

CONSENT SCRIPT

Welcome. You are receiving this survey because you are a Ryan White HIV/AIDS Program (RWHAP) provider. This study is being implemented by Abt Associates and its research partners under contract to the HRSA, HIV/AIDS Bureau (HAB).

The focus of this evaluation is to determine the effect that the changing healthcare coverage landscape has had on overall health outcomes, service utilization, and gaps in care of HIV-positive individuals. It also seeks to understand how different RWHAP provider site models of care meet the needs of clients under the variety of healthcare coverage options, as well as to explore the challenges unique to clients with detectable viral loads. Your answers to the enclosed survey are essential to reaching the study goals.

Participation in this study.

- You been selected to complete this survey as part of this study. Being in this study involves answering questions about your sites services, client outcomes and their experiences with receiving care. The survey will take about 30 minutes to complete.

Participation is voluntary. You do not have to complete this survey. Refusing to complete this survey will not affect your RWHAP funding or status as a grantee. You may choose not to answer a question or to stop the survey at any point.

Your privacy. Protecting your privacy is very important to us. Any reports or data files produced using your data will not include your name. Your responses to our questions will be combined with those of other RWHAP provider sites in all reports. There is minimal risk of breach of confidentiality. We will not share information that identifies you or your site anyone outside the study team, except as required by law.

Thank you for your participation. We know your time is valuable. We believe that this information will be very important to understand the future directions of the RWHAP.

Consent. Please click on “Begin” if you agree to participate in this survey. You may skip questions on the survey or stop at any time < [Begin button](#)>

Questions. If you have questions about the study or your rights as a research participant, please feel free to contact the study director, Michael Costa, MPH of Abt Associates Inc. at 617-349-2873 or by email at Michael_Costa@abtassoc.com. If you have questions about your rights as a research participant, you may contact Katie Speanburg, the Abt Institutional Review Board Chairperson at (877) 520-6835.

SURVEY WELCOME AND START PAGE

Thank you for participating in this survey. We are interested in information you can provide based upon your professional experience providing services at your clinic. Below are some definitions to help clarify what is being asked in each of the questions.

Medicaid Expansion/Newly Eligible Medicaid - Expanded Medicaid eligibility to include persons with income levels at or below 138 percent of the FPL, without a disability determination from the Social Security Administration. For the purpose of this survey, this includes clients covered through 1115 waiver programs.

Marketplace Insurance/Qualified Health Plan (QHP): A health insurance plan that is approved by a Federal or State-run Marketplace:

- Provides essential health benefits
- Follow limits on how much of their own money people pay for services covered by the health plan, such as limits on deductibles, co-payments, and out-of-pocket maximum amounts
- Meet other requirements, such as being a licensed insurer
- A qualified health plan must be approved by each Marketplace in which it is sold

HIV-related medication: HIV medications include ARVs, and medications for opportunistic infections (A1-OI)

RWHAP Core Medical and Support Services: When this term is used in the questions below it refers to services that were provided using RWHAP funds, e.g. if a client received care similar to that provided in a RWHAP service, but that care was reimbursed by third party coverage, then you would not count that service. If any RWHAP funds were used to provide that care because it was not third-party reimbursable, then it would be counted as a RWHAP service. Use of RWHAP funds for a service would include supporting out of pocket costs, such as copays and deductibles.

Viral Suppression: Being virally suppressed is defined as having a viral load of less than 200 copies/mL at last viral load test.

Click to begin the survey <[Survey Start](#)>

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. The OMB control number for this project is XXXX-XXXX. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland,

1. Integration of HIV and primary care services.

Please answer these questions based upon your professional experience providing services at your clinic.

1.1. Which statement best describes the model of care utilized for RWHAP clients at your clinic? (Check one)

	Check One
<i>Exclusively primary care: Primary care provider is the lead provider for care of the patient's HIV in providing most primary care and most HIV-related care; no specialist physician (HIV specialist or Infectious Disease (ID) physicians) provides any HIV care.</i>	
<i>Primary care-dominant, co-management: Primary care provider provides majority of HIV-related care, and a specialist physician provides some HIV care (on or off-site).</i>	
<i>Specialist-dominant, co-management: HIV specialist provides majority of HIV-related care, and a primary care provider provides some primary care (on or off-site).</i>	
<i>Exclusively HIV specialist care: A HIV specialist provides all HIV-related care and primary care (non HIV care).</i>	

1.2. Please select the level that best describes the extent of collaboration or integration of HIV services and primary care services for the RWHAP clients at your clinic. (Check one)

