

Medical Monitoring Project Facility Survey

OMB No.: XX-XXX, Expiration date: XX/XX/XXXX

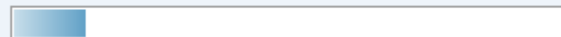
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may 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, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA (0920-0740). Do not send the completed form to this address.

General instructions

1. Your health care facility was selected to receive the Centers for Disease Control and Prevention (CDC) Medical Monitoring Project (MMP) HIV facility survey because 1 or more patients with HIV have received care at your facility.
2. **Who should complete the survey?** The survey should be completed by a senior facility administrator, nurse manager, and/or clinical director. If preferred, that person may call RTI International to provide their responses over the phone (833-997-2722).
3. Survey questions refer to characteristics of the facility providing HIV care at the location named in the survey invitation.
 - a. Survey questions refer to characteristics of the facility **during the past 12 months**, unless otherwise specified.
 - b. The term *provider* refers to a health care professional with prescribing privileges authorized by the state.
4. **Do not include information that would identify the facility, e.g. name of facility, your name, or names of anyone who works at the facility.** Survey data will only be associated with a facility ID number.

Save and Continue

Progress



13%

Medical Monitoring Project Facility Survey

I. GENERAL CHARACTERISTICS

Facility ID code: 12345678

11-digit FIPS code: 12341234567

[Previous](#)

[Save and Continue](#)

Progress  16%

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Which terms describe the facility? (Choose all that apply)

- Federally qualified Health Center (FQHC): [Search](#)
- FQHC look-alike: [Definition](#)
- Hospital-based (infectious disease clinic)
- Hospital-based (primary care clinic)
- Private practice
- State or local health department
- Veterans Administration
- STD clinic
- Research
- Other community-based organization
- Correctional facility
- Indian Health Service, Tribal Health, or Urban Indian Health Center
- Other, specify:

[Previous](#)

[Save and Continue](#)

Progress  18%

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Does the facility receive Ryan White HIV/AIDS Program funding?

- No
- Yes, choose all that apply below

Part A

Part B

Part C

Part D

Part F

SPNS

AETC

Dental

MAI

[Previous](#)

[Save and Continue](#)

Progress



24%

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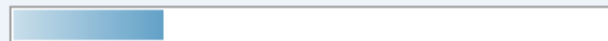
Which types of health coverage does the facility accept? (Choose all that apply)

- Medicaid, including Medicaid managed care
- Medicare, including Medicare Advantage
- Private insurance
- ADAP or other Ryan White coverage
- Veterans Administration
- Tricare
- Other, specify:
- None of the above

[Previous](#)

[Save and Continue](#)

Progress



25%

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Does the facility use a sliding fee scale for patients without health coverage, i.e., fees adjusted based on ability to pay?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress



27%

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Number of individual HIV care providers (full-time or part-time)

Physicians (MD or DO)	<input type="text"/>
Nurse practitioners	<input type="text"/>
Other advance practice nurses (e.g., nurse specialist, midwife, anesthetist)	<input type="text"/>
Physician assistants	<input type="text"/>
Registered pharmacists (with prescribing privileges)	<input type="text"/>

[Previous](#)

[Save and Continue](#)

Progress 29%

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Is there normally a physician at the facility at least 5 days per week who can provide HIV care (not necessarily the same individual each day)?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress  32%

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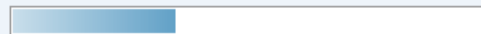
Does the facility have:

- Only full-time HIV care providers
- A mix of full-time and part-time HIV care providers
- Only part-time HIV care providers

[Previous](#)

[Save and Continue](#)

Progress



34%

Medical Monitoring Project Facility Survey

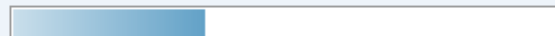
What physician specialties practice at the same geographic location as the facility (onsite)? (Choose all that apply)

- Infectious disease
- Internal medicine
- Family medicine
- Other general practice
- Hematology/oncology
- Neurology
- Dermatology
- Pulmonary
- Obstetrics and gynecology
- Cardiology
- Psychiatry
- Ophthalmology
- Other, specify:

[Previous](#)

[Save and Continue](#)

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35%

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Number of patients for whom the facility has provided **HIV care** during the past year, defined as having an HIV viral load or CD4 count ordered or being prescribed antiretroviral therapy for treatment of HIV. Consider running a report of HIV ICD-9/10 codes.

