

APPENDIX A-2

HIV Clinician Workforce Study

Practice Survey

Draft Questionnaire

POST-PRETEST VERSION

September 13, 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 individuals living with HIV or AIDS and to develop strategies to address potential workforce shortages in the future.

Why your participation is critical. From an initial review of medical and pharmacy claims data, as well as an administrative list of organizations funded under the Ryan White HIV/AIDS Program, we identified your practice or clinic as one of a small number nationwide that provide direct outpatient medical care to a significant number of patients with HIV or AIDS. HRSA needs the information that only you can provide to better understand the factors influencing the capacity and productivity of the HIV clinician workforce and the implications of those factors for the capacity of the HIV clinician workforce in the future.

What is your "practice or clinic?" All questions in this survey are about your practice or clinic, that is, the place (it may be public or private, part of a hospital or health care system, a community health center or health department clinic, a solo or group practice, etc.) that provides outpatient medical services to patients with HIV or AIDS. For brevity, we refer to this place as "your practice."

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Completing the questionnaire. We estimate the survey will take you or your designee about 30 minutes to complete. Your best guess estimate on questions that ask for quantitative responses is fine. Several questions in the survey refer to the past 12-month period. Please feel free to use the most recent reporting period for which the information is readily available, including the 2010 Ryan White HIV/AIDS Program Data Report (RDR), if applicable.

- 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*.

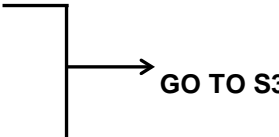
If you need help answering any questions, please call Katie Morrison at Mathematica's Washington, DC office toll-free at **1-866-xxx-xxxx** or email her at kmorrison@mathematica-mpr.com. Katie will be happy to help in any way. When you finish the survey, please put it in the pre-paid Federal Express envelope included with the questionnaire and return it to Mathematica Policy Research.

ELIGIBILITY SCREENER


S1. Does your practice currently provide outpatient medical care to patients with HIV or AIDS?

- Yes
 No → **GO TO S5**

S2. How would you describe your practice setting? (*Mark only one.*)

- Private clinic or office → **GO TO S2a**
 Hospital or university-based outpatient clinic → **GO TO S2b**
 Publicly funded health center or clinic
 Other community-based health center
 AIDS service organization
 Public health department clinic
 Other (*Please specify*) _____ → **GO TO S5**
- 

S2a. Is the private clinic or office a...? (*Mark only one.*)

- Solo practice
 Group practice, single-specialty
 Group practice, multi-specialty
- 

S2b. Is the hospital operated by...? (*Mark only one.*)

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

S3. Is your 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 → **GO TO S4**

S3a. 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

S4. Does your practice receive Ryan White HIV/AIDS Program funding?

- Yes
 No

S5. *Because your practice is not currently providing medical care to patients with HIV or AIDS or your practice setting 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. PRACTICE MANAGEMENT

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

Yes

No

Don't know

→ **GO TO Q.2**

1a. Does your practice use the EMR system for any of the following? (*Mark all that apply.*)

To review patient records

To increase adherence to clinical guidelines

To share clinical information with providers internal to your practice

To share clinical information with providers external to your practice

To share clinical information with patients

To write and order prescriptions (also called e-prescribing)

To order laboratory, radiology, or other diagnostic tests

To receive laboratory, radiology, or other diagnostic test results

To make referrals for specialty care

To track patient enrollment, appointments, and/or referrals?

To monitor quality of care?

2. Has your 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?

Yes

No

Don't know

→ **GO TO Q.3**

2a. Do these scheduling procedures or policies include any of the following? (*Mark all that apply.*)

Expediting intake and eligibility and medical screening appointments

Contacting patients to remind them of their appointments

Double-booking appointments

Maintaining open appointments for walk-ins

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

3. Does your practice delegate clinical tasks and responsibilities from health professionals with more advanced degrees to those 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
- **GO TO Q.4**

3a. To whom are these clinical tasks and responsibilities delegated? (*Mark all that apply.*)

- 1 Nurse practitioners
- 2 Physician assistants
- 3 Other advanced practice nurses
- 4 Registered nurses
- 5 Licensed practical nurses
- 6 Medical assistants
- 7 Medical case managers
- 8 Pharmacists

4. Does your practice share the clinical management of your HIV patients with non-HIV physicians or other clinicians, some of whom may be outside your practice? Sharing management of HIV patients may involve providing telephone consultation or using other forms of telemedicine.