	Levels of Collaboration or Integration ¹	Check One
Coordinated Care	Level 1 — Minimal Collaboration: HIV specialists and primary care providers work at separate facilities and have separate systems. Providers communicate rarely about cases. When communication occurs, it is usually based on a particular provider’s need for specific information about a mutual client.	
	Level 2 — Basic Collaboration at a Distance: HIV specialists and primary care providers maintain separate facilities and separate systems. Providers view each other as resources and communicate periodically about shared clients. These communications are typically driven by specific issues.	
Co-Located Care	Level 3 — Basic Collaboration Onsite: HIV specialists and primary care providers are co-located in the same facility, but may or may not share the same practice space. Providers still use separate systems, but communication becomes more regular due to close proximity, especially by phone or email, with an occasional meeting to discuss shared clients. Movement of clients between practices is most often through a referral process that has a higher likelihood of success because the practices are in the same location.	
	Level 4 — Close Collaboration with Some System Integration: There is closer collaboration among primary care providers and HIV specialists due to co-location in the same practice space, and there is the beginning of integration in care through some shared systems. A typical model may involve a primary care setting embedding a HIV specialist. In an embedded practice, the primary care front desk schedules all appointments and the HIV specialist has access and enters notes in the medical record.	
Integrated care	Level 5 — Close Collaboration Approaching an Integrated Practice: There are high levels of collaboration and integration between HIV specialists and primary care providers. The providers begin to function as a true team, with frequent personal communication. However, some issues, like the availability of an integrated medical record, may not be readily resolved. Providers understand the different roles team members need to play and they have started to change their practice and the structure of care to better achieve client goals.	
	Level 6 — Full Collaboration in a Transformed/Merged Practice: The highest level of integration involves the greatest amount of practice change. Fuller collaboration between providers has allowed antecedent system cultures (whether from two separate systems or from one evolving system) to blur into a single transformed or merged practice. Providers and clients view the operation as a single health system treating the whole person.	

Heath B, Wise Romero P, and Reynolds K. A Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013. Page 10 Table 1 or use text only page 6

1.3. Is your clinic officially recognized or certified as a Patient Centered Medical Home (PCMH)?

- Yes
- No

2. Staffing and team composition.

2.1. Does your clinic use a team-based approach in providing HIV care for RWHAP clients in your clinic?

- Yes
- No (when selected, removes 2.2.c as option)

2.2. Indicate the **type** and **number** of **providers** staffed at your clinic that provide care for RWHAP clients. (Column c. doesn't appear if answer selected for 2.1 is "No.")

<i>Provider types at your clinic</i>	<i>a. How many of each provider type at your clinic care for RWHAP clients? (enter # 0 to 25)</i>	<i>b. Which of these is considered the <u>primary</u> provider for RWHAP clients? (select one only)</i>	<i>c. Which providers make up the core team that manages HIV care for RWHAP clients?</i>
<i>Primary Care Physician (Board certified internal medicine, Family medicine)</i>			
<i>HIV Specialist (MD), Infectious Disease Physician</i>			
<i>Physician Assistant</i>			
<i>Nurse Practitioner</i>			
<i>Registered Nurse (RN)</i>			
<i>Social Worker</i>			
<i>Medical Case Manager</i>			
<i>Case Manager</i>			
<i>Outreach Worker</i>			
<i>Peer Navigator/Coach</i>			
<i>Pharmacist</i>			











Psychiatrist			
Psychologist			
Other Mental Health Clinician			
Nutritionist/Registered Dietician			
Psychiatrist			
Substance Abuse Counselor/Addiction Specialist			
Dentist			
Dental Hygienist			
Other (please specify)			

3. Provision of Non-HIV Specific Care

3.1. Indicate from the following list, which of the following **screenings and preventative services** do you provide to your RWHAP clients on a **routine basis**?

	<i>Check all that apply</i>
Hypertension	
Other Cardiovascular Disease	
Hepatitis C	
Hepatitis B	
Diabetes	
Smoking Cessation	
Routine Vaccination	
Cervical Cancer Screening	
Anal Cancer Screening	
Mental Health	
Substance Use	
STI Screening	

3.2. Approximately what percentage of RWHAP clients do you **treat** in your clinic for the following clinical comorbidities?

