Clinician Context Matters
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 of 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 reporting 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, GA 30333: Attn: OMB-PRA (0920-New)
TOTHI Approved Givid No. XXXX-XXXX Exp date XXXXX20XX

Thank you for agreeing to participate in this survey research to help CDC and [clinic name] understand the beliefs and attitudes of clinicians about implementing HIV preexposure prophylaxis (PrEP) with patients in this clinic. We want your perspectives on what helps or hinders the introduction of this clinical intervention in community health centers serving populations with high rates of HIV infection.

The survey will take about 30 minutes. We will repeat the survey of clinicians in another 12 months and then again in another 24 months from today. We are not offering you any money or gifts to take this survey.

The survey will not ask for your name or any other information that would identify you as an individual. You have been assigned a study-specific provider ID number that is used only to determine the proportion of eligible providers who respond to the survey. All answers you give to survey questions will be confidential. They cannot be linked to you as a person by CDC and will not be provided to anyone at the clinic by provider ID.

Taking this survey is completely voluntary. You are free to decide not to participate. If you decide to participate, you are free to stop answering survey questions at any time for any reason. You can refuse to answer any individual question. Because they are not linked to any identifying information, your individual responses to this survey cannot be disclosed to, and will not affect, your employment,

Although this study will not benefit you personally directly, we hope that our results will help us improve HIV prevention services at your and other community health centers.

If you have any questions about this study, you may contact [name, email, phone of site PI].

If you have any questions about your rights as a study participant, you may contact [name, email, phone of chair of the local IRB].

If you feel you have been harmed in any way by participating in this interview, you may contact Dr. Dawn K. Smith at 404.639.5166 or dsmith1@cdc.gov.

<b>≭1. Please enter your confidential ID number</b>							
ID number							
*2. Please enter the	city in which your clinic is located						
C Chicago							
C Houston							
○ Newark							

Philadelphia

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*3.
Do you agree to complete the survey?
C I agree to participate in the survey
O I do not agree to participate in the survey this year.
Thank you for taking time to answer these questions. The first questions are about your professional training and role in this clinic.
4. Which best describes your profession/occupation? (Choose one)
© Physician
O Nurse Practitioner
C Registered Nurse
C Physician's Assistant
O Medical Assistant
© Pharmacist
Other (please specify profession/occupation)
5. Which best describes your professional training or specialization? (Choose one)
© General Adult Medicine
© Pediatrics/Adolescent Health
○ Women's Health/Obstetrics/Gynecology
○ Infectious Disease/STI
C HIV Medicine
Other (please specify training/specialization)
6. Year first licensed to practice in the US (if not licensed, enter 9999)
of real first incensed to practice in the 00 (ii not incensed, enter 3939)

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The next set of questions will help us understand the demographic characteristics of clinicians responding to this survey. Remember that your responses to these questions are not linked to any information that would identify you an individual. You can refuse to answer any individual questions. but answering these demographic questions will be us understand the perspectives of clinicians.	
7. How old are you today?	
8. What was your sex at birth?	
○ Male	
© Female	
9. Do you consider yourself to be?	
O Heterosexual or "Straight"	
C Homosexual, Gay, or Lesbian	
○ Bisexual	
Other (please specify)	
10. Do you consider yourself Hispanic or Latino(a)?	
C Yes	
O No	
11. Which race you consider yourself (choose any):	
□ White	
☐ American Indian or Alaska Native	
☐ Asian	
☐ Black or African American	
☐ Native Hawaiian or other Pacific Islander	
12. In what country were you born?	
O United States (including Puerto Rico, Guam, US Virgin Islands, or Northern Marianas)	
Other country (please specify)	

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13. What year did you come to live in the Unit	ed States?
Year	
The next set of questions are about your clinical practices, ke treatment. Please give us your best estimate of numbers an	
14. What percentage of the patients you provi (the totals do not need to equal 100%)	de direct clinical care do you estimate are:
Adult women (18 years or older)	
Adult heterosexual men (18 years or older)	
Adult men who have sex with men (18 years or older)	
Adolescents (13-17 years)	
Injecting drug users (currently injecting)	
<ul> <li>15. In an average month, for approximately hopescribe antiretrovirals or provide other clini</li> <li>Number HIV+ patients</li> <li>16. For approximately what percentage do you partner(s)?</li> </ul>	cal care?
Percent of HIV+ patients with known status of partner(s)	
17. For approximately how many HIV-uninfect days of antiretrovirals for nonoccupational positions.	
Number patients ever prescribed nPEP	
18. For approximately how many HIV-uninfect prescribed/provided antiretrovirals for PrEP	ted patients have you ever
Number patients ever prescribed PrEP	

