

# APPENDIX A-1

## HIV Clinician Workforce Study

Clinician Survey

Draft Questionnaire

**PRETEST VERSION**

*June 27, 2011*

**Submitted to:**  
**The HIV/AIDS Bureau**  
**Health Resources and Services Administration**  
**by**  
**Mathematica Policy Research**  
**and**  
**The Lewin Group**

## INTRODUCTION

**The purpose of this survey.** The HIV/AIDS Bureau (HAB) within the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) is conducting a national study to better understand the size and characteristics of the health profession workforce currently providing medical care to people living with HIV or AIDS in the United States. HRSA will use the information to assess the capacity of HIV clinicians to meet the health care needs of the population living with HIV/AIDS and to develop strategies to address potential workforce shortages in the future.

**Why your participation is critical.** You were selected to participate in this survey because— through an initial review of medical and pharmacy claims data— you were identified as one of a small number of clinicians who provide direct care to a significant number of patients living with and treated for HIV or AIDS. HRSA needs the information that only you can provide in this survey to better understand the size, characteristics, and distribution of the HIV clinician workforce and their implications for the supply of HIV clinicians in the future.

**Thank you for helping.** To thank you for helping HRSA to address these important questions about the capacity of the HIV clinician workforce in the United States, we will send you a gift card for \$40.00 once you have completed and returned the questionnaire.

### Questionnaire Sections

	<u>Page</u>
Eligibility Screener.....	1
A. Background .....	2
B. Hours Spent in Patient Care.....	3
C. Patient Load .....	4
D. Practice Environment .....	6
E. Practice Management .....	8
F. Future Plans .....	10
G. Perception about HIV Clinician Capacity .....	12
H. Demographic Characteristics .....	14
I. Contact Information .....	15

**Completing the survey.** You may complete the survey at your convenience in one of three ways: (1) by filling out this paper version and returning it to us in the enclosed pre-paid envelope; (2) by completing a web-based questionnaire using the URL and password provided in the cover letter; or (3) by participating in a telephone interview with one of our interview specialists. If you chose to use the web-based instrument, the system will automatically prompt you to the next question, which expedites the completion process. Your best estimate on questions that ask for quantitative responses is fine. The survey should take no more than 15 minutes to complete.

#### **Instructions when using the paper survey:**

- If there is no "Go To" instruction, proceed to the next question.
- If there is a "Go To" instruction, go to the question indicated.
- There are notes to guide you in your responses. They appear in *italics*.

## ELIGIBILITY SCREENER

S1. Are you currently providing direct medical care in the United States to patients diagnosed with HIV or AIDS?

1  Yes

0  No → **GO TO S4**

S2. What is your **primary health profession**? (*Mark only one.*)

1  Allopathic (MD) or Osteopathic Physician (DO) → **GO TO S3**

2  Nurse Practitioner (NP) → GO TO Q1

3  Physician Assistant (PA) → GO TO Q1

4  Other health profession → GO TO S4

S3. What is your **primary medical specialty**? (*Mark only one.*)

1  Internal Medicine

2  Family/General Medicine

3  Infectious Disease

4  Pediatrics

5  Geriatrics

6  Other medical specialty (*Please specify*) \_\_\_\_\_

→ **GO TO Q1**

S4. *Because you are not currently providing medical care to patients with HIV/AIDS in the United States or your medical profession or medical specialty is outside the scope of the study, you are ineligible to participate in this survey. However, we still need to hear this from you! Please put this paper questionnaire in the pre-paid envelope we provided and mail it back to us so we will know to remove you from our respondent follow-up list. Thank you for your help.*

## A. BACKGROUND

1. In approximately what **year** did you receive your highest health care profession degree?

|\_|\_|\_|\_| YEAR

2. In what **country** did you receive your highest health profession degree?

1 United States

2 International (*Please specify country*) \_\_\_\_\_

3. In approximately what year did you begin providing direct medical care to patients with HIV or AIDS?

|\_|\_|\_|\_| YEAR

4. What factors had the greatest influence on your decision to pursue a career providing medical care to patients with HIV or AIDS? (*Mark all that apply.*)

