

Medical Monitoring Project (MMP): Provider Survey

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Atlanta, GA 30333



A. Medical Care Provider Characteristics

1. What is your profession?

Physician 1

I am completing a fellowship, residency, or internship. 2 → We are only eliciting responses from physicians who have completed their training, nurse practitioners, and physician assistants. Please stop here and return the survey using the self-addressed postage paid envelope. Thank you for your time.

Nurse Practitioner..... 3

Physician Assistant..... 4 → Skip to question 3

Other, please specify: _____ . 5 → We are only eliciting responses from physicians, nurse practitioners, and physician assistants. Please stop here and return the survey using the self-addressed postage paid envelope. Thank you for your time.

2. Are you board certified in any of the following? Check all that apply.

Internal Medicine 1

Family Practice 2

Pediatrics..... 3

Surgery 4

Obstetrics and Gynecology 5

Neurology 6

Dermatology 7

Infectious Diseases 8

Hematology-Oncology 9

Immunology 10

American Center for Accreditation of
Nurse Practitioners (ACANP) 11

Other board certification 12 → Please specify: _____

3. What year did you graduate from professional school (i.e., medical, nurse practitioner, or physician assistant school)?

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4. What is your age in years?

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5. Are you male or female?

Male..... 1

Female 2

6a. Do you consider yourself to be Hispanic or Latino/a?

- Yes 1
- No..... 2 → Skip to question 7

6b. Which best describes your Hispanic ancestry? Check all that apply.

- Mexican 1
- Puerto Rican.... 2
- Cuban..... 3
- Dominican..... 4
- Other 5 → Please specify: _____

7. Which racial group or groups do you consider yourself to be in? You may choose more than one.

- American Indian or Alaska Native..... 1
- Asian 2
- Black or African-American 3
- Native Hawaiian or other Pacific Islander... 4
- White 5

8. Do you communicate in another language besides English to provide medical care?

- Yes 1 → Please list other language(s): _____
- No..... 2

9. How long have you been caring for patients living with HIV/AIDS?

Years Months

10. Do you consider yourself a specialist in the treatment of HIV/AIDS?

- Yes 1
- No..... 2
- Don't know..... 7

11. How knowledgeable do you consider yourself regarding HIV treatment?

- Extremely knowledgeable.... 1
- Very knowledgeable 2
- Somewhat knowledgeable.... 3
- Not at all knowledgeable 4

12. Please select all the sources of information on HIV care and treatment you usually use.

- USPHS and/or IDSA antiretroviral guidelines 1
- Other HIV care guidelines 2
- International/National conferences 3
- National/Regional AIDS Education & Training Centers (AETC) 4
- Medical journals/Textbooks 5
- Colleagues..... 6
- In-services (i.e. Grand Rounds)..... 7
- Internet sources (i.e. Clinical Care Options, The Body)..... 8
- Pharmaceutical Representatives/Pharmaceutical sponsored meetings ... 9
- Medical associations 10
- The National HIV Telephone Consultation Service (Warmline) 11
- Other, specify: _____ 12

B. Your Practice's Characteristics

Please estimate the following:

13. During an average month, how many individual patients living with HIV/AIDS do you provide care to?

Patients living with HIV/AIDS per month

14. During an average month, how many individual patients without HIV/AIDS do you provide care to?

Non-HIV-infected patients per month

My patient load consists only of patients living with HIV/AIDS

15. Please make an educated guess on the percentage of your scheduled patients living with HIV/AIDS who miss their appointments with you on an average clinic week?

% of patients living with HIV/AIDS

16. Please make an educated guess on the percentage of your scheduled non-HIV-infected patients who miss their appointments with you on an average clinic week?

% of non-HIV-infected patients

My patient load consists only of patients living with HIV/AIDS

17. How often do you refer patients living with HIV/AIDS to another physician with specialized knowledge for:

	Never ▼	Less than half the time ▼	Half the time ▼	More than half the time ▼	Always ▼
a. Initial HIV evaluation?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Initiating anti-retroviral therapy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Evaluating possible changes in antiretroviral therapy?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Interpretation of a viral load or other test result?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Choosing an alternative opportunistic infection prophylactic treatment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C. Characteristics of Your HIV-Infected Patients

The following questions pertain to your patients living with HIV/AIDS.

