Attachment 14b Post-consultation questionnaire (screenshots)

AIMS peer mentors should complete this brief survey immediately after providing the consultation with the assigned provider.

The linkage coordinator will use this information to send a follow-up email to the provider. The email will include resources and information based on the barriers and recommended resources endorsed below. The email will not include any other information you might provide in the comments below.

Once you submit this survey, you will not be able to make changes.

If you have questions or other comments, please contact the linkage coordinator(s) (study staff name(s)) at (study staff phone number(s)) or Principal Investigator April Kimmel, PhD, at april.kimmel@vcuhealth.org.

Public reporting burden of this collection of information is estimated to average 10 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).

Provider information

(credential) (first name) (last name)
(specialty)
(phone number)

Clinic information

(clinic name)
(clinic phone)
(county)
(health district)

Please record your name

* must provide value

Please record the name of the provider participant

* must provide value

About how long did the call last?

* must provide value

minutes

What barriers to prescribing ART did the provider face?
Check all that apply.

We are asking again in case you were not able to check off all the relevant barriers during the call. As a reminder, these are the barriers you checked off during the call:

Patient	Provider
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	
_____	
_____	
_____	Other barriers
_____	_____

* must provide value

- [ ] Patient refusal or unwillingness to accept or begin ART
- [ ] Patient denial, fear, or lack of knowledge about HIV
- [ ] 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
- [ ] Difficulty or unable to assess patient barriers
- [ ] Difficulty constructing a regimen with acceptable side effect(s) profile
- [ ] Uncomfortable providing treatment and care for patient(s) 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

What resources do you recommend be provided in a follow-up email?

Check all that apply. Recommended resources for the selected barriers are provided below, for reference.

* must provide value

- [ ] Referral to Motivational Interviewing (MI) training
- [ ] Link to HealthHIV Primary Care Training/Certification Program
- [ ] Link to MedScape TasP module
- [ ] Link to National HIV Curriculum
- [ ] Mentoring: Follow-up by peer mentor
- [ ] Mentoring: Referral to National Clinician Consultation Center
- [ ] Mentoring: Referral to AAHIVM Clinical Consultation Program
- [ ] Handout/link: Technical Assistance and educational resources
- [ ] Handout/link: CDC resources
- [ ] Handout: Acuity scale for adherence
- [ ] Handout: ART guidelines
- [ ] Handout: List of MCO phone numbers (for patient behavioral health support)
- [ ] Handout: List of local community resources (for patient social support)

Recommended resources

Were there any issues (e.g., technical difficulties, interrupted call, difficulty communicating with provider)? If yes, please describe.

Expand

Do you have any other comments or feedback for us?

Expand

Thank you!

Submit