**Chart Review TELEFORM Protocol**

**6, 12, 18 months**

**Prior to data collection**

* From the multisite web-based system, view or download the report, **“DECChartTrackingReport”** for a monthly list of participants who are due for 6-month, 12-month, and 18-month.
* Print the TELEFORM for each participant ID listed on the “DECChartTrackingReport” - the system will automatically pre-populate the fields on page 1:
  + **Date of Study Enrollment**
  + **Participant ID**
  + **Site ID**
  + **Chart Review period**
* Enter the appropriate Staff ID for the person filling out the form

**General guidelines**

* Use a **black ink pen** to complete the form
* For any check box, please fill in completely (see Data system protocol)
* Be sure that all fields on the TELEFORM have a value, especially visit fields. Dates maybe left blank if “0”, “No”, or “N/A” value is entered for a visit field.

**Instructions for each measure**

**1.0a Participant's HIV Diagnosis Date:** *Enter the month, day, and year of the participant’s earliest documented HIV diagnosis date in the chart. If the HIV diagnosis date documented in the chart is known to be inaccurate, please enter the earliest viral load lab date.*

*PLEASE NOTE:*

* *This date may be before enrollment.*
* *If only year is indicated, enter 01/01 as the month/year.*

**1.0b Perinatal Infection Status:** *Was this patient perinatally infected?*

**1.0c Participant's AIDS Diagnosis Date:** *Enter the AIDS diagnosis date that is documented in the medical chart. In lieu of an AIDS diagnosis date, or if any of the following are earlier than the AIDS diagnosis date, please enter the* ***earliest*** *of the following dates:*

* *Date of CD4 count below 200.*
* *Date of patient-reported AIDS diagnosis year, as reported in a clinician note. For example, if a clinician note states “patient reported AIDS was diagnosis on January 15, 2008”, enter 01/15/2008.*
* *Date of clinician note in which he/she indicates that there is a history of AIDS (maybe self-reported) and there is no diagnosis date indicated. For example, if a clinician note written on 05/15/2015 states “patient reports being diagnosed with AIDS” without a year documented, enter 05/15/2015.*

*PLEASE NOTE:*

* *This date may be before enrollment.*
* *If only year is indicated, enter 01/01 as the month/year.*
* *If the participant does not have an AIDS diagnosis, check the “N/A” box.*

**2.0 Date of the Last HIV Primary Care Visit PRIOR to Enrollment:** *Enter the most recent HIV primary care visit date-recorded in the chart* ***PRIOR*** *to the date of study enrollment. This visit does not need to fall into any particular time frame. If there is no date for the last primary care visit prior to enrollment and the patient is newly diagnosed, fill in the box: “*Participant is newly diagnosed”. *If there is no date for the last primary care visit prior to enrollment and the patient is not newly diagnosed but new to the clinic, fill in the box: “*Participant is not newly diagnosed but new to the clinic”.

**3.0-3.1 Hepatitis C Diagnosis**: *Please indicated whether the patient is currently positive for Hepatitis C and if they are positive, if they are receiving treatment for their Hepatitis C at your clinic.*

**4.0 - 4.3** **Date of CD4 Lab Tests and Values AFTER Enrollment:** *Please enter the participant's CD4 lab dates and values starting with the first date following study enrollment. Enter up to four test values and dates. Be sure that a numeric value is entered for at least one value and date. Please no missing data.*

* *Fill in the “data pending” box if there is a date recorded in the chart for a test ordered but the value is pending. Be sure the date that the test was ordered is recorded.*
* *Fill in the “QNS” (quantity not sufficient) box if the value was not readable on the lab slip.*
* *If no CD4 labs were conducted in the time period fill in the box at the bottom of the table “No CD4 data was collected or recorded in the chart during this time period”.*

**5.0 - 5.3 Date of Viral Load Lab Tests and Values AFTER Enrollment:** *Please enter the last viral load values and dates recorded in the chart starting with the first date following study enrollment. Record the EXACT value if listed in the chart. If no numeric value is given, fill in the box “undetectable”. Record both the cut-off value and fill in the box “undetectable” if both are documented in the chart. If the patient is newly diagnosed or new to the clinic, and no test is recorded, fill in the box: “No CD4 or viral load data was collected or entered into the chart during this time period*”.

