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

Clinician Survey

*Supported by the Health Resources and Services Administration, HIV/AIDS Bureau*

*Contract Number: HHSH250201400042I*

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**Clinician 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:** The terms may differ from provider and institution, but for this survey we are using the following four terms and definitions throughout the document:

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: |

|  |  |
| --- | --- |
|  | **West Coast: Vicki Wheeler, Tel: (415) 814-1557, Email:** [**vwheeler@mission-ag.com**](mailto:vwheeler@mission-ag.com)  **East Coast:**  **Aaron Lane, Tel: (301) 881-2590, Email: alane@wrma.com** |
|  |  |

Thank you for your time.

**Primary Care Online Survey**

**Clinician**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your area of practice? (Please choose ALL that apply.)

🞏 Primary Care Provider (M.D., D.O. or other physician level license: general practitioner, physician’s assistant and/or nurse practitioner)

🞏 HIV Specialist (specializing in infectious disease with certifications in the following: AAHIVM, HIVMA, or AACRN)

🞏 Nurse Practitioner

🞏 Physician’s Assistant

🞏 Internal Medicine

🞏 Family Practice

🞏 Infectious Disease

🞏 General Practitioner

🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your current case load?

🞏 Between 0 – 500

🞏 Between 501 – 1,000

🞏 Between 1,001 – 1,500

🞏 Between 1,501 – 2,000

🞏 2,001 plus

1. What percentage of your case load are people living with HIV (PLWH)?

🞏 Between 0 – 20%

🞏 Between 21 – 40%

🞏 Between 41 – 59%

🞏 Between 60 – 79%

🞏 Between 80 – 99%

🞏 100%

1. Does your clinic provide primary and preventative care services to PLWH patients? (For a list of primary care services see Q8 or attachment)

🞏 Yes, we provide *all* primary and preventative care services to PLWH at our clinic (Go to Q5)

🞏 Yes, but we refer PLWH to providers outside our clinic for *some* primary and preventative care services (Go to Q4a, 4b, 4c, and 4d)

🞏 No, we refer PLWH to providers outside our clinic for *all* primary and preventative care services (Go to Q4a, 4b, 4c, and 4d)

4a. What are the reasons for referring primary and preventative care services outside of your clinic? (Please choose ALL that apply.)

🞏 We do not have 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

🞏 We do not provide HIV medical care

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4b. What are your reasons for referring services to a specific provider?

🞏 Provider accepts insurance

🞏 Appointment availability

🞏 Provider reputation

🞏 Patient preference

🞏 Provider location

🞏 Provider is part of clinic’s referral system

🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4c. PLWH are referred to the following providers: (Please choose ALL that apply.)

🞏 Providers outside of the clinic, but within our healthcare system

🞏 Providers outside of our healthcare system

4d. Do you receive patient information such as impressions of exam, test results and treatment plans from referred providers?

🞏 Never

🞏 Yes, between 1 – 20% of the time

🞏 Yes, between 21 – 40% of the time

🞏 Yes, between 41 – 59% of the time

🞏 Yes, between 60 – 79% of the time

🞏 Yes, between 80 – 99% of the time

🞏 Yes, 100% of the time

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

🞏 Yes (Go to Q5\_1, 5\_2, 5\_3)

🞏 No (Go to Q6)

🞏 Don’t know (Go to Q6)

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

|  |  |  |  |
| --- | --- | --- | --- |
| Primary and Preventive Care Service | 5\_1. Is this service part of your provision of primary and preventive care to PLWH? | 5\_2.For services listed that you do not provide or play a major role in, do you delegate these services to other staff in the clinic? | 5\_3. To whom do you delegate these services to? Please choose all that apply. |
| 1. Providing routine health maintenance (including physical exams, diagnostic screenings, and lab assessments) | 🞏 Yes (go to 5\_2 and 5\_3)  🞏 No, I refer this service to another provider at a clinic operated by our same healthcare system (go to 5\_2 and 5\_3)  🞏 No, I refer this service to another provider at a clinic outside our healthcare system (go to 5\_2 and 5\_3)  🞏 Other:\_\_\_\_\_\_\_ | 🞏 Never  🞏 Yes, between 1 – 20% of the time  🞏 Yes, between 21 – 40% of the time  🞏 Yes, between 41 – 59% of the time  🞏 Yes, between 60 – 79% of the time  🞏 Yes, between 80 – 99% of the time  🞏 Yes, 100% of the time | 🞏 I perform the service  🞏 Nurse Practitioner or Physician’s Assistant  🞏 Registered Nurse  🞏 Medical Assistant  🞏 Lab Technician  🞏 Care Coordinator/Case Manager/Social Worker  🞏 Other: \_\_\_\_\_\_\_\_ |
| 1. Monitoring of age and sex/gender specific health problems (e.g. colorectal screening, prostate screening, mammograms) |
| 1. Medication management in addition to HIV antiretroviral therapy |
| 1. Health promotion or prevention services such (e.g. diet, nutrition and exercise, safer sex practices, immunization recommendations, etc.) |
| 1. Behavioral health screening and counseling such as mental health and substance use |
| 1. Care Coordination via a team comprised of multi-disciplinary providers who meet to discuss management of patients care |
| 1. Medical Case management |
| 1. Non-medical Case management |

