Positive Health Check Evaluation
Aim 4: Standard of Care Analysis
Instrument: Standard of Care Questionnaire

Instructions. The purpose of this document is to assess the standard of care in your clinic. There are a variety of questions. You may save your answers as you go through the questions and you can receive input from other people to obtain the answers. You may or may not know all the answers. If not, RTI will follow-up with you at a later date to discuss your questions. Once you have completed the questions, RTI will review the answers with you to ensure we have captured all relevant information.

A. **Patient Care and Clinical Practice**

Q1a.

What comprises the initial evaluation for HIV-infected patients? [Check all that apply]:

Medical History

	Asked by HIV Provider	Asked by Nurse	Self-Reported By Patient on Form	Not Reported
Current Reason for Visit	☐	☐	☐	☐
Past medical and surgical history (such as what other chronic conditions the patient has been diagnosed with)	☐	☐	☐	☐
Current prescription medication list	☐	☐	☐	☐
Current Over the Counter (OTC) Medication List	☐	☐	☐	☐
Food Allergies	☐	☐	☐	☐
Medication Allergies	☐	☐	☐	☐
Animal/Insect Exposure	☐	☐	☐	☐
Exposure to Disease/ Sick Contacts	☐	☐	☐	☐

Q1b. What comprises the initial evaluation for HIV-infected patients? [Check all that apply]

Social History

	Asked by HIV Provider	Asked by Nurse	Self-Reported by Patient on Form	Not Reported
Living Situation	☐	☐	☐	☐
Recent travel outside the US	☐	☐	☐	☐
Incarceration History	☐	☐	☐	☐
Financial Status	☐	☐	☐	☐
Tobacco Usage	☐	☐	☐	☐
Alcohol Consumption	☐	☐	☐	☐
Illicit Drug Use	☐	☐	☐	☐
Needle Usage for Non-Prescription Drugs	☐	☐	☐	☐
Number of Sexual Partners	☐	☐	☐	☐

Marital Status	☐	☐	☐	☐
Number of Children	☐	☐	☐	☐
Condom Use	☐	☐	☐	☐
Contraceptive Use	☐	☐	☐	☐
Family Medical History (such as Diabetes, or HTN)	☐	☐	☐	☐
Screening for Depression	☐	☐	☐	☐
Screening for Posttraumatic Stress Disorder	☐	☐	☐	☐
How the patient is coping with their HIV status	☐	☐	☐	☐

Q2. How often are HIV-positive patients screened for mental health conditions? [Check One]

○ Upon entry into care and as needed
○ Once a year
○ At each clinic visit
○ Not applicable
○ Don't Know
○ Other

Q3.

When patients identified as having a mental health condition receive referral(s) to treatment, which describe the typical process? [Check all that Apply]

☐ Clinic staff/clinician arranges for mental health service in person at clinic (eg., connects patient to social worker or therapist when need is identified)

☐ Names/numbers of referrals are provided to patient

☐ Clinic staff/clinician makes call or email to referral to set up first appointment for patient 3

☐ Clinic staff/clinician forwards patient information to referral source for referral to initiate contact with patient

☐ Whether patient enrolls in referred program or treatment is monitored/documented

☐ Not Applicable

☐ Other

Q4.

Please select the services offered at your clinic for substance abuse treatment for patients living with HIV. [Check all that Apply]

☐ Referral to behavioral/cognitive behavioral therapy

☐ Referral to substance abuse treatment program

☐ Referral to AA/NA

☐ Referral to Psychology

☐ Medication-assisted therapy

☐ Not Applicable

☐ Other

B. **Clinical and Physical Examination**

Q5.

What components comprise the patient's exam? [Check all that Apply]

Components of Exam

	Conducted by HIV Provider	Conducted by Nurse	Conducted by Medical Assistant	Not Conducted
Review of Symptoms	☐	☐	☐	☐
Physical Examination	☐	☐	☐	☐
Vital Signs	☐	☐	☐	☐

Q6a.

What labs are performed for HIV-infected patients? [Check all that Apply]

HIV Specific Tests

	Once	On a Scheduled Basis	As Indicated	Not performed
HIV Testing	☐	☐	☐	☐
CD4 Cell Counts and Percentages	☐	☐	☐	☐
Plasma HIV RNA Levels (viral load)	☐	☐	☐	☐
HIV Resistance testing	☐	☐	☐	☐

Q6b. What labs are performed for HIV-infected patients? [Check all that Apply]

HIV Related Tests

	Once	On a Scheduled Basis	As Indicated	Not Performed
HLA B*5701 Screening	☐	☐	☐	☐
Coreceptor Tropism Assay	☐	☐	☐	☐

Q6c. What labs are performed for HIV-infected patients? [Check all that Apply]