[Previous](#)

[Save and Continue](#)

Progress



38%

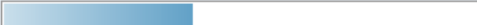
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Does the facility provide medical care for people who do not have HIV?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress  40%

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Does the facility provide HIV pre-exposure prophylaxis (PrEP)?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress  44%

Medical Monitoring Project Facility Survey

Does the facility provide HIV post-exposure prophylaxis (PEP)?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress



46%

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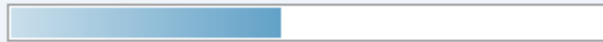
Does the facility provides HIV-specific stigma or discrimination training at least once for all staff who interact with patients?

- No
 Yes

[Previous](#)

[Save and Continue](#)

Progress



45%

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Does the facility provides training in other areas of cultural competency at least once for all staff who interact with patients?

No

Yes, specify: ([Examples](#))

Previous

Save and Continue

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48%

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II. CLINICAL AND SUPPORTIVE SERVICES

Which of these clinical and supportive services are currently available at the same geographic location (onsite) or through established outside referral relationships? (Choose all that apply)

	Onsite	Established outside referral relationship
Clinical case management provided by a nurse	<input type="checkbox"/>	<input type="checkbox"/>
Other case management	<input type="checkbox"/>	<input type="checkbox"/>
Patient navigation	<input type="checkbox"/>	<input type="checkbox"/>
Peer support counseling	<input type="checkbox"/>	<input type="checkbox"/>
Peer support groups	<input type="checkbox"/>	<input type="checkbox"/>
Access to tools that support ART adherence, such as pill trays or dose reminder apps	<input type="checkbox"/>	<input type="checkbox"/>
Social work	<input type="checkbox"/>	<input type="checkbox"/>
Language interpretation services	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with transportation	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with housing	<input type="checkbox"/>	<input type="checkbox"/>
Child care	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorders treatment	<input type="checkbox"/>	<input type="checkbox"/>
Medication-assisted treatment (MAT) for substance use disorders	<input type="checkbox"/>	<input type="checkbox"/>
Syringe services	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco cessation services	<input type="checkbox"/>	<input type="checkbox"/>
Medical nutrition therapy	<input type="checkbox"/>	<input type="checkbox"/>
Food bank or meal delivery	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>
High resolution anoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Gynecologic care	<input type="checkbox"/>	<input type="checkbox"/>
Long-acting contraception (injection or implant)	<input type="checkbox"/>	<input type="checkbox"/>
Colposcopy	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal care	<input type="checkbox"/>	<input type="checkbox"/>
Transgender hormone therapy	<input type="checkbox"/>	<input type="checkbox"/>
STI screening and treatment	<input type="checkbox"/>	<input type="checkbox"/>
Counseling about reducing risk of HIV and STI transmission	<input type="checkbox"/>	<input type="checkbox"/>
HIV testing for partners of HIV patients and others	<input type="checkbox"/>	<input type="checkbox"/>
Free home HIV testing for partners of HIV patients and others	<input type="checkbox"/>	<input type="checkbox"/>

Medical Monitoring Project Facility Survey

III. ENROLLMENT AND INITIATION OF ANTIRETROVIRAL THERAPY

Which of these documents are required for scheduling the first appointment with an HIV care provider? (Choose all that apply)

- Proof of income
- Proof of residence
- Government-issued identification
- Result of a test for tuberculosis (PPD or IGRA)
- Positive HIV antibody or detectable viral load
- CD4 lymphocyte count result
- None of the above

[Previous](#)

[Save and Continue](#)

Progress



50%

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Within how many business days of an initial request are HIV patients who are new to the facility routinely offered an appointment with an HIV care provider?

