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Medical Monitoring Project (MMP): HIV Provider Survey

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

ELIGIBILITY SCREENER

1. Are you a physician (MD or DO), nurse practitioner, or physician assistant and you practice HIV medicine, i.e., order CD4 lymphocyte and HIV viral load tests for more than referral purposes or prescribe antiretroviral therapy? <u>In this survey, practicing HIV medicine may include the direct supervision of others who practice HIV medicine.</u>

Yes .... ☐ 1
No.................... ☐ 0 → We are only requesting responses from providers who practice HIV medicine. Please stop here and return the survey using the self-addressed postage paid envelope. Thank you for your time.

2. Are you a physician completing a fellowship, residency, or internship?

No.................... ☐ 0
Yes .... ☐ 1 → We are only requesting 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.

A. BACKGROUND

3. How long have you been providing care for HIV-infected patients (not including time in professional training)? ☐☐ **years** ☐☐ **months**

4. In what year did you complete medical school, nursing school, or physician assistant school? ☐☐☐☐

5. What is your profession?

Physician .... ☐ 1
Nurse practitioner .... ☐ 2 → Please skip to Q 8.
Physician assistant .... ☐ 3 → Please skip to Q 9.

6. Are you board certified in any of the following? (*Select all that apply and indicate year of certification or most recent recertification, if applicable.)*

Certification		Year	
Internal Medicine	☐ 1	☐☐☐☐	1 a
Family Practice	☐ 2	☐☐☐☐	2 a
Pediatrics	☐ 3	☐☐☐☐	3 a
Infectious Diseases	☐ 4	☐☐☐☐	4 a
Obstetrics and Gynecology	☐ 5	☐☐☐☐	5 a
Neurology	☐ 6	☐☐☐☐	6 a
Dermatology	☐ 7	☐☐☐☐	7 a
Surgery	☐ 8	☐☐☐☐	8 a
Hematology-Oncology	☐ 9	☐☐☐☐	9 a
Immunology	☐ 10	☐☐☐☐	10 a
Other board certification	☐ 11	☐☐☐☐	11 a

Please specify: ______________________________

7. In what year did you complete initial board certification?

☐☐☐☐

NA .... ☐ 6

Physicians skip to Q 9.

8. Are you certified by the HIV/AIDS Nursing Certification Board as an AIDS Certified Registered Nurse (ACRN) or an Advanced AIDS Certified Registered Nurse (AACRN)?

No.................... ☐ 0
Yes .... ☐ 1

9. Are you a member of any of the following professional organizations? ***(Select all that apply.)***

American Academy of HIV Medicine (AAHIVM) .... ☐ 1
HIV Medicine Association (HIVMA) .... ☐ 2
American Association of Nurses in AIDS Care (ANAC)......................... ☐ 3
International Association of Providers of AIDS Care (IAPAC) .... ☐ 4

10. Do you have American Academy of HIV Medicine (AAHIVM) specialist certification (AAHIVS)?

No.................... ☐ 0
Yes .... ☐ 1

B. CHARACTERISTICS OF YOUR PRACTICE

For questions 11-22, please consider your work at all of your practice locations. Patient care includes direct supervision of patient care.

11. How many hours per week do you devote to patient care in total including face-to-face contact, documentation, phone calls/emails to patients, educating families, reviewing tests, and consulting with other providers? ☐☐ **hours**

12. What percentage of your patient care time do you devote to HIV-infected patients? ☐☐☐ **%**

13. For how many HIV-infected individuals do you currently provide continuous and direct patient care? ☐☐☐

14. In the past 3 years, have you provided continuous and direct medical care to a minimum of 25 patients with HIV?

No.................... ☐ 0
Yes .... ☐ 1

15. Are you accepting new HIV-infected patients at this time?

No.................... ☐ 0
Yes .... ☐ 1

16. Regarding the number of HIV patients you will be able to provide care for 5 years from now, which is most likely?

It will increase .... ☐ 1
It will stay the same .... ☐ 2
It will decrease .... ☐ 3
I will stop providing care for HIV patients........... ☐ 4

17. Do you plan to leave clinical practice within the next 5 years?

No.................... ☐ 0
Yes .... ☐ 1
Unsure............. ☐ 7

18. Are you currently obligated to practice in a federally designated shortage area for a defined period of time (e.g., you are a member of the National Health Service Corps or hold a J-1 or H1b visa)?

