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HIV Workforce Survey

Practice Questionnaire

October 21, 2011

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HIV/AIDS Bureau

Health Resources and Services Administration

United States Department of Health and Human Services

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**INSTRUCTIONS
PLEASE READ**

Please complete the survey using this paper questionnaire and return it to Mathematica in the pre-paid envelop provided in the survey packet. The survey should take less than 30 minutes to complete.

All survey questions are about the medical practice located at the address on the questionnaire cover. For brevity, we refer to this place as “this practice.” It may be public or private, part of a larger hospital or health care system or an independent and freestanding clinic or practice, a community health center or public health department clinic, or a solo or group physician practice.

The survey is voluntary. Your answers are confidential, except as prescribed by law. Findings will be reported in aggregate; no response will be attributable to you or your clinic or practice. The survey is not related to funding or to other state or federal reporting requirements. Your decision to complete the survey will have no effect on any funding you or your practice receive for the care and treatment of patients with HIV or AIDS now or in the future.

The questionnaire has the following sections:

	<u>Page</u>
A. Practice Staffing	1
B. Recruitment and Retention	3
C. Practice Capacity	8
D. Perceptions of Workforce Capacity.....	12
E. Patient Characteristics	14
F. Contact Information.....	19

General Instructions

- It is fine to reach out to others who work at your practice to help you answer any of the questions.
- In answering the questions requiring numeric responses, it is fine to give your best estimate.
- *Italicized notes* offer guidance to answering certain questions.
- If there is a “Go To” instruction, go to the question indicated.
- If there is no “Go To” instruction, proceed to the next question.

Thank you for completing this important survey. If you have questions, please contact the HIV workforce survey helpline at 1-800 xxxxxxxxxx or by email at HIVWorkforceSurvey@mathematica-mpr.com.

A. PRACTICE STAFFING

For this section, please consider 1 full-time equivalent (FTE) as a staff member working 40 hours per week in this practice. For example, if you have one physician providing direct patient care 40 hours per week and another physician providing direct patient care 20 hours per week, you should report them as 1.5 FTEs in direct patient care. Please include as direct patient care hours spent in both clinical and non-clinical care, such as in patient exam, chart review, clinical documentation, ordering and reviewing lab tests, case consultations, case management, counseling patients and their families, making referrals, and telephone consultations with other physicians. Please do NOT include time spent unrelated to patient care, such as practice management, administrative responsibilities, and professional training.

1. **During the past 12 months**, which of the following types of clinicians did this practice use to provide care to patients with HIV or AIDS? (Check all that apply.)

- 1 Primary care physicians (excluding infectious disease specialists)
- 2 Infectious disease specialists
- 3 Nurse practitioners
- 4 Physician assistants

2. **During the past 12 months**, how many of the following types of clinician FTEs in this practice provided direct medical care to **all patients**? (If this practice did not use a given type of clinician in the past 12 months, please record as "Did Not Use.")

Clinician Category	Number of FTEs Providing Care to ALL Patients	Did Not Use
a. Primary care physicians.....	_ _ . _ FTEs	-1 <input type="checkbox"/>
b. Infectious disease specialists.....	_ _ . _ FTEs	-1 <input type="checkbox"/>
c. Nurse practitioners.....	_ _ . _ FTEs	-1 <input type="checkbox"/>
d. Physician assistants.....	_ _ . _ FTEs	-1 <input type="checkbox"/>

3. **During the past 12 months**, how many of the following types of clinician FTEs in this practice provided direct medical care to **patients with HIV or AIDS**. (The number of FTEs reported in Q3 should not be greater than the number of FTEs reported in Q2. If all of the clinicians in this practice treat only patients with HIV or AIDS, the number of FTEs in Q2 and Q3 should be the same. If this practice did not use a given type of clinician in the past 12 months, please record as "Did Not Use.")