[Previous](#)

[Save and Continue](#)

Progress  55%

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What are the barriers to offering new patients an appointment with an HIV care provider within 1 business day of an initial request?
(Choose all that apply)

- Patient preference
- Insufficient provider capacity to see rapid entry patients
- Patients lack documents required for facility enrollment
- Patients lack documents required for Ryan White HIV/AIDS Program enrollment
- Facility administration is not committed to rapid enrollment
- Other staff are not committed to rapid enrollment
- Other, specify:

[Previous](#)

[Save and Continue](#)

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55%

Medical Monitoring Project Facility Survey

Which of the following patients are routinely able to obtain a 30-day supply of antiretroviral medication on the day of their first visit with an HIV care provider? (Choose all that apply)

- Patients with no prescription coverage, e.g. by using a pharmaceutical patient assistance program or funds designated for this purpose
- Patients without results of baseline laboratory tests
- All patients

[Previous](#)

[Save and Continue](#)

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56%

Medical Monitoring Project Facility Survey

Which of these are barriers to patients obtaining a 30-day supply of antiretroviral therapy on the day of the first HIV care provider visit? (Choose all that apply)

- | | |
|--|--------------------------|
| Patient preference | <input type="checkbox"/> |
| Prescription not given because test results are not available | <input type="checkbox"/> |
| Delay getting medication paid for | <input type="checkbox"/> |
| Antiretroviral starter packs are not available to be given to patients | <input type="checkbox"/> |
| Lack of trained staff to submit patient assistance program applications for free antiretrovirals | <input type="checkbox"/> |
| Patient cannot afford copayment | <input type="checkbox"/> |
| Providers are not committed to immediate antiretroviral initiation | <input type="checkbox"/> |
| Facility administration is not committed to immediate antiretroviral initiation | <input type="checkbox"/> |
| Lack of a standardized protocol for all clinicians to follow | <input type="checkbox"/> |
| Other, specify: | <input type="checkbox"/> |

[Previous](#)

[Save and Continue](#)

Progress



61%

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IV. HIV TELEHEALTH/TELEMEDICINE

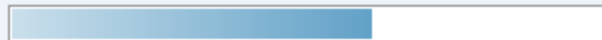
Have any providers received HIV clinical consultation or mentoring from outside providers via remote conferencing, e.g., [HIV ECHO](#)?

- No
- Yes

Previous

Save and Continue

Progress



60%

Medical Monitoring Project Facility Survey

Have any providers **provided** HIV clinical consultation or mentoring for outside providers via remote conferencing, e.g., [HIV ECHO](#)?

- No
- Yes

Previous

Save and Continue

Progress



62%

Medical Monitoring Project Facility Survey

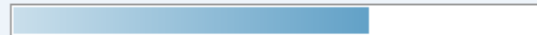
Have any patients received HIV clinical care from outside HIV providers via remote conferencing during a visit (in-person or virtual) at your facility?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress



67%

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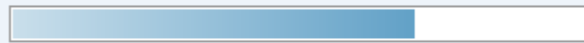
Have any providers provided HIV clinical care for patients via remote conferencing?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress



69%

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V. SUPPORTING RETENTION IN CARE

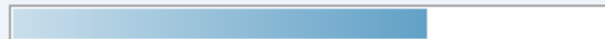
Does the facility use data to systematically monitor retention in care of all HIV patients?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress



69%

Medical Monitoring Project Facility Survey

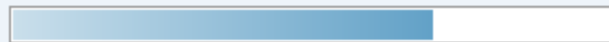
Which types of data does the facility use to monitor retention in care? (Choose all that apply)

- Internal data (e.g., electronic health record or billing data)
- Health department surveillance data
- CAREWare
- Pharmacy refill data
- Other, specify:

