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mChoice: Improving PrEP Uptake and Adherence among Minority MSM through Provider Training and Adherence Assistance in Two High Priority Settings

Attachment 4i Provider Pre-Training Assessment

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Pre-Training Provider Survey

TABLE OF CONTENTS

INT

RO

DU

CTI

ON

TEX

Т

DE

МО

GRA

PHI

CS

PrEP FAMILIARITY &

ATTITUDES

PrEP USE &

INTENTIONS

CULTURAL

COMPETENCY & PrEP

CARE

CONCLUSION TEXT

Welcome to mChoice!

Thank you for your participation in this important project. *This survey will take approximately 20 minutes to complete.*

In this survey, we will ask some questions about your demographics and your knowledge and comfort around prescribing and talking with patients about HIV pre-exposure prophylaxis (PrEP). This survey includes questions around sensitive topics. Before beginning, please consider your surroundings and the privacy of your device and internet connection.

All the information you enter in this survey is encrypted and kept completely confidential. Your answers are private--the information you provide us will be kept secure and known only to study staff. You may choose "Decline to answer" on any questions that make you feel uncomfortable, or you are unsure of the answer.

A Note about Language

We want to acknowledge that some of the language used in our study questions may include some outdated language or lack the diversity of experiences that we now understand exist. Although we do our best to use measures that reflect emerging language, at times the items available in research are not where they need to be and are drawn from items developed ten (or more) years ago. Wherever possible, we have updated the language or are working with developers

to get new versions. Please remember that you can always decline to answer items that do not reflect you.

If you have any questions or comments, please contact study staff at son_mchoice@cumc.columbia.edu or (212)305-8198.

Please click the button below to get started with the survey.

Demographics

1.	How old are you?
	o Decline to answer
2.	Are you Hispanic or Latino?
	o Yes
	o No
	o Decline to answer
3.	What race or races do you consider yourself to be (CHOOSE ALL THAT APPLY)
	African American or Black
	American Indian or Alaskan Native
	Asian
	Native Hawaiian or other Pacific Islander
	White
	Decline to answer
4.	Which of the following BEST represents how you think about yourself?
	O Lesbian or gay
	O Straight, that is not lesbian or gay
	o Bisexual
	O Something else
	O Decline to answer
_	
5.	How do you currently describe yourself? (Check all that apply) [If American Indian or Alaskan Native is no checked]
	Woman, including transgender woman
	Man, including transgender man
	 Nonbinary, including gender nonconforming, and genderqueer
	A different gender identity:
	• Don't know
	Decline to answer
6.	How do you currently describe yourself? (Check all that apply) [If American Indian or Alaskan Native is no
	checked]
	Woman, including transgender woman
	Man, including transgender man
	Nonbinary, including gender nonconforming, and genderqueer
	• Two-Spirit
	A different gender identity:Don't know
	Don't know Decline to answer
	• Decline to allower
7.	What sex were you assigned at birth, on your original birth certificate?

Female

Intersex

Male

8. What is your current role in the clinic? o Clinician (MD, DO, PA, NP, etc.) Nurse Medical assistant Social worker or case manager Adherence counselor Peer advocate Other, please specify: ____ Decline to answer 9. How many years have you been in your current position? Decline to answer 10. Do you work directly with patients? 0 Yes 0 No Decline to answer 11. Do you provide HIV pre-exposure prophylaxis (PrEP) services to patients? For example: prescribing PrEP, counseling patients about PrEP, providing adherence support, etc. o Yes 0 No Decline to answer [If above = Yes] 12. How many years have you been providing PrEP services? Decline to answer 13. Have you participated in any trainings on PrEP in the past year? Yes, please describe the training(s): ____ 0 Decline to answer PrEP Familiarity & Attitudes 14. How would you describe your level of familiarity with each of the following: Somewhat Neither Somewhat Very Very unfamiliar familiar familiar familiar familiar nor unfamiliar PrEP, generally Daily oral PrEP with Truvada®, emtricitabine/tenofovir disoproxil

