

**Workforce Development Initiative  
Cross-Site Evaluation Overview  
Preparation Date: 2/26/2016**

**SUMMARY**

The Cross-site Evaluation will be comprised of 5 components:

1. Organizational Assessment
2. Key Informant Interviews
3. Provider/Staff Survey
4. Ryan White Services Report (clinical record data extraction)
5. Cost Data

In addition, Demonstration Sites will have the option of participating in an additional Focus Study that will include administration of a Patient Survey.

Below is a summary of the proposed participants, administration methods and frequency of administration for each component of the Cross-site Evaluation and the Focused Study.

A more detailed description of each component and the current version of each proposed instrument are included in the pages that follow.

## Workforce Development Initiative: Summary of Cross-site Evaluation Components

Component	Participants	Administration Methods	Frequency
<b>Cross-Site Evaluation</b>			
Organizational Assessment	Two to three individuals from Demonstration Site who are knowledgeable of the services	Demonstration site staff will complete one part via a web-based REDCap survey and another two parts in conversation with the ETAC.	Once prior to implementation and then every six months
Key Informant Interviews	Key individuals (10 or fewer per wave) involved in the development and implementation on the Demonstration Site practice transformation	These interviews will be conducted by ETAC investigators over the phone or at the time of site visits.	Once prior to implementation and once after approximately two years of implementation
Provider/Staff Survey	All employees at participating health facilities or clinics who have contact with HIV-infected patients (including front desk staff and medical assistants)	Demonstration Sites will be responsible for identifying participants who will complete the survey via REDCap. The ETAC will send links to the participants to open the survey.	Once prior to implementation and then annually
Ryan White Services Report	All HIV-infected patients served within ALL health facilities or clinics intended for inclusion in the Demonstration Site practice transformation	The ETAC is seeking to obtain copies of sites' Ryan White Services (RSR) report filings directly from HRSA.	Annual RSR Reports
Cost Data	One or two individuals from Demonstration Sites who are knowledgeable of fiscal and programmatic aspects of the Demonstration Site practice transformation	Demonstration Sites will be responsible for completing an Excel template in collaboration with ETAC staff	Annual submission four months after the end of the grant year (after the annual federal financial report for the grant is filed with HRSA)

<b>Focused Study</b>			
Patient Survey	HIV-infected patients. Demonstration sites will select sampling methods	Demonstration Sites will be responsible for conducting administration of web-based (REDCap) survey or conducting entry of data captured using paper tools	Annually in Years 2-4 of the initiative

**Workforce Development Initiative**  
**Organizational Assessment**  
**Preparation Date: 2/26/2016**

**PURPOSE**

The Organizational Assessment is a mandatory component of the Cross-site Evaluation. The purpose of the Organizational Assessment is to understand the status of each Demonstration Site and participating health facilities or clinics with respect to: 1) provider training; 2) patient engagement; and 3) coordination of care.

**PARTICIPANTS**

Two to three members of each Demonstration Site team will participate in the Organizational Assessment. These individuals should have a working knowledge of the characteristics, staffing and services available within each health facility as well as the degree to which each organization has incorporated aspects of the building blocks model, both overall and for HIV-specific care.

**ADMINISTRATION**

The Organizational Assessment is comprised of three parts. The first assesses the characteristics, staff and services of each Demonstration Site. The second, the Building Blocks of Primary Care Assessment (BBPCA), captures the degree to which each health facility has incorporated the building block model. The third, an HIV-specific addendum, assesses the degree to which health facilities or clinics have incorporated aspects of the building blocks model for HIV-specific care.

Sites will complete the first part of the assessment on their own using a REDCap survey. A link to this survey will be sent to one participants from a site prior to a call with the ETAC. That person will work with other members of the demonstration project team to complete the survey. Only one survey is submitted by a site for wave of data collection.

The second and third parts of the organizational assessment will be completed during a phone conversation with the ETAC site liaison and another member of the ETAC. The site liaison will then enter the responses from the second and third parts into a REDCap database. The organizational assessment will capture data separately for each clinic or site taking part in a demonstration project.

The ETAC will make available a copy of the data from a site's organizational assessment to that site's demonstration project investigators.

**FREQUENCY**

The Organizational Assessment will initially be administered prior to the implementation of the Demonstration Site practice transformation (Baseline) and then every six months after that until data collection is completed in Year 4 of the initiative.