# 19. When doing an initial clinical care visit with a person not known to have HIV infection, for which patients do you do the following: (Choose one response per row)

	All new patients	are at moderate	Any patients that I suspect are at high risk for getting HIV infection	Only for patients who bring it up	For no patients
Take a sexual activity history	С	©	•	О	О
Ask about sexual orientation	O	0	0	O	O
Take a substance abuse history	O	0	0	©	0
Ask about prior HIV tests	O	0	0	O	O
Conduct an HIV test (unless refused	O	0	0	O	С
Ask about HIV status of sexual partner(s)	0	O	O	O	0

# 20. How would you manage the following patients if their reported risk behaviors indicated potential utility for PrEP?

(Choose one response per row)

	Provide PrEP with Truvada	with an	Adjust the dose of Truvada for PrEP	Withold PrEP until specific conditions met	Discontinue PrEP with Truvada	Not Sure/Don't Know
Patient has an estimated creatinine clearance <60 ml/min before initiating PrEP	О	С	O	0	О	О
Patient has an estimated creatinine clearance <60 ml/min 8 months after initiating PrEP	O	O	0	0	O	0
Patient reports a negative HIV test 3 months ago at a confidential testing site	О	O	O	0	0	C
Patient has a negative rapid test for HIV and reports having a fever and mile diarrhea for several days 2 weeks ago	6	O	O	0	O	©
Patient's spouse is HIV-positive but is not on antiretroviral therapy	О	С	O	0	О	О
Patient has hepatitis C infection and is not currently on treatment	O	O	O	O	0	0
Patient has chronic active hepatitis B infection and is not currently on treatment	6	0	•	O	•	O
Patient is pregnant, her husband is HIV- positive and has an	O	O	O	0	O	O

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undetectable viral load						
Patient has been on PrEP for 6 months, is reporting consistent daily pill adherence and less condom use than when PrEP was initiated	С	O	C	C	C	C
Patient has been on PrEP for 6 months, is reporting consistent daily pill adherence, but has filled only 2 of 5 monthly refills.	C	O	O	O	O	O
Patient is actively injecting heroine and doesn't want to enter treatment right now	О	0	0	O	C	O
Patient is actively injecting methamphetamines and doesn't want to enter treatment right now	0	O	O	O	O	C
We are interested in your vor disagreement with each				d on new evider	nce. Please rate	your agreement

# 21. Please rate your agreement or disagreement with each statement. (One response per row)

(one response per	-			<b>-</b> .	o
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Clinical experience is more important than randomized controlled trials	С	6	O	0	C
I am comfortable practicing in ways different than other doctors	0	0	0	0	0
Evidence-based medicine makes a lot of sense to me	О	О	О	О	C
I don't have the time to read up on every practice decision	O	O	О	С	C
It is best to change the way I treat a certain problem when my local colleagues are making the same changes	C	О	C	C	C
I follow practice guidelines if they are not much hassle	O	O	О	C	C
The opinions of respected authorities should guide clinical practice	0	О	0	O	O
I am too busy taking care of patients to keep up with the recent literature	0	O	О	O	O
Clinical experience is the most reliable way to know what really works	0	О	O	O	O
I am uncomfortable doing things differently from the way I was	0	O	0	O	C

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trained					
I am often critical of accepted practices	0	0	О	O	О
Patient care should be based where possible on randomized controlled trials, rather than the opinions of respected authorities	O	C	O	0	0
My colleagues consider me to be someone who marches to my own drummer	О	С	O	С	O
I follow practice guidelines as long as they don't interfere too much with the flow of patients	0	0	O	0	0
It is not prudent to practice out of step with other physicians in my area	O	0	C	О	O
The best practice guidelines are based on the results of randomized controlled trials	0	C	O	C	C
Evidence-based medicine is not very practical in real patient care	0	O	C	Ō	•
The next set of questions are your clinic	e about your ass	sessment of chan	ges in clinical practi	ce related to imple	menting PrEP at

### 22. Please rate the strength of evidence for this statement:

# Practice goals for providing PrEP will improve outcomes for patients with high risk for acquiring HIV infection.

acquiring niv intec						
	Very weak	Weak	Neither weak nor strong	Strong	Very Strong	Don't know/NA
Based on your own assessment, the evidence basis for this statement is	О	С	О	О	О	О
Based on your assessment of how respected clinical experts in your institution feel about the strength of the evidence, this statement is	O	©	•	•	•	©