- 1 Yes
 - 0 No
 - d Don't know
- **GO TO Q.5**

4a. With which type of clinicians does your practice share the management of HIV patients?

- 1 General practitioners
- 2 Infectious disease specialists
- 3 Clinical Pharmacists
- 4 Nurse practitioners
- 5 Physician assistants

5. Does your practice offer services specifically designed to promote the long-term management of HIV disease, including medication therapy management, patient education, and peer counseling?

Yes

No

Don't know

6. Does your practice 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?

Yes

No

Don't know

B. PRACTICE STAFFING

For this section, 40 hours per week in your clinic = 1 full-time equivalent (FTE). For example, if you have one physician working 40 hours per week in your clinic and another physician working 20 hours per week in your clinic, you should report them as 1.50 FTEs.

7. In your practice, how many FTEs of the following types of clinicians are spent providing medical services to your patients? In **Column A**, record the number of FTEs spent providing **total patient care**. In **Column B**, record the number of FTEs spent providing **HIV patient care**.

(The number of FTEs reported in Column B should not be greater than the number of FTEs reported in Column A. If all of the clinicians in your practice treat only patients with HIV or AIDS, the number of FTEs in Columns A and B will be the same. If no FTEs to report for a given type of clinician, please record as zero.)

	Column A Number of FTEs in Total Patient Care	Column B Number of FTEs in HIV Patient Care
1 <input type="checkbox"/> Infectious disease specialist	_ _ _ . _ _	_ _ _ . _ _
2 <input type="checkbox"/> Physician (other than infectious disease specialist)	_ _ _ . _ _	_ _ _ . _ _
3 <input type="checkbox"/> Nurse practitioner	_ _ _ . _ _	_ _ _ . _ _
4 <input type="checkbox"/> Physician assistant	_ _ _ . _ _	_ _ _ . _ _

8. On average, how many HIV patient visits per week is a full-time HIV clinician of the following types expected to provide in your practice? *(If no visits to report for a given type of clinician, please record as zero.)*

	Average Number of HIV Patient Visits Per Week Per Full-Time HIV Clinician
1 <input type="checkbox"/> Infectious disease specialist	_ _ _
2 <input type="checkbox"/> Physician (other than infectious disease specialist)	_ _ _
3 <input type="checkbox"/> Nurse practitioner	_ _ _
4 <input type="checkbox"/> Physician assistant	_ _ _

9. On average, how many HIV patients is a full-time HIV clinician of the following types expected to manage on an ongoing basis at your clinic? *(By "manage," we mean the clinician is responsible for independently overseeing or coordinating a medical care for a panel of patients at your clinic. By "ongoing basis" we mean active patients seen in the practice within the past year. For clinician types that do not manage patient care at your clinic, please record as zero.)*

	Average Number of HIV Patients Per One FTE Clinician
1 <input type="checkbox"/> Infectious disease specialist	_ _ _

2 Physician (other than infectious disease specialist)

|_|_|_|

3 Nurse practitioner

|_|_|_|

4 Physician assistant

|_|_|_|

C. RECRUITMENT AND RETENTION

10. In **Column A**, record the number of HIV-related clinical vacancies (by FTE) filled in your practice in the past 12 months. In **Column B**, record the average length of time (in months) it took to fill each type of position. (Include only positions for clinicians who treat patients with HIV or AIDS. If no filled vacancies to report for a given type of clinician, please record as zero in Columns A and B.)

