

Providing Primary Care and Preventive Medical Services in Ryan White-funded Medical Care Settings: Clinic Director Survey

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Clinic Director Survey

Instructions:

You are completing this online survey via SNAP Survey. You will also be able complete the survey at your own pace. If you need to close out of the survey and complete it at another time, simply close the tab or browser and your answers will be saved. You will be able to log into your survey with the same login and password as you entered.

Please choose your answers from the response options provided. Only choose one answer unless you are asked to *choose ALL that apply*. Some response options will also include “Other” in which you are provided space to supply an explanation.

Terminology: Throughout the document the following four terms will be used throughout. The terms may differ from provider and institution, but for this survey we are using the following terms and definitions:

1. HIV Specialist: Physician or provider specializing in infectious disease with AAHIVM, HIVMA, or AARN certifications
2. Primary Care Provider: Medical doctor, Doctor of osteopathic medicine, general practitioner, physician’s assistant and/or nurse practitioner
3. Care Coordination Team: Team comprised of multi-disciplinary providers who meet to discuss management of patients care.
4. Comprehensive Physical Exam and Health Maintenance: Comprehensive physical exam and health maintenance includes annual complete physical exam, screenings, review of systems, medical history review, and education and counseling services.

If you need any assistance in completing the survey, please contact:

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Thank you for your time.

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Respondent Information (for follow-up purposes only)

Respondent Name _____

Ryan White-funded Clinic Name _____

Respondent's telephone number (include area code, phone number, and extension, if applicable) _____

Respondent's email address _____

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1. Of patients served within the last year at your clinic, how many are people living with HIV (PLWH)?
- Less than 100 patients
 - Between 101 – 250 patients
 - Between 250 – 500 patients
 - Between 501 – 750 patients
 - Between 751 – 1,000 patients
 - 1,000 + patients
2. What percentage of your clinic's PLWH patients receive any services, core, and support that are funded by the Ryan White HIV/AIDS Program?
- Between 0 – 20%
 - Between 21 – 40%
 - Between 41 – 59%
 - Between 60 – 79%
 - Between 80 – 99%
 - 100%
3. Does your clinic provide primary and preventative care services to PLWH patients? (For a list of primary care services, see Q7 or attachment)
- Yes, we provide all primary and preventative care services to PLWH at our clinic (Go to Q4)
 - Yes, but we refer PLWH to providers outside our clinic for some primary and preventative care services (Go to Q3a, 3b, 3c, and 3d)
 - No, we refer PLWH to providers outside our clinic for all primary and preventative care services (Go to Q3a, 3b, 3c, and 3d)
- 3a. What are the reasons for referring primary and preventative care services outside of your clinic? (Please choose ALL that apply.)

We do not provide primary medical services for particular patient conditions on site (Hepatitis B and C, heart disease, metabolic disorders, OB-GYN, etc)

We do not provide preventative care services

Other _____

3b. What are the three primary reasons why your clinicians would refer to a specific provider?

Provider accepts insurance

Appointment availability

Provider's professional reputation

Patient preference

Provider location

Provider is part of clinic's referral system

Other _____

3c. PLWH are referred to providers that are: (Please choose ALL that apply.)

Outside of the clinic, but within our healthcare system

Outside of our healthcare system

3d. Do you receive patient information such as impressions of exam, test results and treatment plans from referred providers?

Never

Rarely, between 1 – 20% of the time

Not all the time, between 21 – 40% of the time

Sometimes, between 41 – 59% of the time

Almost Always between 60 – 79% of the time

- Always, between 80 – 99% of the time
- Yes, 100% of the time

4. Does your clinic have a protocol for providing primary care services, including preventive services, for PLWH?

- Yes (Go to Q4a)
- No (Go to Q5)
- Don't know (Go to Q5)

4a. What services listed below are part of your clinic's routine provision of primary and preventative care to PLWH. (Please choose ALL that apply.)

- Providing routine health maintenance (including physical exams, diagnostic screenings, and lab assessments)
- Monitoring of age and sex/gender specific health problems (e.g. colorectal screening, prostate screening, mammograms)
- Medication management in addition to HIV antiretroviral therapy
- Health promotion or prevention services (e.g. diet, nutrition and exercise, safer sex practices, immunization recommendations, etc.)
- Behavioral health screening and counseling for mental health and substance use
- Care Coordination via a team comprised of multi-disciplinary providers who meet to discuss management of patients care
- Medical case management
- Non-medical case management
- Other: _____

5. How often do your clinicians typically perform a comprehensive physical exam and health maintenance with PLWH? (Please choose ALL that apply.)

- Every visit
- As part of a patient's first service appointment

- Annually
- Perform parts of physical exam more than once a year as appropriate due to patient's medical condition
- Our clinic does not provide complete physical exams (go to Q7)
- Other _____

6. What services are included in your comprehensive physical exam and health maintenance? (Please choose ALL that apply.)

