

Form Approved

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Cooperative Re-Engagement Controlled Trial (CoRECT)

Attachment #10

Philadelphia Standard of Care Survey

Public reporting burden of this collection of information is estimated to average 45 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)

Philadelphia's Standard of Care Survey

Facility and Patient Services

1. What is the name of your facility?

2. Please indicate how many staff provide medical care to HIV patients at your facility. Please do not include interns, fellows, and residents in your tally.

Number of staff

2a. _____ MD/DO

2b. _____ PA

2c. _____ NP

2d. _____ Pharmacist

2e. _____ RN

2f. _____ LPN

2g. _____ Medical Assistant

2h. _____ Other (please specify)

3. Please indicate how many staff at your facility provide mental health and supportive services on site to patients who are HIV positive. Please do not include interns, fellows, and/ or residents in your tally.

3a. _____ Number of staff

3b. _____ Psychiatrist

3c. _____ Psychologist

3d. _____ Behavioral Health

3e. _____ Consultant

3f. _____ Social Worker

3g. _____ Medical Case Manager

3h. _____ General Case Manager

3i. _____ Linkage Coordinator

3k. _____ Nutritionist

3l. _____ We do not have any mental health or support staff at this facility

4. What administrative support staff are employed at your facility? (Please check all that apply.)

- 4a. Other (please specify)
- 4b. Office Manager
- 4c. Medical Billing Staff
- 4d. Scheduling Staff
- 4e. None of these

5. What clinical services are available for patients with HIV on site at your facility?

Please indicate any other services you offer below. ---OR--- If you do not offer any additional clinical services please indicate that in the space below.

- 5a. Phlebotomy (*Please answer questions 6 and 7 if you check this option*)
- 5b. Pharmacy
- 5c. Radiology
- 5d. Substance Abuse Treatment
- 5e. Mental Health Treatment

6. (Skip to question 8 if you do not draw blood on site at your facility).

Please indicate where you draw blood at your facility for patients who are HIV positive. (Please check all that apply)

- 6a. In the same office where patients have their clinical appointments.
- 6b. In a separate building associated with the facility (i.e. main hospital, lab across the street from the building, etc.)
- 6c. In the same building on a separate floor from where patients have their clinical appointments.
- 6d. Please indicate here any other location at your facility where you draw blood.

7. Please list circumstances when you may not be able to draw blood on-site.

8. What ancillary/ support services are available for patients with HIV at your facility? (Please check all that apply.)

If you offer other services not listed above please list them here.

- 8a. Support Groups
- 8b. Health Education
- 8c. Adherence Counseling
- 8d. Food Banks
- 8e. Congregate Meals
- 8f. Transportation
- 8g. We do not offer any ancillary/support services to patients at our facility.

Patient Barriers to Care

* 9. How frequently do you think the following issues/challenges/barriers keep a patient from **initially linking** to treatment for their HIV?

(1)Never (2) rarely (3) Sometimes (4) Most of the Time (5) Always (6) I don't know

- ___ 9a. Homelessness
- ___ 9b. Incarceration
- ___ 9c. Transportation
- ___ 9d. Mental health
- ___ 9e. Substance Use
- ___ 9f. Other Health Problems
- ___ 9g. Lack of Insurance
- ___ 9h. Inability to pay insurance co-pays
- ___ 9i. Conflicts with work schedule
- ___ 9j. Unemployment
- ___ 9k. Childcare

___ 9l. Intimate partner violence

___ 9m. Too busy with other social service appointments

___ 9n. Inability to organize life activities

___ 9o. Stigma or disclosure fears

___ 9p. Patients feel healthy

___ 9q. Religious objections

_____ (specify) 9r. Other

10. How frequently do you think the following issues/challenges/barriers keep a patient from **staying in treatment** for their HIV?

