

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

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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:

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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: \_\_\_\_\_

2. 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

3. 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%

4. 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

5. 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.
a. Providing routine health maintenance (including physical exams, diagnostic screenings, and lab assessments)	<input type="checkbox"/> Yes (go to 5_2 and 5_3) <input type="checkbox"/> No, I refer this service to another provider at a clinic operated by our same healthcare system (go to 5_2 and 5_3) <input type="checkbox"/> No, I refer this service to another provider at a clinic outside our healthcare system (go to 5_2 and 5_3) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Never <input type="checkbox"/> Yes, between 1 – 20% of the time <input type="checkbox"/> Yes, between 21 – 40% of the time <input type="checkbox"/> Yes, between 41 – 59% of the time <input type="checkbox"/> Yes, between 60 – 79% of the time <input type="checkbox"/> Yes, between 80 – 99% of the time <input type="checkbox"/> Yes, 100% of the time	<input type="checkbox"/> I perform the service <input type="checkbox"/> Nurse Practitioner or Physician’s Assistant <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Lab Technician <input type="checkbox"/> Care Coordinator/Case Manager/Social Worker <input type="checkbox"/> Other: _____
b. Monitoring of age and sex/gender specific health problems (e.g. colorectal screening, prostate screening, mammograms)			
c. Medication management in addition to HIV antiretroviral therapy			
d. Health promotion or prevention services such (e.g. diet, nutrition and exercise, safer sex practices, immunization recommendations, etc.)			
e. Behavioral health screening and counseling such as mental health and substance use			
f. Care Coordination via a team comprised of multi-disciplinary providers who meet to discuss management of patients care			
g. Medical Case management			
h. Non-medical Case management			

6. 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 \_\_\_\_\_

7. 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	<input type="checkbox"/> Yes (go to 7_2 and 7_3)  <input type="checkbox"/> No, I refer this service to another provider at a clinic operated by our same healthcare system (go to 7_2 and 7_3)  <input type="checkbox"/> No, I refer this service to another provider at a clinic outside our healthcare system (go to 7_2 and 7_3)  <input type="checkbox"/> Other: _____ (go to 7_2 and 7_3)	<input type="checkbox"/> Never  <input type="checkbox"/> Yes, between 1 – 20% of the time  <input type="checkbox"/> Yes, between 21 – 40% of the time  <input type="checkbox"/> Yes, between 41 – 59% of the time  <input type="checkbox"/> Yes, between 60 – 79% of the time  <input type="checkbox"/> Yes, between 80 – 99% of the time  <input type="checkbox"/> Yes, 100% of the time	<input type="checkbox"/> I perform the service  <input type="checkbox"/> Nurse Practitioner or Physician’s Assistant  <input type="checkbox"/> Registered Nurse  <input type="checkbox"/> Medical Assistant  <input type="checkbox"/> Lab Technician  <input type="checkbox"/> Care Coordinator/Case Manager/Social Worker  <input type="checkbox"/> 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.)			

8. 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	<input type="checkbox"/> Yes (go to 8_3)  <input type="checkbox"/> 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)  <input type="checkbox"/> No, I refer this service 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 8_2, 8_3, 8_4, 8_5, and 8_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"/> 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 EMRs 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. Prostate Cancer Screening						
l. Routine Vaccinations (Flu, Pneumococcal, Tetanus, Pertussis, etc.)						
m. Substance Use Screening						
n. Syphilis Screening						
o. TB Screening						

9. 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?
a. Cardiovascular	<input type="checkbox"/> Yes (go to 9_2 and 9_3) <input type="checkbox"/> 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) <input type="checkbox"/> No, we refer PLWH to another provider at a clinic outside our healthcare system (go to 9_4, 9_5, and 9_6) <input type="checkbox"/> Other: _____ (go to 9_2, 9_3, 9_4, 9_5, and 9_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"/> Coordinator/Case Manager <input type="checkbox"/> Clinical Pharmacist <input type="checkbox"/> Other: _____	<input type="checkbox"/> Through EMRs or other electronic means <input type="checkbox"/> Via regular meetings <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, we always receive information back <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 (FQHC could use this if it applies) <input type="checkbox"/> No, (please explain) _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Through EMRs 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. Diabetes						
c. Hypertension						
d. Thyroid						
e. Respiratory						
f. Hepatitis C						
g. Renal						

10. 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.)

- |  |  |
|--|--|
| <input type="checkbox"/> Primary Care Provider   | <input type="checkbox"/> Mental Health Provider  |
| <input type="checkbox"/> HIV Specialist  | <input type="checkbox"/> Substance Use Counselor |
| <input type="checkbox"/> Care Coordinator/Case Manager   | <input type="checkbox"/> Oral Health Provider    |
| <input type="checkbox"/> Clinical Pharmacist   | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Specialists (Hepatologist, Gastroenterologist, Cardiologist, Endocrinologist, Psychiatrist, Gynecologist, etc...) |  |

11. 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.)

- |  |  |
|--|--|
| <input type="checkbox"/> Primary Care Provider   | <input type="checkbox"/> Mental Health Provider  |
| <input type="checkbox"/> HIV Specialist  | <input type="checkbox"/> Substance Use Counselor |
| <input type="checkbox"/> Care Coordinator/Case Manager   | <input type="checkbox"/> Oral Health Provider    |
| <input type="checkbox"/> Clinical Pharmacist   | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Specialists (Hepatologist, Gastroenterologist, Cardiologist, Endocrinologist, Psychiatrist, Gynecologist, etc...) |  |

12. 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 \_\_\_\_\_

13. 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
- 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

Unavailability of Care Team and Case Management

Cannot take new patients because of size of current patient panel

Administrative work is too burdensome

Physical size of the clinic

Reimbursement rate is too low

Other\_\_\_\_\_

14. 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