Clinician Category	Number of FTEs Providing Care to Patients with HIV or AIDS	Did Not Use
a. Primary care physicians.....	_ _ . _ FTEs	-1 <input type="checkbox"/>
b. Infectious disease specialists.....	_ _ . _ FTEs	-1 <input type="checkbox"/>
c. Nurse practitioners.....	_ _ . _ FTEs	-1 <input type="checkbox"/>
d. Physician assistants.....	_ _ . _ FTEs	-1 <input type="checkbox"/>

4. **During the past 12 months**, on average how many visits per week was the total number of FTE HIV clinicians reported in Q3 expected to provide to patients with HIV or AIDS in this practice? (For example, if this practice used 0.5 FTE infectious disease specialists and 1.5 nurse practitioners, report the total number of visits per week the 0.5 FTE infection disease specialist was expected to provide to patients with HIV or AIDS and the total number of visits per week the 1.5 FTE nurse practitioners were expected to provide to patients with HIV or AIDS. If this practice did not use a given type of clinician in the past 12 months, please record as “Did Not Use.”)

Clinician Category	Average Number of Visits Per Week for Patients with HIV or AIDS Seen Per Full-Time HIV Clinician	Did Not Use
a. Primary care physicians.....	_ _ _ VISITS	-1 <input type="checkbox"/>
b. Infectious disease specialists.....	_ _ _ VISITS	-1 <input type="checkbox"/>
c. Nurse practitioners.....	_ _ _ VISITS	-1 <input type="checkbox"/>
d. Physician assistants.....	_ _ _ VISITS	-1 <input type="checkbox"/>

5. In this practice, do primary care clinicians independently manage their own panel of patients? (Independent management of patient panels means the clinician is responsible for managing care for a designated group of patients and typically serves as the primary point of medical contact for those patients. Practices that do not use a panel management strategy typically assign patients to whichever clinician is available at the time of the appointment.)

- Yes, we use a panel management strategy
 No, we typically assign patients to whichever clinician is available → GO TO Q6
 Don't know

- 5a. **During the past 12 months**, on average how many patients with HIV or AIDS was the total number of FTE HIV clinicians reported in Q3 expected to **manage** at this practice? (For example, if this practice used 0.5 FTE infectious disease specialists and 1.5 nurse practitioners, report the total number of patients with HIV or AIDS the 0.5 FTE infection disease specialist was expected to manage and the total number of patients with HIV or AIDS the 1.5 FTE nurse practitioners were expected to manage. For clinician types that do not manage patient panels at this practice, please record as zero. If this practice did not use a given type of clinician in the past 12 months, please record as “Did Not Use.”)

Clinician Category	Average Number of Patients with HIV or AIDS Managed Per Full Time HIV Clinician	Did Not Use
a. Primary care physicians.....	_ _ _ PATIENTS	-1 <input type="checkbox"/>
b. Infectious disease specialists.....	_ _ _ PATIENTS	-1 <input type="checkbox"/>
c. Nurse practitioners.....	_ _ _ PATIENTS	-1 <input type="checkbox"/>
d. Physician assistants.....	_ _ _ PATIENTS	-1 <input type="checkbox"/>

B. RECRUITMENT AND RETENTION

6. **During the past 12 months**, how many vacancies for HIV clinicians (by FTE) did this practice fill? *(Include only positions for clinicians who provide care to patients with HIV or AIDS. If there were no vacancies to report for a given type of clinician used, please record as zero.)*

Clinician Category	Number of Vacancies for HIV Clinicians Filled in Past 12 Months (in FTEs)
a. Primary care physicians	_ _ _ . _ _ FTEs
b. Infectious disease specialists	_ _ _ . _ _ FTEs
c. Nurse practitioners	_ _ _ . _ _ FTEs
d. Physician assistants	_ _ _ . _ _ FTEs

- 6a. What was the average length of time (in months) it took to fill the HIV clinician vacancies? *(Include time periods only for clinicians who provide care to patients with HIV or AIDS. If there were no vacancies to report for a given type of clinician used, please record as zero.)*