No.................... ☐ 0
Yes .... ☐ 1

19. Do you provide primary care for your HIV-infected patients (i.e., point of first contact, comprehensive care, and emphasis on prevention and coordination of care)?

No.................... ☐ 0
Yes .... ☐ 1

20. Do you manage HIV treatment decisions involving antiretroviral drug resistance?

No.................... ☐ 0
Yes .... ☐ 1

21. Do you co-manage HIV patients? *(Select one.)*

Note: Co-management refers to the practice of a more experienced HIV expert being available to oversee and consult with a less experienced HIV provider on the care of patients.

Yes, I co-manage HIV patients and **receive** expert assistance .... ☐ 1
Yes, I co-manage HIV patients and **provide** expert assistance .... ☐ 2
No, I do not co-manage patients... ☐ 0

22. Please indicate your level of satisfaction with the following areas of your HIV medical practice:

		Very satisfied	Satisfied	Neutral	Un-satisfied	Very un-satisfied
		▼	▼	▼	▼	▼
a.	Salary or reimbursement rates	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b.	Amount of time required and available for documentation and other administrative work	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c.	Work schedule and/or on call responsibilities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d.	Availability of supportive services to assist with patient management	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e.	Support and coverage from other HIV providers	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f.	Availability of specialists for consultation and referral	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g.	Amount of effort required to keep up with clinical and/or pharmaceutical advances	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

If you provide HIV care at more than one practice, in answering the questions in the remainder of this section, consider the patients only at the practice where you received this survey.

23. How many minutes, on average, do you spend during the initial visit with an HIV-infected patient who is entering care for the first time?

☐ **minutes**

NA, I do not see patients for initial visits .... ☐ 6 → Please skip to Q 24.

24. In your opinion, how often do you have sufficient time to provide all needed HIV related information to your HIV-infected patients who are entering care for the first time?

- Always .... ☐ 1
- Usually.................... ☐ 2
- Sometimes.............. ☐ 3
- Never...................... ☐ 4

25. How many minutes, on average, do you spend during a follow-up visit with an HIV-infected patient after the initial evaluation is completed?

☐ **minutes**

26. In your opinion, how often do you have sufficient time to provide all needed HIV-related information to your established HIV-infected patients?

- Always .... ☐ 1
- Usually.................... ☐ 2
- Sometimes.............. ☐ 3
- Never...................... ☐ 4

27. Does your practice utilize an integrated team where multiple clinicians work together to augment the provider visit by providing pre-visit, post-visit, or between-visit contact with HIV-infected patients? These teams may include nurses, social workers, case managers, mental health providers, substance abuse counselors, and/or adherence counselors.

- No.................... ☐ 0
- Yes .... ☐ 1
- Don't know....... ☐ 8

C. CHARACTERISTICS OF YOUR HIV-INFECTED PATIENTS

If you provide HIV care at more than one practice, in this section consider the patients at the practice where you received this survey.

28. Approximately what proportion of your HIV-infected patients fall into the following categories? The total should *equal 100%.*

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

29. Approximately what proportion of your HIV-infected patients fall into the following categories? The total should *equal 100%.*

Category				
a. Age 12 years and under……				%
b. Age 13-24 years…………….				%
c. Age 25-64 years…………….				%
d. Age 65 years and over……..				%
Total…………………………	**1**	**0**	**0**	**%**

30. Approximately what percentage of your HIV-infected patients fall into the following categories? The total can *equal more than 100%.*

Category				
a. Women..……………………………………..…………				%
b. Men who have sex with men……………………..…………				%
c. Men who have sex with women…………………………				%
d. Transgender (male to female or female to male)……..				%
e. Injecting drug users..…………………………………….…				%