- Vital Signs
- Weight/BMI
- Pain assessment (arthritis, lower back pain, etc.)
- Ears, Nose, and Throat exam
- Pulmonary Exam
- Cardiac Exam
- Musculoskeletal Exam
- Oral Exam
- Genital Exam
- Depression and Mental Health Screening
- Tobacco Use Screening and Counseling
- Substance Use Screening and Counseling
- Medical Nutrition Therapy/Behavioral Counseling to Promote a Healthy Diet
- Accident prevention (falls, seatbelts, etc.)
- Routine lab tests (complete blood count, basic metabolic panel, and liver function test, etc.)

7. For each primary care service, please answer how the service is provided. (Please choose ALL that apply to each question.)

| Primary Care Service | 7_1. Does your clinic provide this service to PLWH? | 7_2. Who provides this service at your clinic to PLWH? (please chose ALL that apply) | 7_3. How often is this service provided to PLWH? | 7_4. When PLWH are referred to another provider, is patient information shared with the outside referral? | 7_5. When PLWH are referred to another provider, does your clinic receive patient information back from the provider? | 7_6. How do you share information with other providers outside of your clinic? |
|---|--|---|---|---|---|--|
| a. Breast Cancer Screening | <input type="checkbox"/> Yes (go to 7_2 and 7_3) <input type="checkbox"/> No, we refer this service to another provider at a clinic operated by our same healthcare system (go to 7_4, 7_5, and 7_6) <input type="checkbox"/> No, we refer this service to another provider at a clinic outside our healthcare system (go to 7_4, 7_5, and 7_6) <input type="checkbox"/> Other: _____ (go to 7_2, 7_3, 7_4, 7_5, and 7_6) | <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> HIV Specialist <input type="checkbox"/> Other Medical Specialist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Every visit <input type="checkbox"/> Annually <input type="checkbox"/> Less than annually <input type="checkbox"/> Only when patient exhibits symptoms <input type="checkbox"/> More than once a year when appropriate due to patient's medical condition <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes, with clinic operated by our same healthcare system <input type="checkbox"/> Yes, with clinic outside our healthcare system <input type="checkbox"/> No, (please explain) _____ <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes, with clinic operated by our same healthcare system <input type="checkbox"/> Yes, with clinic outside our healthcare system <input type="checkbox"/> No, (please explain) _____ <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Through EHRs or other electronic means <input type="checkbox"/> Clinic staff follow up with referred clinic/provider <input type="checkbox"/> No, we do not share information with other providers <input type="checkbox"/> Other: _____ |
| b. Cervical Cancer (including HPV Screening) | | | | | | |
| c. Cholesterol | | | | | | |
| d. Colorectal Cancer Screening | | | | | | |
| e. Diabetes Screening | | | | | | |
| f. Gonorrhea and Chlamydia Screening | | | | | | |
| g. Hepatitis B Screening | | | | | | |
| h. Hepatitis C Screening | | | | | | |
| i. Mental Health Screening | | | | | | |
| j. Osteoporosis Screening | | | | | | |
| k. Routine Vaccinations (Flu, Pneumococcal, Tetanus, Pertussis, etc.) | | | | | | |
| l. Substance Use Screening | | | | | | |
| m. Syphilis Screening | | | | | | |

| | | | | | | |
|-----------------|--|--|--|--|--|--|
| n. TB Screening | | | | | | |
|-----------------|--|--|--|--|--|--|

8. For PLWH who have co-morbidities, please answer how your clinic manages each disease listed below. Please note that answers are regarding general disease management, not advanced or complex services like surgeries or operations. (Please choose ALL that apply to each question.)

| Disease | 8_1. Does your clinic manage the disease in-house for PLWH? | 8_2. Who is involved in managing the disease with the PLWH? Check all that apply. | 8_3. How do the various clinicians involved in the care management share patient information? | 8_4. If PLWH was referred to another provider, was patient information shared with the outside referral? | 8_5. If PLWH was referred to another provider, do you receive patient information back from the provider? | 8_6. How do you share information with other providers outside of your clinic? |
|-------------------|---|---|---|---|--|---|
| a. Cardiovascular | <input type="checkbox"/> Yes (go to 8_2 and 8_3) | <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> HIV Specialist <input type="checkbox"/> Other Medical Specialist | <input type="checkbox"/> Through EMRs or other electronic means | <input type="checkbox"/> Yes, with clinic operated by our same healthcare system | <input type="checkbox"/> Yes, we always receive information back | <input type="checkbox"/> Through EHRs or other electronic means |
| b. Diabetes | <input type="checkbox"/> No, we refer PLWH to another provider at a clinic operated by our same healthcare system (go to 8_4, 8_5, and 8_6) <input type="checkbox"/> No, we refer PLWH to another provider at a clinic outside our healthcare system (go to 8_4, 8_5, and 8_6) <input type="checkbox"/> Other: _____ (go to | <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Coordinator/Case Manager <input type="checkbox"/> Clinical Pharmacist | <input type="checkbox"/> Via regular meetings <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes, with clinic outside our healthcare system <input type="checkbox"/> No, (please explain) _____ <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Sometimes It depends on the clinic <input type="checkbox"/> Yes, with clinic operated by our same healthcare system <input type="checkbox"/> Yes, with clinic outside our healthcare system <input type="checkbox"/> No, (please explain) _____ | <input type="checkbox"/> Clinic staff follow up with referred clinic/provider <input type="checkbox"/> No, we do not share information with other providers <input type="checkbox"/> Other: _____ |
| c. Hypertension | | | | | | |
| d. Thyroid | | | | | | |
| e. Respiratory | | | | | | |
| f. Hepatitis C | | | | | | |
| g. Renal | | | | | | |
| | | | | | | |