1 Joined a practice that included patients with HIV or AIDS

2 Increase in the number of patients with HIV or AIDS in my existing practice

3 Personal interest in providing care to people living with HIV or AIDS

4 Personal interest in HIV and/or other infectious diseases

5 Prior experience working with people living with HIV or AIDS

6 Studied HIV care (residency, preceptorship, or other special training program)

7 Opportunity to serve an underserved group

8 Earnings potential/ financial advantages

## B. HOURS SPENT IN PATIENT CARE

5. **In a typical week, in all your practice locations,** approximately how many hours do you spend in **total patient care**? *(Please count time related to patient care that might not be spent with patients, such as chart review, clinical documentation, lab test ordering or reviewing, making referrals, and traveling between clinics.)*

|\_|\_|\_| HOURS

6. **In a typical week, in all your practice locations,** approximately how many hours of your total direct patient care time is spent **treating patients with HIV or AIDS**? *(Hours reported in Q.6 must be equal to or less than hours reported in Q.5.)*

|\_|\_|\_| HOURS

7. **In a typical week, in all your practice locations,** approximately how many hours do you spend engaged in each of the following direct care activities for patients with HIV or AIDS? *(Hours must add up to time spent treating patients with HIV or AIDS in Q.6. If no hours to report for a given activity, please record as zero.)*

		Hours
1 <input type="checkbox"/>	Conducting intake and clinical assessment of new patients	_ _
2 <input type="checkbox"/>	Reviewing patient charts or examining established patients	_ _
3 <input type="checkbox"/>	Clinical documentation	_ _
4 <input type="checkbox"/>	Monitoring, managing, or prescribing medications	_ _
5 <input type="checkbox"/>	Reviewing or ordering laboratory, radiology, or other diagnostic tests	_ _
6 <input type="checkbox"/>	Counseling or educating patients and their families	_ _
7 <input type="checkbox"/>	Making and tracking referrals for specialty care	_ _
8 <input type="checkbox"/>	Traveling between clinics	_ _
9 <input type="checkbox"/>	Other <i>(Please specify)</i> _____	_ _
10 <input type="checkbox"/>	<b>Total hours in direct patient care</b> <i>(Must equal hours reported in Q.6)</i>	_ _

### C. PATIENT LOAD

When answering questions in Section C, please include patients in all your practice locations.

8. Approximately how many total patients do you currently treat on an ongoing basis? (Please count patients with and without HIV.)

|\_|\_|\_| PATIENTS

9. Of your total patient load, how many patients fall within each of the following categories? (The total count must add up to the number of patients reported in Q.8.)

|\_|\_|\_| PATIENTS WITHOUT HIV/AIDS DIAGNOSIS

|\_|\_|\_| PATIENTS WITH HIV DIAGNOSIS, BUT NOT AIDS

|\_|\_|\_| PATIENTS WITH AIDS DIAGNOSIS

|\_|\_|\_| PATIENTS WITH AN UNKNOWN HIV STATUS

|\_|\_|\_| TOTAL PATIENTS (Must equal number reported in Q8)

10. About what percentage of your current HIV patient load is in each of the following patient categories? (If no patients to report in a given category, please record as zero. The total percentage must add up to 100 percent.)

**Percentage  
of HIV Patients**

1  Diagnosed with HIV/AIDS in past 12 months .....|\_|\_|\_|

2  New to your practice but not newly diagnosed .....|\_|\_|\_|

3  Established in care at your practice .....|\_|\_|\_|

TOTAL 100 %

11. About what percentage of your current HIV patient load is in each of the following antiretroviral therapy categories? (If none in given category, please record as zero. The total percentage must add up to 100 percent.)