## PROCEDURES

For each wave:

1. An ETAC investigator will contact the local demonstration project's Project Director (or other key personnel). The project director will identify the individuals who will be taking part in the organizational assessment and identify the individual that will be sent the first part of the assessment to be completed via online survey.
2. The ETAC will arrange for REDCap to send an email to the identified member of demonstration project team. The email will contain a link to a survey containing the first part of the organizational assessment. Working with other members of the team, the recipient will complete the survey and submit it back to the ETAC.
3. The ETAC and participating demonstration project team members will identify a mutually convenient time for a conference call to complete the remaining portions of the assessment. Prior to the call, the ETAC will send to the site's participants a copy of the BBPCA and addendum and, for later waves of data collection, copies of the completed organizational assessment from the prior round. Site personnel are encouraged to review and select preliminary scores for the assessment items prior to the day of the scheduled call with the ETAC.
4. On the day of the call, participants from the ETAC and the demonstration site will discuss each item on the BBPCA and the addendum and select a score. Site personnel will be asked to explain the logic behind their recommended score. When needed, the ETAC participants may offer advice on the meaning of a question or its answers, and on how to reason through the selection of a score.
5. The ETAC will record the answers to all BBPCA and addendum items and will keep notes on the reasons behind each selected answers.
6. The ETAC will enter the response to the items from the BBPCA and addendum into a REDCap database.
7. The ETAC will clean and analyze the data for cross-site analyses.
8. The ETAC will securely send each site a copy of its own organizational assessment data, which will be extracted from the larger cross-site dataset.

**Workforce Development Initiative  
Organizational Assessment  
Version Date: 7/16/2015**

1. Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)
2. Demonstration Site: \_\_\_\_\_
3. How many health facilities or clinics do you intend to include in your demonstration site intervention?  
  
\_\_\_
4. Please provide the name of each health facility or clinic.
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
  - E. \_\_\_\_\_

For each health facility or clinic, please answer the following:

Facility	A	B	C	D	E
5. Number of patients seen in past 6 months for all conditions	_____	_____	_____	_____	_____
6. Number of HIV-infected patients seen in the past 6 months	_____	_____	_____	_____	_____
7. Number of prescribing providers	_____	_____	_____	_____	_____
8. How many of these prescribing providers work full time at the facility or clinic?	_____	_____	_____	_____	_____
9. How many of these prescribing providers work part time at the facility or clinic?	_____	_____	_____	_____	_____
10. Total prescribing provider FTE (full time equivalent) at the facility of clinic.					

Number of prescribing providers trained to:

Facility	A	B	C	D	E
11. Conduct HIV testing and counseling	---	---	---	---	---
12. Provide health care for newly diagnosed HIV-infected patients <b>with support</b> from an expert provider	---	---	---	---	---
13. Provide health care for newly diagnosed HIV-infected patients <b>without support</b> from an expert provider	---	---	---	---	---
14. Provide health care for healthy HIV-infected patients <b>with support</b> from an expert provider	---	---	---	---	---
15. Provide health care for healthy HIV-infected patients <b>without support</b> from an expert provider	---	---	---	---	---
16. Provide healthcare for complex HIV-infected patients (eg. Those with co-morbid conditions and/or side effects from treatment) <b>with support</b> from an expert provider	---	---	---	---	---
17. Provide healthcare for complex HIV-infected patients (eg. Those with co-morbid conditions and/or side effects from treatment) <b>without support</b> from an expert provider	---	---	---	---	---
18. Provide support to other HIV providers (ie. Expert Provider)	---	---	---	---	---

Please indicate which services are available in each health facility or clinic:

Facility	A	B	C	D	E
19. HIV testing and counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Help getting people diagnosed with HIV into medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Medical care for people newly diagnosed with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Prescription and monitoring of antiretroviral therapy (medications to reduce amount of HIV in body)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Care of people with more advance HIV (opportunistic infections, cancer, other complications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Benefits counseling (health insurance, payment for medications, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Adherence counseling (help talking medication correctly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Behavioral counseling (mental health, substance abuse counseling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Social support (by peers and/or professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Help coordinating care for people with HIV (identify needed resources; making and tracking referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Help rescheduling patients who miss visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Help re-engaging patients who fall out of care (more than 6 months since last visit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



31. Please indicate the types of insurance or payment for services/medications that are available in your area:

- Medicaid/MediCal, fee-for-service
- Medicaid/MediCal, capitated payments
- Medicare, fee-for-service (e.g., traditional Medicare, PPO Medicare Advantage)
- Medicare, capitated payments (e.g., HMO Medicare Advantage plans, Special Needs Plans)
- Ryan White
- ADAP
- Private, fee-for-service
- Private, capitated payment
- Self-pay

32. Please indicate the types of insurance or payment for services/medications accepted by each participating health facility or clinic:

Facility	A	B	C	D	E
33. Medicaid/Med-iCal, fee-for-service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Medicaid/Med-Cal, managed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Medicare, fee-for-service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Medicare, capitated payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Ryan White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. ADAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Private, fee-for-service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Private, capitated payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Self-pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide the date on which this form is being completed:

## BUILDING BLOCKS OF PRIMARY CARE ASSESSMENT (BBPCA)

### DIRECTIONS FOR COMPLETING THE SURVEY

This survey is designed to assess the organizational change of a primary care practice as measured against the 10 Building Blocks of High Performing Primary Care. The instrument is a modification of the Patient-Centered Medical Home Assessment Tool (PCMH-A), developed by the MacColl Center for Health Care Innovation (see below). The BBPCA incorporates all of the original items from the PCMH-A, reorganized into the framework of the 10 Building Blocks, and it includes a number of supplemental questions to examine areas not addressed by the PCMH-A.

**1. Answer each question from the perspective of one physical site (e.g., a practice, clinic).**

Please provide name of your site

**2. For each row, mark the number that best corresponds to the level of care that is currently provided at your site. The rows in this form present key aspects of patient-centered care. Each aspect is divided into levels showing various stages in development toward a patient-centered medical home. The stages are represented by points that range from 1 to 12. The higher point values indicate that the actions described in that box are more fully implemented.**

**3. Print a copy for yourself by clicking here**

**4. Please save a copy of this document for your records**

**ACKNOWLEDGEMENT:** This survey is derived from a public version of The Patient Centered Medical Home Assessment created for use in the Safety Net Medical Home Initiative by the MacColl Center for Health Care Innovation at Group Health Cooperative of Puget Sound. For additional information, please visit <http://www.safetynetmedicalhome.org/>

# Building Blocks of Primary Care Assessment

(version 12.28.12)

## Block 1: Engaged leadership

Components	Level D	Level C	Level B	Level A
1. Executive leaders	are focused on short-term business priorities.	visibly support and create an infrastructure for quality improvement, but do not commit resources.	allocate resources and actively reward quality improvement initiatives.	support continuous learning throughout the organization, review and act upon quality data, and have a long-term strategy and funding commitment to explore, implement and spread quality improvement initiatives.
Score	1 2 3	4 5 6	7 8 9	10 11 12
2. Clinical leaders	intermittently focus on improving quality.	have developed a vision for quality improvement, but no consistent process for getting there.	are committed to a quality improvement process, and sometimes engage teams in implementation and problem solving.	consistently champion and engage clinical teams in improving patient experience of care and clinical outcomes.
Score	1 2 3	4 5 6	7 8 9	10 11 12
3. The responsibility for conducting quality improvement activities	is not assigned by leadership to any specific group.	is assigned to a group without committed resources.	is assigned to an organized quality improvement group who receive dedicated resources.	is shared by all staff, from leadership to team members, and is made explicit through protected time to meet and specific resources to engage in QI.
Score	1 2 3	4 5 6	7 8 9	10 11 12
4. Quality improvement activities	are not organized or supported consistently.	are conducted on an ad hoc basis in reaction to specific problems.	are based on a proven improvement strategy in reaction to specific problems.	are based on a proven improvement strategy and used continuously in meeting organizational goals.
Score	1 2 3	4 5 6	7 8 9	10 11 12
5. Quality improvement activities are conducted by	a centralized committee or department.	topic specific QI committees.	all practice teams supported by a QI infrastructure.	practice teams supported by a QI infrastructure with meaningful involvement of patients and families.
Score	1 2 3	4 5 6	7 8 9	10 11 12
6. Goals and objectives for quality improvement	do not exist.	exist on paper, but are not widely known.	are known by staff, but are only occasionally discussed in meetings.	are the centerpiece of multi-disciplinary meetings aimed at developing strategies to meet objectives.
Score	1 2 3	4 5 6	7 8 9	10 11 12