# 23. Please rate the strength of your agreement with the following statements: (one response per row)

### The proposed practice changes or guideline implementation for providing PrEP:

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
are(is) supported by RCTs or other scientific evidence	O	0	C	0	O	0
should be effective, based on current scientific knowledge	0	0	O	O	0	C
are supported by clinical experience with patients in community health centers	О	О	С	C	С	C
conform to the opinions of clinical experts in practice settings similar to our	o s	O	O	O	0	0
have been well- accepted by patients in a pilot study	О	0	О	O	O	C
are consistent with clinical practices that have been accepted by patients in community health centers	0	0	O	©	0	0
take into consideration the needs and preferences of community health center patients	n O	O	C	©	0	O
appear to have more advantages than disadvantages for community health	0	O	O	O	0	0

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center patients	XI Mallers					
conter patients						
24. Please rate th	e strength of v	our agree	ement with the	following st	tatements:	
	o on ongan or y	oui ugioc		ionounig o		
Senior leadership	/clinical mana	gement i		ition	0.	
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Reward clinical innovation and creativity to improve patient care	О	О	О	C	О	О
Solicit opinions of clinical staff regarding decisions about patient care	O	0	0	O	O	0
Seek ways to improve patient education and increase patient participation in treatment	C	С	C	C	C	С

### 25. Please rate the strength of your agreement with the following statements:

### Staff members in your organization

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Have a sense of personal responsibility for improving patient care and outcomes	0	С	С	С	C	О
Cooperate to maintain and improve effectiveness of patien care		О	O	O	0	О
Are willing to innovate and /or experiment to improve clinical procedures	0	0	О	0	0	0
Are receptive to change in clinical procedures	0	O	0	0	0	O

### 26. Please rate the strength of your agreement with the following statements:

### Senior leadership/clinical management in your organization

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Provide effective management for continuous improvement of patient care	O	С	С	C	O	С
Clearly define areas of responsibility and authority for clinical managers and staff	©	O	O	0	0	O
Promote team building to solve clinical care problems	О	0	О	©	0	О
Promote communication among clinical services and units	6	O	O	0	O	0
Provide staff with information on community health center performance measures and guidelines	O	0	C	0	O	0
Establish clear goals for patient care processes and outcomes	O	O	O	O	O	0
Provide staff members with feedback/data on effects of clinical decisions	6	0	O	©	0	0
Hold staff members accountable for achieving results	©	O	O	0	O	O

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27. The PrEP proje	ect clinical cha	ampion				
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
accepts responsibility for the success of this project	С	O	C	O	0	С
has the authority to carry out the implementation	O	0	O	0	0	O
is considered a clinical opinion leader	0	0	0	0	0	0
works well with the intervention team and providers	O	O	O	O	O	0
28. Senior leaders	hip/clinical ma	anagemer	-	leaders		
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
Agree on the goals for this intervention (PrEP delivery)	О	O	C	O	O	O
Will be informed and involved in the intervention (PrEP delivery)	O	О	O	0	0	0
Agree on adequate resources to accomplish the intervention (PrEP delivery)	С	С	C	O	С	С
Set a high priority on the success of the intervention (PrEP delivery)	O	0	C	O	0	0

share responsibility for the success of the project (PrEP delivery)  have clearly defined responsibilities (for PrEP delivery)  have release time or can accomplish intervention tasks (for PrEP delivery) within their regular work load their responsibilities (for PrEP delivery) within their regular work load there are sources required for the project (PrEP delivery)  30. The implementation plan for this intervention (PrEP delivery)  Identifies specific roles and responsibilities  Clearly describes  Clearly describes  Includes appropriate contains a contained and opinions  Strongly Agree contained cont	29. THE PIEP UEHV	ery implemen	tation tea	m members			
the success of the project (PrEP delivery) have clearly defined roles and responsibilities (for PrEP delivery) have release time or an accomplish intervention tasks (for PrEP delivery) within their regular work load have staff support and other resources required for the project (PrEP delivery)   30. The implementation plan for this intervention (PrEP delivery)  Identifies specific roles and responsibilities  Clearly describes tasks and timelines  Includes appropriate content of the project (Preposition of the project of the		Strongly Agree	Agree		Disagree		Don't know/NA
roles and responsibilities (for PrEP delivery)  have release time or can accomplish intervention tasks (for PrEP delivery) within their regular work load  have staff support and other resources required for the project (PrEP delivery)  30. The implementation plan for this intervention (PrEP delivery)  Strongly Agree Agree Neither agree nor disagree Disagree Strongly disagree Don't know/NA and responsibilities  Clearly describes C C C C C C C C C C C C C C C C C C C	the success of the		О	С	О	О	C
can accomplish intervention tasks (for PrEP delivery) within their regular work load  have staff support and of the project (PrEP delivery)  30. The implementation plan for this intervention (PrEP delivery)  Strongly Agree Agree Neither agree nor disagree Disagree Strongly disagree and responsibilities  Clearly describes of the project of the projec	roles and responsibilities (for	O	0	O	С	O	O
other resources required for the project (PrEP delivery)  30. The implementation plan for this intervention (PrEP delivery)  Strongly Agree Agree Neither agree nor disagree nor disagree and responsibilities  Clearly describes C C C C C C C C C C C C C C C C C C C	can accomplish intervention tasks (for PrEP delivery) within	C	С	C	O	С	O
Strongly Agree Agree Neither agree nor disagree	other resources required for the project		0	O	O	0	0
Identifies specific roles and responsibilities  Clearly describes tasks and timelines  Includes appropriate provider/patient education  Acknowledges staff  Clearly Agree Agree nor disagree dis	30. The implemen	tation plan for	this inter	vention (PrEP	delivery)		
and responsibilities  Clearly describes tasks and timelines  Includes appropriate provider/patient education  Acknowledges staff  Clearly describes of the control of the c		Strongly Agree	Agree	_	Disagree		Don't know/NA
tasks and timelines  Includes appropriate provider/patient education  Acknowledges staff  C  C  C  C  C  C  C  C  C  C  C  C	•	С	O	O	0	0	C
provider/patient education  Acknowledges staff	-	O	O	0	O	0	O
, total owied good dail	provider/patient	0	0	0	O	O	©
	=	0	O	O	O	0	0
	input and opinions						