**Percentage  
of HIV Patients**

1  No antiretroviral therapy .....|\_|\_|\_|

2  HAART.....|\_|\_|\_|

3  Other (mono or dual therapy) .....|\_|\_|\_|

4  Unknown.....|\_|\_|\_|

TOTAL ..... 100%

12. Approximately what percent of your current HIV patient load also has the following conditions? *(If none to report in a given category, please record as zero. The total percentage does not need to add up to 100 percent.)*

**Percent  
of HIV Patients**

- 1  Serious mental illness.....|\_|\_|\_|
- 2  A substance abuse disorder .....|\_|\_|\_|
- 3  Hepatitis B or C .....|\_|\_|\_|
- 4  Other significant comorbidity .....|\_|\_|\_|

13. **In a typical week**, about how many **total patient visits** do you conduct?

|\_|\_|\_| VISITS

14. **In a typical week**, about how many of your total patient visits are for **patients with HIV or AIDS**?

|\_|\_|\_| VISITS

15. **In the past year**, has your HIV patient load increased, decreased, or stay about the same? *(Please include visits for patients with HIV or AIDS in all your practice locations.)*

- 1  Increased
- 2  Decreased → **GO TO Q.16**
- 3  Stayed the same → **GO TO Q.16**

15a. Approximately how much has your HIV patient load has increased in the past year? *(Please mark only one.)*

- 1  Increased by less than 10%
- 2  Increased by more than 10% but less than 20%
- 3  Increased by more than 20% but less than 30%
- 4  Increased by 30% or more

## D. PATIENT ENVIRONMENT

16. Please mark all the practice settings in which you provide direct medical care to patients with HIV or AIDS. (*Mark all that apply.*)

- 1  Private clinic or office
- Hospital or university-based outpatient clinic
- 3  Hospital inpatient department
- 4  Emergency Department
- 5  Publicly funded health center or clinic
- 6  Other community-based health center
- 7  AIDS service organization
- 8  Public health department clinic
- 9  Other (*Please specify*) \_\_\_\_\_

17. Please mark the one practice setting where you spend most of your time providing direct medical care to patients with HIV or AIDS. (*Mark one only.*)

- 1  Private clinic or office → GO TO Q.17a
- 2  Hospital or university-based outpatient clinic → GO TO Q.17b
- 3  Hospital inpatient department → GO TO Q.17b
- 4  Emergency department GO TO Q.17b
- 5  Publicly funded health center or clinic → GO TO Q.18
- 6  Other community-based health center → GO TO Q.18
- 7  AIDS service organization → GO TO Q.18
- 8  Public health department clinic → GO TO Q.18
- 9  Other (*Please specify*) \_\_\_\_\_

17a. Is your private clinic or office a...? (*Mark only one.*)

- 1  Solo practice
  - 2  Group practice, single-specialty
  - 3  Group practice, multi-specialty
- **GO TO Q.18**

17b. Is the hospital operated by...? (*Mark only one.*)

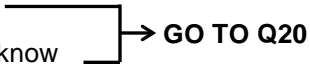
- 1  A federal, state, county, or city government
- 2  A private nonprofit organization
- 3  A private for-profit organization



18. Does your primary practice receive Ryan White HIV/AIDS Program funding?

- Yes
- No
- Don't know

19. Is your primary practice part of an integrated health care system composed of multiple provider organizations that share resources and offer a comprehensive continuum of care?

- Yes
  - No
  - Don't know
-  **GO TO Q20**

19a. Does this integrated health care system include any of the following? *(Mark all that apply.)*

- HIV/AIDS specialty ambulatory care clinic
- Multi-specialty ambulatory clinic(s)
- Hospital inpatient department(s)
- Substance abuse and/or mental health counseling and treatment centers
- Clinical pharmacy

## E. PRACTICE MANAGEMENT

20. Does your primary practice use a computerized or electronic medical record (EMR) system?

- 1  Yes  
0  No  
d  Don't know
- **GO TO Q21**

20a. Does your primary practice use the EMR system for any of the following? (*Mark all that apply.*)

- 1  To review patient records  
2  To increase adherence to clinical guidelines  
3  To share clinical information with providers internal to your practice  
4  To share clinical information with providers external to your practice  
5  To share clinical information with patients  
6  To write and order prescriptions (also called e-prescribing)  
7  To order laboratory, radiology, or other diagnostic tests  
8  To receive laboratory, radiology, or other diagnostic test results  
9  To make referrals for specialty care  
10  To track patient enrollment, appointments, and/or referrals?  
11  To monitor quality of care?