## Block 2: Data-driven improvement using computer-based technology

Components	Level D	Level C	Level B	Level A
7. Performance measures	are not available for the clinical site.	are available for the clinical site, but are limited in scope.	are comprehensive – including clinical, operational, and patient experience measures – and available for the practice, but not for individual providers.	are comprehensive – including clinical, operational, and patient experience measures – and fed back to individual providers.
Score	1 2 3	4 5 6	7 8 9	10 11 12
8. Reports on care processes or outcomes of care	are not routinely available to practice teams.	are routinely provided as feedback to practice teams but not reported externally.	are routinely provided as feedback to practice teams, and reported externally (e.g. to patients, other teams or external agencies) but with team identities masked.	are routinely provided as feedback to practice teams, and transparently reported externally to patients, other teams and external agencies.
Score	1 2 3	4 5 6	7 8 9	10 11 12
9. Registry or panel-level data	are not available to assess or manage care for practice populations.	are available to assess and manage care for practice populations, but only on an ad hoc basis.	are regularly available to assess and manage care for practice populations, but only for a limited number of diseases and risk states.	are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states.
Score	1 2 3	4 5 6	7 8 9	10 11 12
10. Registries on individual patients	are not available to practice teams for pre-visit planning or patient outreach.	are available to practice teams but are not routinely used for pre-visit planning or patient outreach.	are available to practice teams and routinely used for pre-visit planning or patient outreach, but only for a limited number of diseases and risk states.	are available to practice teams and routinely used for pre-visit planning and patient outreach, across a comprehensive set of diseases and risk states.
Score	1 2 3	4 5 6	7 8 9	10 11 12
11. An electronic health record that is meaningful-use certified	is not present or being implemented.	is in place and is being used to capture clinical data.	is used routinely during patient encounters to provide clinical decision support and to share data with patients.	is also used routinely to support population management and quality improvement efforts.
Score	1 2 3	4 5 6	7 8 9	10 11 12

# Building Blocks of Primary Care Assessment

(version 12.28.12)

## Block 3: Empanelment

Components	Level D	Level C	Level B	Level A
12. Patients	are not assigned to specific practice panels.	are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes.	are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes.	are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand.
Score	1 2 3	4 5 6	7 8 9	10 11 12

## Block 4: Team-based care

Components	Level D	Level C	Level B	Level A
13. Non-physician practice team members	play a limited role in providing clinical care.	are primarily tasked with managing patient flow and triage	provide some clinical services such as assessment or self-management support.	perform key clinical service roles that match their abilities and credentials.
Score	1 2 3	4 5 6	7 8 9	10 11 12
14. Providers (Physicians, NP/PAs) and clinical support staff	work in different pairings every day.	are arranged in teams but are frequently reassigned.	consistently work with a small group of providers or clinical support staff in a team.	consistently work with the same provider/clinical support staff person almost every day.
Score	1 2 3	4 5 6	7 8 9	10 11 12
15. Workflows for clinical teams	have not been documented and/or are different for each person or team.	have been documented, but are not used to standardize workflows across the practice.	have been documented and are utilized to standardize practice.	have been documented, are utilized to standardize workflows, and are evaluated and modified on a regular basis.
Score	1 2 3	4 5 6	7 8 9	10 11 12
16. The practice	does not have an organized approach to identify or meet the training needs for providers and other staff.	routinely assesses training needs and assures that staff are appropriately trained for their roles and responsibilities.	routinely assesses training needs, assures that staff are appropriately trained for their roles and responsibilities, and provides some cross training to permit staffing flexibility.	routinely assesses training needs, assures that staff are appropriately trained for their roles and responsibilities, and provides cross training to assure that patient needs are consistently met.
Score	1 2 3	4 5 6	7 8 9	10 11 12

# Building Blocks of Primary Care Assessment

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Components	Level D	Level C	Level B	Level A
17. Standing orders that can be acted on by non-physicians under protocol	do not exist for the practice.	have been developed for some conditions but are not regularly used.	have been developed for some conditions and are regularly used.	have been developed for many conditions and are used extensively.
Score	1 2 3	4 5 6	7 8 9	10 11 12
18. The organization's hiring and training processes	focus only on the narrowly defined functions and requirements of each position.	reflect how potential hires will affect the culture and participate in quality improvement activities.	place a priority on the ability of new and existing staff to improve care and create a patient-centered culture.	support and sustain improvements in care through training and incentives focused on rewarding patient-centered care.
Score	1 2 3	4 5 6	7 8 9	10 11 12

# Building Blocks of Primary Care Assessment

(version 12.28.12)

## Block 5: Patient-team partnership

Components	Level D	Level C	Level B	Level A
19. Assessing patient and family values and preferences	is not done.	is done, but not used in planning and organizing care.	is done and providers incorporate it in planning and organizing care on an ad hoc basis.	is systematically done and incorporated in planning and organizing care.
Score	1 2 3	4 5 6	7 8 9	10 11 12
20. Involving patients in decision-making and care	is not a priority.	is accomplished by provision of patient education materials or referrals to classes.	is supported and documented by practice teams.	is systematically supported by practice teams trained in decision making techniques.
Score	1 2 3	4 5 6	7 8 9	10 11 12
21. Patient comprehension of verbal and written materials	is not assessed.	is assessed and accomplished by assuring that materials are at a level and language that patients understand.	is assessed and accomplished by hiring multi-lingual staff, and assuring that both materials and communications are at a level and language that patients understand.	is supported at an organizational level by translation services, hiring multi-lingual staff, and training staff in health literacy and communication techniques (such as closing the loop) assuring that patients know what to do to manage conditions at home.
Score	1 2 3	4 5 6	7 8 9	10 11 12
22. The principles of patient-centered care	are included in the organization's vision and mission statement.	are a key organizational priority and included in training and orientation.	are explicit in job descriptions and performance metrics for all staff.	are consistently used to guide organizational changes and measure system performance as well as care interactions at the practice level.
Score	1 2 3	4 5 6	7 8 9	10 11 12
23. Comprehensive, guideline-based information on prevention or chronic illness treatment	is not readily available in practice.	is available but does not influence care.	is available to the team and is integrated into care protocols and/or reminders.	guides the creation of tailored, individual-level data that is available at the time of the visit.
Score	1 2 3	4 5 6	7 8 9	10 11 12