Clinician Category	Average Length of Time Position for HIV Clinician was Vacant (in Months)
a. Primary care physicians	_ _ _ _ . _ _ Months
b. Infectious disease specialists	_ _ _ _ . _ _ Months
c. Nurse practitioners	_ _ _ _ . _ _ Months
d. Physician assistants	_ _ _ _ . _ _ Months

7. How many **funded but currently vacant** positions for HIV clinicians (by FTE) are there in this practice? *(Include vacancies only for clinicians who provide care to patients with HIV or AIDS and only those positions with existing funding support. If there are no current vacancies to report for a given type of clinician used, please record as zero.)*

Clinician Category	Currently Funded Vacancies for HIV Clinicians (in FTEs)
a. Primary care physicians	_ _ _ _ . _ _ FTEs
b. Infectious disease specialists	_ _ _ _ . _ _ FTEs
c. Nurse practitioners	_ _ _ _ . _ _ FTEs
d. Physician assistants	_ _ _ _ . _ _ FTEs

7a. What is the average length of time (in months) these currently open positions have been vacant? (Include time periods only for clinicians who provide care to patients with HIV or AIDS, and only those positions with existing funding support. If there are no vacancies to report for a given type of clinician used, please record as zero.)

Clinician Category	Average Length of Time Position for HIV Clinician Has Been Vacant (in Months)
a. Primary care physicians	_ _ . _ Months
b. Infectious disease specialists	_ _ . _ Months
c. Nurse practitioners	_ _ . _ Months
d. Physician assistants	_ _ . _ Months

8. During the past 12 months, in your practice how difficult was it to recruit the following types of clinicians who provide care to patients with HIV or AIDS? (Mark only one in each row. If this practice did not use a given type of clinician, please record as "Did Not Recruit.")

Clinician Category	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Did Not Recruit
a. Primary care physicians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	-1 <input type="checkbox"/>
b. Infectious disease specialists.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	-1 <input type="checkbox"/>
c. Nurse practitioners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	-1 <input type="checkbox"/>
d. Physician assistants.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	-1 <input type="checkbox"/>

8a. How big a challenge was each of the following factors to recruiting **physicians** who provide care to patients with HIV or AIDS? (Please indicate if each factor is a big challenge, a small challenge, or not a challenge at all. Mark only one in each row.)

If **physicians** were not recruited within the past 12 months, check here and continue to next item: ◦

Recruiting Challenges	BIG CHALLENGE	SMALL CHALLENGE	NOT A CHALLENGE
a. Low pay scale or inadequate reimbursement for treating patients with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Not enough clinicians with HIV experience and/or training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Not enough clinicians willing to work with patients with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Not enough qualified clinicians willing to work in rural areas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Not enough qualified clinicians willing to work in low-income urban communities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

f. Insufficient funds to hire new clinicians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Not enough J1 visas or other immigration problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Clinicians consider HIV workload to be too heavy or too burdensome	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Other (Please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

8b. How big a challenge was each of the following factors to recruiting **nurse practitioners and physician assistants** who provide care to patients with HIV or AIDS? (Please indicate if each factor is a big challenge, a small challenge, or not a challenge at all. Mark only one in each row.)

If **nurse practitioners and physician assistants** were not recruited within the past 12 months, check here and continue to next item:

Recruiting Challenges	BIG CHALLENGE	SMALL CHALLENGE	NOT A CHALLENGE
a. Low pay scale or inadequate reimbursement for treating patients with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Not enough clinicians with HIV experience and/or training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Not enough clinicians willing to work with patients with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Not enough qualified clinicians willing to work in rural areas	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Not enough qualified clinicians willing to work in low-income urban communities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Insufficient funds to hire new clinicians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Not enough J1 visas or other immigration problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Clinicians consider HIV workload to be too heavy or too burdensome	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Other (Please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

9. **During the past 12 months**, in this practice, how difficult was it to **retain** each of the following types of clinicians who provide care to patients with HIV or AIDS? (Mark only one in each row. If this practice did not use a given type of clinician, please record as "Did Not Use.")