31. Communication about PrEP delivery will be maintained through									
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA			
Regular project neetings with the project champion and eam members	О	О	О	О	О	О			
nvolvement of quality nanagement staff in project planning and mplementation (of PrEP)	O	О	C	O	O	С			
Regular feedback to clinical management on progress of (PrEP lelivery) project activities and resource needs	O	O	0	O	0	0			
Regular feedback to slinicians on effects of practice changes on patient care/outcomes		•	©	•	0	· C			

#### **Clinician Context Matters** 32. Progress of the PrEP project will be measured by Neither agree Strongly Strongly Agree Agree Disagree Don't know/NA nor disagree disagree 0 0 0 0 0 0 Collecting feedback from patients regarding implemented changes to provide PrEP 0 0 0 0 0 0 Collecting feedback from staff regarding proposed/implemented changes to provide PrEP Developing and 0 0 0 0 0 distributing regular performance measures to clinical staff 0 0 0 0 0 0 Providing a forum for presentation/discussion of results and implications for continued improvements 33. The following are available to make the selected plan for PrEP delivery work Neither agree Strongly Don't know/NA Strongly Agree Agree Disagree disagree nor disagree 0 0 0 0 0 0 Staff incentives 0 0 0 0 0 0 Equipment and materials 0 0 0 0 0 Patient awareness/need 0 0 0 0 0 0 Provider buy-in 0 0 0 Intervention team 0 0 0 0 0 0 Evaluation protocol

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clinical leadership

#### 34. Plans for evaluation and improvement of this intervention (PrEP delivery) include Neither agree Strongly Disagree Don't know/NA Strongly Agree Agree nor disagree disagree 0 0 0 0 0 0 Periodic outcome measurement 0 0 0 0 0 0 Staff participation/satisfaction survey 0 0 0 0 0 0 Patient satisfaction survey Dissemination plan for 0 $\odot$ 0 $\odot$ 0 0 performance measures 0 Review of results by

The last few questions are about	your overall assessment of	of readiness to im	plement PrEP in v	your clinic
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# 35. For each of the following statements, please rate the strength of your agreement with the statement.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/NA
I am confident about my ability to implement PrEP where I work.	О	O	С	С	С	С
I believe that I can overcome barriers in implementing PrEP.	О	O	O	O	0	C
I am sure about how to measure the outcomes of PrEP clinical care.	o O	O	О	С	О	O
I know how to implement PrEP sufficiently enough to make practice changes.	O	O	0	O	C	O
I am sure that I can access the best resources in order to implement PrEP.	О	O	О	С	О	O
I am sure that implementing PrEP will improve the care that I deliver to my patients.	O	C	O	C	C	C
I believe that critically appraising evidence is an important step in the PrEP process.		0	O	0	О	0
I am clear about the steps of PrEP.	0	O	0	O	O	O
I am sure that evidence-based guidelines can improve PrEP clinical care.	6	©	O	6	С	6
I believe that EBP results in the best	O	O	O	0	O	O

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clinical care for patients.	Matters					
I believe the care that I deliver is evidence-based	O	O	0	0	O	0
I believe PrEP is difficult	O	O	0	0	O	O
I believe that PrEP takes too much time	O	0	0	0	0	0
Thank you for completing t	this survey					