	Column A Number of HIV-Related Vacancies Filled in Past 12 Months (in FTEs)	Column B Average Length of Time HIV-Related Position was Vacant (in Months)
1 <input type="checkbox"/> Infectious disease specialist	_ _ _ _ _ _ _	_ _ _
2 <input type="checkbox"/> Physician (other than infectious disease specialist)	_ _ _ _ _ _ _	_ _ _
3 <input type="checkbox"/> Nurse practitioner	_ _ _ _ _ _ _	_ _ _
4 <input type="checkbox"/> Physician assistant	_ _ _ _ _ _ _	_ _ _

11. In **Column A**, record the number of **funded but currently vacant** HIV-related clinical positions (by FTE) in your practice. In **Column B**, record the average length of time (in months) these positions have been vacant. (Include only positions for clinicians who treat patients with HIV or AIDS, and only those positions with funding support. If no vacancies to report for a given type of clinician, please record as zero in Columns A and B.)

	Column A Currently Funded HIV-Related Vacancies (in FTEs)	Column B Average Length of Time HIV-Related Position Has Been Vacant (in Months)
1 <input type="checkbox"/> Infectious disease specialist	_ _ _ _ _ _ _	_ _ _
2 <input type="checkbox"/> Physician (other than infectious disease specialist)	_ _ _ _ _ _ _	_ _ _
3 <input type="checkbox"/> Nurse practitioner	_ _ _ _ _ _ _	_ _ _
4 <input type="checkbox"/> Physician assistant	_ _ _ _ _ _ _	_ _ _

12. In your practice, how difficult is it to **recruit** the following types of clinicians to provide HIV-related medical care? (Mark only one in each row. If you do not use a given type of clinician in your practice, please check Not Applicable.)

Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult	Not Applicable
_	_	_	_	_

1 <input type="checkbox"/> Infectious disease specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
2 <input type="checkbox"/> Physician (other than infectious disease specialist)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
3 <input type="checkbox"/> Nurse practitioner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
4 <input type="checkbox"/> Physician assistant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>

12a. In your practice, how big a challenge is each of the following factors to **recruiting** HIV clinicians generally? (Please indicate if each factor is a big challenge, a small challenge, or not a challenge at all. Mark only one in each row.)

	BIG CHALLENGE	SMALL CHALLENGE	NOT A CHALLENGE
1 <input type="checkbox"/> Low pay scale or lack of reimbursement for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2 <input type="checkbox"/> Lack of clinicians in the geographic area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3 <input type="checkbox"/> Lack of clinicians with HIV experience	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/> Lack of clinicians willing to work with HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5 <input type="checkbox"/> Lack of interest in HIV clinical specialty	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6 <input type="checkbox"/> Lack of funds to hire new staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7 <input type="checkbox"/> Lack of J1 visas or other immigration problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8 <input type="checkbox"/> Workload is perceived as being too heavy or burdensome	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9 <input type="checkbox"/> Other (Please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

13. In your practice, how difficult is it to **retain** each of the following types of clinicians who provide HIV care? (Mark only one in each row. If you do not use a given type of clinician in your practice, please check Not Applicable.)

	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult	Not Applicable
1 <input type="checkbox"/> Infectious disease specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
2 <input type="checkbox"/> Physician (other than infectious disease specialist)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
3 <input type="checkbox"/> Nurse practitioner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>
4 <input type="checkbox"/> Physician assistant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="checkbox"/>

13a. In your practice, how big a challenge is each of the following factors to **retaining** HIV clinicians generally? (Please indicate if each factor is a big challenge, a small challenge, or not a challenge at all. Mark only one in each row.)

