

Attachment 3
MMP Provider Survey
"Survey Instrument"

FORM APPROVED
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MMP Provider Survey

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0840). Do not send the completed form to this address.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Centers for Disease Control and Prevention
Atlanta, GA 30333



ELIGIBILITY SCREENER

1. Are you a physician (MD or DO), nurse practitioner, or physician assistant and you practice HIV medicine, i.e., order CD4 lymphocyte and HIV viral load tests for more than referral purposes or prescribe antiretroviral therapy? In this survey, practicing HIV medicine may include the direct supervision of others who practice HIV medicine.

Yes..... 1
No..... 0

→ We are only requesting responses from providers who practice HIV medicine. Please stop here and return the survey using the self-addressed postage paid envelope. Thank you for your time.

2. Are you a physician completing a fellowship, residency, or internship?

No..... 0
Yes..... 1

→ We are only requesting responses from physicians who have completed their training, nurse practitioners, and physician assistants. Please stop here and return the survey using the self-addressed postage paid envelope. Thank you for your time.

A. BACKGROUND

3. How long have you been providing care for HIV-infected patients? years months

4. In what year did you complete medical school, nursing school, or physician assistant school?

5. What is your profession?

Physician..... 1
Nurse practitioner..... 2 → Skip to Q 8
Physician assistant..... 3 → Skip to Q 9

6. Are you board certified in any of the following? (Select all that apply.)

Internal Medicine..... 1
Family Practice..... 2
Pediatrics..... 3
Infectious Diseases..... 4
Obstetrics and Gynecology..... 5
Neurology..... 6
Dermatology..... 7
Surgery..... 8
Hematology-Oncology..... 9
Immunology..... 10
Other board certification..... 11 → Please specify: _____

7. In what year did you complete initial board certification?

NA..... 6

Physicians skip to Q 9

8. Are you certified by the HIV/AIDS Nursing Certification Board as an AIDS Certified Registered Nurse (ACRN) or an Advanced AIDS Certified Registered Nurse (AACRN)?

No..... 0

Yes..... 1

9. Are you a member of any of the following professional organizations? (Select all that apply.)

American Academy of HIV Medicine (AAHIVM)..... 1

HIV Medicine Association (HIVMA)..... 2

American Association of Nurses in AIDS Care (ANAC)..... 3

International Association of Physicians in AIDS Care (IAPAC)..... 4

10. Do you have American Academy of HIV Medicine (AAHIVM) specialist certification (AAHIVS)?

No..... 0

Yes..... 1

B. CHARACTERISTICS OF YOUR PRACTICE

For questions 11-21, please consider your work at all of your practice locations.
Patient care includes direct supervision of patient care.

11. How many hours per week do you devote to patient care in total including face-to-face contact, documentation, phone calls/emails to patients, educating families, reviewing tests, and consulting with other providers ?

12. What percentage of your patient care time do you devote to HIV-infected patients? %

13. For how many HIV-infected individuals do you currently provide continuous and direct patient care?

14. In the past 3 years, have you provided continuous and direct medical care to a minimum of 25 patients with HIV?

No..... 0

Yes..... 1

15. Are you accepting new HIV-infected patients at this time?

No..... 0

Yes..... 1

16. Regarding the number of HIV patients you will be able to provide care for 5 years from now, which is most likely?

It will increase..... 1

It will stay the same..... 2

It will decrease..... 3

I will stop providing care for HIV patients..... 4

Unsure..... 7

17. Do you plan to leave clinical practice within the next 5 years?

No..... 0

Yes..... 1

Unsure..... 7

18. Are you currently obligated to practice in a federally designated shortage area for a defined period of time (e.g., you are a member of the National Health Service Corps or hold a J-1 or H1b visa)?

No..... 0

Yes..... 1

19. Do you provide primary care for your HIV-infected patients (i.e., point of first contact, comprehensive care, and emphasis on prevention and coordination of care)?

No..... 0

Yes..... 1

20. Do you manage HIV treatment decisions involving antiretroviral drug resistance?

No..... 0

Yes..... 1

21. Do you co-manage HIV patients? (Select one)

Note: Co-management refers to the practice of a more experienced HIV expert being available to oversee and consult with a less experienced HIV provider on the care of patients

Yes, I co-manage HIV patients and **receive** expert assistance..... 1

Yes, I co-manage HIV patients and **provide** expert assistance..... 2

No, I do not co-manage patients..... 0

If you provide HIV care at more than one practice, in answering questions 22-26, consider the patients only at the practice where you received this survey.