Clinician Category	Very Difficult	Somewhat Difficult	Somewhat Easy	Very Easy	Did Not Use
a. Primary care physicians.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	-1 <input type="checkbox"/>
b. Infectious disease specialists.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	-1 <input type="checkbox"/>
c. Nurse practitioners.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	-1 <input type="checkbox"/>

d. Physician assistants.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	-1 <input type="checkbox"/>
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9a. How big a challenge was each of the following factors to retaining **physicians** who provide care to patients with HIV or AIDS? (Please indicate if each factor is a big challenge, a small challenge, or not a challenge at all. Mark only one in each row.)

If **physicians** were not used at this practice, check here and continue to next item:

Retention Challenges	BIG CHALLENGE	SMALL CHALLENGE	NOT A CHALLENGE
a. Inadequate funds to cover staff salaries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Clinicians consider pay scale or reimbursement for treating patients with HIV or AIDS too low	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Clinicians consider indirect demands on their time too burdensome (for example, paperwork)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Clinicians consider HIV workload too heavy (for example, volume of patients)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Clinicians choosing to retire from health profession	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Clinicians choosing to shift into non-HIV-related patient care field	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Clinicians choosing to relocate to other area or practice setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Issues related to J1 visas or other immigration issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Other (Please specify) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

9b. How big a challenge was each of the following factors to retaining **nurse practitioners and/or physician assistants** who provide care to patients with HIV or AIDS? (Please indicate if each factor is a big challenge, a small challenge, or not a challenge at all. Mark only one in each row.)

If **nurse practitioners and physician assistants** were not used at this practice, check here and continue to next item:

Retention Challenges	BIG CHALLENGE	SMALL CHALLENGE	NOT A CHALLENGE
a. Inadequate funds to cover staff salaries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Clinicians consider pay scale or reimbursement for treating patients with HIV or AIDS too low	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Clinicians consider indirect demands on their time too burdensome (for example, paperwork)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Clinicians consider HIV workload too heavy (for example, volume of patients)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

e. Clinicians choosing to retire from health profession	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Clinicians choosing to shift into non-HIV-related patient care field	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Clinicians choosing to relocate to other area or practice setting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Issues related to J1 visas or other immigration issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Other (<i>Please specify</i>) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

10. **During the past 12 months**, in this practice, what was the average annual salary for the following full-time positions for clinicians providing care to patients with HIV or AIDS? (*If this practice did not use a given type of clinician, please record as zero.*)

Clinician Category	Average Annual Salary for Clinicians Treating Patients with HIV or AIDS
a. Primary care physicians	\$ __ __ __ , __ __ __
b. Infectious disease specialists	\$ __ __ __ , __ __ __
c. Nurse practitioners	\$ __ __ __ , __ __ __
d. Physician assistants	\$ __ __ __ , __ __ __

C. PRACTICE CAPACITY

11. **In a typical week**, approximately how many patient visits for medical care does this practice currently conduct? (Please include only visits for medical care. In row "a," count all patient visits and, in row "b," only visits for patients with HIV or AIDS. The number of visits reported in row "b" must not be less than the number of visits reported in row "a." If you only treat patients with HIV or AIDS, the number of visits reported in both rows will be the same.)

Total Medical Visits in a Typical Week...	Visits
a. All patients	_ _ _ _
b. Patients with HIV or AIDS	_ _ _ _

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

|_|_|_|_| NUMBER OF ADDITIONAL VISITS

13. Currently, for each of the following appointment types, what is the average waiting time for a nonemergency medical visit with a primary care clinician in this practice? (Mark only one in each row.)

Average Waiting Time for a Medical Visit						
Appointment Type	Less Than 1 Week	1 Week	2 Weeks	3 Weeks	4 Weeks	More Than 4 Weeks
a. Initial medical appointment for patients newly diagnosed with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Follow-up medical appointment for patients with HIV or AIDS who are in ongoing 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"/>

14. Currently, for each of the following appointment types, what is the average length of a typical medical visit with a primary care clinician in this practice?