# Building Blocks of Primary Care Assessment

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Components	Level D	Level C	Level B	Level A
24. Care plans	are not routinely developed or recorded.	are developed and recorded but reflect providers' priorities only.	are developed collaboratively with patients and families and include self-management and clinical goals, but they are not routinely recorded or used to guide subsequent care.	are developed collaboratively, include self-management and clinical management goals, routinely recorded and guide care at every subsequent point of service.
Score	1 2 3	4 5 6	7 8 9	10 11 12
25. After visits summaries	are not provided or are just printed and handed to patients.	are reviewed by a team member who repeats aloud key aspects of the care plan and may highlight them on a printed summary.	are reviewed by a team member who asks the patient to describe in his/her own words the care plan (teachback).	are reviewed by a team member who asks the patient to describe in his/her own words the care plan (teachback) and guides the patient in making a personal action plan and identifying and addressing barriers to adherence to the plan.
Score	1 2 3	4 5 6	7 8 9	10 11 12
26. Measurement of patient-centered interactions	is not done or is accomplished using a survey administered sporadically at the organizational level.	is accomplished through patient representation on boards and regularly soliciting patient input through surveys.	is accomplished by getting frequent input from patients and families using a variety of methods such as point of care surveys, focus groups, and ongoing patient advisory boards.	is accomplished by getting frequent and actionable input from patients and their families on all care delivery activities, and incorporating their feedback in quality improvement activities.
Score	1 2 3	4 5 6	7 8 9	10 11 12



## Block 6: Population management

Components	Level D	Level C	Level B	Level A
27. A patient who comes in for an appointment and is overdue for preventive care (e.g., cancer screenings)	will only get that care if they request it or their provider notices it.	might be identified as being overdue for needed care through a health maintenance screen or system of alerts, but this is inconsistently used.	will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider.	will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, and clinical assistants may act on these overdue care items (e.g., administer immunizations or distribute colorectal cancer screening kits) based on standing orders.
Score	1 2 3	4 5 6	7 8 9	10 11 12
28. A patient who comes in for an appointment and is overdue for chronic care (e.g., diabetes lab work)	will only get that care if they request it or their provider notices it.	might be identified as being overdue for needed care through a health maintenance screen or system of alerts, but this is inconsistently used.	will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider.	will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, and clinical assistants may act on these overdue care items (e.g., complete lab work) based on standing orders.
Score	1 2 3	4 5 6	7 8 9	10 11 12
29. When patients are overdue for preventive (e.g., cancer screenings) but do <u>not</u> come in for an appointment	there is no effort on the part of the practice to contact them to ask them to come in for care.	they might be contacted as part of special events or using volunteers but outreach is not part of regular practice.	they would be contacted and asked to come in for care, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider.	they would be contacted and asked to come in for care, and clinical assistants may act on these overdue care items (e.g., distribute colorectal cancer screening kits) based on standing orders.
Score	1 2 3	4 5 6	7 8 9	10 11 12

# Building Blocks of Primary Care Assessment

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Components	Level D	Level C	Level B	Level A
30. When patients are overdue for chronic care (e.g., diabetes lab work) but do <u>not</u> come in for an appointment	there is no effort on the part of the practice to contact them to ask them to come in for care.	they might be contacted as part of special events or using volunteers but outreach is not part of regular practice.	they would be contacted and asked to come in for care, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider.	they would be contacted and asked to come in for care, and clinical assistants may act on these overdue care items (e.g., complete lab work) based on standing orders.
Score	1 2 3	4 5 6	7 8 9	10 11 12
31. Self-management support	is limited to the distribution of information (pamphlets, booklets).	is accomplished by referral to self-management classes or educators.	is provided by goal setting and action planning with members of the practice team.	is provided by members of the practice team trained in patient empowerment and problem-solving methodologies.
Score	1 2 3	4 5 6	7 8 9	10 11 12
32. Clinical care management services for high risk patients	are not available.	are provided by external care managers with limited connection to practice.	are provided by external care managers who regularly communicate with the care team.	are systematically provided by the care manager functioning as a member of the practice team, regardless of location.
Score	1 2 3	4 5 6	7 8 9	10 11 12
33. Visits	largely focus on acute problems of patient.	are organized around acute problems but with attention to ongoing illness and prevention needs if time permits.	are organized around acute problems but with attention to ongoing illness and prevention needs if time permits. The practice also uses subpopulation reports to proactively call groups of patients in for planned care visits.	are organized to address both acute and planned care needs. Tailored guideline-based information is used in team huddles to ensure all outstanding patient needs are met at each encounter.
Score	1 2 3	4 5 6	7 8 9	10 11 12