Comorbidity	% RW clients treated in our clinic	Treatment for this condition is not offered in our clinic (Check if not offered)
<i>Cardiovascular disease</i>	0%  100% Percentage slide bar	
<i>Diabetes</i>	0%  100% Percentage slide bar	
<i>Hepatitis B</i>	0%  100% Percentage slide bar	
<i>Hepatitis C</i>	0%  100% Percentage slide bar	
<i>Hyperlipidemia</i>	0%  100% Percentage slide bar	
<i>Hypertension</i>	0%  100% Percentage slide bar	
<i>Mental health disorders (e.g., anxiety)</i>	0%  100% Percentage slide bar	
<i>Severe mental health disorders (e.g., major depressive disorder, schizophrenia, etc.)</i>	0%  100% Percentage slide bar	
<i>Substance use disorders</i>	0%  100% Percentage slide bar	
STIs	0%  100% Percentage slide bar	

4. RWHAP Services and Overall Differential Impact of Healthcare coverage

4.1. How many Individuals living with HIV does your clinic currently serve? _____

4.2. What percent of those individuals are eligible to receive RWHAP-funded services? _____

4.3. From the following list, please indicate which of the following Ryan White HIV/AIDS Program service categories your clinic is funded to provide. [THIS WILL AUTO POPULATE THE CORE MEDICAL AND SUPPORT SERVICE CATEGORIES IN THE TABLES THAT FOLLOW.]

	Pre January 1, 2014	Currently
RWHAP Core Medical Services (check all that apply)		
Outpatient ambulatory medical care		
ADAP Drug Assistance Program		
Early Intervention Services for Parts A and B		
Health Insurance premium and cost sharing Assistance		
Home and Community-Based Health Services		
Home health Care		
Hospice Services		
Local AIDS Pharmaceutical Assistance		
Medical case management services (including treatment adherence)		
Medical Nutrition Therapy		
Mental health services		
Oral Health		
Substance abuse services (outpatient)		
RWHAP Support Services (check all that apply)		
Case management services		
Child care services		
Pediatric developmental assessment/early intervention services		
Emergency financial assistance		
Food bank/home delivered meals		
Health education/risk reduction		
Housing services		
Legal services		
Linguistic services		

<i>Medical transportation services</i>		
<i>Outreach services</i>		
<i>Permanency planning</i>		
<i>Psychosocial support services</i>		
<i>Referral health care/support services</i>		
<i>Rehabilitation services</i>		
<i>Respite care</i>		
<i>Substance Abuse Services - residential</i>		
<i>Treatment adherence counseling</i>		

Please answer the questions below based on your experience and expert opinion as a Ryan White HIV/AIDS service provider.

Overall impact on RWHAP client health outcomes for those receiving new healthcare coverage available after January 1, 2014

4.4. What is the overall impact on health outcomes for RWHAP clients receiving coverage through **Medicaid expansion**?

	Very negative	Negative	Neither	Positive	Very Positive
<i>HIV related health outcomes</i>					
<i>Other primary care health outcomes</i>					

4.5. What is the overall impact on health outcomes for RWHAP clients receiving coverage through **marketplace insurance**?

	Very negative	Negative	Neither	Positive	Very Positive
<i>HIV related health outcomes</i>					
<i>Other primary care health outcomes</i>					

4.6. Since January 1, 2014, which **insurance-related factors** have contributed the most negatively or positively to health outcomes for RWHAP clients receiving coverage through **Medicaid expansion**?

Insurance-Related Factors	Very negative	Negative	Neither	Positive	Very positive
<i>Access to HIV services</i>					
<i>Access to HIV Medications</i>					
<i>Access to other primary care services/specialty care</i>					
<i>Access to primary care medications (non-HIV)</i>					
<i>Access to substance use services</i>					
<i>Access to mental health services</i>					
<i>Management of comorbidities</i>					
<i>Gaps in care</i>					
<i>Cost sharing</i>					
<i>Prior authorizations</i>					
<i>Insurer administrative requirements</i>					
<i>Enrollment challenges</i>					
<i>Lack of providers accepting insurance plan</i>					
<i>Lack of HIV experienced providers</i>					
<i>Lack of primary care physicians</i>					
<i>Other -----</i>					

4.7. Since January 1, 2014, which **insurance-related factors** have contributed the most negatively or positively to health outcomes for RWHAP clients receiving coverage through **marketplace insurance**?

Insurance-Related Factors	Very negative	Negative	Neither	Positive	Very positive
<i>Access to HIV services</i>					
<i>Access to HIV Medications</i>					
<i>Access to other primary care services/specialty care</i>					
<i>Access to primary care medications (non-HIV)</i>					
<i>Access to substance use services</i>					
<i>Access to Mental health services</i>					
<i>Management of comorbidities</i>					
<i>Gaps in care</i>					
<i>Cost sharing</i>					
<i>Prior authorizations</i>					
<i>Insurer administrative requirements</i>					
<i>Enrollment challenges</i>					
<i>Lack of providers</i>					
<i>Lack of HIV experienced providers</i>					
<i>Lack of PCPs</i>					
<i>Other -----</i>					

Healthcare system-level factors that have contributed the most to clients who received the greatest number and variety of RWHAP services and had the poorest health outcomes.