(1) Never (2) rarely (3) Sometimes (4) Most of the Time (5) Always (6) I don't know

___ 10a. Homelessness

___ 10b. Incarceration

___ 10c. Transportation

___ 10d. Mental health

___ 10e. Substance Use

___ 10f. Other Health Problems

___ 10g. Lack of Insurance

___ 10h. Inability to pay insurance co-pays

___ 10i. Conflicts with work schedule

___ 10j. Unemployment

___ 10k. Childcare

___ 10l. Intimate partner violence

___ 10m. Too busy with other social service appointments

___ 10n. Inability to organize life activities

___ 10o. Stigma or disclosures fears

___ 10p. Patients feel healthy

____ 10q. Religious objections

_____ (specify) 10r. Other (please specify)

* 11. How frequently do patients report the following issues as a barrier to **initially linking** to treatment for their HIV?

(1) Never (2) rarely (3) Sometimes (4) Most of the Time (5) Always (6) I don't know

____ 11a. Homelessness

____ 11b. Incarceration

____ 11c. Transportation

____ 11d. Mental health

____ 11e. Substance Use

____ 11f. Other Health Problems (specify)

____ 11g. Lack of Insurance

____ 11h. Inability to pay insurance co-pays

____ 11i. Unemployment

____ 11j. Childcare

____ 11k. Intimate partner violence

____ 11l. Too busy with other social service appointments

____ 11m. Inability to organize life activities

____ 11n. Stigma or disclosure fears

____ 11o. Patients feel healthy

____ 11p. Religious objections

_____ 11q. Other (please specify)

* 12. How frequently do patients report the following issues as a barrier to **staying in treatment** for their HIV?

(1) Never (2) rarely (3) Sometimes (4) Most of the Time (5) Always (6) I don't know

____ 12a. Homelessness

- ___ 12b. Incarceration
- ___ 12c. Transportation
- ___ 12d. Mental health
- ___ 12e. Substance Use
- ___ 12f. Other Health Problems
- ___ 12g. Lack of Insurance
- ___ 12h. Inability to pay insurance co-pays
- ___ 12i. Unemployment
- ___ 12j. Childcare
- ___ 12k. Intimate partner violence
- ___ 12l. Too busy with other social service appointments
- ___ 12m. Inability to organize life activities
- ___ 12n. Stigma or disclosure
- ___ 12o. Patients feel healthy
- ___ 12p. Religious objections
- _____ 12q. Other (please specify)

Re-linkage Practices and Protocol

13. In the last year, what methods has your practice used to re-link HIV patients back to care? (Please check all that apply.)

- 13a. Other (please specify) _____
- 13b. Called the patient after a missed medical office visit
- 13c. Made a field visit to the patient after a missed medical office visit
- 13d. Sent letters to the patient after a missed medical visit
- 13e. Sent the patient a text message
- 13f. Sent the patient a message via your health system's secure patient portal

14. Which staff at your facility contact HIV patients when you are attempting to re-link them to care?
(Please check all that apply.)

- 14a. Other (please indicate staff member(s) not listed)
- 14b. Receptionist
- 14c. Scheduling Staff
- 14d. Medical Assistant
- 14e. Nurse
- 14f. Linkage Coordinator
- 14g. Social Worker
- 14h. Behavioral Health Consultant
- 14i. Medical Director
- 14j. Physicians
- 14k. Physician's Assistant

15. Does your facility have a protocol for re-linking HIV patients back to care?

- 1 Yes we have a written protocol
- 2 Yes but it is not a written protocol
- 0 No
- 7 I don't know.

16. (Skip to question 20 if you answered NO to question 15.)

Briefly describe your facility's protocol for re-linking HIV patients who have been lost to care?

17. Are there segments of your HIV patient population that are prioritized differently for re-linkage to care (i.e.

Pregnant women, patients with high viral loads etc.)?

Please indicate below how and why patients are prioritized differently for re-engagement.

- 1 Yes (please indicate below how and why patients are prioritized differently)

0 No

7 I don't know.

18. Who monitors your facility's protocol for re-linkage to care?

19. How often is your facility's protocol for re-linkage practices modified?

Other (please specify) _____

0 Never

1 Every 3-6 mos

2 Every 6-12 mos

3 Every 1-2 yrs

20. Would your facility be interested in receiving training from the health department on developing and/or

implementing a protocol for re-linking HIV patients back to care?

