former HPCP team member Dr. David Givens for leading the 2022 dashboard development process.**
- The HPG for its engagement with the test versions, and the site's 2024 transition process (especially Greg Fisher for researching, designing, testing, and implementing the Dashboard).**
- Kyle Fait for coordinating Subcommittee activities and identifying Dashboard updates.**

Cheryl Choice has also recently taken over supporting the Evaluation Subcommittee on behalf of HPCP and welcomes any feedback on the Dashboard.

This section is for Evaluation Subcommittee purposes only