31. When your patients miss their scheduled follow-up visits, how often is it due to the following reasons?

		Never	Rarely	Sometimes	Often	Very often	Don't know
		▼	▼	▼	▼	▼	▼
a.	Incarceration or legal detention	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
b.	Homelessness	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
c.	Emotional or psychological barriers related to HIV (e.g., stigma, denial, fear, anger)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
d.	Mental health problems	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
e.	Drug or alcohol abuse problems	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
f.	Too sick to travel	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
g.	Transportation problems	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
h.	Child care problems	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8
i.	Reluctance to admit not following provider's advice (e.g., regarding ART use or risk reduction measures)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 8

32. Do you agree with the following statements about services provided to patients at your practice?

		Yes	No	Don't know
		▼	▼	▼
a.	Practice routinely contacts patients prior to their appointments as a reminder (via mail, phone, or other)	☐ 1	☐ 2	☐ 8
b.	Practice routinely follows-up on patients who miss their appointments (via mail, phone, or other)	☐ 1	☐ 2	☐ 8
c.	Practice provides patient navigation services (e.g., accompanying to appointments as needed)	☐ 1	☐ 2	☐ 8
d.	You or your practice routinely reinforces the value of follow-up visits	☐ 1	☐ 2	☐ 8
e.	Practice has 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)	☐ 1	☐ 2	☐ 8
f.	Practice offers care to persons with any income level and insurance status	☐ 1	☐ 2	☐ 8

D. PATIENT MANAGEMENT

If you provide HIV care at more than one practice, in this section, consider the HIV-infected patients at the practice where you received this survey.

33. Among patients for whom there are no barriers or contraindications to treatment, when would you first prescribe ART? *(Select one.)*

- CD4 count <200 cells/mm^3 .... ☐ 1
- CD4 count <350 cells/mm^3 .... ☐ 2
- CD4 count <500 cells/mm^3 .... ☐ 3
- Treat regardless of CD4 count............................. ☐ 4
- N/A, I do not prescribe ART................................. ☐ 6 → Please skip to Q 36.

34. For what percentage of your patients do you currently defer, for any reason, prescribing ART?

- 0% .... ☐ 1 → Please skip to Q 36.
- 1-10% .... ☐ 2
- 11-25% .... ☐ 3
- 26-50% .... ☐ 4
- Over 50%............. ☐ 5

35. Among patients for whom you defer prescribing ART, for what proportion are the following factors reasons that you defer?

		Most or all	More than half	About half	Less than half	Few or none
		▼	▼	▼	▼	▼
a.	Patient refusal or unwillingness to commit to treatment	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b.	Patient has medical problem that may make long-term adherence difficult (e.g., substance abuse, mental health, or other illness)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c.	Patient has social issue that may make long-term adherence difficult (e.g., homeless, incarcerated, migrant)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d.	Inability to construct an effective regimen with acceptable side effects	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e.	Inability to pay for medications or medication coverage delays	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f.	You do not agree with current guidelines to treat HIV-infected patients at all CD4 levels	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

36. Please indicate the extent to which you agree with the following statement: the availability of medication provided by the following prescription drug plans is sufficient to meet my patients' HIV treatment needs:

		Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	N/A I have no patients in this plan	Don't know
		▼	▼	▼	▼	▼	▼	▼
a.	ADAP (AIDS Drug Assistance Program)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 8
b.	Medicare prescription drug plan	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 8
c.	Medicaid	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 8
d.	Commercial insurance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 8
e.	Pharmaceutical industry drug assistance plans	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 8

37. For what proportion of your patients who are new to HIV care do you order an HIV genotype as part of their initial evaluation?

- All patients .... ☐ 1
- More than half .... ☐ 2
- About half .... ☐ 3
- Less than half .... ☐ 4
- Few or none .... ☐ 5
- N/A, I do not perform initial evaluations on HIV-infected patients .... ☐ 6

Questions 38-44 refer to assessments and interventions, such as counseling, education, and referrals, that you may perform as part of your HIV practice.