# Building Blocks of Primary Care Assessment

(version 12.28.12)

## Block 7: Continuity of care

Components	Level D			Level C			Level B			Level A		
34. Patients are encouraged to see their paneled provider and practice team	only at the patient's request.			by the practice team, but is not a priority in appointment scheduling.			by the practice team and is a priority in appointment scheduling, but patients commonly see other providers because of limited availability or other issues.			by the practice team, is a priority in appointment scheduling, and patients usually see their own provider or practice team.		
Score	1	2	3	4	5	6	7	8	9	10	11	12

# Building Blocks of Primary Care Assessment

(version 12.28.12)

## Block 8: Prompt access to care

Components	Level D	Level C	Level B	Level A
35. The approach to providing same-day access relies on	squeezing in urgent patients into a clinician's schedule.	designating a "clinician of the day" who has slots open for urgent care.	reserving a few slots in each clinician's daily schedule for urgent appointments.	systematically implementing a schedule that reserves sufficient appointment slots each day to match documented historical demand.
Score	1 2 3	4 5 6	7 8 9	10 11 12
36. Appointment systems	are limited to a single office visit type.	provide some flexibility in scheduling different visit lengths.	provide flexibility and include capacity for same day visits.	are flexible and can accommodate customized visit lengths, same day visits, scheduled follow-up and multiple provider visits.
Score	1 2 3	4 5 6	7 8 9	10 11 12
37. Contacting the practice team during regular business hours	is difficult.	relies on the practice's ability to respond to telephone messages.	is accomplished by staff responding by telephone within the same day.	is accomplished by providing a patient a choice between email and phone interaction, utilizing systems which are monitored for timeliness.
Score	1 2 3	4 5 6	7 8 9	10 11 12
38. After hours access	... is not available or limited to an answering machine.	is available from a coverage arrangement without a standardized communication protocol back to the practice for urgent problems.	is provided by coverage arrangement that shares necessary patient data and provides a summary to the practice.	is available via the patient's choice of email, phone or in-person directly from the practice team or a provider closely in contact with the team and patient information.
Score	1 2 3	4 5 6	7 8 9	10 11 12
39. A patient's insurance coverage issues	are the responsibility of the patient to resolve.	..are addressed by the practice's billing department.	are discussed with the patient prior to or during the visit.	are viewed as a shared responsibility for the patient and an assigned member of the practice to resolve together.
Score	1 2 3	4 5 6	7 8 9	10 11 12

# Building Blocks of Primary Care Assessment

(version 12.28.12)

## Block 9: Coordination of care

Components	Level D	Level C	Level B	Level A
40. Medical and surgical specialty services	are difficult to obtain reliably.	are available from community specialists but are neither timely nor convenient.	are available from community specialists and are generally timely and convenient.	are readily available from specialists who are members of the care team or who work in an organization with which the practice has a referral protocol or agreement.
Score	1 2 3	4 5 6	7 8 9	10 11 12
41. Behavioral health services	are difficult to obtain reliably.	are available from mental health specialists but are neither timely nor convenient.	are available from community specialists and are generally timely and convenient.	are readily available from behavior health specialists who are onsite members of the care team or who work in a community organization with which the practice has a referral protocol or agreement.
Score	1 2 3	4 5 6	7 8 9	10 11 12
42. Patients in need of specialty care, hospital care, or supportive community-based resources	cannot reliably obtain needed referrals to partners with whom the practice has a relationship.	obtain needed referrals to partners with whom the practice has a relationship.	obtain needed referrals to partners with whom the practice has a relationship and relevant information is communicated in advance.	obtain needed referrals to partners with whom the practice has a relationship, relevant information is communicated in advance, and timely follow-up after the visit occurs.
Score	1 2 3	4 5 6	7 8 9	10 11 12
43. Follow-up by the primary care practice with patients seen in the Emergency Room or hospital	... generally does not occur because the information is not available to the primary care team.	occurs only if the ER or hospital alerts the primary care practice.	occurs because the primary care practice makes proactive efforts to identify patients.	is done routinely because the primary care practice has arrangements in place with the ER and hospital to both track these patients and ensure that follow-up is completed within a few days.
Score	1 2 3	4 5 6	7 8 9	10 11 12
44. Linking patients to supportive community-based resources	is not done systematically.	is limited to providing patients a list of identified community resources in an accessible format.	is accomplished through a designated staff person or resource responsible for connecting patients with community resources.	is accomplished through active coordination between the health system, community service agencies and patients and accomplished by a designated staff person.
Score	1 2 3	4 5 6	7 8 9	10 11 12

