



**Questions and Answers About
CDC's Program Evaluation and Monitoring System
Teleconference: July 11, 2008**

On Friday, July 11, 2008, NASTAD hosted a call on the CDC's Program Evaluation and Monitoring System (PEMS). Dr. Dale Stratford, Chief, of the CDC's Program Evaluation Branch (PEB) provided health departments with an update on various PEMS-related issues including the process/timeline for finalizing variables and reporting requirements; the status of Program Performance Indicators; the status of revisions to the Evaluation Guidance, as well as data transfer and reporting timelines. Dr. Stratford and other CDC staff responded to questions from health departments. The questions and associated responses are summarized below.

Question: Are all of the PEMS variables final?

Answer: The required variables have been finalized for HIV counseling and testing (CT) and health education/risk reduction (including the DEBIs) interventions. The required variables for partner services are not yet final, but are expected to be by fall 2008. In addition, the PEMS variables for agency, budget, contract, program plans, and community planning are final.

Question: Where can we get a list of the final variables?

Answer: A list of the final variables for health education/risk reduction interventions was distributed to all grantees on February 15, 2008 as an attachment with a "Dear Colleague Letter." The variables are included in an Excel spreadsheet. The revised definitions and values are available currently in the DVS. The final variables for CT are presented on the HIV testing form and in the DVS.

Question: When does CDC expect that the partner services (PS) variables will be finalized?

Answer: CDC expects to finalize the PS variable requirements by the end of August 2008. They are currently working on operational definitions. CDC indicated that the PS variable set has been reviewed closely against the STD*MIS in order to ensure that the requirements and definitions are consistent and to plan for modifications to the MIS.

Question: Health departments were supposed to begin submitting CT data to CDC on May 15, 2008. We've run into a number of problems that made us unable to meet this deadline. What happens if a health department doesn't meet the reporting deadline?

Answer: CDC stated that they needed to set some parameters about when collection and reporting would be required. They also stated, however, that they recognize that readiness to collect and report data varies widely across jurisdictions depending on a number of factors. CDC stated that they have made a very strong commitment to work

individually with health departments to ensure that each gets the information and support necessary to enable collection and submission of PEMS data.

CDC stated that they understand that there have been problems with submission of testing data; however, CDC expects that health departments begin collecting required testing data by January 1 2008. CDC is aware that some grantees have also had challenges in meeting the January 1, 2008 requirements for collecting HIV testing variables and have been working with these grantees on a case-by-case basis. CDC anticipates that all jurisdictions will be able to begin reporting testing data by late Fall 2008.

CDC anticipates that by January 1, 2009, all health departments will be in a position to collect all PEMS required variables (not just testing data) and begin reporting full data sets by May 15, 2009.

Question: What are the processes or mechanisms that CDC is using to work with individual health departments in helping to support them in implementing the PEMS requirements?

Answer: CDC stated that PEB and PBB are in close consultation about the timelines for collection and reporting of data. In particular, CDC acknowledged that it recognizes that there are many challenges in the field in modifying existing data collection processes and data systems. CDC is continuing to hold trainings on the PEMS software. They are also conducting site visits with health departments to learn more about their data systems and implementation challenges. Webinars and communication with regional leads also are expected to continue to play an important role in supporting health departments. CDC continues to work with each XPEMS grantee individually to assist them with mapping variable requirements with their local data systems and submitting required data.

Question: Health departments were supposed to begin collecting data on the DEBIs and other health education/risk reduction interventions by July 1, 2008. We didn't receive the template data collection forms far enough in advance to modify the forms that we are using and train staff. What happens if we don't collect all of the PEMS required variables beginning July 1st?

Answer: CDC understands that health departments need time to adjust their existing data collection tools, protocol and procedures; train staff to use the modified tools; and to make changes to existing data systems. The data collection period for HE/RR data is July 1, 2008 through January 1, 2009. CDC will work with health departments on an individual basis to support implementation of the PEMS requirements. CDC anticipates that by January 1, 2009, all health departments will be in a position to collect all PEMS required variables and begin reporting full data sets by May 15, 2009.

Question: How does CDC plan to use all of these data?

Answer: CDC stated that they have a strong commitment to supporting data utilization in the field as well as at a national level. They have started to work with project officers to ascertain what kinds of reports will be useful to them in monitoring grantees. In

addition, the Program Evaluation Branch (PEB) is developing a strategic data utilization plan. This plan will provide a framework for the kinds of reports that will be generated from PEMS. It will also describe how reports will be used and the frequency with which they will be produced. CDC is tentatively planning to have a consultation to gather additional input on data utilization from health departments and other stakeholders.

Question: The health education data collection templates that were recently distributed seemed to suggest that the CDC is requiring the gender of each partner for each risk reported by a client. We had assumed that simplified risk information that is included in the CT form would hold true for other interventions. We foresee some situations where it will simply not be feasible to collect the “extended” risk information. What happens if we can’t collect all of the PEMS required variables?