Appointment Type	Minutes per Typical Visit
a. Initial medical appointment for patients newly diagnosed with HIV or AIDS	_ _ _ _
b. Follow-up medical appointment for patients with HIV or AIDS who are in ongoing care	_ _ _ _

15. Currently, is this practice accepting new **Medicaid** patients with HIV or AIDS 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 Q16**
- 2 Yes, with some limitations on care provision
- 0 No, completely closed to all new Medicaid patients with HIV

15a. How important were the following factors in the decision to limit or close this practice to new **Medicaid** patients with HIV or AIDS? *(Mark only one in each row.)*

Factors	Very Important	Moderately Important	Not Very Important	Not Important At All
a. Administrative requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Complex needs of HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Overall HIV patient load	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Inadequate reimbursement or funding for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Not enough providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

16. Currently, is this practice accepting new **Medicare** patients with HIV or AIDS 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.17**
- 2 Yes, some limitations
- 0 No, completely closed to all new Medicare patients with HIV

16a. How important were the following factors in the decision to limit or close this practice to new **Medicare** patients with HIV or AIDS? *(Mark only one in each row.)*

Factors	Very Important	Somewhat Important	Not Very Important	Not Important At All
a. Administrative requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Complex needs of HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Overall HIV patient load	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Inadequate reimbursement or funding for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Not enough providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

17. Currently, is this practice accepting new **privately insured** patients with HIV or AIDS? 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.18**
- 2 Yes, some limitations
- 0 No, completely closed to all new commercially insured patients with HIV

17a. How important were the following factors in the decision to limit or close this practice to new **privately insured** patients with HIV or AIDS? (For patients with multiple sources of coverage, please consider their primary payer source only. Mark only one in each row.)

Factors	Very Important	Somewhat Important	Not Very Important	Not Important At All
a. Administrative requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Complex needs of HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Overall HIV patient load	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Inadequate reimbursement or funding for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Not enough providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

18. Currently, is this practice accepting new **uninsured** patients with HIV or AIDS? (Mark only one.)

- 1 Yes, no limitations → **GO TO Q.19**
- 2 Yes, some limitations
- 0 No, completely closed to all new commercially insured patients with HIV

18a. How important were the following factors in the decision to limit or close this practice to new **uninsured** patients with HIV or AIDS? (Mark only one in each row.)

Factors	Very Important	Somewhat Important	Not Very Important	Not Important At All
a. Administrative requirements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Complex needs of HIV patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Overall HIV patient load	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Inadequate reimbursement or funding for HIV care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Not enough providers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D. PERCEPTION OF WORKFORCE CAPACITY

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

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

20. Please rate the following statement on a scale of 1 – 4 for each type of clinician. Use a scale of 1 to 4, where 1 means you **strongly disagree** with it and 4 means you **strongly agree** with it. (Mark only one for each type of clinician.)

I am concerned about a shortage in the number of the following types of clinicians providing direct medical care to patients with HIV or AIDS in my community over the next 5 years.

I am concerned about a shortage in the number of...	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Primary care physicians	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Infectious disease specialists	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Nurse practitioners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Physician assistants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

21. Please rate the effectiveness of the following strategies for meeting an increase in the demand for medical services among patients with HIV or AIDS without compromising the quality of care provided in your community. Use a scale of 1 to 4, where 1 means it is **not effective** and 4 means it is **highly effective**.