1 Yes

0 No

9 We may be interested but we'd like to learn more first.

Data Collection and Management

21. What Electronic Medical Record system do you use to collect data on your patients?

1 Epic

2 Allscripts

3 NextGen

4 eClinical Works

5 Cerner

6 Other , (please specify)

22. What other computerized systems do you use to collect data on your patients? (Please check all that apply.)

- 1 CAREWare
- 2 Electronic Scheduling System
- 3 In-house database system
- 4 Other (please specify) _____

23. How frequently do you update your CAREware database?

- 1 I don't use CAREWare.
- 2 Weekly
- 3 Monthly
- 4 Quarterly
- 5 Yearly
- 6 Other (please specify) _____

24. (Skip to question 25 if you DO NOT use CAREWare.)

How soon after a patient visit do you update their record in your CAREWare database?

- 1 Within 1 day
- 2 Within 1 week
- 3 Within 1 month
- 4 Within 3 months
- 5 Within 6 months
- 6 Other (please specify) _____

25. What data systems could your facility use to identify patients who have not had a visit within the last 6 months? (Please check all that apply.)

- 1 CAREWare
- 2 Electronic Scheduling System
- 3 Electronic Medical Record

4 In-house database system

5 Other (please specify)

26. Is your facility able to capture a history of missed visits for HIV patients in your scheduling system?

If missed visits are not captured in the scheduling system, please indicate below where they are captured.

1 Yes

0 No

2 No, but we capture this elsewhere (indicate where it is captured below).

7 I don't know

27. Is your facility able to identify new patient appointments in your scheduling system?

1 Yes

0 No

7 I don't know

28. Is your scheduling system able to capture when a new patient appointment is for an individual who is HIV positive?

1 Yes

0 No

7 I don't know

29. Do you have a process for creating a list of patients from your data system (i.e. list of pts w/ HIV, list of pts not seen in last 6 mos.)?

1 Yes

0 No

7 I don't know

30. Do you have to request permission from a compliance office or some other entity within your organization to run reports or retrieve data from any of your data systems?

1 Yes

0 No

7 I don't know

31. (Skip to question 32 if you answered NO to question 30).

Which of your data systems require permission from a compliance office or other entity prior to retrieving data or running reports? (Please check all that apply.)

- 1 Please enter any additional systems not listed above.
- 2 Electronic Scheduling System
- 3 Electronic Medical Record
- 4 CAREWare
- 5 In-house database

32. Are any of your computer or data systems scheduled to undergo replacement, upgrades or development?

Please indicate below WHICH systems are scheduled to undergo change and WHEN the change is expected to occur.

33. Are any of your computer or data systems currently undergoing replacement, upgrades or development?

Please indicate WHICH systems are undergoing change below.

34. Please indicate how competent you and/or your staff are at the following:

(1) Not Competent

(2) We rarely if ever do this and would need training.

(3) Somewhat Competent

(4) We do this occasionally but we may still need training.

(5) Competent we do this all the time and would not need training.

(6) N/A

____ 34a. Submitting data through a secure FTP site

____ 34b. Creating an excel spreadsheet

- ___ 34c.Entering data into a created Excel spreadsheet
- ___ 34d.Extracting data from a created Excel spreadsheet
- ___ 34e.Creating new reports from your Electronic Medical Record
- ___ 34f.Running canned reports from your Electronic Medical Record
- ___ 34g.Creating new reports in CAREWare
- ___ 34h. Running canned reports in CAREWare

Provider Concerns

35. When a patient returns to care, what are you **most** interested in finding out?

- 1 The patient's reasons for being out of care
- 2 The reasons the patient returned to care
- 3 The patient's willingness to continue engaging in care

If you'd like to share anything more about your answer to this question please indicate that here.

36. Do you have any concerns about participating in CoRECT that you'd like to share with us?