4.8. Prior to January 1, 2014, which **healthcare system-level factors** contributed the most negatively or positively to the outcomes of clients who received **the greatest number and variety of RWHAP services** and had the poorest health outcomes?

System-Level Factors	Very negative	Negative	Neither	Positive	Very positive
<i>Access to HIV services</i>					
<i>Access to HIV Medications</i>					
<i>Access to other primary care services/specialty care</i>					
<i>Access to primary care medications (non-HIV)</i>					
<i>Access to substance use services</i>					
<i>Access to Mental health services</i>					
<i>Management of comorbidities</i>					
<i>Gaps in care</i>					
<i>Cost sharing</i>					
<i>Other -----</i>					

4.9. After January 1, 2014, which **healthcare system-level factors** contributed the most negatively or positively to the outcomes of clients who received **the greatest number and variety of RWHAP services** and had the poorest health outcomes?

System-Level Factors	Very negative	Negative	Neither	Positive	Very positive
<i>Access to HIV services</i>					
<i>Access to HIV Medications</i>					
<i>Access to other primary care services/specialty care</i>					

<i>Access to primary care medications (non-HIV)</i>					
<i>Access to substance use services</i>					
<i>Access to Mental health services</i>					
<i>Management of comorbidities</i>					
<i>Gaps in care</i>					
<i>Cost sharing</i>					
<i>Other -----</i>					

5. RWHAP Core Medical Services

5.1. Prior to receiving their new healthcare coverage available after January 1, 2014, which **RWHAP core medical services** did your program provide most often to RWHAP clients?

	Least Often	Not often	Neither	Often	Very often
<i>Outpatient ambulatory medical care</i>					
<i>ADAP Drug Assistance Program</i>					
<i>Early Intervention Services for Parts A and B</i>					
<i>Health Insurance premium and cost sharing Assistance</i>					
<i>Home and Community-Based Health Services</i>					
<i>Home health Care</i>					
<i>Hospice Services</i>					
<i>Local AIDS Pharmaceutical Assistance</i>					
<i>Medical case management services (including treatment adherence)</i>					
<i>Medical Nutrition Therapy</i>					
<i>Mental health services</i>					
<i>Oral Health</i>					
<i>Health Insurance premium and cost sharing Assistance</i>					

5.2. For clients who now have **Medicaid-expansion coverage**, which **RWHAP core medical services** does your program most commonly provide to them?

	Very uncommonly	Uncommonly	Neither	Commonly	Very commonly
<i>Outpatient ambulatory medical care</i>					
<i>ADAP Drug Assistance Program</i>					
<i>Early Intervention Services for Parts A and B</i>					
<i>Health Insurance premium and cost sharing Assistance</i>					
<i>Home and Community-Based Health Services</i>					
<i>Home health Care</i>					
<i>Hospice Services</i>					
<i>Local AIDS Pharmaceutical Assistance</i>					
<i>Medical case management services (including treatment adherence)</i>					
<i>Medical Nutrition Therapy</i>					
<i>Hospice Services</i>					
<i>Local AIDS Pharmaceutical Assistance</i>					
<i>Health Insurance premium and cost sharing Assistance</i>					

5.3. For clients who now have **marketplace insurance coverage**, which **RWHAP core medical services** does your program most commonly provide to them?

	Very uncommonly	Uncommonly	Neither	Commonly	Very Commonly
<i>Outpatient ambulatory medical care</i>					
<i>ADAP Drug Assistance Program</i>					
<i>Early Intervention Services for Parts A and B</i>					
<i>Health Insurance premium and cost sharing Assistance</i>					
<i>Home and Community-Based Health Services</i>					
<i>Home health Care</i>					
<i>Hospice Services</i>					
<i>Local AIDS Pharmaceutical Assistance</i>					
<i>Medical case management services (including treatment adherence)</i>					
<i>Medical Nutrition Therapy</i>					
<i>Mental health services</i>					
<i>Oral Health</i>					
<i>Substance abuse services (outpatient)</i>					

5.4. Approximately what percentage of clients by **insurance type** receive(d) **RWHAP core medical services** from your organization pre-post January 1, 2014?