21. Has your primary practice implemented any appointment scheduling procedures or policies intended to increase the number of patients you can see or expedite the flow of patients through your clinic?

- 1  Yes  
0  No  
d  Don't know
- **GO TO Q.22**

21a. Do these scheduling procedures or policies include any of the following? (*Mark all that apply.*)

- 1  Expediting intake and eligibility and medical screening appointments  
2  Contacting patients to remind them of their appointments  
3  Double-booking appointments  
4  Maintaining open appointments for walk-ins

- 5  Maintaining cancellation lists
- 6  Offering group appointments
- 7  Providing medical case managers to help patients navigate health care system
- 8  Providing peer counselors to help patients understand and adhere to treatment
- 9  Coordinating appointments so that patients see multiple clinicians during one visit

22. **At your primary practice**, do you share clinical management of your HIV patients with non-HIV physicians or other clinicians, some of whom may be outside your primary practice?

- 1  Yes
- 0  No
- d  Don't know

23. **At your primary practice**, do you delegate HIV-related clinical tasks and responsibilities to staff with less training, such as from physicians to nurse practitioners or from nurse practitioners to registered nurses?

- 1  Yes
- 0  No
- d  Don't know

24. **At your primary practice**, do you offer services specifically designed to promote the long-term self management of HIV disease, including medication therapy management, patient education, and peer counseling?

- 1  Yes
- 0  No
- d  Don't know

25. **At your primary practice**, do you use an integrated team approach where multiple clinicians (such as physicians, nurses, and medical assistants) work together to augment and enhance the physician visit by providing previsit, postvisit, and between-visit contact with the patient?

- 1  Yes
- 0  No
- d  Don't know

## F. FUTURE PLANS

26. Which of the following statements best describes your plans over the next five years? I am likely to... (Mark only one.)

- 1  Increase the number of patients with HIV I serve → **GO TO Q.26a**
- 2  Decrease but not eliminate the number of patients with HIV I serve → **GO TO Q.26b**
- 3  Stop serving patients with HIV altogether → **GO TO Q.26b**
- 4  Continue serving the same number of patients with HIV → **GO TO Q.27**

26a. From the list below, select the **three most significant reasons** why you are likely to **increase** the number of patients with HIV you serve in the next five years. (Mark only three.)

- 1  Number of patients seeking care at my practice is growing
- 2  Changes in practice patterns at my clinic enable me to take on more patients
- 3  Personal interest in providing care to more patients with HIV/AIDS
- 4  Training prepared me to increase my HIV/AIDS patient caseload
- 5  Loss of other clinicians in my practice able or willing to care for patients with HIV/AIDS
- 6  New or additional funding to support increased treatment time
- 7  Reducing number of non-HIV patients I serve
- 8  Increase my earnings
- 9  Other (Please specify) \_\_\_\_\_

26b. From the list below, **select the three most significant reasons** why you are likely to **reduce** the number of patients with HIV you serve or **stop** serving patients altogether in the next five years. (Mark only three.)

- 1  Too much time spent on documentation and other administrative work
- 2  Pressure to see more patients with HIV or AIDS
- 3  Insufficient reimbursement rates or public funding for HIV/AIDS care
- 4  Uninsured and/or underinsured patients in my practice
- 5  Work schedule and/or on-call responsibilities
- 6  Medical liability and malpractice issues
- 7  Effort keeping up with clinical and/or pharmaceutical advances

- 8  Increasing health care complexity of my HIV patients
- 9  Shifting into other medical specialty
- 10  Retiring from medical practice
- 11  Other (*Please specify*) \_\_\_\_\_

27. If reimbursement rates or public funding for treating patients with HIV were increased by 10 percent in the next five years, how likely would you be to expand the number of patients with HIV or AIDS you serve beyond your current plans indicated in Q.26? (*Mark only one.*)

- 1  Very likely
- 2  Somewhat likely
- 3  Somewhat unlikely
- 4  Very unlikely

28. How likely are you to retire from the health profession entirely within the next five years? (*Mark only one.*)

- 1  Very likely to retire
- 2  Somewhat likely to retire
- 3  Somewhat unlikely to retire
- 4  Very unlikely to retire