22. How many minutes, on average, do you spend during the initial visit with an HIV-infected patient who is entering care for the first time?

Minutes

NA, I do not see patients for initial visits (Skip to Q 24)..... 6

23. In your opinion, how often do you have sufficient time to provide all needed HIV related information to your HIV-infected patients who are entering care for the first time?

Always..... 1

Usually..... 2

Sometimes..... 3

Never..... 4

24. How many minutes, on average, do you spend during a follow-up visit with an HIV-infected patient after the initial evaluation is completed?

Minutes

25. In your opinion, how often do you have sufficient time to provide all needed HIV-related information to your established HIV-infected patients?

Always..... 1

- Usually..... 2
- Sometimes..... 3
- Never..... 4

26. Does your practice utilize an integrated team where multiple clinicians work together to augment the provider visit by providing pre-visit, post-visit, or between-visit contact with HIV-infected patients? These teams may include nurses, social workers, case managers, mental health providers, substance abuse counselors, and/or adherence counselors.

- No..... 0
- Yes..... 1
- Don't know..... 8

27. Please indicate your level of satisfaction with the following areas of your HIV medical practice:

		Very satisfied	Satisfied	Neutral	Un-satisfied	Very un-satisfied
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Salary or reimbursement rates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	Amount of time required and available for documentation and other administrative work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	Work schedule and/or on call responsibilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	Availability of supportive services to assist with patient management	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	Support and coverage from other HIV providers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	Availability of specialists for consultation and referral	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g.	Amount of effort required to keep up with clinical and/or pharmaceutical advances	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C. CHARACTERISTICS OF YOUR HIV-INFECTED PATIENTS

If you provide HIV care at more than one practice, in this section consider the patients at the practice where you received this survey.

28. Approximately what proportion of your HIV-infected patients fall into the following categories? The total should equal 100%.

a. American Indian or Alaska Native.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
b. Asian.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
c. Black or African American...	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
d. Hispanic or Latino.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
e. Native Hawaiian or Other Pacific Islander.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
f. White.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	%

Total.....

1	0	0
---	---	---

 %

29. Approximately what proportion of your HIV-infected patients fall into the following categories? The total should equal 100%.

a. Age 12 years and under.....				%
b. Age 13-24 years.....				%
c. Age 25-64 years.....				%
d. Age 65 years and over.....				%
Total.....	1	0	0	%

30. Approximately what percentage of your HIV-infected patients fall into the following categories? The total can equal more than 100%.

- a. Women

--	--	--

 %
- b. Men who have sex with men

--	--	--

 %
- c. Men who have sex with women

--	--	--

 %
- d. Transgender (male to female or female to male)

--	--	--

 %
- e. Injecting drug users

--	--	--

 %

31. When your patients miss their scheduled follow-up visits, how often is it due to the following reasons?

		Never	Rarely	Sometimes	Often	Very often	Don't know
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Incarceration or legal detention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
b.	Homelessness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
c.	Emotional or psychological barriers related to HIV (e.g., stigma, denial, fear, anger)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
d.	Mental health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
e.	Drug or alcohol abuse problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
f.	Too sick to travel	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
g.	Transportation problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

h.	Child care problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
i.	Reluctance to admit not following provider's advice (e.g., regarding ART use or risk reduction measures)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

32. Do you agree with the following statements about services provided to patients at your practice?

		Yes	No	Don't know
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Practice routinely contacts patients prior to their appointments as a reminder (via mail, phone, or other)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
b.	Practice routinely follows-up on patients who miss their appointments (via mail, phone, or other)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
c.	Practice provides patient navigation services (e.g., accompanying to appointments as needed)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
d.	You or your practice routinely reinforces the value of follow-up visits	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
e.	Practice has a program to systematically monitor retention in care of <i>all</i> HIV patients (e.g., monitoring visit adherence, gaps in care, or visits per interval of time)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
f.	Practice offers care to persons with any income level and insurance status	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8

D. PATIENT MANAGEMENT

If you provide HIV care at more than one practice, in this section, consider the HIV-infected patients at the practice where you received this survey.

33. Among patients for whom there are no barriers or contraindications to treatment, when would you first prescribe ART? (Select one.)