	Pre January 1, 2014	Post January 1, 2014
<i>Clients receiving Medicaid expansion coverage</i>	0% 100% Percentage slide bar	0% 100% Percentage slide bar
<i>Clients with insurance (including marketplace)</i>	0% 100% Percentage slide bar	0% 100% Percentage slide bar
<i>Uninsured clients</i>	0% 100% Percentage slide bar	0% 100% Percentage slide bar

5.5. Prior to January 1, 2014, what were the most common reasons that clients utilized the **RWHAP core medical services** you provided?

Reasons	Very uncommon	Uncommon	Neither	Common	Very common
<i>Lack of providers</i>					
<i>Lack of experienced HIV providers</i>					
<i>Lack of PCPs</i>					
<i>Lack of insurance</i>					
<i>Unable to access HIV medications</i>					

5.6. Since January 1, 2014, what were the most common reasons that your clinic provided **RWHAP core medical services** for **Medicaid expansion** covered clients?

Reasons	Very uncommon	Uncommon	Neither	Common	Very common
<i>Change in Medicaid coverage</i>					
<i>Medicaid enrollment backlog</i>					
<i>Denied access to specific HIV medications</i>					
<i>Service coverage limits</i>					
<i>Lack of providers</i>					
<i>Lack of experienced HIV providers</i>					
<i>Lack of primary care providers</i>					
<i>Lack of/insufficient medical case management</i>					
<i>Lack of oral health care</i>					
<i>Lack of medical nutrition therapy</i>					
<i>Lack of/ insufficient mental health services</i>					
<i>Lack of/insufficient substance abuse services</i>					

<i>Client cost for co-pays</i>					
<i>Client cost for deductibles</i>					
<i>Client cost for premiums</i>					

5.7. Since January 1, 2014, how common were the following reasons for providing **RWHAP core medical services** for **marketplace insurance** covered clients?



Factors	Very uncommon	Uncommon	Neither	Common	Very common
<i>Change in Medicaid coverage</i>					
<i>Medicaid enrollment backlog</i>					
<i>Denied access to specific HIV medications</i>					
<i>Service coverage limits</i>					
<i>Lack of providers</i>					
<i>Lack of experienced HIV providers</i>					
<i>Lack of primary care provides</i>					
<i>Lack of/insufficient Medical case management</i>					
<i>Lack of oral health care</i>					
<i>Lack of medical nutrition therapy</i>					
<i>Lack of/insufficient mental health services</i>					
<i>Lack of/insufficient substance abuse services</i>					
<i>Client cost for co-pays</i>					
<i>Client cost for deductibles</i>					
<i>Client cost for premiums</i>					

6. Pharmaceutical Services

6.1. What challenges to accessing **pharmacy services or HIV-related medication** did RWHAP clients report experiencing prior to and after January 1, 2014? Select all that apply.

	Prior to January 1, 2014	After January 1, 2014 Clients receiving coverage through:	
		Medicaid expansion	Marketplace insurance
No significant challenges			
Changes to formularies			
Prior authorizations			
Pharmacy type required by insurer			
Client co-pay/deductions for medications			
Denials of specific HIV medications, Select all:			
Tivicay			
Stribild			
Truvada			
Egrifta			
Other _____			

6.2. What is your estimate of the percentage of clients enrolled in **new healthcare coverage available after January 1, 2014** that experienced a change in coverage for obtaining HIV medications at any point in the past year?

Clients receiving Medicaid expansion coverage	0%  100% Percentage slide bar
Clients with insurance (including marketplace insurance)	0%  100% Percentage slide bar

6.3. For most clients who were enrolled in **Medicaid expansion** coverage and became dis-enrolled, what were the main reasons for this change?

	Not a common reason	Least common reason	Most common reason
<i>Change in income</i>			
<i>Change in state residence</i>			
<i>Other _____</i>			

6.4. For most clients who became enrolled in **Medicaid** through expansion coverage, how negatively or positively did it impact their ability to obtain their currently prescribed medications?

	Very negative	Negative	Neither	Positive	Very positive
<i>Access to prescribed HIV medications</i>					
<i>Change in HIV medications</i>					
<i>Gaps in Medication treatment</i>					
<i>Other _____</i>					

6.5. For most clients who became dis-enrolled from **Medicaid** expansion coverage, how negatively or positively did it impact their ability to obtain their currently prescribed medications?

	Very negative	Negative	Neither	Positive	Very positive
<i>Access to prescribed HIV medications</i>					
<i>Change in HIV medications</i>					
<i>Gaps in Medication treatment</i>					
<i>Other _____</i>					

6.6. For most clients who were enrolled in **marketplace insurance** and became dis-enrolled, what were the main reasons for this change?