Decline

to

Answer

Decline to answer

fumarate, or Descovy®,

emtricibine/tenofovir alafenamide

On-demand PrEP with Truvada® emtricitabine/tenofovir disoprov fumarate (also known as episodi or 2-1-1)									
Cabotegravir (CAB)-LA PrEP (injectable)									
15. How <u>confident</u> do you feel dis	scussi	ng ead	ch of	f the follo	wir	ng with pa	tients?		
		at all fident		omewhat confident	c	Neither confident nor nconfident	Somewhat confident	Very confident	Decline to Answer
PrEP generally									
Daily oral PrEP with Truvada®, emtricitabine/tenofovir disoproxil fumarate, or Descovy®, emtricibine/tenofovir alafenamide									
On-demand PrEP with Truvada® emtricitabine/tenofovir disoproxil fumarate (also known as episodic or 2-1-1)									
CAB-LA PrEP (injectable)									
16. Please respond to the following statements by indicating how much you agree or disagree. Strongly Somewhat Neutral Somewhat disagree disagree to									Decline to
Prescribing PrEP will encourage pati	ients								Answer
to engage in risky sexual behavior. Patients prescribed PrEP are not likely									
to adhere to the medication. People should use condoms instead PrEP.	l of								
Prescribing PrEP will lead to increas resistance to antiretroviral therapy (ART).									
Prescribing PrEP will lead to an increin sexually transmitted infections (S									

17. Please respond to the following statements by indicating how much you agree or disagree. Neutral Somewhat Strongly Strongly Somewhat Decline agree disagree disagree to agree Answer Anyone who wants PrEP & doesn't have any contraindications should be able to get it Patients will be more likely to adhere to injectable PrEP than daily oral PrEP It will be harder to clinically manage patients who use injectable PrEP compared to oral PrEP Having more options for PrEP is beneficial to patients PrEP Use & Intentions

[For clinicians only]

18. Have you ever prescribed PrEP before?

- o Yes
- 0 No
- o Decline to answer

[for clinicians only if yes to? above]

19. How comfortable do you feel prescribing PrEP to the following types of people:

	Completely uncomfortable	Somewhat uncomfortable	Neither comfortable nor uncomfortable	Somewhat comfortable	Completely comfortable	Decline to Answer	N/A
Patients in your clinic, generally							
Patients under age 18 years							
Patients who identify as gay, bisexual, or men who have sex with men							
Patients who identify as transgender male or female							
Patients who identify as heterosexual							

[If above = Yes]

20. Which of the following types of PrEP have you ever prescribed? Select all that apply

- Daily oral: Truvada®, emtricitabine/tenofovir disoproxil fumarate, or Descovy®, emtricibine/tenofovir alafenamide
- On-demand oral (2-1-1, episodic): Truvada®, emtricitabine/tenofovir disoproxil fumarate
- CAB-LA (injectable)
- Other, specify:
- Decline to answer

[For clinicians only]

21. Please fill in the table below to the best of your ability. It is OK if you don't know the exact number for each cell; an approximation is fine.

	Approximate number of patients in your care	Approximate number of PrEP prescriptions	Decline to answer
	on each type of PrEP	you've written in the	
	,.	past year (new + refills)	
Daily oral PrEP with			
Truvada®,			
emtricitabine/tenofovir			
disoproxil fumarate, or			
Descovy®,			
emtricibine/tenofovir			
alafenamide			
On-demand PrEP with			
Truvada®			
emtricitabine/tenofovir			
disoproxil fumarate (also			
known as episodic or 2-1-1)			
CAB-LA (injectable)			
Other PrEP regimen: Specify			

[if prescribed daily oral or on-demand in past year]

22. In the past year have you prescribed more Truvada® (emtricitabine/tenofovir disoproxil fumarate), or Descovy® (emtricitabine/tenofovir-alafenamide)?

- Almost all Truvada® and no Descovy®
- More Truvada® than Descovy®
- About the same amount of Truvada® and Descovy®
- More Descovy® than Truvada®
- Almost all Descovy® and no Truvada®

Decline to answer

[if prescribed more or almost all Descovy®, emtricibine/tenofovir alafenamide compared to Truvada®, emtricitabine/tenofovir disoproxil fumarate]

23. Why have you prescribed more or almost all Descovy® compared to Truvada®? Select all that apply

- I feel more knowledgeable on Descovy® compared to Truvada®
- I think Descovy® has fewer side effects compared to Truvada
- Patients prefer Descovy® compared to Truvada
- Other, specify:
- Decline to answer

[For clinicians only]

24. As a clinician, what barriers do you/would you face when prescribing on-demand PrEP? Select all that apply

- I don't feel knowledgeable about on-demand PrEP compared to other PrEP modalities
- I don't believe that this specific PrEP modality should be used
- I am lacking the necessary clinic support/infrastructure
- I don't think patients will be able to afford it
- I don't know what barriers
- Other, please specify:
- Decline to answer

[If don't believe modality should be used is selected above]

25. Why do you think that on-demand PrEP should not be used? Select all that apply

- Patients will be less adherent compared to other modalities
- Patients won't be able to predict when they will have sex
- The on-demand dosing schedule is not FDA approved
- On-demand PrEP is less effective than other modalities
- On-demand PrEP is less safe than other modalities
- On-demand PrEP will encourage riskier sexual behavior compared to other modalities
- It will be harder to clinically manage patients using on-demand PrEP compared to other modalities

