Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

GUIDANCE FOR COMPLETING THE FACILITY ATTRIBUTES WORKSHEET

WHO SHOULD FILL OUT THE WORKSHEET:

- The worksheet can be filled out by facility staff or by MMP staff based on responses obtained from the facility and other sources.
  - Other sources of information may include:
    - Facility website
    - Resource inventories (published listings of available health resources and services)
    - Health Department staff with recent experience working with the facility
  - If information is obtained from non-facility sources, facility staff should review the information to ensure accuracy, and this should be documented in the "Sources of information used to complete this form" section.

- MMP staff should ensure that the most appropriate facility staff are providing and/or verifying facility information. These are most often:
  - Clinic manager/administrator/director
  - Office/practice manager
  - Chief Operating Officer
  - Medical director
  - Nurse manager

GENERAL CONSIDERATIONS (FOR MMP STAFF)

BEFORE USING THIS WORKSHEET, THE FOLLOWING DETERMINATIONS SHOULD ALREADY HAVE BEEN MADE:

- Verification that the specific clinic(s)/provider practice(s) that comprise each facility –meet the MMP definition of "facility."
  - For MMP, a facility is defined as any clinic, health care facility, group or private physician practice, or grouping of such entities that share medical records or a medical records system.
  - For more information, refer to the MMP protocol.

- Verification that each clinic/provider practice that comprises this facility delivers HIV care.
  - "HIV care" is defined as ordering CD4 lymphocyte count or viral load or prescribing antiretroviral (ARV) medications *for the purpose of managing and treating HIV infection in the outpatient setting*.

WHEN USING PARTICULAR SOURCE(S) OF INFORMATION FOR FACILITY ATTRIBUTES, PLEASE CONSIDER THE FOLLOWING:

- Does/do the current source(s) of information (that you are using to complete this worksheet) provide information for ALL affiliated clinics or practices that comprise this "facility," as defined by MMP? (Please see definition above and in the MMP protocol)

- If the current source(s) of information only provide information for some (but not all) of the affiliated clinics/practices that comprise this "facility," then
  - Note that the requested information is pertinent to only those clinics/practices that are represented by the source(s) of information – and <u>frame the questions in this worksheet accordingly</u>.
  - Identify and <u>seek out other sources of information</u> for the affiliated clinics/practices that are not represented here – and add it to the existing form.

Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

ONLY ONE "FACILITY ATTRIBUTES INFORMATION" WORKSHEET IS TO BE COMPLETED FOR A GIVEN MMP FACILITY (REGARDLESS OF WHETHER THAT FACILITY HAS MULTIPLE CLINIC/PROVIDER PRACTICE LOCATIONS).

- If there are discrepancies between different sources of information about a particular facility, these discrepancies should be resolved before completing the survey.

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****THE DATE OF FACILITY VERIFICATION OF INFORMATION SHOULD BE NOTED IF ANY INFORMATION WAS OBTAINED FROM NON-FACILITY SOURCES****	
Source(s) of information used to complete this form:	Date information was obtained from each source:

Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

***When responding, please consider facility characteristics between January 1 and April 30, 2013 ***

1. Which of the following terms accurately describe this facility? **Please select ALL that apply.**

	No	Yes	Don't know
a. Private Practice (solo or group practice)….	❑0	❑1	❑8
b. Hospital-based …….	❑0	❑1	❑8
c. Federally Qualified Health Center (FQHC) or FQHC Look-Alike (for definition, see: http://bphc.hrsa.gov/about).....	❑0	❑1	❑8
d. Other Community-Based Service Organization.....	❑0	❑1	❑8
e. State or Local Health Department…….....	❑0	❑1	❑8
f. Veterans Administration……...	❑0	❑1	❑8
g. University-affiliated, Teaching, or Academic Facility…….	❑0	❑1	❑8
h. Tertiary care center…….	❑0	❑1	❑8
i. Another type of facility.....….....	❑0	❑1	❑8

(Please specify) _____

2. Which of the following best describes the type of ownership of this facility? Please **select <u>ONE</u> only**.

a. Public……..……. ❑1
b. Private, for profit……. ❑2
c. Private non-profit……..…… ❑3
e. Other…….....…..... ❑4

(Please specify) _____

Refuse to answer…… ❑7
Don't know……..…… ❑8

Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

3. Does this facility accept patients with the following types of health insurance or health coverage? **Please select ALL that apply.**