	Not a common reason	Least common reason	Most common reason
<i>Change in income</i>			
<i>Change in state residence</i>			
<i>Nonpayment of insurance premium</i>			
<i>Other _____</i>			

6.7. For most clients who became newly enrolled in **marketplace insurance**, how negatively or positively did it impact their HIV medication treatment?

	Very negative	Negative	Neither	Positive	Very positive
<i>Access to prescribed HIV medications</i>					
<i>Change in HIV medications</i>					
<i>Gaps in Medication treatment</i>					
<i>Other _____</i>					

6.8. For most clients who became dis-enrolled from **marketplace insurance**, how negatively or positively did it impact their HIV medication treatment?

	Very negatively	Negatively	Neither	Positively	Very positively
<i>Gaps in Medication treatment</i>					
<i>Change in HIV medications</i>					
<i>Access to prescribed HIV medications</i>					
<i>Change in HIV regimen</i> <i>Add a row for other</i>					

7. RWHAP Support Services

7.1. Prior to receiving their new healthcare coverage available after January 1, 2014, which **RWHAP support services** did your RWHAP program provide most commonly to RWHAP clients?

	Very uncommonly	Uncommonly	Neither	Commonly	Very common
<i>Case management services</i>					
<i>Child care services</i>					
<i>Pediatric developmental assessment/early intervention services</i>					
<i>Emergency financial assistance</i>					
<i>Food bank/home delivered meals</i>					
<i>Health education/risk reduction</i>					
<i>Housing services</i>					
<i>Legal services</i>					
<i>Linguistic services</i>					
<i>Medical transportation services</i>					
<i>Outreach services</i>					
<i>Permanency planning</i>					
<i>Psychosocial support services</i>					
<i>Referral health care/support services</i>					
<i>Rehabilitation services</i>					
<i>Respite care</i>					
<i>Substance Abuse Services - residential</i>					
<i>Treatment adherence counseling</i>					

7.2. For clients who now have **Medicaid-expansion coverage**, which **RWHAP support services** does your program most commonly provide to them?

	Very Uncommonly	Uncommonly	Neither	Common	Very Common
<i>Case management services</i>					
<i>Child care services</i>					
<i>Pediatric developmental assessment/early intervention services</i>					
<i>Emergency financial assistance</i>					
<i>Food bank/home delivered meals</i>					
<i>Health education/risk reduction</i>					
<i>Housing services</i>					
<i>Legal services</i>					
<i>Linguistic services</i>					
<i>Medical transportation services</i>					
<i>Outreach services</i>					
<i>Permanency planning</i>					
<i>Psychosocial support services</i>					
<i>Referral health care/support services</i>					
<i>Rehabilitation services</i>					
<i>Respite care</i>					
<i>Substance Abuse Services - residential</i>					
<i>Treatment adherence counseling</i>					

7.3. For clients who now have **marketplace insurance** coverage, which **RWHAP support services** does your program most commonly provide to them?

	Very Uncommonly	Uncommonly	Neither	Common	Very Common
<i>Case management services</i>					
<i>Child care services</i>					
<i>Pediatric developmental assessment/early intervention services</i>					
<i>Emergency financial assistance</i>					
<i>Food bank/home delivered meals</i>					
<i>Health education/risk reduction</i>					
<i>Housing services</i>					
<i>Legal services</i>					
<i>Linguistic services</i>					
<i>Medical transportation services</i>					
<i>Outreach services</i>					
<i>Permanency planning</i>					
<i>Psychosocial support services</i>					
<i>Referral health care/support services</i>					
<i>Rehabilitation services</i>					
<i>Respite care</i>					
<i>Substance Abuse Services - residential</i>					

7.4. Overall, prior to January 1, 2014, what was the level of availability of **RWHAP support services**?

<i>Support Service</i>	<i>Very unavailable</i>	<i>Unavailable</i>	<i>Neither</i>	<i>Available</i>	<i>Very Available</i>
<i>Support services were available primarily through RWHAP</i>					
<i>Support services were available through other community organizations</i>					
<i>Support services were available through a combination of RWHAP providers and community organizations</i>					
<i>Support services were limited</i>					
<i>Community organizations providing services were limited</i>					
<i>RWHAP providers with support services were limited</i>					
<i>Gaps remain in the availability of support services</i>					

7.5. Since January 1, 2014, how negatively or positively have **healthcare system-level factors** impacted the availability of **RWHAP support services**?