18. In an average month, approximately what percentage of your patients living with HIV/AIDS fall into the following categories? The total should equal 100%.

a. American Indian or Alaska Native				%
b. Asian				%
c. Black or African American...				%
d. Hispanic or Latino.....				%
e. Native Hawaiian or Other Pacific Islander.....				%
f. White.....				%
Total	1	0	0	%

19. In an average month, approximately what percentage of your patients living with HIV/AIDS fall into the following categories?

a. Women				%
b. Transgender/Transsexual...				%
c. Injecting drug users				%

20. What percentage of your male patients living with HIV/AIDS is men who have sex with other men?

%

D. Your Perspectives

21. For patients who are clinically eligible for antiretroviral therapy, what are the main reasons that you might delay initiating antiretroviral therapy?

22. Please give your opinion of the following statements.

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree
▼	▼	▼	▼	▼

- a. My patients living with HIV/AIDS seek HIV care only after experiencing symptoms..... 1 2 3 4 5
- b. In the community I serve, persons living with HIV/AIDS can obtain HIV care if needed..... 1 2 3 4 5
- c. My patients living with HIV/AIDS understand the meaning of viral load and CD4 cell count..... 1 2 3 4 5
- d. I only prescribe antiretrovirals if I believe a patient is likely to be adherent with the regimen. 1 2 3 4 5
- e. I have sufficient time to provide all the HIV care needed to my patients living with HIV/AIDS..... 1 2 3 4 5

23. Do you provide care to any patients living with HIV/AIDS who receive ADAP (AIDS Drug Assistance Program)?

- Yes 1
- No..... 2 → Skip to question 24
- Don't know..... 7 → Skip to question 24

23a. Please give your opinion of the following statement:

The amount of HIV related medications ADAP allows my patients to receive meets their HIV treatment needs.

- Strongly Agree 1
- Somewhat Agree 2
- Neither Agree nor Disagree .. 3
- Somewhat Disagree..... 4
- Strongly Disagree 5

24. Do you provide care to any patients living with HIV/AIDS who are enrolled in the Medicare Prescription Drug Benefit plan?

- Yes 1
- No..... 2 → Skip to question 25
- Don't know..... 7 → Skip to question 25

24a. Please give your opinion of the following statement:

The Medicare Prescription Drug Benefit plan has made it easier for my HIV infected patients to get their HIV medications.

- Strongly Agree 1
- Somewhat Agree 2
- Neither Agree nor Disagree .. 3
- Somewhat Disagree..... 4
- Strongly Disagree 5

25. CDC recently recommended HIV screening in health care settings for all patients 13 to 64 years of age. Do you offer HIV screening to your patients? (Please select one answer below that comes closest to your situation.)

- Yes, to all my patients 13 to 64 years of age 1
- Yes, but mainly to patients who engage in high-risk behaviors 2
- No, but I plan to start offering HIV screening for all my patients 13 to 64 years of age 3
- No, I do not think HIV screening is necessary for all my patients 13 to 64 years of age.... 4
- Not Applicable, as I only see patients living with HIV/AIDS 5

E. HIV Care Related Services and Barriers to Care

26. Please indicate whether you discuss each of the following topics with your patients living with HIV/AIDS who are new to HIV care. A patient new to HIV care is someone who has not previously obtained HIV care, not a patient new to your practice.