## G. YOUR PERCEPTION ABOUT HIV CLINICIAN CAPACITY

29. In your opinion, the supply of clinicians providing direct medical care to patients with HIV or AIDS in your community is currently...? *(Mark only one.)*

- 1  Greater than demand (clinician surplus)
- 2  Balanced with demand
- 3  Less than demand (clinician shortage)

30. Using a scale of 1 – 5, where 1 means you strongly disagree with the statement and 5 means you strongly agree with it, please rate this statement: I am concerned about a shortage in the number of clinicians providing direct medical care to patients with HIV or AIDS in my community over the next 5 years. *(Mark only one for each type of clinician.)*

	<b>Strongly Disagree</b>				<b>Strongly Agree</b>
1 <input type="checkbox"/> Infectious disease specialists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2 <input type="checkbox"/> Physicians (other than infectious disease specialists)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3 <input type="checkbox"/> Nurse practitioners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4 <input type="checkbox"/> Physician assistants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

29. On a scale of 1 to 5 where 1 is least effective and 5 is most effective, please rate the effectiveness of the following strategies for meeting a future increase in the demand for HIV-related medical services without compromising the quality of care provided.

	<b>Least Effective</b>				<b>Most Effective</b>
1 <input type="checkbox"/> Training more medical and other health profession students to go into HIV/AIDS care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2 <input type="checkbox"/> Increasing professional opportunities for clinicians currently providing HIV/AIDS care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3 <input type="checkbox"/> Increasing the use of nurse practitioners and physician assistants in managing care for patients with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4 <input type="checkbox"/> Increasing the use of social workers, counselors, and patient educators to improve linkages with and engagement, adherence, and retention in HIV/AIDS care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

5 <input type="checkbox"/> Reducing the amount of time spent completing paperwork and meeting other regulatory requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6 <input type="checkbox"/> Increasing the adoption of health information technology, including sharing medical records, ordering prescriptions, and ordering and receiving lab tests	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
7 <input type="checkbox"/> Increasing the use of telemedicine for treating patients in care settings without adequate HIV expertise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
8 <input type="checkbox"/> Expanding the government loan forgiveness program for clinicians providing care to patients with HIV/AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
9 <input type="checkbox"/> Increasing the use of non-HIV primary care physicians for the treatment of patients with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10 <input type="checkbox"/> Increasing the use of advanced primary care practice models intended to promote the management of HIV disease, including medication therapy management	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11 <input type="checkbox"/> Increasing public funding and/or reimbursement rates for HIV-related health care services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12 <input type="checkbox"/> Implementing appointment scheduling changes intended to increase the number of patients who can be seen	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
13 <input type="checkbox"/> Creating incentives for currently practicing clinicians to delay retirement or prevent them from shifting out of HIV-related medical care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
14. Other ( <i>Please specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## H. YOUR DEMOGRAPHIC CHARACTERISTICS

31. What is your gender?

- 1  Male
- 2  Female

32. What is your current age (in years)?

|\_\_| |\_\_| YEARS

33. Are you Hispanic or Latino/Latina?

- 1  Yes
- 0  No

34. What is your race? (*Mark all that apply.*)

- 1  American Indian or Alaskan Native
- 2  Asian
- 3  Black or African American
- 4  Native Hawaiian or Pacific Islander
- 5  White
- 6  Other (*Please specify*)

\_\_\_\_\_

35. What is your current annual income? (*Mark only one.*)

- 1  Less than \$75,000
- 3  \$75,000 – \$99,999
- 4  \$100,000 – \$124,999
- 5  \$125,000 – \$149,999
- 6  \$150,000 – \$199,999
- 7  \$200,000 – \$224,999
- 8  \$225,000 – \$249,999
- 9  \$250,000 – \$299,999
- 10  \$300,000 – \$349,999
- 11  Over \$350,000



## I. YOUR CONTACT INFORMATION

**In case we need to contact you to clarify any of your answers:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: |\_|\_|\_|-|\_|\_|\_|-|\_|\_|\_|\_|\_|  
Area Code Number

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_