[Previous](#)

[Save and Continue](#)

Progress



70%

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Does the facility collaborate with the state or local health department to identify or contact patients who are out of care, e.g. by providing clinic data or contact information to the health department?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress  75%

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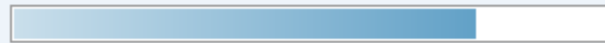
Does the facility send patient reminders before all provider appointments?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress



77%

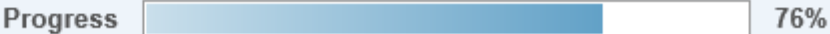
Medical Monitoring Project Facility Survey

Which of these patient reminders are routinely used at the facility? (Choose all that apply.)

- Text, email, or patient portal message
- Automated phone calls
- Live phone calls
- Letter

Previous

Save and Continue



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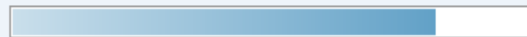
Does the facility follow-up on all missed appointments?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress



81%

Medical Monitoring Project Facility Survey

With which methods does the facility follow-up on missed appointments? (Choose all that apply)

- | | |
|--|--------------------------|
| Text, email, or patient portal message | <input type="checkbox"/> |
| Automated phone calls | <input type="checkbox"/> |
| Live phone calls | <input type="checkbox"/> |
| Letter | <input type="checkbox"/> |
| Outreach in the field by a facility employee | <input type="checkbox"/> |

[Previous](#)

[Save and Continue](#)

Progress  80%

Medical Monitoring Project Facility Survey

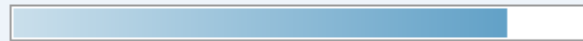
Is there a pharmacy at the same geographic location as the facility (onsite)?

- No
- Yes

[Previous](#)

[Save and Continue](#)

Progress



85%

Medical Monitoring Project Facility Survey

Does the facility have direct access to information about prescription fulfillment and pick-up by patients?

- No
 Yes

[Previous](#)

[Save and Continue](#)

Progress



87%

Medical Monitoring Project Facility Survey

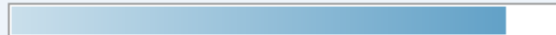
Does the facility notify patients of all missed prescription pickups?

- No
- Yes

Previous

Save and Continue

Progress



89%

Medical Monitoring Project Facility Survey

With which methods does the facility notify patients of missed prescription pick-ups? (Choose all that apply.)

- Text, email, or patient portal message
- Automated phone calls
- Live phone calls
- Letter

Previous

Save and Continue



Medical Monitoring Project Facility Survey

VI. PREVENTION OF PATIENT EXPOSURE TO COVID-19

Which of these measures has your facility taken to protect patients from exposure to COVID-19? (Choose all that apply)

- | | |
|---|--------------------------|
| Screening of all staff and patients for COVID-19 before entering the facility, i.e. temperature and symptom screening. | <input type="checkbox"/> |
| Separation of patients in waiting areas by at least 6 feet. | <input type="checkbox"/> |
| Face masks worn at all times by all persons in the facility. | <input type="checkbox"/> |
| Telehealth provider visits offered to all patients not requiring face-to-face contact. | <input type="checkbox"/> |
| Telehealth visits with other facility staff (e.g., case managers/social workers, mental health staff, financial counselors) offered to all patients not requiring face-to-face contact. | <input type="checkbox"/> |
| Home visits for patients requiring face-to-face contact. | <input type="checkbox"/> |
| Deferring of routine CD4 and viral load testing. | <input type="checkbox"/> |
| Arranging delivery of prescriptions rather than pick-up at the pharmacy | <input type="checkbox"/> |

[Previous](#)

[Save and Continue](#)

Progress



90%

Medical Monitoring Project Facility Survey

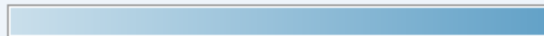
Thank you very much for your time.

This completes the survey.

[Previous](#)

[Submit](#)

Progress



100%