	Always Discuss ▼	Frequently Discuss ▼	Sometimes Discuss ▼	Almost Never Discuss ▼	Never Discuss ▼
Medical Related Issues for Patients Prescribed HIV Medications					
a. Adherence with antiretroviral regimen.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Adherence with OI prophylaxis.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. How to take medicines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Medical related side effects.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Drug-Drug interactions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Pregnancy or potential pregnancy with female patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
HIV and STD Prevention Issues					
g. Risk reduction regarding HIV transmission	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. Condom use.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Availability of partner counseling services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Disclosure of HIV status to their partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Substance abuse.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Other HIV Care Related Issues					
l. Sexually transmitted disease.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. Need for hepatitis screening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. Need for tuberculosis screening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. Hepatitis (A and B) vaccination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. Tuberculosis disease risk.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. Wellness (nutrition, exercise, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r. Pregnancy or potential pregnancy with female patients not on ART	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Psychosocial Related Issues					
s. Family/social support.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
t. Mental health problems, including depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
u. Other, specify:.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

26a. On average, how many minutes are you able to spend with a patient living with HIV/AIDS who is new to HIV care?

minutes

26b. In your opinion, do you have sufficient time to provide all HIV related information needed to your patients living with HIV/AIDS who are new to HIV care?

Yes..... 1
 No 2
 Don't know 7

27. Please indicate whether you discuss each of the following topics at each return appointment with your established patients living with HIV/AIDS. Established patients are those who have been seen at your facility/practice on at least one prior occasion for HIV care.

Medical Related Issues for Patients Prescribed HIV Medications

Always Discuss ▼	Frequently Discuss ▼	Sometimes Discuss ▼	Almost Never Discuss ▼	Never Discuss ▼
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- a. Adherence with antiretroviral regimen 1 2 3 4 5
- b. Adherence with OI prophylaxis..... 1 2 3 4 5
- c. How to take medicines 1 2 3 4 5
- d. Medical related side effects..... 1 2 3 4 5
- e. Drug-Drug interactions 1 2 3 4 5
- f. Pregnancy or potential pregnancy with female patients 1 2 3 4 5

HIV and STD Prevention Issues

- g. Risk reduction regarding HIV transmission 1 2 3 4 5
- h. Condom use..... 1 2 3 4 5
- i. Availability of partner counseling services 1 2 3 4 5
- j. Disclosure of HIV status to their partners 1 2 3 4 5
- k. Substance abuse..... 1 2 3 4 5

Other HIV Care Related Issues

- l. Sexually transmitted disease 1 2 3 4 5
- m. Need for hepatitis screening..... 1 2 3 4 5
- n. Need for tuberculosis screening..... 1 2 3 4 5
- o. Hepatitis (A and B) vaccination 1 2 3 4 5
- p. Tuberculosis disease risk..... 1 2 3 4 5
- q. Wellness (nutrition, exercise, etc.) 1 2 3 4 5
- r. Pregnancy or potential pregnancy with female patients not on ART 1 2 3 4 5

Psychosocial Related Issues

- s. Family/social support..... 1 2 3 4 5
- t. Mental health problems, including depression 1 2 3 4 5
- u. Other, specify: _____ .. 1 2 3 4 5

27a. On average, how many minutes are you able to spend with an established patient living with HIV/AIDS?

minutes

27b. In your opinion, do you have sufficient time to provide all HIV related information needed to your established patients living with HIV/AIDS?

- Yes..... 1
- No 2
- Don't know 7

28. Thinking about your patients living with HIV/AIDS, please indicate the importance of the following barriers they may experience in obtaining HIV care at your facility/clinic.

	Not Important ▼	Slightly Important ▼	Moderately Important ▼	Very Important ▼
Structure Level Barriers				
a. Lack of childcare at facility/clinic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Inconvenient facility/clinic hours	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Inconvenient facility/clinic location	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Lack of translation services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Cost of HIV care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. No insurance coverage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Length of time to schedule appointments.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Transportation problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Individual Level Barriers				
i. Culturally based health beliefs and behaviors of patients.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Inability of patients to understand medical instructions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Lack of social support systems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Mental health problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Drug abuse problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Alcohol abuse problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Thank you for your participation!



PROVIDING FOR A HEALTHIER COMMUNITY

For more information on MMP, please go to: <http://www.cdc.gov/hiv/projects/mmp/default.htm>