Strategies	Not Effective	Slightly Effective	Moderately Effective	Highly Effective
a. Train more students and primary care clinicians to go into care for patients with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Expand the government loan forgiveness program for clinicians providing care to patients with HIV or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Increase 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"/>
d. Increase 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"/>
e. Increase the use 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"/>

f. Increase the use of advanced primary care models to improve disease management and care coordination

1

2

3

4

g. Create incentives for clinicians to delay retirement or remain in medical care for patients with HIV or AIDS

1

2

3

4

h. Other (*Please specify*)

1

2

3

4

E. PATIENT CHARACTERISTICS

Questions in this section refer to this 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 only once, regardless of how many times the individual was seen during the reporting period. Your best estimate of patient counts is fine.

Please indicate the 12-month period you are reporting:

Start Month/Year _____ End Month/Year _____

22. **During this practice's most recent 12-month reporting period**, approximately how many patients in each of the following HIV status categories did your practice serve? *If this practice did not provide care to a given type of patient, please record as zero.*

Diagnostic Categories	Number of Patients Served in 12-Month Reporting Period
a. Without HIV or AIDS diagnosis	_ _ _ _ PATIENTS
b. With HIV diagnosis, but not AIDS diagnosis	_ _ _ _ PATIENTS
c. With AIDS diagnosis	_ _ _ _ PATIENTS
d. Total Patients	_ _ _ _ PATIENTS

23. **Of the patients with HIV or AIDS served at this practice during the most recent 12-month reporting period**, approximately what percentage was in each of the following care categories? *(Please feel free to report percentages or numbers, whichever is easier. You do not need to report both. The total percentage must add up to 100 percent. If this practice did not provide care to a given type of patient, please record as zero.)*

Care Category	Percent of Patients with HIV or AIDS	Number of Patients with HIV or AIDS
a. Diagnosed with HIV or AIDS within the past 12 months	_ _ _ %	_ _ _ PATIENTS
b. Not newly diagnosed, but new to your practice within the past 12 months	_ _ _ %	_ _ _ PATIENTS
c. Established in care in your practice for the past 12 months	_ _ _ %	_ _ _ PATIENTS
TOTAL	100%	

24. **Of the patients with HIV or AIDS served at this practice during the most recent 12-month reporting period**, approximately what percentage also had each of the following **comorbidities**? *(Please feel free to report percentages or numbers, whichever is easier. You do not need to report both. Percentages do not need to add up to 100 percent. If this practice did not provide care to a given type of patient, please record as zero.)*

Comorbidities	Percent of Patients with HIV or AIDS	Number of Patients with HIV or AIDS
a. Serious mental illness (including affective disorders such as depression and anxiety)	_____%	_____ PATIENTS
b. A substance abuse disorder	_____%	_____ PATIENTS
c. Hepatitis B or C	_____%	_____ PATIENTS
d. Other significant comorbidities	_____%	_____ PATIENTS

25. **Of the patients with HIV or AIDS served at this practice during the most recent 12-month reporting period**, approximately what percentage was in each of the following **antiretroviral therapy** categories? *(Please feel free to report percentages or numbers, whichever is easier. You do not need to report both. The total percentage must add up to 100 percent. If this practice did not provide care to a given type of patient, please record as zero.)*

Antiretroviral Therapy	Percent of Patients with HIV or AIDS	Number of Patients with HIV or AIDS
a. None	_____%	_____ PATIENTS
b. HAART	_____%	_____ PATIENTS
c. Other (mono or dual therapy)	_____%	_____ PATIENTS
d. Unknown	_____%	_____ PATIENTS
TOTAL	100%	

26. **Of the patients with HIV or AIDS served at this practice during the most recent 12-month reporting period**, approximately what percentage was in each of following **age** categories? *(Please feel free to report percentages or numbers, whichever is easier. You do not need to report both. The total percentage must add up to 100 percent. If this practice did not provide care to a given type of patient, please record as zero.)*

Age	Percent of Patients with HIV or AIDS	Number of Patients with HIV or AIDS
a. Under 2 years	_____%	_____ PATIENTS
b. 2-12 years	_____%	_____ PATIENTS
c. 13-24 years	_____%	_____ PATIENTS

d. 25-44 years	_ _ _ %	_ _ _ PATIENTS
e. 45-64 years	_ _ _ %	_ _ _ PATIENTS
f. 65 and older	_ _ _ %	_ _ _ PATIENTS
g. Unknown	_ _ _ %	_ _ _ PATIENTS
TOTAL	100%	