# Building Blocks of Primary Care Assessment

(version 12.28.12)

Components	Level D	Level C	Level B	Level A
45. Test results and care plans	are not communicated to patients.	are communicated to patients based on an ad hoc approach.	are systematically communicated to patients in a way that is convenient to the practice.	are systematically communicated to patients in a variety of ways that are convenient to patients.
Score	1 2 3	4 5 6	7 8 9	10 11 12

## Block 10: Template of the future

Components	Level D	Level C	Level B	Level A
46. The scheduling template for the clinic	only includes individual, face-to-face visits with providers.	includes a few visit formats, such as visits with chronic care nurses and/or group visits.	includes a variety of visits formats convenient to the patient, such as group visits, home visits, email or phone visits, visits with non-provider members of the care team.	includes a variety of visits formats, the number of clinician visits is reduced to allow time for group visits and e-visits, and a significant amount of care is provided through RN or MA visits or other alternatives to the provider visit.
Score	1 2 3	4 5 6	7 8 9	10 11 12

## BBPCA ADDENDUM

### DIRECTIONS FOR COMPLETING THE SURVEY

This addendum is designed to assess a practice's capacity to delivery HIV care specifically.

**1. Answer each question from the perspective of one physical site (e.g., a practice, clinic).**

Please provide name of your site here:

Please provide the date on which this survey is being completed:

**2. For each row, mark the number that best corresponds to the level of care that is currently provided at your site. The rows in this form present key aspects of patient-centered care. Each aspect is divided into levels showing various stages in development toward a patient-centered medical home. The stages are represented by points that range from 0 to 12. The higher point values indicate that the actions described in that box are more fully implemented.**

**3. NOTE: This first release of the BBPCA HIV-related addendum can be completed only in hard copy. We will calculate your scores and return them to you. In future iterations, we hope to provide a version that can be completed electronically.**

**ACKNOWLEDGEMENT:** This addendum is derived in part from the Workforce Development Model for Providers in HIV Care, which was developed by the AETC Workforce Development Committee of NAHEWD (National Alliance for HIV Education and Workforce Development) and from questions used on the ACRE to assess didactic HIV trainings offered by the AETCs.

## Block A1: Provision of HIV Care

### Components

1. The practice as a whole  
(Note: if clinic offers less than basic HIV screening and diagnosis, then score = 0)

### Level D

...offers basic HIV screening and diagnosis. Services are limited to prevention counseling, HIV testing, post-test counseling, and referral to care post-diagnosis.

### Level C

...offers intermediate HIV clinical care. Services include primary care, HIV treatment/care, lab monitoring, with referral to or consultation with experts as needed for advanced care services.

### Level B

...offers advanced HIV clinical care. This includes a full range of clinical care services with referral or consultation with HIV-expert clinicians as needed for complicated cases. It also includes consultation and acceptance of referrals from other clinicians.

### Level A

...offers expert HIV clinical care and education. This involves expert leadership to improve comprehensive care PLWH in multiple areas.

Score      0     1     2     3       4     5     6       7     8     9       10     11     12

2. Within the organization, the delivery of HIV clinical care  
(Note: if Q1 = level D, then score on Q2 = 0)

...occurs only in its own specialized unit or clinic that is separate from general primary care.

...could potentially be offered in general primary care. But in practice, most HIV patients are still seen in an HIV specialty unit or clinic that is separate from primary care.

...is delivered by providers working in a general primary care clinic. HIV patients with complex cases are referred to specialists working in a separate unit or clinic.

...is delivered by providers working in a general primary care clinic. Patients with complex cases continue to be seen in primary care because the providers either have HIV specialty expertise or are able to seek consultations with a specialist.