Other Laboratory Tests

	Once	On a Scheduled Basis	As Indicated	Not Performed
Total Protein/ Albumin	☐	☐	☐	☐
Blood Urea Nitrogen	☐	☐	☐	☐
Complete Blood Count	☐	☐	☐	☐
Alanine Alanine Aminotransferase, Aspartate Aminotransferase, Total Bilirubin, Alkaline Phosphatase	☐	☐	☐	☐
Electrolytes (Potassium, Sodium, Chloride)	☐	☐	☐	☐
Creatinine	☐	☐	☐	☐
Fasting Lipid Profile	☐	☐	☐	☐
Blood Glucose	☐	☐	☐	☐
Urinalysis	☐	☐	☐	☐
Vitamin D	☐	☐	☐	☐
HgB A1C	☐	☐	☐	☐

Q6d. What labs are performed for HIV-infected patients? [Check all that Apply]

Co-infection and Comorbidity Tests

	Once	On a Scheduled Basis	As Indicated	Not Performed
Varicella Virus Screening	☐	☐	☐	☐
CMV Screening	☐	☐	☐	☐
Gonorrhea Screening	☐	☐	☐	☐
Chlamydia Screening	☐	☐	☐	☐
Syphilis Screening	☐	☐	☐	☐
Trichomoniasis Screening (females)	☐	☐	☐	☐
Screening for latent Toxoplasma Gondii infection	☐	☐	☐	☐
Screening for latent Mycobacterium tuberculosis infection	☐	☐	☐	☐
Hepatitis A	☐	☐	☐	☐
Hepatitis B	☐	☐	☐	☐
Hepatitis C	☐	☐	☐	☐

Q6e. What labs are performed for HIV-infected patients? [Check all that Apply]

Tests that may be performed under certain circumstances

	Once	On a Scheduled Basis	As Indicated	Not Performed
Cytology: Pap Test	O	O	O	O
Serum Testosterone Level	O	O	O	O
Glucose-6-Phosphate Dehydrogenase	O	O	O	O
HSV type-specific antibody screening	O	O	O	O
Pregnancy Test	O	O	O	O

Q7.
What vaccinations are administered if indicated to HIV-infected patients? [Check all that Apply]

- ☐ Vaccination for Herpes Virus
- ☐ HPV Vaccine (all three vaccines within the series)
- ☐ Pneumococcal Vaccine
- ☐ Influenza Vaccine
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Tdap
- ☐ Other

  [   ]

- ☐ Not Applicable

Q8.

What screenings are performed for HIV-infected patients? [Check all that Apply]

- ☐ Cervical Cancer Screening
- ☐ Screening for Anal HPV
- ☐ Breast Cancer Screening
- ☐ Other

  [   ]

- ☐ Not Applicable

Q9.

What sexual risk reduction behavioral interventions are offered for HIV-infected patients? [Check all that Apply]

- ☐ General messages regarding risk reduction are provided to all HIV-Positive patients
- ☐ Patients who report persistent high-risk behavior or have signs/symptoms of STDS, receive tailored risk reduction messages.
- ☐ HIV-positive persons exhibiting risky behavior are referred to programs capable of offering more extensive interventions.
- ☐ Other Behavioral Interventions:

- ☐ Not Applicable

Q10.

What formats are used to deliver behavioral intervention messages for HIV-infected patients in the clinic? [Check all that Apply]

- ☐ Delivered by discussion with the HIV Provider
- ☐ Delivered by discussion with nurse
- ☐ Delivered by paper-based educational material (i.e. pamphlet or brochure)
- ☐ Delivered by video
- ☐ Delivered by web-based tool (i.e. app or tablet-based program)
- ☐ Other

- ☐ Not Applicable

Q11a.

Clinic's schedule of care for HIV-infected patients:

What is the schedule for monitoring viral load?

	Monthly/bi-monthly	Every 3-4 months	Every 6 months	Every 12 months
Unsuppressed Patients	O	O	O	O
Untreated Patients	O	O	O	O
Stable Treated Patients	O	O	O	O
Patients with Changes in their ART Regimen	O	O	O	O

Q11b. What is the schedule for monitoring CD4 cell count?

	Monthly/bi-monthly	Every 3-4 months	Every 6 months	Every 12 months
Unsuppressed Patients	○	○	○	○
Untreated patients	○	○	○	○
Stable treated patients	○	○	○	○
Patients with Changes in their ART Regimen	○	○	○	○

Q11c.

Is STD screening periodically performed based on symptoms, behavioral risk, and possible exposure?

	Yes	No
Routine regardless of symptoms	○	○
Symptoms	○	○
Behavioral Risk	○	○
Exposure	○	○

Q12.

Do you have the capacity to perform rectal and oral nucleic acid testing for gonorrhea and chlamydia?

○ Yes
○ No

Q13.