38. For what proportion of the HIV-infected patients you see for continuous or repeated care do you perform the following?

	ANTIRETROVIRAL TREATMENT	Most or all	More than half	About half	Less than half	Few or none	N/A I don't prescribe ART
		▼	▼	▼	▼	▼	▼
a.	For patients who choose to postpone the start of treatment, periodically re-offer them ART	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b.	For patients not yet started on ART, discuss the benefit of ART in reducing risk of transmitting HIV to others	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
c.	For patients using ART, assess treatment adherence at every visit	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

	ANTIRETROVIRAL TREATMENT	Most or all	More than half	About half	Less than half	Few or none	N/A I don't prescribe ART
		▼	▼	▼	▼	▼	▼
d.	Offer education and advice about tools to increase adherence for patients on ART (e.g., dose-reminder alarms, diaries, and pill boxes)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
e.	For patients who are non-adherent to ART, refer for supportive services as needed	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

39. For what proportion of the HIV-infected patients you see for continuous or repeated care do you perform the following?

	SEXUAL RISK REDUCTION	Most or all	More than half	About half	Less than half	Few or none	N/A I don't see patients for initial visits
		▼	▼	▼	▼	▼	▼
a.	Ask about any new sexual partners and number and gender of partners and assess ongoing risk behaviors every 6 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
b.	Ask about symptoms of STDs since the last visit in sexually active patients	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
c.	Provide safer sex counseling at each visit for patients with ongoing risky sexual behaviors or detectable viral load	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
d.	Offer condoms to sexually active patients	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
e.	Ask patients during their initial evaluation if all sexual partners since time of diagnosis have been notified of possible HIV exposure	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
f.	Ask patients during their follow-up visits if any new sexual partners have been notified of possible HIV exposure since their last visit	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
g.	Ask patients with newly diagnosed syphilis, gonorrhea, chlamydia, trichomoniasis (in women only) and HSV-2 if all sex partners have been informed of possible HIV exposure	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
h.	Encourage patients to disclose their HIV status to all sex partners since the time of their diagnosis	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	
i.	Refer patients to health department to discuss sex partners who have not been informed of their exposure and to arrange for their notification and referral for HIV testing.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	

40. For what proportion of the HIV-infected patients you see for continuous or repeated care do you perform the following?

	ALCOHOL AND DRUG USE RISK REDUCTION	Most or all	More than half	About half	Less than half	Few or none	N/A I have no patients who inject drugs	N/A I don't see patients for initial visits
		▼	▼	▼	▼	▼	▼	▼
a.	Assess use of alcohol, recreational drugs, illicit drugs, and elicit injected drugs every 6 months	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5		
b.	Ask injection drug users during their initial evaluation if all injection partners have been informed of possible HIV exposure	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7
c.	Ask injection drug users at follow-up visits if any new injection partners have been informed of possible HIV exposure since their last visit	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	
d.	Encourage patients to disclose their HIV status to all injection partners since the time of their HIV diagnosis	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	
e.	Refer patients to health department to discuss drug injection partners who have not been informed of their exposure and to arrange for their notification and referral for HIV testing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	
f.	For patients who abuse alcohol or drugs, make referrals for appropriate specialty services	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5		
g.	Inform patients who share drug injection equipment about sources of sterile syringes (e.g., pharmacies, syringe programs, legal prescription in some states)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	

41. Do you provide care for HIV-infected female patients?

No.................... ☐ 0 → Please skip to Q 43.