	BIG CHALLENGE	SMALL CHALLENGE	NOT A CHALLENGE
1 <input type="checkbox"/> Low pay scale or lack of reimbursement for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
2 <input type="checkbox"/> Lack of clinicians in the geographic area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3 <input type="checkbox"/> Lack of qualified HIV clinicians (i.e., lack of HIV experience)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/> Lack of clinicians willing to work with HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5 <input type="checkbox"/> Lack of interest in HIV clinical specialty	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
6 <input type="checkbox"/> Lack of funds to hire new staff	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7 <input type="checkbox"/> Lack of J1 visas or other immigration problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8 <input type="checkbox"/> Workload is perceived as being too heavy or burdensome	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9 <input type="checkbox"/> Other (Please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

14. In your practice, what is the average annual salary offered for the following full-time positions? In **Column A**, please provide average annual salaries for full-time newly hired clinicians **with experience** treating patients with HIV. In **Column B**, please provide average annual salaries for full-time newly hired clinicians **without experience** treating patients with HIV. (If you do not use a given type of clinician in your practice, please record as zero in Columns A and B.)

	Column A Average Annual Salary With Experience Treating HIV Patients	Column B Average Annual Salary Without Experience Treating HIV Patients
1 <input type="checkbox"/> Infectious disease specialist	\$ _ _ _ , _ _ _	\$ _ _ _ , _ _ _
2 <input type="checkbox"/> Physician (other than infectious disease specialist)	\$ _ _ _ , _ _ _	\$ _ _ _ , _ _ _
3 <input type="checkbox"/> Nurse practitioner	\$ _ _ _ , _ _ _	\$ _ _ _ , _ _ _
4 <input type="checkbox"/> Physician assistant	\$ _ _ _ , _ _ _	\$ _ _ _ , _ _ _

D. PRACTICE CAPACITY

15. **In a typical week**, about how many **total patient visits** does your practice conduct? *(Please count visits for both HIV and non-HIV patients.)*

____|____|____| VISITS

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

____|____|____| VISITS

17. Assuming no change in current your resource levels, such as funding or staffing, how many **additional visits** (in addition to those you are currently providing) for patients with HIV or AIDS could your practice currently absorb without compromising the quality of care provided?

____|____|____| VISITS

18. For each type of patient, what is the average waiting time for a non-regularly scheduled appointment in your practice? *(Mark only one in each row.)*

	Average Waiting Time					
	Less Than 1 Week	1 Week	2 Weeks	3 Weeks	4 Weeks	More Than 4 Weeks
1 <input type="checkbox"/> Patients newly diagnosed with HIV	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2 <input type="checkbox"/> HIV patients new to your practice, but not newly diagnosed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3 <input type="checkbox"/> Existing HIV patients at your practice engaged in care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

19. For each of type of patient, what is the average length of a typical visit with a primary clinician in your practice? *(If no patients to report in for a given type of patient, please record as zero.)*

	Minutes
1 <input type="checkbox"/> Patients newly diagnosed with HIV	____ ____ ____
2 <input type="checkbox"/> HIV patients new to your practice, but not newly diagnosed	____ ____ ____
3 <input type="checkbox"/> Existing HIV patients at your practice engaged in care	____ ____ ____

20. Is your practice currently accepting new **Medicaid** patients with HIV for medical care? *(For patients with multiple sources of coverage, please consider their primary payer source only. Mark only one.)*

- 1 Yes, with no limitations on care provision → **GO TO Q.21**
- 2 Yes, with some limitations on care provision
- 0 No, completely closed to all new Medicaid patients with HIV

20a. How important were the following factors in the decision to limit or close your practice to new **Medicaid** patients with HIV? (Mark only one in each row.)

	Very Important	Moderately Important	Not Very Important	Not Important At All
1 <input type="checkbox"/> Administrative requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2 <input type="checkbox"/> Complex needs of HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3 <input type="checkbox"/> Overall HIV patient load	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4 <input type="checkbox"/> Inadequate reimbursement of funding for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

21. Is your clinic or practice currently accepting new **Medicare** patients with HIV for medical care? (For patients with multiple sources of coverage, please consider their primary payer source only. Mark only one.)

- 1 Yes, no limitations → **GO TO Q.22**
- 2 Yes, some limitations
- 0 No, completely closed to all new Medicare patients with HIV

21a. How important were the following factors in the decision to limit or close your practice to new **Medicare** patients with HIV? (Mark only one in each row.)