Answer: Situations in which a health department is not able to collect particular variables will be addressed on a case by case basis; e.g., where a state law prohibits collection of certain information. CDC expects to work collaboratively with health departments to understand the challenges and to discuss strategies to address these challenges. CDC also stated their commitment to look closely at the variable set over time and consider adjustments once CDC and health departments have more experience in collection and reporting of the current required variable set.

Question: Is CDC going to allow a reduced PEMS variable dataset for routine testing in health care settings if those programs are supported with funding from PA 04012? CDC is allowing a modified required data set for programs supported under PA 07-768. Health departments are using both sources of funds to support expansion of routine HIV testing in health care settings.

Answer: CDC indicated that it will have to take this issue under advisement and will provide health departments with a response to this issue in the near future. In the interim, CDC indicated that it would be helpful to understand how many health departments might be affected by this.

Question: Will data reporting for PA 04012 and PA 07768 be on the same time line or will they be different?

Answer: CDC indicated that all data reporting will occur on the same time schedule. Health departments will submit data associated with PA 04012 and PA 07768 on the same schedule. Health departments can submit data in one file or two, whichever is most efficient. If one file is submitted, the data has to be clearly distinguished by Program Announcement.

Question: If a program is supported by both PA 04012 and PA07768 funding, how should this be reflected in the data?

Answer: The data should be “split” proportionate to effort, i.e., if 40 percent of the funding comes from PA 04012, then 40 percent of the data should be coded to PA 04012.

Question: What is the status of the HIV Prevention Program Performance Indicators?

Answer: The HIV Prevention Program Performance Indicators have been revised for most indicator domains (HIV Testing and Referral, HE/RR, HIV Partner Services); HIV Surveillance Measures have also been revised. The revised set of indicators was shared with health department colleagues in a Dear Colleague Letter from Division of HIV Prevention, Office of the Director sent in April 2008. The letter provided a summary of the status of the indicator revision process and next steps in their implementation. The letter is available on the PEMS website at <https://team.cdc.gov>.

Currently, CDC is working collaboratively with selected health department and CBO grantees to develop updated technical assistance guidelines for the indicators that will provide detailed information needed for calculation and reporting (e.g., numerator and denominator specifications; operational definitions for key indicator terms; baseline, target, and goal setting guidance; calculation methods). CDC anticipates that these updated guidelines will be available in the Fall of 2008. It is possible that minor adjustments in wording (not intent) may be made to the revised indicators before publication in the updated technical assistance guidelines.

Question: When do the revised Performance Indicators become effective?

Answer: CDC recognizes that health department grantees require adequate planning time, training, and technical support to effectively report the revised indicators. CDC is preparing to provide this training and technical support.

The indicator reporting requirements for 2008-2009 as follows:

- 2008 IPR (September 2008, for reporting period Jan-June 2008): Indicator reporting is NOT required as part of the 2008 IPR (for the reporting period Jan-June 2008); health departments are NOT required to submit CY 2009 targets for the current set of indicators.
- 2008 APR (April 2009, for reporting period Jan-Dec 2008): Health departments submit CY 2008 performance indicator data (for current set of indicators) as part of PA 04019 requirements
- 2009 IPR (September 2009, for reporting period Jan-June 2009): Health departments submit a 2009 baseline and 2010 target for each revised indicator.

Please contact the PEMS Service Center (pemsservice@cdc.gov or 1-888-PEMS-311) if you have questions regarding performance indicators.

Question: What is the status of the Evaluation Guidance?

Answer: The guidance on program monitoring and evaluation has been completed and is currently in clearance. The focus of the guidance is on local data utilization, using PEMS data. CDC anticipates that it will complete clearance this summer. CDC is developing web-based training, using a modular approach, on various aspects of PEMS. One of the modules will cover “evaluation basics.”

Question: What kinds of training will be available to support PEMS?

Answer: CDC is developing web-based training, using a modular approach, on various aspects of PEMS. Modules will address topics such as data submission, software utilization, and evaluation basics. The modules will be designed for a range of target audiences, based on their roles in using PEMS. CDC agreed to develop a list of the planned training modules, along with a timeline for their implementation (so far as it is known), and distribute it to health departments.

Question: Communication about PEMS has been a little confusing. It's sometimes hard to know whom we should contact with various questions and we sometimes get different answers from different people on the same questions.

How do we know whom to contact about what kinds of PEMS-related issues?

Answer: CDC will send out a brief, clear list of whom to contact for what and how to do so.

Question: If I have a TA request associated with PEMS whom should I call?

Answer: CDC stated that it is moving toward centralizing its process for handling general questions and technical assistance requests. The PEMS Service Center can be the main point of contact for any question or issue. All emails or calls to the Service Center will be tracked and triaged appropriately. In the very near future, this process will be even more streamlined. CDC indicated that it would communicate with health departments in the very near future regarding the Service Center.

Question: Where can I get more test forms?

Answer: Test forms can be obtained from the Service Center by calling 1.888.PEMS.311. CDC will send out additional communication on this in the very near future.