Form Approved

OMB No: 0920-XXXX

Exp. Date: XX/XX/XXXX

**Project Clinic Characteristics Form**

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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**Project Clinic Characteristics form**

Please provide the following information for the 12 month calendar year

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location | City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | State: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Type of clinic (check all that apply): | □ public | | | | | □ private | | | |
| □ primary care clinic | | | | | □ ID or HIV specialty clinic | | | |
| For public clinic (check all that apply): | □ Federally Qualified Health Center | | | □ Community Health Center | | | | □ Ryan White clinic | |
| □ other \_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| For private clinic (check all that apply): | □ managed care clinic | | | □ academic medical center clinic | | | | □ non-academic medical center clinic | |
| □ retail clinic | | | □ other \_\_\_\_\_\_\_\_\_\_ | | | | | |
| Location: | □ urban | | | □ suburban | | | | □ rural | |
| Year (that the following information covers): | □ 2012 | | □ 2013 | | □ 2014 | | □ 2015 | | □ 2016 |
| Total number of patients at the clinic? \_\_\_\_\_\_\_ | | | | | | | | | |
| Total number of patients by sex: | Male \_\_\_\_\_\_\_\_ | | | | | Female \_\_\_\_\_\_\_\_\_ | | | |
| Total number of patients by race: | | | | | | | | | |
| American Indian/Alaska Native \_\_\_\_\_\_\_\_ | | Asian \_\_\_\_\_\_\_\_ | | | | Black/African American \_\_\_\_\_\_\_\_ | | | |
| Native Hawaiian/Pacific Islander \_\_\_\_\_\_\_\_ | | White \_\_\_\_\_\_\_ | | | | Unknown \_\_\_\_\_\_\_\_ | | | |
| Bi-racial \_\_\_\_\_\_\_\_ | | Other: ­­­­\_\_\_\_\_\_\_ | | | | | | | |
| Total number of patients by ethnicity: | | | | | | | | | |
| Hispanic/Latino \_\_\_\_\_\_\_\_ | Not Hispanic/Latino \_\_\_\_\_\_\_ | | | | | Unknown \_\_\_\_\_\_\_\_ | | | |
| Total number of patients at the clinic that are HIV positive: \_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Number of insured HIV positive patients:  \_\_\_\_\_\_\_\_\_ | | | Number of insured *non*-HIV positive patients:  \_\_\_\_\_\_\_\_\_ | | | | | | |
| Of the insured HIV positive patients, the number of insured patients by insurance type: | | | | | | | | | |
| Private insurance \_\_\_\_\_\_\_\_\_ | Medicaid \_\_\_\_\_\_\_\_\_ | | | | | Medicare \_\_\_\_\_\_\_\_\_\_ | | | |
| Tricare \_\_\_\_\_\_\_\_\_ | Other \_\_\_\_\_\_\_\_\_ | | | | | Unknown \_\_\_\_\_\_\_\_\_\_ | | | |
| Number of total clinic visits (for all patients): \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Number of individual patient visits for HIV-positive patients: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Number of individual patient visits for HIV positive patients  that *were kept*: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Number of individual patient visits for non-HIV-positive patients: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Number of individual patient visits for *non*-HIV positive patients  that *were kept*: \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Does the clinic have access to an on-site pharmacy? □ yes □ no | | | | | | | | | |
| Does the clinic have 340b status? □ yes □ no | | | | | | | | | |

|  |  |
| --- | --- |
|  | % |
| Percentage of HIV patients that are on ART |  |
| Percentage of HIV patients that are virally suppressed |  |
| Percentage of HIV patients who have missed scheduled appointments in the passed 6 months |  |

|  |  |
| --- | --- |
| How many **Full Time Equivalent (FTE)**\* providers (clinical or other provider types) did the clinic have in calendar year? **\_\_\_\_\_\_** | |
| Type of provider | Number of **FTE** provider(s) |
| Physician^ |  |
| Physician Assistant |  |
| Nurse Practitioner |  |
| Pharmacist |  |
| Registered Nurse, Licensed Nurse |  |
| Dietician |  |
| Case Manager |  |
| Social Worker |  |
| Substance Abuse Counselor |  |
| Laboratory staff |  |
| Other  type: |  |

\*FTE is the [ratio](http://www.businessdictionary.com/definition/ratio.html) of the total number of paid hours during a [period](http://www.businessdictionary.com/definition/period.html) divided by the number of [working](http://www.businessdictionary.com/definition/worker.html) hours in that period. An FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 indicates that the worker is only half-time

^Physicians in residency training should not be included

|  |
| --- |
| Average number of patients seen, per day, by **1 FTE** staff in calendar year: |
| Physician(s) \_\_\_\_\_\_\_\_ |
| Physician Assistant(s) \_\_\_\_\_\_\_\_ |
| Nurse Practitioner(s) \_\_\_\_\_\_\_\_ |
| Pharmacist(s) \_\_\_\_\_\_\_\_ |
| Registered Nurse(s), Licensed Nurse(s) \_\_\_\_\_\_\_\_ |
| Case Manager(s) \_\_\_\_\_\_\_\_ |
| Social Worker(s) \_\_\_\_\_\_\_\_ |
| Substance Abuse Counselor(s) \_\_\_\_\_\_\_\_ |
| Other(s)  type: \_\_\_\_\_\_\_\_ |