

Form Approved

OMB No. 0920-New

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## **Cooperative Re-Engagement Controlled Trial (CoRECT)**

### **Attachment #10**

#### **Philadelphia Standard of Care Survey**

Public reporting burden of this collection of information is estimated to average 45 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)

## Philadelphia's Standard of Care Survey

### Facility and Patient Services

1. What is the name of your facility?

2. Please indicate how many staff provide medical care to HIV patients at your facility. Please do not include interns, fellows, and residents in your tally.

Number of staff

2a. \_\_\_\_\_ MD/DO

2b. \_\_\_\_\_ PA

2c. \_\_\_\_\_ NP

2d. \_\_\_\_\_ Pharmacist

2e. \_\_\_\_\_ RN

2f. \_\_\_\_\_ LPN

2g. \_\_\_\_\_ Medical Assistant

2h. \_\_\_\_\_ Other (please specify)

3. Please indicate how many staff at your facility provide mental health and supportive services on site to patients who are HIV positive. Please do not include interns, fellows, and/ or residents in your tally.

3a. \_\_\_\_\_ Number of staff

3b. \_\_\_\_\_ Psychiatrist

3c. \_\_\_\_\_ Psychologist

3d. \_\_\_\_\_ Behavioral Health

3e. \_\_\_\_\_ Consultant

3f. \_\_\_\_\_ Social Worker

3g. \_\_\_\_\_ Medical Case Manager

3h. \_\_\_\_\_ General Case Manager

3i. \_\_\_\_\_ Linkage Coordinator

3k. \_\_\_\_\_ Nutritionist

3l. \_\_\_\_\_ We do not have any mental health or support staff at this facility

4. What administrative support staff are employed at your facility? (Please check all that apply.)

- 4a. Other (please specify)
- 4b. Office Manager
- 4c. Medical Billing Staff
- 4d. Scheduling Staff
- 4e. None of these

5. What clinical services are available for patients with HIV on site at your facility?

Please indicate any other services you offer below. ---OR--- If you do not offer any additional clinical services please indicate that in the space below.

- 5a. Phlebotomy (*Please answer questions 6 and 7 if you check this option*)
- 5b. Pharmacy
- 5c. Radiology
- 5d. Substance Abuse Treatment
- 5e. Mental Health Treatment

6. (Skip to question 8 if you do not draw blood on site at your facility).

Please indicate where you draw blood at your facility for patients who are HIV positive. (Please check all that apply)

- 6a. In the same office where patients have their clinical appointments.
- 6b. In a separate building associated with the facility (i.e. main hospital, lab across the street from the building, etc.)
- 6c. In the same building on a separate floor from where patients have their clinical appointments.
- 6d. Please indicate here any other location at your facility where you draw blood.

7. Please list circumstances when you may not be able to draw blood on-site.

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8. What ancillary/ support services are available for patients with HIV at your facility? (Please check all that apply.)

If you offer other services not listed above please list them here.

- 8a. Support Groups
- 8b. Health Education
- 8c. Adherence Counseling
- 8d. Food Banks
- 8e. Congregate Meals
- 8f. Transportation
- 8g. We do not offer any ancillary/support services to patients at our facility.

**Patient Barriers to Care**

\* 9. How frequently do you think the following issues/challenges/barriers keep a patient from **initially linking** to treatment for their HIV?

(1)Never (2) rarely (3) Sometimes (4) Most of the Time (5) Always (6) I don't know

- \_\_\_ 9a. Homelessness
- \_\_\_ 9b. Incarceration
- \_\_\_ 9c. Transportation
- \_\_\_ 9d. Mental health
- \_\_\_ 9e. Substance Use
- \_\_\_ 9f. Other Health Problems
- \_\_\_ 9g. Lack of Insurance
- \_\_\_ 9h. Inability to pay insurance co-pays
- \_\_\_ 9i. Conflicts with work schedule
- \_\_\_ 9j. Unemployment
- \_\_\_ 9k. Childcare

\_\_\_ 9l. Intimate partner violence

\_\_\_ 9m. Too busy with other social service appointments

\_\_\_ 9n. Inability to organize life activities

\_\_\_ 9o. Stigma or disclosure fears

\_\_\_ 9p. Patients feel healthy

\_\_\_ 9q. Religious objections

\_\_\_\_\_ (specify) 9r. Other

10. How frequently do you think the following issues/challenges/barriers keep a patient from **staying in treatment** for their HIV?