* *Fill in the “Data pending” box if there is a date recorded in the chart for a test ordered but the value is order. Be sure the date that the test was ordered is recorded.*
* *Fill in the “QNS” (quantity not sufficient) box if the value was not readable on the lab slip.*
* *If no viral load labs were conducted in the time period fill in the box at the bottom of the table “No viral load lab data was collected or recorded in the chart during this time period”.*

**6.0 HIV Primary Care Medical Visits and Dates AFTER Enrollment:***Data should be collected from electronic or paper charts. In collecting these data, each 3- month period will be prepopulated based on the participant’s date of enrollment as follows:*

Months 1- 3 : January – March

*Enter the dates of the HIV primary care medical visits for the 3-month period listed. Please note, for Months 1-3, you should include any visits that occurred prior to study enrollment date in month 1 [for 6-month chart review only].*

***If there were NO visits that occurred or were documented in the chart over the 3-month period, check the box “No primary care visits were recorded in the chart during this time period” and leave date fields blank.***

**7.0 – 7.7 HIV Health Care Visits AFTER Enrollment:***Data should be collected from electronic or paper charts. In collecting these data, each 3- month period will be prepopulated based on the participant’s date of enrollment as follows:*

Months 1- 3 : January – March

*Enter the number of health care visits for each listed provider for each 3-month period. Please note, for Months 1-3, you should include any visits that occurred prior to study enrollment date in month 1 [For 6-month chart review only]. For visits with a provider that is not listed, use “other” and specify the provider type.*

***If there were NO visits that occurred or were documented in the chart over the 3-month period for a provider, check the box “No visits recorded in this period” and leave the number blank.***

**8.0 HIV Antiretroviral Therapy Prescriptions in the Past 12 Months:** *(Note: this includes new and existing prescriptions) Fill in “Yes” if there is a documented prescription in the chart and enter the most recent date of prescription. Also note the number of refills on the prescription.*

**9.0 Mental Health:** *Fill in “Yes” if there is documentation of a mental health condition. If “Yes” check the corresponding condition, and use “other, specify” if the condition is not listed. If there is no documentation of a mental health condition, and the participant is new to the clinic or newly diagnosed fill in “No medical records available prior to study enrollment”.*

**10.0 Substance Use Disorders:** *Fill in “Yes” if there is documentation of a substance use disorder. If “Yes” check the corresponding used substances, and use “other, specify” if the substance is not listed. If there is no documentation of a substance use disorder, and the participant is new to the clinic or newly diagnosed fill in “No medical records available prior to study enrollment”.*

**Internal Referrals:**

*This section refers to participant referrals to services that are housed in your agency and would be recorded in the participant's chart.*

**11.** **Since enrolling in this study, was the participant referred for mental health services (including residential treatment) within your agency?**

* *Mark “Yes” there is documentation that the participant was referred internally for services*
* *Record the number of internal mental health visits attended by the patient.*
* *Mark “Yes” even if there is not a* ***formal*** *internal referral documented or if the referral date is prior to study enrollment, but the participant is receiving mental health services at your agency.*
* *Mark “No” if the participant has a diagnosed mental health condition (as recorded in question 8), but was not referred for mental health services.*
* *Mark “N/A” indicating the participant does not have a diagnosed mental health condition needing a referral for mental health services.*

**12.** **Since enrolling in this study, was the participant referred for substance abuse treatment services (including residential treatment) within your agency?**

* *Mark “Yes” if there is documentation that the participant was referred internally for substance abuse treatment services (both outpatient and residential)*
* *Record the number of internal substance abuse treatment visits (outpatient only) attended by the participant.*
* *Mark “No” if the participant has a diagnosed substance abuse condition, but was not referred for substance abuse treatment services.*
* *Mark “N/A” indicating the participant does not have a diagnosed substance abuse condition needing a referral for substance abuse treatment services.*
* *Mark the corresponding box if the substance abuse treatment was residential treatment.*

**External Referrals:**

*This section refers to participant referrals to services that are housed outside of your agency and would be recorded in the participant's chart.*

**13. Since enrolling in this study, was the participant referred for mental health services outside of your agency? NOTE: if patient was referred internally, mark “No”**

* *Mark “Yes” if there is documentation that the participant was referred externally for services.*
* *Record the number of external mental health visits attended by the participant.*
* *Mark “No” if the participant has a diagnosed mental health condition, but was not referred for external mental health services or the participant was referred internally for mental health services.*
* *Mark “N/A” indicating the participant does not have a diagnosed mental health condition needing a referral for mental health services.*
* ***If yes, record the number of external mental health visits attended as recorded in the chart****, OR*
  + *If there is no access to data on completion of external mental health services, mark the box “Not recorded in the chart” to indicate that follow-up data is not available in the chart.*

