Provider Site Screening Interview Form

Date of screening call	RS Name
Facility Name	Location (City, State)
Participants (full name & credentials)	Title and Role

Clinic Characteristics

Geographic location:
- ☐ Rural
- ☐ Urban
- ☐ Suburban

Model of care:
- ☐ 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.
- ☐ 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).
- ☐ 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).
- ☐ Exclusively HIV specialist care: A HIV specialist provides all HIV-related care and primary care (non HIV care).

Health Records

1. **Which of the following does your facility use?**
   a. **electronic health record (EHR)**
   b. **paper-based medical records**

   If EHR, go to 2
   If paper-based, skip to 5

2. **Which EHR system does your facility use?**_____
3. **When did your facility start to use an EHR?**_____(year)
4. **How long has your facility been using the current EHR?** _____

5. **Would our team be able to view your EHR medical records on site to conduct chart abstractions?**
   a. Yes
   b. No

   If No – skip to CLOSING

6. **Where are paper-based medical records located?**
   a. Facility (easy-access)
   b. Warehouse

   If b or c – skip to CLOSING

   SKIP to 7, if facility has EHR

c.   Other [Specify]:_____

7. What other forms of records system does your facility use? [check all that apply]
☐   Case management
☐   Mental health system
☐   CAREWare
☐   Other [Specify]:_____

8. Can your facility accommodate space for two record abstractors for 4 days?
a.   Yes
b.   No

> *If No – skip to CLOSING*

9. Is there a person that could walk us through your facility systems while our team is on site to navigate your clinic chart system?
a.   Yes
b.   No

> *If yes, go to 8.1*
> *If No, skip to CLOSING*

8.1 *IF YES*: What is her/his name?_____

10. Can your facility provide access to two computers for our team to access the patients' health record?
a.   Yes
b.   No

> *If yes, skip to 10 If No, go to 9.1*

9.1 *IF NO*: Can your facility provide access to at least one computer for our team to do the chart abstraction?
a.   Yes
b.   No

> *If No – skip to CLOSING*

11. Can your facility provide secure WIFI access to our staff while we are on site?
a.   Yes
b.   No

> *If no, add note to tracker that mobile hot-spot will be needed*

Approvals and Logistics

12. What types of approvals are required by your facility for us to collect client data? [check all that apply]
        ☐   IRB approval
        ☐   Signed confidentiality agreement
        ☐   Data use agreement
                o   Memorandum of understanding (MOU)
                o   Business associate agreement (BAA),
                o   Confidentiality agreement

> *Note required approval on tracker and let assigned team know for follow-up*

13. Approximately how long does it take to receive approval for each item (Q11) from your facility? _____

> *Note time-frame for required approval on tracker and let assigned team know for follow-up*

<u>If site meets the criteria:</u>
Based on your answers, your site meets the criteria for this Ryan White HIV/AIDS Program study. We are looking at conducting site visits between <mark>[X date and Y date</mark>]. **Could you give me three weeks that would work for your facility for a site visit?**

Our next step is to match your site with a team of two abstractors. In addition, I would like to set up a time to conduct a pre-site visit phone interview with you. **Can you give me three timeframe options that would work for you for a 60 minute call?**