- CD4 count <200 cells/mm³..... 1
- CD4 count <350 cells/mm³..... 2
- CD4 count <500 cells/mm³..... 3
- Treat regardless of CD4 count..... 4
- N/A, I do not prescribe ART (Skip to Q 36)..... 6

34. For what percentage of your patients do you currently defer, for any reason, prescribing ART?

- 0%..... 1 → Skip to Q 36
- 1-10%..... 2
- 11-25%..... 3
- 26-50%..... 4
- Over 50%..... 5

35. Among those patients for whom you defer prescribing ART, for what percentage are the following factors reasons you defer?

		0	1-25%	26-50%	51-75%	75-100%
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	Patient refusal or unwillingness to commit to treatment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	Patient has medical problem that may make long-term adherence difficult (e.g., substance abuse, mental health, or other illness)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	Patient has social issue that may make long-term adherence difficult (e.g., homeless, incarcerated, migrant)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	Inability to construct an effective regimen with acceptable side effects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	Inability to pay for medications or medication coverage delays	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	You do not agree with current guidelines to treat HIV-infected patients at all CD4 levels	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

36. Please indicate the extent to which you agree with the following statement: the availability of medication provided by the following prescription drug plans is sufficient to meet my patients' HIV treatment needs:

		Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	N/A I have no patients in this plan	Don't know
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a.	ADAP (AIDS Drug Assistance Program)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8
b.	Medicare prescription drug plan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8
c.	Medicaid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8
d.	Commercial insurance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8
e.	Pharmaceutical industry drug assistance plans	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 8

37. For what proportion of your patients who are new to HIV care do you order an HIV genotype as part of their initial evaluation?

- All patients..... 1
- More than half..... 2
- About half..... 3
- Less than half..... 4
- Few or none..... 5
- N/A, I do not perform initial evaluations on HIV-infected patients..... 6

Questions 38-44 refer to assessments and interventions, such as counseling, education, and referrals, that you may perform as part of your HIV practice.

38. For what proportion of the HIV-infected patients you see for continuous or repeated care do you perform the following?

		Most or all	More than half	About half	Less than half	Few or none	N/A I don't prescribe ART
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ANTIRETROVIRAL TREATMENT						
a.	For patients who choose to postpone the start of treatment, periodically re-offer them ART	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b.	For patients not yet started on ART, discuss the benefit of ART in reducing risk of transmitting HIV to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c.	For patients using ART, assess treatment adherence at every visit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d.	Offer education and advice about tools to increase adherence for patients on ART (e.g., dose-reminder alarms, diaries, and pill boxes)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
e.	For patients who are non-adherent to ART, refer for supportive services as needed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

39. For what proportion of the HIV-infected patients you see for continuous or repeated care do you perform the following?

		Most or all	More than half	About half	Less than half	Few or none	N/A I don't see patients for initial visits
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SEXUAL RISK REDUCTION						
a.	Ask about any new sexual partners and number and gender of partners and assess ongoing risk behaviors every 6 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b.	Ask about symptoms of STDs since the last visit in sexually active patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c.	Provide safer sex counseling at each visit for patients with ongoing risky sexual behaviors or detectable viral load	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d.	Offer condoms to sexually active patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
e.	Ask patients during their initial evaluation if all sexual partners since time of diagnosis have been notified of possible HIV exposure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f.	Ask patients during their follow-up visits if any new sexual partners have been notified of possible HIV exposure since their last visit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

g.	Ask patients with newly diagnosed syphilis, gonorrhea, chlamydia, trichomoniasis (in women only) and HSV-2 if all sex partners have been informed of possible HIV exposure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
h.	Encourage patients to disclose their HIV status to all sex partners since the time of their diagnosis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
i.	Refer patients to health department to discuss sex partners who have not been informed of their exposure and to arrange for their notification and referral for HIV testing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

40. For what proportion of the HIV-infected patients you see for continuous or repeated care do you perform the following?