	No	Yes	Don't know
a. Medicaid (including Medicaid managed care)….....	❑0	❑1	❑8
b. Medicare (including Medicare Advantage)….....	❑0	❑1	❑8
c. Private insurance (including HMOs and PPOs)……	❑0	❑1	❑8
d. Tricare or CHAMPUS.....	❑0	❑1	❑8
e. Veterans Administration ……....	❑0	❑1	❑8
f. ADAP ……...	❑0	❑1	❑8
g. Ryan White ……..	❑0	❑1	❑8
h. City, county, state or other publicly funded insurance…….	❑0	❑1	❑8
i. Patients with no health insurance or health coverage….....	❑0	❑1	❑8
j. Other.....….....	❑0	❑1	❑8

(Please specify) _____

4. Please indicate whether each of the following is practiced at this facility. **Please select ALL that apply**.

	No	Yes	Don't know
a. General Internal Medicine……..	❑0	❑1	❑8
b. Family Medicine…….	❑0	❑1	❑8
c. Pediatrics……	❑0	❑1	❑8
d. Primary care……	❑0	❑1	❑8
e. Infectious Diseases…….....	❑0	❑1	❑8
f. Tuberculosis (as in a TB specialty clinic)……	❑0	❑1	❑8
g. Obstetrics/Gynecology……..……	❑0	❑1	❑8
h. Dermatology……..……..	❑0	❑1	❑8
i. Pulmonology……....	❑0	❑1	❑8
j. Neurology……....	❑0	❑1	❑8
k. Ophthalmology……....	❑0	❑1	❑8
l. Hematology/Oncology ……....	❑0	❑1	❑8
m. Endocrinology/Diabetes ……....	❑0	❑1	❑8

Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

n. Gastroenterology /Hepatology……..	❑0	❑1	❑8
o. Nephrology…….....	❑0	❑1	❑8
p. Cardiology…….....	❑0	❑1	❑8
q. Psychiatry…….....	❑0	❑1	❑8
r. Other type of specialty practice….....	❑0	❑1	❑8

(Please specify) _____

5. Does this facility provide the following in an <u>outpatient</u> setting? **Please select ALL that apply**.

	No	Yes	Don't know
a. Dental care ……	❑0	❑1	❑8
b. Mental health counseling by psychiatrists, psychologists, or others who are licensed to conduct mental health counseling……...	❑0	❑1	❑8
c. Substance abuse treatment ……...	❑0	❑1	❑8
d. Prenatal care, general care for pregnancies not considered at high-risk for complications ……...	❑0	❑1	❑8
e. Prenatal care, specialized care for high-risk pregnancies ……...	❑0	❑1	❑8
f. An on-site pharmacy ……	❑0	❑1	❑8
g. Clinical research (e.g., clinical trials, observational studies)……	❑0	❑1	❑8
h. Consultations or programs specifically designed to support or improve patient adherence to HIV treatment …….....	❑0	❑1	❑8
i. HIV risk reduction counseling sessions by a counselor trained specifically to conduct this type of counseling……	❑0	❑1	❑8
j. Partner counseling and referral services (PCRS).....	❑0	❑1	❑8
k. Nutrition consultation with a dietician or nutritionist…….....	❑0	❑1	❑8
X. Patient navigation services (e.g., accompanying to appointments as needed)..	❑0	❑1	❑8
l. HIV/AIDS Case-management/care coordination services.....	❑0	❑1	❑8
m. Social services …….....	❑0	❑1	❑8
n. Language translation services ……....	❑0	❑1	❑8
o. On-site childcare services…….....	❑0	❑1	❑8
p. Transportation services or financial assistance with transportation……....	❑0	❑1	❑8
q. Alternative therapies (like homeopathy, acupuncture, herbs, massage therapy) by licensed providers …….....	❑0	❑1	❑8
r. Opioid maintenance therapy (e.g. buprenorphine, methadone) for opioid-dependent patients.....	❑0	❑1	❑8
s. Other….....	❑0	❑1	❑8

(Please specify) _____

Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

6. How many *individual clinicians* (full-time, part-time, or volunteer) provide care to patients with HIV infection at this facility?

Please do not include in this count the number of students, residents, fellows, or other trainees or the number of nurses who are not nurse practitioners.

a. Doctors……..			
b. Nurse practitioners……			
c. Physician Assistants……..			

7. Considering both full and part-time HIV providers (whether volunteer or paid), how many *full-time equivalents* work at this facility?

Please do not include in this count the number of students, residents, fellows, or other trainees or the number of nurses who are not nurse practitioners.

a. Doctors……..			
b. Nurse practitioners……			
c. Physician Assistants…….			