(1) Never (2) rarely (3) Sometimes (4) Most of the Time (5) Always (6) I don't know

\_\_\_ 10a. Homelessness

\_\_\_ 10b. Incarceration

\_\_\_ 10c. Transportation

\_\_\_ 10d. Mental health

\_\_\_ 10e. Substance Use

\_\_\_ 10f. Other Health Problems

\_\_\_ 10g. Lack of Insurance

\_\_\_ 10h. Inability to pay insurance co-pays

\_\_\_ 10i. Conflicts with work schedule

\_\_\_ 10j. Unemployment

\_\_\_ 10k. Childcare

\_\_\_ 10l. Intimate partner violence

\_\_\_ 10m. Too busy with other social service appointments

\_\_\_ 10n. Inability to organize life activities

\_\_\_ 10o. Stigma or disclosures fears

\_\_\_ 10p. Patients feel healthy

\_\_\_\_ 10q. Religious objections

\_\_\_\_\_ (specify) 10r. Other (please specify)

\* 11. How frequently do patients report the following issues as a barrier to **initially linking** to treatment for their HIV?

(1) Never (2) rarely (3) Sometimes (4) Most of the Time (5) Always (6) I don't know

\_\_\_\_ 11a. Homelessness

\_\_\_\_ 11b. Incarceration

\_\_\_\_ 11c. Transportation

\_\_\_\_ 11d. Mental health

\_\_\_\_ 11e. Substance Use

\_\_\_\_ 11f. Other Health Problems (specify)

\_\_\_\_ 11g. Lack of Insurance

\_\_\_\_ 11h. Inability to pay insurance co-pays

\_\_\_\_ 11i. Unemployment

\_\_\_\_ 11j. Childcare

\_\_\_\_ 11k. Intimate partner violence

\_\_\_\_ 11l. Too busy with other social service appointments

\_\_\_\_ 11m. Inability to organize life activities

\_\_\_\_ 11n. Stigma or disclosure fears

\_\_\_\_ 11o. Patients feel healthy

\_\_\_\_ 11p. Religious objections

\_\_\_\_\_ 11q. Other (please specify)

\* 12. How frequently do patients report the following issues as a barrier to **staying in treatment** for their HIV?

(1) Never (2) rarely (3) Sometimes (4) Most of the Time (5) Always (6) I don't know

\_\_\_\_ 12a. Homelessness

- \_\_\_ 12b. Incarceration
- \_\_\_ 12c. Transportation
- \_\_\_ 12d. Mental health
- \_\_\_ 12.e Substance Use
- \_\_\_ 12f. Other Health Problems
- \_\_\_ 12g. Lack of Insurance
- \_\_\_ 12h. Inability to pay insurance co-pays
- \_\_\_ 12i. Unemployment
- \_\_\_ 12j. Childcare
- \_\_\_ 12k. Intimate partner violence
- \_\_\_ 12l. Too busy with other social service appointments
- \_\_\_ 12m. Inability to organize life activities
- \_\_\_ 12n. Stigma or disclosure
- \_\_\_ 12o. Patients feel healthy
- \_\_\_ 12p. Religious objections
- \_\_\_\_\_ 12q. Other (please specify)

**Re-linkage Practices and Protocol**

13. In the last year, what methods has your practice used to re-link HIV patients back to care? (Please check all that apply.)

- 13a. Other (please specify) \_\_\_\_\_
- 13b. Called the patient after a missed medical office visit
- 13c. Made a field visit to the patient after a missed medical office visit
- 13d. Sent letters to the patient after a missed medical visit
- 13e. Sent the patient a text message
- 13f. Sent the patient a message via your health system's secure patient portal

14. Which staff at your facility contact HIV patients when you are attempting to re-link them to care?  
(Please check all that apply.)

- 14a. Other (please indicate staff member(s) not listed)
- 14b. Receptionist
- 14c. Scheduling Staff
- 14d. Medical Assistant
- 14e. Nurse
- 14f. Linkage Coordinator
- 14g. Social Worker
- 14h. Behavioral Health Consultant
- 14i. Medical Director
- 14j. Physicians
- 14k. Physician's Assistant

15. Does your facility have a protocol for re-linking HIV patients back to care?

- 1  Yes we have a written protocol
- 2  Yes but it is not a written protocol
- 0  No
- 7  I don't know.

16. (Skip to question 20 if you answered NO to question 15.)

Briefly describe your facility's protocol for re-linking HIV patients who have been lost to care?

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17. Are there segments of your HIV patient population that are prioritized differently for re-linkage to care (i.e.

Pregnant women, patients with high viral loads etc.)?