**14. Since enrolling in this study, was the participant referred for substance abuse treatment services (including residential treatment) outside of your agency?**

* *Mark “Yes” if there is documentation that the participant was referred externally for substance abuse treatment services.*
* *Record the number of external substance abuse treatment visits attended by the participant.*
* *Mark “no” if the participant has a diagnosed substance abuse condition, but was not referred for external substance abuse treatment services or the participant was referred internally for substance abuse treatment services.*
* *Mark “N/A” indicating the participant does not have a diagnosed substance abuse condition needing a referral for substance abuse treatment services.*
* ***If yes, record the number of external substance abuse treatment visits attended as recorded in the chart****, OR*
  + *If there is no access to data on completion of external substance abuse treatment services, mark the check box “Not recorded in the chart” to indicate that follow-up data is not available in the chart.*
* *Mark the corresponding box if the substance abuse treatment was residential treatment.*

**15. *Name of data source (i.e.):*** *Please mark one category for the source of the data; if other please write in the source.*

**FOR BUPRENORPHENE SITES ONLY**

**B1. Dates and Results of Urine Toxicology Tests:** *Data should be collected from electronic or paper charts. Enter the dates of the urine toxicology tests and the corresponding results. Check “N/A” if the test was done but not for the related substance. If the test was confirmed by a confirmatory test, check the corresponding box “confirmed”. If no urine toxicology tests were conducted or recorded in the time period check the corresponding box “No urine toxicology tests were conducted or recorded in the chart during this time period”. Confirmed means that this screening urine toxicology test (the typical test ordered by providers and run by labs) was confirmed with a GC/MS test (which is much more expansive and accurate test that it typically sent-out).*

**B2. Type of induction:** *Indicate where buprenorphine induction was office based or home-based. \*\*for 6-month chart review only\*\**

**FOR JAIL SITES ONLY**

**J1. & J2.** **Index Incarceration Intake and Release Dates:** *The “index incarceration” is the incarceration that is concurrent with (or most closely precedes) the client’s enrollment in the evaluation. Please record the index incarceration intake date and the index incarceration release date (mm/dd/yyyy).*

**J3. Did the client receive an HIV test during this jail stay?**

* *Mark “Yes” if it is documented in the chart the client received an HIV test during this jail stay.*
* *If the client was already known to be HIV positive from a previous test or by self-report, mark “Client was already known to be HIV+”.*

**J4. Was the client given ART during this jail stay?**

* *Mark “Yes” if it is documented in the chart that the client received ART during this jail stay.*

**J5. Did the client start or restart ART during this jail stay?**

* *Mark “Yes” if it is documented in the chart that the client started or restarted ART during this jail stay.*

**J6. Was the client released with a supply of HIV medications?**

* *Mark “Yes” if it is documented in the chart.*
* *Mark the medications the client was given at releaseand the number days of medications provided for each medication prescribed.*

**J7. Was the client released with a prescription for HIV medications?**

* *Mark “Yes” if it is documented in the chart and check the medications the client was given a prescription for at release. Also document the number days of medications provided through the prescription.*

**J8. Was the client released with a copy of his/her medical record?**

* *Mark “Yes” if it is documented in the chart the client was released with a copy of his/her medical record.*

**J9. Was a copy of the client’s medical record transferred to a community medical provider?**

* *Mark “Yes” if it is documented in the chart the client’s medical record was transferred to a community medical provider.*

**J10 - 17 HIV Health Care Visit Dates While in Jail:***Data should be collected from electronic or paper charts. In collecting these data, each 3- month period will be prepopulated based on the participant’s date of enrollment as follows:*

* *Enter the number of health care visits for each listed provider for each 3-month period. Please note, for Months 1-3, you should include any visits that occurred prior to study enrollment date in month 1. For visits with a provider that is not listed, use “other” and specify the provider type.*
* ***If there were NO visits that occurred or were documented in the chart over the 3-month period for a provider, check the box “None in this period” and leave the number blank.***

**FOR ENHANCED NAVIGATION SITES ONLY**

**EN1 - 2** **Acuity Assessment and Score:** *Please record the participant's acuity assessment dates and scores starting with the first date following study enrollment. Enter up to two acuity assessment date and scores. If an acuity assessment was not conducted or recorded in the chart during this time period mark the corresponding box. \*\* For the 6-month chart review – the first acuity assessment should occur within 7 days of enrollment into the multi-site study.\*\**