System-Level Factors	Very negative	Negative	Neither	Positive	Very positive
Shift in RWHAP funding from support services to insurance premium and copay assistance					
Change in funded RWHAP support services					
RWHAP support service funds decreased					
RWHAP support services funds increased					
RWHAP support services level-funded but there is increased need					
Increased demand for specific support services and thus more limited access					


7.6. If RWHAP support services were not available, what kind of impact would it have on clients?

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Clients wouldn't access their HIV healthcare					
Clients would have a harder time accessing their HIV healthcare					
Clients would lose support that helps them stay in HIV care					
Clients wouldn't access other support services					
Clients wouldn't be linked to community services					
Clients wouldn't maintain HIV viral suppression					
Other _____					

8. Viral Suppression


Please answer these questions based upon your professional experience providing services at your clinic.

8.1. Which of the following barriers or challenges have the most impact on an individual’s ability to achieve and maintain viral suppression?

	Drag and drop barriers into ranking from 1 to 5. 1 being the barrier that impacts most. 	
<i>Side effects from HIV medications</i>		
<i>Lack of access to medication, if selected, select:</i> <ul style="list-style-type: none"> <input type="radio"/> <i>Formulary restrictions</i> <input type="radio"/> <i>Co-pay costs</i> <input type="radio"/> <i>Insurance premium costs</i> <input type="radio"/> <i>Limits on number of prescriptions permitted</i> <input type="radio"/> <i>Changes in formulary</i> 		
<i>Lack of behavioral health providers (mental health, substance use disorder providers)</i>		1
<i>Lack of peer support or supportive social networks</i>		2
<i>Lack of specialty care providers</i>		3
<i>Lack of support service providers</i>		4
<i>Mental health disorders</i>		5
<i>Cognitive impairment</i>		
<i>Substance use</i>		
<i>Unstable housing/sub-standard living conditions</i>		

<i>Access to technology (internet; phone)</i>
<i>Criminal justice issues</i>
<i>Distrust of healthcare system</i>
<i>Food insecurity or access to food</i>
<i>Health literacy issues</i>
<i>Language</i>
<i>Socioeconomic conditions</i>
<i>Stigma</i>
<i>Transportation</i>
<i>Trauma</i>
<i>Unstable Employment</i>
<i>Other, Specify:</i>

8.2. Which RWHAP core medical services contribute the most to a client’s ability to achieve HIV viral suppression?

	Drag and drop services into ranking from 1 to 5. 1 being the service that contributes most. 	
<i>Outpatient ambulatory medical care</i>		1
<i>ADAP Drug Assistance Program</i>		2
<i>Early Intervention Services for Parts A and B</i>		3
<i>Health Insurance premium and cost sharing Assistance</i>		4
<i>Home and Community-Based Health Services</i>		
<i>Home health Care</i>		

<i>Hospice Services</i>	5
<i>Local AIDS Pharmaceutical Assistance</i>	
<i>Medical case management services (including treatment adherence)</i>	
<i>Medical Nutrition Therapy</i>	
<i>Mental health services</i>	
<i>Oral Health</i>	
<i>Substance abuse services (outpatient)</i>	

8.3. Prior to and since January 1, 2014, which **RWHAP support services** contribute(d) the most to clients achieving HIV viral suppression? Select by dragging and dropping the top 5, with 1 being contributed the most and 5 being contributed the fifth most.

<i>Case management services</i>
<i>Child care services</i>
<i>Pediatric developmental assessment/early intervention services</i>
<i>Emergency financial assistance</i>
<i>Food bank/home delivered meals</i>
<i>Health education/risk reduction</i>
<i>Legal services</i>
<i>Housing services</i>
<i>Legal services</i>
<i>Linguistic services</i>
<i>Medical transportation services</i>
<i>Outreach services</i>

Drag and drop services into ranking from 1 to 5. 1 being the service that contributes most.


1
2
3
4
5

<i>Check ins via email, phone, text</i>	4
<i>Counseling</i>	5
<i>Dedicated pharmacist</i>	
<i>Developed and disseminated print resources on treatment adherence to medications</i>	
<i>Intensive case management (client check-ins, calls, appointment reminders, follow up)</i>	
<i>Linkage to community services for housing</i>	
<i>Linkage to community services for legal assistance</i>	
<i>Linkage to food pantry</i>	
<i>Medication reminders, if selected, select</i>	
o <i>Text reminders</i>	
o <i>Dosage reminders</i>	
o <i>Prescription fill reminders</i>	
o <i>Daily reminders</i>	
<i>Client navigator assistance</i>	
<i>Peer counseling</i>	
<i>Provided stipends or incentives to clients</i>	
<i>Transportation assistance</i>	
<i>Other, specify:</i>	

8.5 Thinking of the majority of your clients, have you been more successful in achieving viral suppression with clients diagnosed:

	Select one
In the past 6 months	
In the past year	
Greater than one year since diagnosis	
Two or more years since diagnosis	

8.6 Which comorbidities most adversely affect a client’s ability to achieve/sustain viral suppression? Select by dragging and dropping the top 5 comorbidities with 1 being the comorbidity that most adversely affects the client’s ability to achieve viral suppression.

