

Attachment 13b Clinician consultation guide (screenshots)

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/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

This guide is designed to be a fluid conversation with the provider.

Begin with open-ended questions and tailor the conversation based on the respondent's answers.

As the conversation progresses, probe with follow-up questions that relate to the stated barrier as appropriate.

Record notes during the conversation. You do not need to record responses verbatim.

*The respondent is **not** expected to list **all** barriers they might have experienced, but instead will be guided to highlight **key barriers** that emerge in the course of the consultation. **Key barriers** and **potential solutions** will be documented.*

Provider information

(credential) (first name) (last name)

(specialty)

(phone number)

Clinic information

(clinic name)

(clinic phone)

(county)

(health district)

Scheduled call information

Date: _____

Time: _____

Notes: _____

Greet provider, introduce yourself, and remind provider why you are calling:

I'm calling on behalf of Virginia Medicaid about the quality improvement initiative for Medicaid members living with HIV and their providers. I appreciate the opportunity to talk with you.

Set expectations:

- **I expect this conversation to last about 30 minutes.**
- **There are no right or wrong answers, and you don't have to answer any questions you don't want to.**
- **I'm not recording this conversation, but I will take some notes.**
- **I don't have access to any information on your patients, and you don't need to share any information on specific patients with me.**
- **If we identify some resources that are helpful to you, a study team member will follow-up via email with information about them.**

To start, I'm going to ask a few questions to better understand your practice.

The following questions are designed as warm-up questions as you and provider develop rapport. The questions should be conversational and fluid.

1. What is your medical specialty?

2. Using your best guess, for how many years have you been providing outpatient, or ambulatory, treatment and care for people living with HIV?

3. What percentage of your patient panel would you estimate is living with HIV?

Has that changed over time?

Expand

4. Can you describe your comfort level managing routine clinical HIV care for your patients living with HIV?

Expand

The following questions should remain conversational. Probe with follow-up questions according to respondent responses below and record answer(s) below.

5. Can you describe your prescribing practice for persons newly diagnosed with HIV?

Expand

6. Can you talk about any situations where you would not prescribe antiretroviral therapy to a patient diagnosed with HIV?

(open ended response; use probes to elicit barriers for checklist below)

Expand

Potential Barriers

Patient acceptance

- Refusal or unwillingness to accept or begin ART
- Patient denial, fear, or lack of knowledge about HIV

Patient adherence

- Substance use disorder (SUD) (such as unmet need for treatment)
- Mental health issues
- History of non-adherence (including appointments)
- Other anticipated non-adherence
- Side effects
- Lifestyle and/or social situation
- Cannot pay for ART (Medicaid not covering ART meds)
- Homelessness or unstable housing
- Provider did prescribe, but patient did not pick up

Provider barriers

- Difficulty or unable to assess patient barriers
- Difficulty constructing a regimen with acceptable side effect(s) profiles
- Uncomfortable providing treatment and care for patient(s) living with HIV
- Disagrees with current guidelines
- Did not know patient status or does not believe responsible for patient's HIV care
- Someone else manages HIV care/referred out (e.g., if low-volume provider)

Other (explain):

Thanks again for discussing this with me.

I heard you say that

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

are challenges in prescribing antiretroviral therapy.

I have some ideas about these.

Would you be willing to hear a few options that might be helpful to you?

*Based on identified barriers, strategize with provider about overcoming specific challenge(s).
Explain referral resources to be provided for each barrier. Remind provider that the materials will be sent in an email following the conversation.*

Recommended resources:

Final Notes

Are there any other concerns that you would like to talk about today?

Expand

It's been great thinking together about ways to improve antiretroviral prescribing and support patient adherence to antiretroviral therapy. A study team member will follow-up with you via email to provide you more information about the resources we discussed.

I appreciate your willingness to talk with me today. Providers like you have a critical role in ending the HIV epidemic. People living with HIV who adhere to antiretroviral therapy can live long healthy lives. Antiretroviral therapy can also prevent the spread of HIV - once an individual's HIV viral load is undetectable, they can no longer transmit HIV.

Thank you again.

End call.

Once you have completed this form, submit and move on to the brief follow-up survey.

Additional notes (optional)

Expand

Submit