Is Tuberculosis screening periodically performed based on symptoms, behavioral risk, and possible exposure?

	Yes	No
Routine regardless of symptoms	○	○
Symptoms	○	○
Behavioral Risk	○	○
Exposure	○	○

Q14.

What special considerations are given for women and the prevention of mother-to-child transmission? [Check all that Apply]

	Offered at Clinic	Given Referral
Family Planning Services	☐	☐
Contraception Prescription	☐	☐
Preconception Care	☐	☐
PrEP for Conception	☐	☐

Q15.

Does your system generate appointment reminders for patients stating they **need to schedule a follow-up visit or if they are due for a follow-up visit?**

● Yes
○ No

Q15a.

Which kinds of reminders are used for patients when they **need to schedule a follow-up visit or if they are due for a follow-up visit?** [Check all that Apply]

	How are the reminders made?		When are the reminders made?				
	Automated	Staff	1 Month Ahead	3 Weeks Ahead	2 Weeks Ahead	1 Week Ahead	Same Week
Calls	☐	☐	☐	☐	☐	☐	☐
Letters/Cards	☐	☐	☐	☐	☐	☐	☐
SMS Text	☐	☐	☐	☐	☐	☐	☐
Email to patient's personal account	☐	☐	☐	☐	☐	☐	☐
Email through the clinic's portal	☐	☐	☐	☐	☐	☐	☐

Q16.

Does your system generate appointment reminders for patients stating they **have a scheduled upcoming appointment** in the near future?

○ Yes
○ No

Q16a.

Which kinds of reminders are used for patients when they **have a scheduled upcoming appointment**? [Check all that Apply]

	How are the reminders made?		When are the reminders made?				
	Automated	Staff	1 Month Ahead	3 Weeks Ahead	2 Weeks Ahead	1 Week Ahead	Same Week
Calls	☐	☐	☐	☐	☐	☐	☐
Letters/Cards	☐	☐	☐	☐	☐	☐	☐
SMS text	☐	☐	☐	☐	☐	☐	☐
Email to patient's personal account	☐	☐	☐	☐	☐	☐	☐
Email through the clinic's portal	☐	☐	☐	☐	☐	☐	☐

Q17.

Does the clinic contact patients who no-show for their appointment about rescheduling?

○ Yes
○ No

17b.

How is this done? [Check all that Apply]

☐ Automated Phone Call
☐ Staff-placed Phone Call (person to person, not automated)
☐ Email through the patient's personal account
☐ Email through the clinic's portal
☐ SMS text
☐ Mailed Letter with date and time of missed appointment
☐ Other

Q18.

How many missed visits (i.e. no shows) are needed to trigger contact? [Select One]

○ 1
○ 2
○ >2
○ Other
  [_____]

Q19.

How many attempts are made to contact an 'unreachable' person who has missed a visit/visits before attempts stop? [Check One]

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5
○ >5
○ Other
  [_____]

Q20.

Of the methods of communication listed below, which is the most commonly used to **remind patients of an upcoming clinic visit?** [Check One]

○ Automated Phone Call
○ Staff-placed Phone Call (person to person, not automated)
○ Email through the patient's personal account
○ Email through the clinic's portal
○ SMS text
○ Mailed Letter with date and time of appointment
○ Other
  [_____]

Q21. Of the methods of communication listed below, which is the one most commonly used to contact someone who **missed a visit/vists (i.e. no shows)**? [Check One]

○ Automated Phone Calls
○ Staff-placed Phone Call (person to person, not automated
○ Email through the patient's personal account
○ Email through the clinic's portal
○ SMS text
○ Mailed letter with date and time of missed appointment
○ Other
  [   ]

Q22. Do you send forms to new patients to complete before their visit?

○ Yes
○ No

Q23.
Do you send forms to established patients to complete before their visit?

○ Yes
○ No

Q24.

If applicable, how are forms sent to the patient? [Check all that Apply]

☐ Paper forms are mailed to the patient to complete and bring to their appointment

☐ Forms are emailed to the patient (either through their personal email or a portal) to print out paper copies and bring to their appointment

☐ Forms are emailed to the patient (either through their personal email or a portal) to complete and email back to the clinic

☐ Forms are available online (through the clinic's website) for the patient to print out paper copies and bring to their appointment

☐ Forms are available online (through the clinic's website) for the patient to complete and email back to the clinic

☐ Forms are available through the clinic's website and can be completed and submitted online

☐ Other

[   ]

☐ Not Applicable

Q25.

Are follow-up appointments typically made during the check-out process, after a patient's office visit?

○ Yes
● No

Q25b. When are follow-up appointments made?

[   ]

Q26. Do patients typically schedule with the same HIV provider during each of their office visits?

○ Yes
○ No

D. **Patient Retention and Medication Adherence**

Q27.