	Very Important	Somewhat Important	Not Very Important	Not Important At All
1 <input type="checkbox"/> Administrative requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2 <input type="checkbox"/> Complex needs of HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3 <input type="checkbox"/> Overall HIV patient load	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4 <input type="checkbox"/> Inadequate reimbursement of funding for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

22. Is your clinic or practice currently accepting new **commercially insured** patients with HIV for medical care? (For patients with multiple sources of coverage, please consider their primary payer source only. Mark only one.)

- 1 Yes, no limitations → **GO TO Q.23**
- 2 Yes, some limitations
- 0 No, completely closed to all new commercially insured patients with HIV

22a. How important were the following factors in the decision to limit or close your practice to new **commercially insured** patients with HIV? (For patients with multiple sources of coverage, please consider their primary payer source only. Mark only one in each row.)

	Very Important	Somewhat Important	Not Very Important	Not Important At All
1 <input type="checkbox"/> Administrative requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2 <input type="checkbox"/> Complex needs of HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3 <input type="checkbox"/> Overall HIV patient load	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4 <input type="checkbox"/> Inadequate reimbursement of funding for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

23. Is your clinic or practice currently accepting new **uninsured** patients with HIV for comprehensive primary medical care? (Mark only one.)

- 1 Yes, no limitations → **GO TO Q.24**
- 2 Yes, some limitations
- 0 No, completely closed to all new commercially insured patients with HIV

23a. How important were the following factors in the decision to limit or close your practice to new **uninsured** patients with HIV? (Mark only one in each row.)

	Very Important	Somewhat Important	Not Very Important	Not Important At All
1 <input type="checkbox"/> Administrative requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2 <input type="checkbox"/> Complex needs of HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3 <input type="checkbox"/> Overall HIV patient load	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4 <input type="checkbox"/> Inadequate reimbursement of funding for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

E. YOUR PERCEPTION ABOUT HIV CLINICIAN CAPACITY

24. 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)

25. 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 in each row.)*

	Strongly Disagree				Strongly Agree
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"/>

26. 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.

	Least Effective				Most Effective
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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

regulatory requirements						
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 <input type="checkbox"/>	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"/>

F. PATIENT CHARACTERISTICS

Questions in this section refer to your practice's most recent 12-month reporting period. If you submitted a 2010 RDR to HRSA, please feel free to use the information presented in that report. Please count each patient once only, regardless of how many times he or she was seen during the reporting period. Your best estimate of patient and visit counts is fine.

27. During your most recent 12-month reporting period, how many total patients in each of the following HIV status categories did your practice serve? (If no patients in a give category to report, please record as zero.)

	Number of Patients Served in 12-Month Reporting Period
1 <input type="checkbox"/> HIV negative	_ _ _ _ PATIENTS
2 <input type="checkbox"/> HIV positive, without an AIDS diagnosis	_ _ _ _ PATIENTS
3 <input type="checkbox"/> HIV positive, with an AIDS diagnosis	_ _ _ _ PATIENTS
4 <input type="checkbox"/> HIV status unknown	_ _ _ _ PATIENTS
TOTAL	_ _ _ _ PATIENTS

28. **Of those with HIV or AIDS**, what percentage is in each of the following patient categories? (The total percentage must add up to 100 percent. If no patients to report in a given category, please record as zero.)

	Percent of HIV/AIDS Patients
1 <input type="checkbox"/> Patients newly diagnosed with HIV	_ _ _ %
2 <input type="checkbox"/> HIV patients new to your practice, but not newly diagnosed	_ _ _ %
3 <input type="checkbox"/> Existing HIV patients at your practice engaged in care	_ _ _ %
TOTAL	100%

29. **Of those with HIV or AIDS**, what percentage also had each of the following **comorbidities**? (Percentages do not need to add up to 100 percent. If no patients in a given category to report, please record as zero.)