	Drag and drop comorbidities into ranking from 1 to 5. 1 being the comorbidity that most adversely affects client’s ability to achieve viral suppression. 	
<i>Bipolar disorder</i>		1
<i>Cardiovascular disease</i>		2
<i>Diabetes</i>		3
<i>Hepatitis B</i>		4
<i>Hepatitis C</i>		5
<i>Hypertension</i>		
<i>Hyperlipidemia</i>		
<i>Mental health disorder</i>		
<i>Severe mental health disorder</i>		
<i>Opportunistic infections</i>		
<i>Renal disease</i>		
<i>STIs</i>		
<i>Substance use disorders</i>		

8.7 For clients who refused ARV therapy and are now receiving it, what are the most important factors that positively impacted their decision to accept ARV treatment? Select by dragging and dropping the top 5 factors with 1 being the most important factor.

System-level Factors	Drag and drop factors into ranking from 1 to 5. 1 being the most important factor.
<i>Co-pay assistance</i>	➔
<i>Deductible assistance</i>	
<i>Insurance premium assistance</i>	
<i>Access to HIV Medications</i>	
<i>Access to primary care services</i>	
<i>Access to mental health services</i>	
<i>Access to specialty care services</i>	
<i>Access to substance use services</i>	
<i>Access to support services</i>	
<i>Transportation assistance</i>	

	1
	2
	3
	4
	5

Personal Factors	Drag and drop factors into ranking from 1 to 5. 1 being the most important factor.
<i>Stable primary relationship</i>	➔
<i>Stable employment</i>	
<i>Stable support system</i>	
<i>Mental health issues stabilized</i>	

	1
	2


<i>Substance use issues improved</i>	3
<i>Stable housing</i>	4
<i>Stable transportation</i>	5
<i>Legal issues resolved or improved</i>	
<i>Improvement in financial stability</i>	
<i>Improvement in care for comorbidities</i>	

- 8.8** For clients who are not virally suppressed, what are the top 3 *unavailable or very limited services* in your organization or service area that are critical to clients achieving viral suppression (healthcare services, support services, RWHAP services)?
1. (TEXT BOX)
 2. (TEXT BOX)
 3. (TEXT BOX)

8.9 Which successful re-engagement strategies for clients who fell out of care or experienced a disruption in care did your organization successfully employ? Select by dragging and dropping the top 5 successful re-engagement strategies with 1 being the most successful.

<i>Adherence Specialists</i>
<i>HIV services in jail</i>
<i>In reach</i>
<i>Motivational Interviewing</i>
<i>Outreach specialists</i>
<i>Client Navigators</i>
<i>Peer Counselors</i>


Drag and drop factors into ranking from 1 to 5. 1 being the most successful strategy.



1
2
3
4
5

<i>Retention Specialists</i>
<i>Street/Social outreach</i>
<i>Use of surveillance data</i>
<i>Utilization of performance measures</i>
<i>Other (TEXT BOX)</i>

8.10 Thinking about clients who've struggled with maintaining viral suppression, which social determinant factors contributed the most to their inability to achieve viral suppression? Select by dragging and dropping the top 5 social determinant factors with 1 being the factor that contributes most.

	Drag and drop factors into ranking from 1 to 5. 1 being the factor that contributes most. <div style="text-align: center; margin-top: 10px;">  </div>
<i>Access to employment</i>	
<i>Access to technology (internet; phone)</i>	
<i>Criminal justice issues</i>	
<i>Distrust of healthcare system</i>	
<i>Education Level</i>	
<i>Food insecurity or access to food</i>	
<i>Health literacy issues</i>	
<i>Language - English is not primary language</i>	
<i>Living conditions are sub-standard (number of residents in small space; access to bathrooms/kitchens is inadequate; presence of trash, etc.)</i>	
<i>Safety issues (in neighborhood, home, area)</i>	
	1
	2
	3
	4
	5

<i>Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)</i>
<i>Stigma related to HIV</i>
<i>Transportation</i>
<i>Trauma</i>
<i>Unstable employment</i>
<i>Unstable housing</i>
<i>Unsupportive social/support network</i>