8. Has this facility received National Committee for Quality Assurance (NCQA) Level 3 Patient Centered Medical Home Recognition?

No…….. ❑$_0$

Yes……..…… ❑$_1$

Refuse to answer…….. ❑$_7$

Don't know…… ❑$_8$

Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

9. Did this facility receive any Ryan White CARE Act (RWCA) funding between January 1 and April 30, 2013?

No…….. ❑0
Yes……..…… ❑1
Refuse to answer …….. ❑7
Don't know……... ❑8

9A**.** If yes, which types of RWCA funding did this facility receive? **Please select ALL that apply**.

	No	Yes	Don't know
a. Part A (Title I)….....	❑0	❑1	❑8
b. Part B (Title II)….....	❑0	❑1	❑8
c. Part C (Title III)……	❑0	❑1	❑8
d. Part D (Title IV).....	❑0	❑1	❑8
e. Special Projects of National Significance (SPNS).....	❑0	❑1	❑8
f. AIDS Education and Training Centers (AETC)……	❑0	❑1	❑8
g. Dental reimbursements ……	❑0	❑1	❑8
h. Minority AIDS Initiative (MAI)……	❑0	❑1	❑8

10. For which of the following does this facility have a computerized system? **Please select ALL that apply**.

	No	Yes	Don't know
a. Patient demographics ….....	❑0	❑1	❑8
b. Patient problem lists.....	❑0	❑1	❑8
c. Medication lists…….……	❑0	❑1	❑8
d. Pharmacy records.....	❑0	❑1	❑8
e. E-prescribing.....	❑0	❑1	❑8
f. Clinical notes……..	❑0	❑1	❑8
g. Viewing laboratory results……	❑0	❑1	❑8
h. Viewing imaging results (e.g., x-ray, MRI)……	❑0	❑1	❑8

Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

Questions 11-16 apply to HIV-infected patients receiving care at this facility.

11. On average, what is the waiting time for a patient who is new to this facility to get an initial appointment with a medical provider (in days)?

☐ days

Don't know…...❑$_8$

12. On average, what is the waiting time for an established patient at this facility to get a routine follow-up appointment with a medical provider (in days)?

☐ days

Don't know…...❑$_8$

13. Does this facility routinely contact patients prior to their appointments as a reminder (via mail, phone, or other)?

No…….. ❑$_0$

Yes……..…… ❑$_1$

Refuse to answer…….. ❑$_7$

Don't know…… ❑$_8$

14. Does this facility routinely follow-up on patients who miss their appointments (via mail, phone, or other)?

No…….. ❑$_0$

Yes……..…… ❑$_1$

Refuse to answer…….. ❑$_7$

Don't know…… ❑$_8$

15. In a typical week, what percentage of scheduled patients do not show up for their appointments without rescheduling?

☐ %

Don't know…...❑$_8$

16. Does this facility have a program to systematically monitor retention in care of *all* HIV patients (e.g., monitoring visit adherence, gaps in care, or visits per interval of time)?

No…….. ❑$_0$

Yes……..…… ❑$_1$

Refuse to answer…….. ❑$_7$

Don't know…… ❑$_8$

Medical Monitoring Project (MMP)
2013 Facility Attributes Worksheet

FACILITY ID ___ ___ ___ ___ ___ ___ ___ ___

The following questions are for MMP staff use only:

For assistance with questions 17 and 18, see MMP_2013_FacAttrib_GeographicWorkSheet.doc

17. Is the facility located in a Health Resources and Services Administration (HRSA)-designated Primary Care Health Professional Shortage Area (HPSA) or a Medically Underserved Area/Population (MUA/P)?

No…….. ❑0
Yes……..…… ❑1
Don't know…… ❑8

18. What is this facility's Urban Influence Code (UIC)? ☐

Glossary:

Partner Counseling and Referral Services: Voluntary services offered by health departments or other organizations that include obtaining contact information for partners of HIV-infected persons, notifying partners about potential exposure to HIV, and providing HIV-infected persons and their partners a range of medical, prevention, and referral services

Hepatology: Medical specialty concerned with diseases of the liver

Tertiary care center: Hospital to which patients will often be referred from smaller hospitals for major operations, consultations with sub-specialists, and when sophisticated intensive care facilities are required

ADAP (AIDS Drug Assistance Program): A set of programs in the United States that provides HIV medications and in some cases medical services to low income persons

Ryan White (Ryan White CARE Act Program): A program that funds treatment for low-income, uninsured, and underinsured people living with HIV/AIDS; while it is not health insurance, the Ryan White program provides funding to healthcare facilities for core medical services