	Percent of HIV/AIDS Patients
1 <input type="checkbox"/> Serious mental illness	_ _ _ %
2 <input type="checkbox"/> Substance abuse disorder	_ _ _ %
3 <input type="checkbox"/> Hepatitis B or C	_ _ _ %

4 Other significant comorbidities

|_|_|_| %

30. **Of those with HIV or AIDS**, what percentage was in each of the following **antiretroviral therapy** categories? (*The total percentage must add up to 100 percent. If no patients in a given category to report, please record as zero.*)

	Percent of HIV/AIDS Patients
1 <input type="checkbox"/> None	_ _ _ %
2 <input type="checkbox"/> HAART	_ _ _ %
3 <input type="checkbox"/> Other (mono or dual therapy)	_ _ _ %
4 <input type="checkbox"/> Unknown	_ _ _ %
TOTAL	100 %

31. **Of those with HIV or AIDS**, what percentage was in each of following **age** categories? (*The total percentage must add up to 100 percent. If no patients in a given category to report, please record as zero.*)

	Percent of HIV/AIDS Patients
1 <input type="checkbox"/> Under 2 years	_ _ _ %
2 <input type="checkbox"/> 2-12 years	_ _ _ %
3 <input type="checkbox"/> 13-24 years	_ _ _ %
4 <input type="checkbox"/> 25-44 years	_ _ _ %
5 <input type="checkbox"/> 45-64 years	_ _ _ %
6 <input type="checkbox"/> 65 and older	_ _ _ %
7 <input type="checkbox"/> Unknown	_ _ _ %
TOTAL	100 %

32. **Of those with HIV or AIDS**, what percentage was in each of following **gender** categories? (*The total percentage must add up to 100 percent. If no patients in a given category to report, please record as zero.*)

	Percent of HIV/AIDS Patients
1 <input type="checkbox"/> Male	_ _ _ %
2 <input type="checkbox"/> Female	_ _ _ %
3 <input type="checkbox"/> Transgendered	_ _ _ %

4 Unknown

|_|_|_| %

TOTAL

100 %

33. **Of those with HIV or AIDS, what percentage were Hispanic or Latino/a?**

|_|_|_| PERCENT

34. **Of those with HIV or AIDS, what percentage was in each of the following race categories? (The total percentage must add up to 100 percent. If no patients in a given category to report, please record as zero.)**

	Percent of HIV/AIDS Patients
1 <input type="checkbox"/> American Indian or Alaskan Native	_ _ _ %
2 <input type="checkbox"/> Asian	_ _ _ %
3 <input type="checkbox"/> Black or African American	_ _ _ %
4 <input type="checkbox"/> Native Hawaiian or Pacific Islander	_ _ _ %
5 <input type="checkbox"/> White	_ _ _ %
6 <input type="checkbox"/> More than one race	_ _ _ %
7 <input type="checkbox"/> Unknown	_ _ _ %
TOTAL	100 %

35. **Of those diagnosed with HIV or AIDS, what percentage was in each of the follow health insurance categories? (The total percentage must add up to 100 percent. If no patients in a given category to report, please record as zero.)**

	Percent of HIV/AIDS Patients
1 <input type="checkbox"/> Privately insured	_ _ _ %
2 <input type="checkbox"/> Medicaid only	_ _ _ %
3 <input type="checkbox"/> Medicare only	_ _ _ %
4 <input type="checkbox"/> Both Medicaid and Medicare	_ _ _ %
5 <input type="checkbox"/> Other public insurance (VA or Indian Health)	_ _ _ %
6 <input type="checkbox"/> Self pay or uninsured	_ _ _ %
7 <input type="checkbox"/> Other (Please specify) _____	_ _ _ %
8 <input type="checkbox"/> Unknown	_ _ _ %
TOTAL	100 %

G. CONTACT INFORMATION

In case we need to contact you to clarify any of your answers, please provide the following information:

Name: _____

Title: _____

Address: _____

Phone Number: (|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|
Area Code

Email Address: _____