Please indicate below how and why patients are prioritized differently for re-engagement.

- 1  Yes (please indicate below how and why patients are prioritized differently)

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0  No

7  I don't know.

18. Who monitors your facility's protocol for re-linkage to care?

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19. How often is your facility's protocol for re-linkage practices modified?

Other (please specify) \_\_\_\_\_

0  Never

1  Every 3-6 mos

2  Every 6-12 mos

3  Every 1-2 yrs

20. Would your facility be interested in receiving training from the health department on developing and/or

implementing a protocol for re-linking HIV patients back to care?

1  Yes

0  No

9  We may be interested but we'd like to learn more first.

### Data Collection and Management

21. What Electronic Medical Record system do you use to collect data on your patients?

1  Epic

2  Allscripts

3  NextGen

4  eClinical Works

5  Cerner

6  Other , (please specify)

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22. What other computerized systems do you use to collect data on your patients? (Please check all that apply.)

- 1  CAREWare
- 2  Electronic Scheduling System
- 3  In-house database system
- 4  Other (please specify) \_\_\_\_\_

23. How frequently do you update your CAREware database?

- 1  I don't use CAREWare.
- 2  Weekly
- 3  Monthly
- 4  Quarterly
- 5  Yearly
- 6  Other (please specify) \_\_\_\_\_

24. (Skip to question 25 if you DO NOT use CAREWare.)

How soon after a patient visit do you update their record in your CAREWare database?

- 1  Within 1 day
- 2  Within 1 week
- 3  Within 1 month
- 4  Within 3 months
- 5  Within 6 months
- 6  Other (please specify) \_\_\_\_\_

25. What data systems could your facility use to identify patients who have not had a visit within the last 6 months? (Please check all that apply.)

- 1  CAREWare
- 2  Electronic Scheduling System
- 3  Electronic Medical Record

4  In-house database system

5  Other (please specify)

26. Is your facility able to capture a history of missed visits for HIV patients in your scheduling system?

If missed visits are not captured in the scheduling system, please indicate below where they are captured.

1  Yes

0  No

2  No, but we capture this elsewhere (indicate where it is captured below).

7  I don't know

27. Is your facility able to identify new patient appointments in your scheduling system?

1  Yes

0  No

7  I don't know

28. Is your scheduling system able to capture when a new patient appointment is for an individual who is HIV positive?

1  Yes

0  No

7  I don't know

29. Do you have a process for creating a list of patients from your data system (i.e. list of pts w/ HIV, list of pts not seen in last 6 mos.)?

1  Yes

0  No

7  I don't know

30. Do you have to request permission from a compliance office or some other entity within your organization to run reports or retrieve data from any of your data systems?

1  Yes

0  No

7  I don't know

31. (Skip to question 32 if you answered NO to question 30).

Which of your data systems require permission from a compliance office or other entity prior to retrieving data or running reports? (Please check all that apply.)

1  Please enter any additional systems not listed above.

2  Electronic Scheduling System

3  Electronic Medical Record

4  CAREWare

5  In-house database

32. Are any of your computer or data systems scheduled to undergo replacement, upgrades or development?

Please indicate below WHICH systems are scheduled to undergo change and WHEN the change is expected to occur.

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33. Are any of your computer or data systems currently undergoing replacement, upgrades or development?

Please indicate WHICH systems are undergoing change below.

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34. Please indicate how competent you and/or your staff are at the following:

(1) Not Competent

(2) We rarely if ever do this and would need training.

(3) Somewhat Competent

(4) We do this occasionally but we may still need training.

(5) Competent we do this all the time and would not need training.

(6) N/A

\_\_\_\_ 34a. Submitting data through a secure FTP site

\_\_\_\_ 34b. Creating an excel spreadsheet

- \_\_\_ 34c.Entering data into a created Excel spreadsheet
- \_\_\_ 34d.Extracting data from a created Excel spreadsheet
- \_\_\_ 34e.Creating new reports from your Electronic Medical Record
- \_\_\_ 34f.Running canned reports from your Electronic Medical Record
- \_\_\_ 34g.Creating new reports in CAREWare
- \_\_\_ 34h. Running canned reports in CAREWare

**Provider Concerns**

35. When a patient returns to care, what are you **most** interested in finding out?

- 1  The patient's reasons for being out of care
- 2  The reasons the patient returned to care
- 3  The patient's willingness to continue engaging in care

If you'd like to share anything more about your answer to this question please indicate that here.

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36. Do you have any concerns about participating in CoRECT that you'd like to share with us?

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