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

🞏 Every visit

🞏 As part of a patient’s first care appointment

🞏 Annually

🞏 Perform parts of physical exam more than once a year as appropriate due to patient’s medical condition (e.g., comorbidity, viral load and CD4 count)

🞏 I do not provide complete physical exams

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| Comprehensive Physical Exam Service and Health Maintenance | 7\_1. Is this service part of your physical exam service to PLWH? | 7\_2. Do you delegate service to other staff in the clinic? | 7\_3. To whom do you delegate these services to? Please choose all that apply. |
| a. Vital Signs | 🞏 Yes (go to 7\_2 and 7\_3)  🞏 No, I refer this service to another provider at a clinic operated by our same healthcare system (go to 7\_2 and 7\_3)  🞏 No, I refer this service to another provider at a clinic outside our healthcare system (go to 7\_2 and 7\_3)  🞏 Other:\_\_\_\_\_\_\_ (go to 7\_2 and 7\_3) | 🞏 Never  🞏 Yes, between 1 – 20% of the time  🞏 Yes, between 21 – 40% of the time  🞏 Yes, between 41 – 59% of the time  🞏 Yes, between 60 – 79% of the time  🞏 Yes, between 80 – 99% of the time  🞏 Yes, 100% of the time | 🞏 I perform the service  🞏 Nurse Practitioner or Physician’s Assistant  🞏 Registered Nurse  🞏 Medical Assistant  🞏 Lab Technician  🞏 Care Coordinator/Case Manager/Social Worker  🞏 Other: \_\_\_\_\_\_\_\_ |
| b. Weight/BMI |
| c. Pain assessment (arthritis, lower back pain, etc.) |
| d. Ears, Nose, and Throat exam |
| e. Pulmonary Exam |
| f. Cardiac Exam |
| g. Musculoskeletal Exam |
| h. Oral Exam |
| i. Genital Exam |
| j. Depression and Mental Health Screening |
| k. Tobacco Use Screening and Counseling |
| l. Substance Use Screening and Counseling |
| m. Medical Nutrition Therapy/Behavioral Counseling to Promote a Healthy Diet |
| n. Accident prevention (falls, seatbelts, etc.) |
| o. Routine lab tests (complete blood count, basic metabolic panel, and liver function test, etc.) |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Primary Care Service | 8\_1. Do you provide this service to PLWH? | 8\_2. Who else provides this service at your clinic to PLWH? (Please choose ALL that apply) | 8\_3. How often do you provide service to PLWH? | 8\_4. When you refer PLWH to another provider, is patient information shared with the outside referral? | 8\_5. When PLWH are 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. Breast Cancer Screening | 🞏 Yes (go to 8\_3)  🞏 No, I refer this service to another provider at a clinic operated by our same healthcare system (go to 8\_4, 8\_5, and 8\_6)  🞏 No, I refer this service to another provider at a clinic outside our healthcare system (go to 8\_4, 8\_5, and 8\_6)  🞏 Other:\_\_\_\_\_\_\_ (go to 8\_2, 8\_3, 8\_4, 8\_5, and 8\_6) | 🞏 Primary Care Provider  🞏 HIV Specialist  🞏 Other Medical Specialist  🞏 Registered Nurse  🞏 Nurse Practitioner  🞏 Physician’s Assistant  🞏 Other: \_\_\_\_\_\_\_\_ | 🞏 Annually  🞏 Less than annually  🞏 Only when patient exhibits symptoms  🞏 More than once a year when appropriate due to patient’s medical condition  🞏 Other:\_\_\_\_\_\_ | 🞏 Yes, with clinic operated by our same healthcare system  🞏 Yes, with clinic outside our healthcare system  🞏 No, (please explain)\_\_\_\_\_\_\_\_  🞏 Other:\_\_\_\_\_\_\_ | 🞏 Yes, with clinic operated by our same healthcare system  🞏 Yes, with clinic outside our healthcare system  🞏 No, (please explain)\_\_\_\_\_\_\_\_  🞏 Other:\_\_\_\_\_\_\_ | 🞏 Through EMRs or other electronic means  🞏 Clinic staff follow up with referred clinic/provider  🞏 No, we do not share information with other providers  🞏 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. Prostate Cancer Screening |
| l. Routine Vaccinations (Flu, Pneumococcal, Tetanus, Pertussis, etc.) |
| m. Substance Use Screening |
| n. Syphilis Screening |
| o. TB Screening |