Yes .... ☐ 1

42. For what proportion of the HIV-infected women you see for continuous or repeated care do you perform the following?

	REPRODUCTIVE HEALTH, FEMALE PATIENTS WITH HIV	Most or all	More than half	About half	Less than half	Few or none
		▼	▼	▼	▼	▼
a.	Assess the reproductive plans of patients aged 12-45 years	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b.	Inform patients about the risk of perinatal transmission should they become pregnant	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c.	For patients who wish to avoid pregnancy, provide or prescribe effective contraception or refer to another provider for contraception needs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d.	Advise patients using medical or surgical contraception to also use condoms to prevent HIV transmission	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e.	Refer patients who wish to conceive to clinicians skilled in preconception counseling of HIV-infected women	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f.	Inform patients that using ART can prevent perinatal transmission should they become pregnant	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

43. Do you provide care for HIV-infected male patients with female partners?

No.................... ☐ 0 → Please skip to Q 45.
Yes .... ☐ 1

44. For what proportion of the HIV-infected patients you see for continuous or repeated care, who are men with female partners, do you perform the following?

	REPRODUCTIVE HEALTH, MALE PATIENTS WITH HIV	Most or all	More than half	About half	Less than half	Few or none
		▼	▼	▼	▼	▼
a.	Inform patients who have female partners about the risk of perinatal transmission should their partner become pregnant	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b.	Assess patients' reproductive plans and refer patients who wish to conceive with a female partner to clinicians skilled in preconception counseling of HIV-infected persons	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c.	For patients who wish to avoid conceiving a child, provide information about vasectomy or refer to another provider to do this	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d.	Advise patients who are sterile or using another form of contraception to also use condoms to prevent HIV transmission	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

E. ANTIRETROVIRAL PROPHYLAXIS FOR HIV-NEGATIVE PATIENTS

45. Have you ever prescribed continuous daily dosing of tenofovir/emtricitabine (Truvada®) for pre-exposure prophylaxis (PrEP) of HIV infection?

No.................... ☐ 0 → Please skip to Q 47.
Yes .... ☐ 1

46. For whom have you prescribed continuous daily dosing of tenofovir/emtricitabine (Truvada®) for PrEP? *(Select all that apply.)*

Men who have sex with men .... ☐1
Men who have sex with women.. ☐2
Women who have sex with men .... ☐3
Uninfected partners in serodiscordant couples attempting to conceive .... ☐4
Injecting drug users .... ☐5
Other group, **please specify**: _______________________________________ .... ☐6

47. Have you ever prescribed antiretroviral medication for non-occupational post-exposure prophylaxis (nPEP)?

No.................... ☐ 0 → Please skip to Q 49.
Yes .... ☐ 1

48. For whom have you prescribed antiretroviral medication for nPEP? *(Select all that apply.)*

Men who have sex with men .... ☐1
Men who have sex with women.. ☐2
Women who have sex with men .... ☐3
Uninfected partners in serodiscordant couples attempting to conceive .... ☐4
Injecting drug users .... ☐5
Other group, **please specify**: _______________________________________ .... ☐6

F. SOURCES OF INFORMATION AND CONTINUING EDUCATION / CONTINUING MEDICAL EDUCATION

49a. Which sources of information on HIV care and treatment have you used in the past year? *(Select all that apply.)*

Published Guidelines / Recommendations

Infectious Disease Society of America (IDSA) / HIVMA Primary Care Guidelines...................... ☐ 1

Department of Health and Human Services (DHHS) Antiretroviral Treatment Guidelines .... ☐ 2

International Antiviral Society – USA (IAS-USA)
Antiretroviral Treatment of Adult HIV Infection Recommendations .... ☐ 3

CDC / IDSA / HIVMA / National Institutes of Health (NIH)
Guidelines for the Prevention of Opportunistic Infections in Adults and Adolescents .... ☐ 4

CDC / IDSA / HIVMA / Health Resources and Services Administration (HRSA)
Incorporating HIV Prevention into the Medical Care of Persons Living with HIV
(Published July 2003 MMWR) .... ☐ 5

CDC Interim Guidance: Pre-exposure Prophylaxis for Men who have Sex with Men
(Published January 2011 MMWR).. ☐ 6

CDC Interim Guidance: Pre-exposure Prophylaxis for Heterosexually Active Adults
(Published August 2012 MMWR) .... ☐ 7

CDC Guidelines for Non-occupational Post-exposure (nPEP) Prophylaxis Adults
(Published January 2005 MMWR).. ☐ 8

49b. Which sources of information on HIV care and treatment have you used in the past year?
(Select all that apply.)