27. **Of the patients with HIV or AIDS served at this practice during the most recent 12-month reporting period**, approximately what percentage was in each of the following **gender** categories? *(Please feel free to report percentages or numbers, whichever is easier. You do not need to report both. The total percentage must add up to 100 percent. If this practice did not provide care to a given type of patient, please record as zero.)*

Gender	Percent of Patients with HIV or AIDS	Number of Patients with HIV or AIDS
a. Male	_ _ _ %	_ _ _ PATIENTS
b. Female	_ _ _ %	_ _ _ PATIENTS
c. Transgendered	_ _ _ %	_ _ _ PATIENTS
d. Unknown	_ _ _ %	_ _ _ PATIENTS
TOTAL	100%	

28. **Of the patients with HIV or AIDS served at this practice during the most recent 12-month reporting period**, approximately what percentage (or number) were **Hispanic or Latino/a**?

|_|_|_| PERCENT or |_|_|_| PATIENTS

29. **Of the patients with HIV or AIDS served at this practice during the most recent 12-month reporting period**, approximately what percentage (or number) was in each of the following **race** categories? *(Please feel free to report percentages or numbers, whichever is easier. You do not need to report both. The total percentage must add up to 100 percent. If this practice did not provide care to a given type of patient, please record as zero.)*

Race	Percent of Patients with HIV or AIDS	Number of Patients with HIV or AIDS
a. American Indian or Alaskan Native	_ _ _ %	_ _ _ PATIENTS
b. Asian	_ _ _ %	_ _ _ PATIENTS
c. Black or African American	_ _ _ %	_ _ _ PATIENTS
d. Native Hawaiian or Pacific Islander	_ _ _ %	_ _ _ PATIENTS
e. White	_ _ _ %	_ _ _ PATIENTS

f. More than one race	%	PATIENTS
g. Unknown	%	PATIENTS
TOTAL	100%	

30. **Of the patients with HIV or AIDS served at this practice during the most recent 12-month reporting period**, approximately what percentage (or number) were **undocumented immigrants**? (If this practice did not provide care to a given type of patient, please record as zero.)

| | | | PERCENT or | | | | PATIENTS

31. **Of the patients with HIV or AIDS you served**, approximately what percentage was in each of the following **health insurance** categories? (If a patient has multiple sources of insurance, please count them only once under their primary payer. Please feel free to report percentages or numbers, whichever is easier. You do not need to report both. The total percentage must add up to 100 percent. If this practice did not provide care to a given type of patient, please record as zero.)

Health Insurance	Percent of Patients with HIV or AIDS	Number of Patients with HIV or AIDS
a. Privately insured	%	PATIENTS
b. Medicaid only	%	PATIENTS
c. Medicare only	%	PATIENTS
d. Both Medicaid and Medicare	%	PATIENTS
e. Other public insurance (VA or Indian Health)	%	PATIENTS
f. Self pay or uninsured	%	PATIENTS
g. Other (Please specify) _____	%	PATIENTS
h. Unknown	%	PATIENTS
TOTAL	100%	

32. **During your most recent 12-month reporting period**, approximately how many relative value units (RVUs) did this practice produce? (In row "a," count RVUs for all patients, in row "b," count RVUs only for those patients with HIV or AIDS.)

Relative value units (RVUs) for...	RVUs
a. All patients	. RVUs
b. Patients with HIV or AIDS	. RVUs
c. Don't use RVUs	<input type="checkbox"/>
d. Don't know	<input type="checkbox"/>

F. CONTACT INFORMATION

In case we need to contact you to clarify any of your answers, please provide the following information for the person who completed the majority of this survey:

Name: _____

Title: _____

Address: _____

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

Email Address: _____

Thank you for completing the survey!