		Most or all	More than half	About half	Less than half	Few or none	N/A I have no patients who inject drugs	N/A I don't see patients for initial visits
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ALCOHOL AND DRUG USE RISK REDUCTION							
a.	Assess use of alcohol, recreational drugs, illicit drugs, and elicit injected drugs every 6 months	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5		
b.	Ask injection drug users during their initial evaluation if all injection partners have been informed of possible HIV exposure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c.	Ask injection drug users at follow-up visits if any new injection partners have been informed of possible HIV exposure since their last visit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
d.	Encourage patients to disclose their HIV status to all injection partners since the time of their HIV diagnosis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
e.	Refer patients to health department to discuss drug injection partners who have not been informed of their exposure and to arrange for their notification and referral for HIV testing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
f.	For patients who abuse alcohol or drugs, make referrals for appropriate specialty services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
g.	Inform patients who share drug injection equipment about sources of sterile syringes (e.g., pharmacies, syringe programs, legal prescription in some states)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	

41. Do you provide care for HIV-infected female patients?

No..... 0 → Please skip to Q 43.

Yes..... 1

42. For what proportion of the HIV-infected women you see for continuous or repeated care do you perform the following?

		Most or all	More than half	About half	Less than half	Few or none

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	REPRODUCTIVE HEALTH, FEMALE PATIENTS WITH HIV					
a.	Assess the reproductive plans of patients aged 12-45 years	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	Inform patients about the risk of perinatal transmission should they become pregnant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	For patients who wish to avoid pregnancy, provide or prescribe effective contraception or refer to another provider for contraception needs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	Advise patients using medical or surgical contraception to also use condoms to prevent HIV transmission	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	Refer patients who wish to conceive to clinicians skilled in preconception counseling of HIV-infected women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	Inform patients that using ART can prevent perinatal transmission should they become pregnant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

43. Do you provide care for HIV-infected male patients with female partners?

No..... 0 → Please skip to Q 45.

Yes..... 1

44. For what proportion of the HIV-infected patients you see for continuous or repeated care, who are men with female partners, do you perform the following?

		Most or all	More than half	About half	Less than half	Few or none
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	REPRODUCTIVE HEALTH, MALE PATIENTS					
a.	Inform patients who have female partners about the risk of perinatal transmission should their partner become pregnant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	Assess patients' reproductive plans and refer patients who wish to conceive with a female partner to clinicians skilled in preconception counseling of HIV-infected persons	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	For patients who wish to avoid conceiving a child, provide information about vasectomy or refer to another provider to do this	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	Advise patients who are sterile or using another form of contraception to also use condoms to prevent HIV transmission	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E. ANTIRETROVIRAL PROPHYLAXIS FOR HIV-NEGATIVE PATIENTS

45. Have you ever prescribed continuous daily dosing of tenofovir/emtricitabine (Truvada®) for pre-exposure prophylaxis (PrEP) of HIV infection?

No..... 0 → Skip to question 47
Yes..... 1

46. For whom have you prescribed continuous daily dosing of tenofovir/emtricitabine (Truvada®) for PrEP? (Select all that apply)

Men who have sex with men..... 1
Men who have sex with women..... 2
Women who have sex with men..... 3
Uninfected partners in serodiscordant couples attempting to conceive... 4
Injecting drug users..... 5
Other group, specify: _____ 6

47. Have you ever prescribed antiretroviral medication for non-occupational post-exposure prophylaxis (nPEP)?

No..... 0 → Skip to question 49
Yes..... 1

48. For whom have you prescribed antiretroviral medication for nPEP? (Select all that apply)

Men who have sex with men..... 1
Men who have sex with women..... 2
Women who have sex with men..... 3
Uninfected partners in serodiscordant couples attempting to conceive... 4
Injecting drug users..... 5
Other group, specify: _____ 6

F. SOURCES OF INFORMATION AND CONTINUING EDUCATION / CONTINUING MEDICAL EDUCATION

49. Which sources of information on HIV care and treatment have you used in the past year? (Select all that apply.)

Published Guidelines / Recommendations

Infectious Disease Society of America (IDSA) / HIVMA Primary Care Guidelines..... 1
Department of Health and Human Services (DHHS) Antiretroviral Treatment Guidelines..... 2
International Antiviral Society – USA (IAS-USA)
Antiretroviral Treatment of Adult HIV Infection Recommendations..... 3
CDC / IDSA / HIVMA / National Institutes of Health (NIH)
Guidelines for the Prevention of Opportunistic Infections in -Adults and Adolescents..... 4
CDC / IDSA / HIVMA / Health Resources and Services Administration (HRSA)
Incorporating HIV Prevention into the Medical Care of Persons Living with HIV
(Published July 2003 MMWR)..... 5
CDC Interim Guidance: Pre-exposure Prophylaxis for Men who have Sex with Men
(Published January 2011 MMWR)..... 6
CDC Interim Guidance: Pre-exposure Prophylaxis for Heterosexually Active Adults
(Published August 2012 MMWR)..... 7
CDC Guidelines for Non-occupational Post-exposure (nPEP) Prophylaxis Adults
(Published January 2005 MMWR)..... 8