Other please specify:	
Other blease specify:	

Decline to answer

[For clinicians only]

26. As a clinician, what barriers do you/would you face when prescribing injectable PrEP (CABLA)? Select all that apply

- I don't feel knowledgeable about injectable PrEP compared to other PrEP modalities
- I don't believe that this specific PrEP modality should be used
- I am lacking the necessary clinic support/infrastructure

27. Why do you think that injectable PrEP should not be used? Select all that apply Patients will not be able to keep/travel to injection appointments Patients will not tolerate the side effects compared to other modalities Injectable PrEP is less effective than other modalities Injectable PrEP is less safe than other modalities It will be harder to clinically manage patients using injectable PrEP compared to other modalities Injectable PrEP will encourage riskier sexual behavior Other, please specify: Decline to answer [For clinicians only] 28. How likely are you to prescribe/continue prescribing the following in the next 12 months:											
, , ,	Very unlikely	Somewhat unlikely	Neutral	Somewhat likely	Very likely	Decline to Answer					
Pre-exposure prophylaxis (PrEP), generally											
Daily oral PrEP with Truvada®, emtricitabine/tenofovir disoproxil fumarate, or Descovy®, emtricibine/tenofovir alafenamide											
On-demand PrEP with Truvada® emtricitabine/tenofovir disoproxil fumarate (also known as episodic or 2-1-1)											
CAB-LA PrEP (injectable)											
[For clinicians only]											

29. How many PrEP prescriptions do you intend to write in this next year compared to the past year?

O More PrEP prescriptions than last year

O Fewer PrEP prescriptions than last year

o Decline to answer

O About the same amount of PrEP prescriptions

I don't think patients will be able to afford it

I don't know what barriersOther, please specify: ____

Decline to answer

Cultural Competency & PrEP care

30. How familiar are you with the term Cultural Competency?

- 0 Very unfamiliar
- o Somewhat familiar
- 0 Neither familiar or unfamiliar
- o Somewhat familiar
- 0 Very familiar
- o Decline to answer

31. Have you participated in any prior cultural competency trainings?

- O Yes, please describe the training(s):_____
- o No
- o Decline to answer

32. How often do you do the following when interacting with patients?

	Always	Usually	Often	Sometimes	Never	Decline to Answer
Identify and challenge your own						
cultural assumptions, values, and						
beliefs						
Avoid using your cultural norms as						
the standard to assess people from						
other identities or backgrounds						
Develop positive attitudes towards						
cultural differences						
Use an inclusive approach that is						
not judgmental or potentially						
stigmatizing						

33. How comfortable do you feel interacting with patients who have different cultural backgrounds/identities than you?

- o Completely uncomfortable
- o Somewhat uncomfortable
- 0 Neither comfortable nor uncomfortable
- o Somewhat comfortable
- O Completely comfortable
- o Decline to answer

34. How familiar are you with sexual behaviors that can facilitate HIV transmission?

- 0 Very unfamiliar
- o Somewhat familiar
- O Neither familiar or unfamiliar
- o Somewhat familiar
- o Very familiar
- O Decline to answer

35. Do you collect sexual history in	formation fr	om patients	?			
o Yes						
o No						
[If 35 is Yes]						
36. How often do you practice the	following w	hile gatherin	g sexual his	story?		
	Always	Usually	Often	Sometimes	Never	Decline to Answer
Allow the patient to guide the conversation						
Use open-ended questions to inquire about sexual behaviors and ask follow-up questions for clarity						
Use a non-judgmental approach						
Use layman's terms alongside anatomically accurate terms						
Use positive reinforcement for behaviors you want to encourage						
Validate and normalize the experiences of your patients						
Repeat/rephrase the patient's responses to demonstrate active listening						
37. How often do you ask the followi	ng questions	while gather	ring sexual h	nistory?		
	Always	Usually	Often	Sometimes	Never	Decline to Answer
Questions regarding reason for the patient's visit						
Questions regarding the patient's history of HIV testing						
Questions regarding the patient's knowledge about HIV						
Questions regarding the patient's sexual practices						
Questions regarding the patient's use of preventative methods						

against HIV and other STIs

use of drugs and alcohol

past history of STIs

Questions regarding the patient's

Questions regarding the patient's

Questions regarding the patient's			
knowledge of PrEP/PEP			

[If 35 is No]

38. Why do you not collect sexual history information from patients?

- o I do not feel comfortable
- 0 My patients do not feel comfortable
- O It is not relevant to my practice
- O It is not important
- o Other, please specify: _____
- o Decline to answer

Conclusion Text

Thank you for completing this survey for the mChoice study. Your responses are very important to us and we appreciate your time.