Is your clinic able to communicate with patients through electronic messaging (such as a patient portal)?

○ Yes

○ No

Q28.

What methods does the clinic use to send a patient's prescription to their pharmacy? [Check all that Apply]

☐ Telephone Prescription to pharmacy

☐ Fax Prescription to pharmacy

☐ E-Prescribe function through the clinic's EHR

☐ Patient takes paper prescription to pharmacy

☐ Other

[   ]

Q29.

Please select *all* descriptions below that characterize your clinic's **retention-related services** for HIV-positive patients that are presently available or were available at some point over the past 12 months: [Check all that Apply]

☐ Promotion of retention in care is supported during regular care visit discussions with provider

☐ There are specific services/programs available to promote retention in care separate from regular care conversations with providers

☐ Other

[   ]

☐ Not Applicable: There are no specific efforts to promote retention in HIV-care

Q30.

Does your clinic use a specific system/program to periodically review records to identify HIV-positive patients who may be currently out of care or at risk of 'falling out of care'?

○ Yes

○ No

Q31.

Does your clinic work with the local or state health department in any of the following ways to identify HIV positive patients who might be out of care? [Check all that Apply]

☐ Health department contacts our clinic or providers about patients who may be out of care

☐ Our clinic cross-matches lists of patients who may be out of care with case registry data (HIV surveillance) to identify whether patients have changed care locations

☐ Other

[   ]

☐ Not Applicable: We do not work with the health department to identify HIV positive patients who are out of care

Q32. Please select all descriptions below that characterize your clinic's **ART adherence-related** services for HIV-positive patients that are presently available or were available at some point over the past 12 months: [Check all that Apply]

☐ ART adherence is supported during regular care visit discussions with provider

☐ There are specific services/programs available to promote ART adherence separate from regular care conversations with providers

☐ Other

[   ]

☐ Not applicable: There are no specific efforts to promote ART adherence

Q33.

Do you record the start date for when patients begin their ART medication?

○ Yes
○ No

Q34. Is there a system in place to remind patients to refill their ART medications?

○ Yes
○ No

Q35. In general, how many months of ART medication will a patient receive before they have to return to the clinic?

	1 Month	3 Months	6 Months	9 Months	12 Months
Unsuppressed Patients	○	○	○	○	○
Untreated Patients	○	○	○	○	○
Stable Treated Patients	○	○	○	○	○
Patients with Changes in their ART Regimen	○	○	○	○	○

Q36.

Does your clinic use a specific system/program to periodically review records to identify HIV-positive patients who may be currently in or at risk of non-adherence or 'viral failure'?

○ Yes

○ No

Q37.

Does your clinic systematically monitor adherence?

○ Yes

○ No

Q38.

If applicable, which strategies are used to monitor people failing on treatment? [Check all that Apply]

☐ Pharmacy refill data is used to identify non-adherence

☐ Detectable viral load or increases in viral load are used to indicate non-

☐ A standard assessment measure/questionnaire is used at each visit

☐ Conversation with providers

☐ Other

☐ Not Applicable: There are no strategies used to monitor for people failing on treatment

Q39.

For HIV-positive patients starting or on ART, please identify which of the tools below, if any, are commonly provided by the clinic? [Check all that Apply]

	All patients	As needed
Pillbox	☐	☐
Calendar	☐	☐
Electronic reminder device	☐	☐
Electronic monitoring device on medication bottle/pillbox	☐	☐
Automated text reminders at dose times	☐	☐
Assistance in programming cell phone/wrist watch alarms	☐	☐
Medication taking tracking website (eg., *mymedschedule.com*)	☐	☐
Medications prescribed in pre-filled blister packs	☐	☐
Enrollment in automatic refill program	☐	☐

Q40.

For each possible program or service listed below, please click on whether or not your clinic presently offers or has offered it to HIV-positive patients to promote retention in HIV-care specifically and/or to promote ART adherence specifically.

	Offered to support/promote **retention in HIV-care**		Offered to support/promote **ART adherence**	
	Yes	No	Yes	No
a. Education (individual/group/couples) specific to importance of coming to HIV care appointments and/or ART adherence.	○	○	○	○
b. Education specifically for friends, family members or partners of patient	○	○	○	○
c. Brief Health Behavior Counseling (individual/group/couples).	○	○	○	○
d. Medical case management and/or Social Work.	○	○	○	○
e. Patient navigation/care coordination.	○	○	○	○
f. Tokens of Appreciation (prizes, gifts, special items earned) for attending HIV care and/or ART adherence.	○	○	○	○

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These questions were developed based on the recommendations within the UNC Clinic Director Standard of Care Survey and the Primary Care Guidelines for the Management of Persons Infected with HIV: 2013 Update by the HIV Medicine Association of the Infectious Disease Society of America.