1. For PLWH who have co-morbidities, please answer how you manage each disease listed below. (Please choose ALL that apply to each question.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Disease | 9\_1. Do you manage the disease in-house for PLWH? | 9\_2. Who else is involved in managing this disease with the PLWH? | 9\_3.How do the various clinicians involved in the care management share patient information? | 9\_4. When you refer PLWH to another provider, is patient information shared with the outside referral? | 9\_5. When PLWH are referred to another provider, do you receive patient information back from the provider? | 9\_6. How do you share information with other providers outside of your clinic? |
| 1. Cardiovascular | 🞏 Yes (go to 9\_2 and 9\_3)  🞏 No, we refer PLWH to another provider at a clinic operated by our same healthcare system (go to 9\_4, 9\_5, and 9\_6)  🞏 No, we refer PLWH to another provider at a clinic outside our healthcare system (go to 9\_4, 9\_5, and 9\_6)  🞏 Other:\_\_\_\_\_\_\_ (go to 9\_2, 9\_3, 9\_4, 9\_5, and 9\_6) | 🞏 Primary Care Provider  🞏 HIV Specialist  🞏 Other Medical Specialist  🞏 Registered Nurse  🞏 Nurse Practitioner  🞏 Physician’s Assistant  Care  🞏 Coordinator/ Case Manager  🞏 Clinical Pharmacist  🞏 Other:\_\_\_\_\_ | 🞏 Through EMRs or other electronic means  🞏 Via regular meetings  🞏 Other:\_\_\_\_ | 🞏 Yes, with clinic operated by our same healthcare system  🞏 Yes, with clinic outside our healthcare system  🞏 No, (please explain)\_\_\_\_\_\_\_\_  🞏 Other:\_\_\_\_\_\_\_ | 🞏 Yes, we always receive information back  🞏 Sometimes  It depends on the clinic  🞏 Yes, with clinic operated by our same healthcare system  🞏 Yes, with clinic outside our healthcare system (FQHC could use this if it applies)  🞏 No, (please explain)\_\_\_\_\_\_\_\_\_  🞏 Other:\_\_\_\_\_\_\_ | 🞏 Through EMRs or other electronic means  🞏 Clinic staff follow up with referred clinic/provider  🞏 No, we do not share information with other providers  🞏 Other: \_\_\_\_ |
| 1. Diabetes |
| 1. Hypertension |
| 1. Thyroid |
| 1. Respiratory |
| 1. Hepatitis C |
| 1. Renal |

1. What elements from the list below are part of your provision of primary care to PLWH with co-morbidities? (Please choose ALL that apply.)

🞏 Consult with HIV Specialist (Go to Q11)

🞏 Use of Care Coordinator/Case Manager (Go to Q11)

🞏 Use of Care Team model to share information and manage patient care (Go to Q10a)

🞏 Follow up to share information with other specialists or medical professionals outside clinic involved in patient care (Go to Q11)

🞏 Use of Clinical Pharmacist (Go to Q11)

🞏 Use of specialists (hepatologist, cardiologist, gastroenterologist, gynecologist, etc.) (Go to Q11)

🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Go to Q11)

🞏 None of the above (Go to Q11)

10a. Who are the members of the co-morbidities Care Team? A care team is comprised of a 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. What other specialists or other medical professionals’ do you consult or collaborate with to provide primary 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

1. What are your clinic’s strengths in providing primary care, including preventative services? (Please choose ALL that apply.)

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

1. What are your clinic’s challenges in providing primary care services, including preventative services? (Please choose ALL that apply.)

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

1. As a clinician, what are the challenges you face in providing primary and preventative care services to PLWH?

🞏 Lack of medical training and experience in the area of HIV

🞏 Lack of non-medical training and experience in the area of HIV (counseling and education services)

🞏 Lack of training and experience in primary and preventative care issues and management

🞏 Cannot take new patients because of size of current patient panel

🞏 Unavailability of HIV Specialists

🞏 Unavailability of other Medical Specialists

🞏 Lack of patient information sharing

🞏 Meeting encounter ratio requirements

🞏 Reimbursement rate is too low

🞏 Administrative work is too burdensome