Other Resources

- International/national conferences..... 9.
- National/Regional AIDS Education & Training Centers (AETC)..... 10
- Continuing Medical Education / Continuing education courses..... 11
- Colleagues..... 12
- Medical journals/textbooks..... 13
- Websites with clinical information (e.g., IAS-USA, HIV InSite, Clinical Care Options)..... 14
- Pharmaceutical representatives/pharmaceutical sponsored meetings..... 15
- Medical associations..... 16
- National HIV Telephone Consultation Service (Warmline)..... 17
- CDC Prevention is Care materials (<http://www.cdc.gov/actagainstaids/pic/>)..... 18
- Other, specify: _____..... 19

50. How many HIV-specific Category 1 continuing medical education/continuing education (CME/CE) credits have you earned in the past 12 months?

- 0-4..... 1
- 5-9..... 2
- 10 or more 3

51. In the past 3 years have you earned at least 10 hours per year of Category 1 CME/CE credits each year addressing the diagnosis, treatment, or epidemiology of HIV disease?

- No..... 0
- Yes..... 1

52. In the past 3 years have you earned at least 40 hours of Category 1 CME/CE credits addressing the diagnosis, treatment, or epidemiology of HIV disease?

- No..... 0
- Yes..... 1

G. OPINION ON POSSIBLE CHANGES TO THE MEDICAL MONITORING PROJECT (MMP)

The Medical Monitoring Project (MMP) is considering changing the way HIV-infected individuals are selected for participation in order to include persons not in care as well as those receiving care. If adopted, individuals would be sampled from health department lists of HIV-infected persons and would be recruited directly by local health department staff. Providers would still be asked to help locate patients and to grant access to participants' medical records.

53. If the proposed change to MMP described above were adopted, how would your interest in participating with MMP be affected?

- Interest would be decreased..... 1
- Interest would be unaffected..... 2
- Interest would be increased..... 3
- Not sure..... 4

H. PROVIDER CHARACTERISTICS

54. What is your age in years?

55. What is your gender?

- Male..... 1
- Female..... 2
- Transgender.... 3

56. Do you consider yourself to be:

- Heterosexual or straight..... 1
- Gay or lesbian..... 2
- Bisexual..... 3

57. Do you consider yourself to be Hispanic or Latino/a?

- No..... 0 → Skip to question 59
- Yes..... 1

58. Which best describes your Hispanic ancestry? (Select all that apply.)

- Mexican, Mexican American, Chicano/a..... 1
- Puerto Rican..... 2
- Cuban..... 3
- Another Hispanic, Latino/a, Spanish origin..... 4 → Please specify: _____

59. Which racial group or groups do you consider yourself to be in? (Select all that apply.)

- American Indian or Alaska Native..... 1
- Asian..... 2
- Black or African-American..... 3
- Native Hawaiian or other Pacific Islander..... 4
- White..... 5

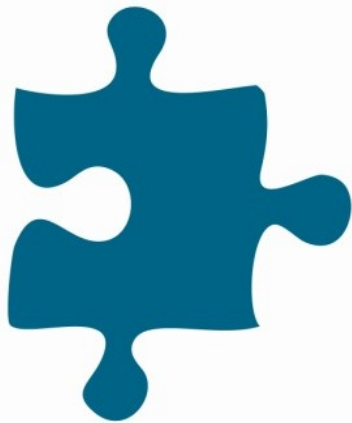
60. Do you communicate in another language besides English to provide medical care (i.e. without the use of an interpreter)?

- No..... 0 → Please stop here. Thank you for your time.
- Yes..... 1

61. If yes, in what other language/s do you provide medical care?

- Spanish..... 1
- Other..... 2 → Please specify: _____

Thank you for your participation!



MEDICAL MONITORING PROJECT

For more information on MMP, please go to: <http://www.cdc.gov/hiv/topics/treatment/MMP/index.htm>