

## Attachment 13b Clinician consultation guide (screenshots)

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*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**

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**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**