Other Resources

International/national conferences .... ☐ 9
National/Regional AIDS Education & Training Centers (AETC) .... ☐ 10
Continuing Medical Education / Continuing education courses .... ☐ 11
Colleagues .... ☐ 12
Medical journals/textbooks .... ☐ 13
Websites with clinical information (e.g., IAS-USA, HIV InSite, Clinical Care Options) .... ☐ 14
Pharmaceutical representatives/pharmaceutical sponsored meetings .... ☐ 15
Medical associations .... ☐ 16
National HIV Telephone Consultation Service (Warmline) .... ☐ 17
CDC Prevention is Care materials (http://www.cdc.gov/actagainstaids/pic/) .... ☐ 18
Other, **please specify**: ____ .... ☐ 19

50. How many HIV-specific Category 1 continuing medical education/continuing education (CME/CE) credits have you earned in the past 12 months?

0-4 .... ☐ 1
5-9 .... ☐ 2
10 or more ...... ☐ 3

51. In the past 3 years have you earned at least 10 hours per year of Category 1 CME/CE credits each year addressing the diagnosis, treatment, or epidemiology of HIV disease?

No .... ☐ 0
Yes .... ☐ 1

52. In the past 3 years have you earned at least 40 hours of Category 1 CME/CE credits addressing the diagnosis, treatment, or epidemiology of HIV disease?

No .... ☐ 0
Yes .... ☐ 1

G. OPINION ON POSSIBLE CHANGES TO THE MEDICAL MONITORING PROJECT (MMP)

The Medical Monitoring Project (MMP) is considering changing the way HIV-infected individuals are selected for participation in order to include persons not in care as well as those receiving care. If adopted, individuals would be sampled from health department lists of HIV-infected persons and would be recruited directly by local health department staff. Providers would still be asked to help locate patients and to grant access to participants' medical records.

53. If the proposed change to MMP described above were adopted, how would your interest in participating with MMP be affected?

- Interest would be decreased........................... ☐ 1
- Interest would be unaffected........................... ☐ 2
- Interest would be increased............................ ☐ 3
- Not sure.. ☐ 4

H. PROVIDER CHARACTERISTICS

54. What is your age in years? ☐☐

55. What is your gender?

- Male................ ☐ 1
- Female .... ☐ 2
- Transgender.... ☐ 3

56. Do you consider yourself to be:

- Heterosexual or straight .... ☐ 1
- Gay or lesbian .... ☐ 2
- Bisexual.. ☐ 3

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

- No................... ☐ 0 → Please skip to Q 59.
- Yes .... ☐ 1

58. Which best describes your Hispanic ancestry? ***(Select all that apply.)***

- Mexican, Mexican American, Chicano/a......... ☐ 1
- Puerto Rican... ☐ 2
- Cuban.. ☐ 3
- Another Hispanic, Latino/a, Spanish origin...... ☐ 4 → **Please specify**: ______________________________

Please continue to next page →

59. Which racial group or groups do you consider yourself to be in? *(Select all that apply.)*

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

60. Do you communicate in another language besides English to provide medical care (i.e., without the use of an interpreter)?

- No .... ☐ 0 → Please stop here. Thank you for your time.
- Yes .... ☐ 1

61. In what other language/s do you provide medical care?

- Spanish .... ☐ 1
- Other .... ☐ 2 → **Please specify**: ____

Thank you for your participation!

Please return this survey to:

Centers for Disease Control and Prevention
MMP Provider Survey
c/o Altarum Institute
3520 Green Ct, Ste 300
Ann Arbor, MI 48105-1566

MEDICAL MONITORING PROJECT

For more information on MMP, please go to: http://www.cdc.gov/hiv/prevention/ongoing/mmp/index.html