| | | | | | | |
|--|---------------------|--|--|--|--------------------------------------|--|
| | 8_2, 8_3, 8_4, 8_5, | | | | <input type="checkbox"/> Other:_____ | |
|--|---------------------|--|--|--|--------------------------------------|--|

9. What elements from the list below are part of your clinic’s provision of primary and preventative care to PLWH with co-morbidities. (Please choose ALL that apply.)

- Consult with HIV Specialist (Go to question Q10)
- Use of Care Coordinator/Case Manager (Go to question Q10)
- Use of Care Team to share information and manage patient care (Go to Q9a)
- Follow up to share information with other specialists or medical professionals outside clinic involved in patient care (Go to question Q10)
- Use of Clinical Pharmacist (Go to question Q10)
- Use of specialists (hepatologist, cardiologist, gastroenterologist, gynecologist, etc.) (Go to question Q10)
- Other _____ (Go to question Q10)
- None of the above (Go to question Q10)

9a. Who are the members of the co-morbidities Care Team? A Care Team is comprised of multi-disciplinary providers who meet to discuss management of patients care. (Please choose ALL that apply)

- Primary Care Provider
- HIV Specialist
- Care Coordinator/Case Manager
- Clinical Pharmacist
- Specialists (Hepatologist, Gastroenterologist, Cardiologist, Endocrinologist, Psychiatrist, Gynecologist, etc.)

- Mental Health Provider
- Substance Use Counselor
- Oral Health Provider
- Other _____

10. What other specialists or other medical professionals do your clinicians consult or collaborate with when providing primary and preventative care to PLWH at your clinic? (Please choose ALL that apply.)

- Primary Care Provider
- HIV Specialist
- Care Coordinator/Case Manager
- Clinical Pharmacist
- Specialists (Hepatologist, Gastroenterologist, Cardiologist, Endocrinologist, Psychiatrist, Gynecologist, etc.)

- Mental Health Provider
- Substance Use Counselor
- Oral Health Provider
- Other _____

11. What are your clinic's three top strengths in providing primary and preventative care, including preventative services? (Please choose ALL that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Sufficient number of non-medical staffing | <input type="checkbox"/> Sufficient linkages and referrals to other community resources |
| <input type="checkbox"/> Sufficient number of primary care clinicians | <input type="checkbox"/> Co-location of some primary and preventative care services |
| <input type="checkbox"/> Clinician training and expertise with primary and preventative care | <input type="checkbox"/> One-stop shopping |
| <input type="checkbox"/> Availability of HIV Specialists | <input type="checkbox"/> Funding to provide services not covered by insurance |
| <input type="checkbox"/> Availability of other Medical Specialists | <input type="checkbox"/> Physical size of clinic |
| <input type="checkbox"/> Care Team and Case Management located within the clinic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ability to meet encounter ratio requirements | |

12. What are your clinic's three top challenges in providing primary care services, including preventative services? (Please choose ALL that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Lack of non-medical staffing | <input type="checkbox"/> Inability to meet encounter ratio requirements |
| <input type="checkbox"/> Lack of primary care clinicians | <input type="checkbox"/> Lack of linkages and referrals to other community resources |
| <input type="checkbox"/> Unavailability of HIV Specialists | <input type="checkbox"/> Lack of funding to provide services not covered by insurance |
| <input type="checkbox"/> Unavailability of other Medical Specialists | <input type="checkbox"/> Lack of co-location of primary and preventative care services. |
| <input type="checkbox"/> Unavailability of Care Team and Case Management | <input type="checkbox"/> Physical size of the clinic |
| <input type="checkbox"/> Cannot take new patients because of size of current patient panel | <input type="checkbox"/> Reimbursement rate is too low |
| <input type="checkbox"/> Administrative work is too burdensome | <input type="checkbox"/> Other _____ |

13. How difficult would it be for your agency to extract data from your electronic health record (EHR) on the percent of HIV-positive clients who received a given preventative/primary care service?

- Not difficult at all
- Somewhat difficult
- Moderately difficult
- Difficult
- Very difficult

14. How difficult would it be for your agency to look up information in a client's medical chart to determine whether he/she received a given preventative/primary care service?

- Not difficult at all
- Somewhat difficult
- Moderately difficult
- Difficult
- Very difficult

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