Score      0     1     2     3       4     5     6       7     8     9       10     11     12



## Block A2: HIV Cultural Competence

Components	Level D	Level C	Level B	Level A
3. Within the organization, the skills AMONG PROVIDERS for working with the culturally diverse populations affected by HIV	...are not a focus of the clinic.	...are recognized as being important, but have not been addressed in a systematic way for providers.	...are incorporated into trainings (i.e., the training plan reflects the population served), but policies and procedures do not require specific action by providers.	...are a priority in the clinic. Cultural experience is assessed systematically and incorporated into care by providers.
Score	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

4. Within the organization, the skills AMONG CLINICAL SUPPORT STAFF for working with the culturally diverse populations affected by HIV <i>(Note: if no such skills are present, then answer = 0)</i>	...are not a focus of the clinic.	...are recognized as being important, but have not been addressed in a systematic way for clinical support staff.	...are incorporated into trainings (i.e., the training plan reflects the population served), but policies and procedures do not require specific action by clinical staff members.	...are a priority in our clinic. Cultural experience is assessed systematically and incorporated into care by clinical support staff.
Score	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

5. Within the organization, the skills AMONG NON-CLINICAL SUPPORT STAFF for working with the culturally diverse populations affected by HIV <i>(Note: if no such skills are present, then answer = 0)</i>	...are not a focus of the clinic.	...are recognized as being important, but have not been addressed in a systematic way for non-clinical support staff.	...are incorporated in our trainings (i.e., the training plan reflects the population served), but policies and procedures do not require specific action by non-clinical support staff.	...are a priority in our clinic. Cultural experience is assessed systematically and incorporated into care by non-clinical support staff.
Score	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

## Block A3: HIV Team Based Care Practices

Components	Level D	Level C	Level B	Level A
6. HIV care workflows for clinical teams <i>(Adapted from team-based care item 15 in main BBPCA)</i>	...have not been documented and/or are different for each person or team.	... have been documented, but are not used to standardize workflows across the practice.	... have been documented and are utilized to standardize practice.	...have been documented, are utilized to standardize workflows, and are evaluated and modified on a regular basis.
Score	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
7. The practice <i>(Adapted from team-based care item 16 in main BBPCA)</i>	...does not have an organized approach to identify or meet the HIV-related training needs for providers and other staff	... routinely assesses HIV-related training needs and assures that staff are appropriately trained for their roles and responsibilities in HIV care.	... routinely assesses HIV-related training needs, assures that staffed are appropriately trained for their roles and responsibilities in HIV care, and provides some cross-training to permit staffing flexibility.	... routinely assesses HIV-related training needs, assures that staffed are appropriately trained for their roles and responsibilities in HIV care, and provides cross-training to assure that patient needs are consistently met.
Score	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
8. Standing orders for HIV-related care that can be acted on by non-physicians under protocol <i>(Adapted from team-based care item 17 in main BBPCA)</i>	...do not exist for the practice.	... have been developed but are not regularly used.	... have been developed and are regularly used.	... have been developed and are used extensively.
Score	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

## Block A4: HIV-Related Population Management and Coordination of Care

### Components

9. HIV-positive individuals who are referred to the practice but do not enroll in care

### Level D

...would not be identified.

### Level C

...could potentially be identified and tracked under certain circumstances (e.g., have agreement/ relationships with referring agencies). But identification happens inconsistently.

### Level B

...are systematically identified whenever possible (e.g., have agreement/relationships with referring agencies and defined processes to identify referrals and missed visits). Follow-up with such individuals is inconsistent and/or limited (e.g., telephone reminder).

### Level A

...are systematically identified whenever possible (e.g., have agreement/relationships with referring agencies and defined processes to identify referrals and missed visits) AND a staff member is consistently assigned the task of following-up with such individuals and available to provide a "warm hand-off" to help link them to care.

Score

1

2

3

4

5

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12

10. Enrolled HIV patients who are overdue for care

...would not be identified or tracked.

...are inconsistently identified and tracked (e.g., if a provider happens to notice that the patient has not received needed care).

...are systematically identified. But follow-up with such patients is inconsistent and/or limited (e.g. telephone reminder).

... are systematically identified AND a staff member is consistently assigned the task of following-up with such patients to help re-engage them in care

Score

1

2

3

4

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11

12

Components	Level D	Level C	Level B	Level A
12. Linking HIV patients to supportive (wraparound) services <i>(Adapted from coordination of care item 44 in main BBPCA)</i>	...is not done systematically.	...is limited to providing patients a list of identified resources in an accessible format.	... is accomplished through a designated staff person or resource responsible for connecting patients with resources.	... is accomplished through active coordination between the health system, support service agencies and patients, and accomplished by a designated staff person.

Score	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
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13. Clinical care management services for high risk HIV patients <i>(Adapted from population management item 32 in main BBPCA)</i>	...are not available.	... are provided by external care managers with limited connection to the practice.	... are provided by external care managers who regularly communicate with the care team.	... are systematically provided by the care manager functioning as a member of the practice team, regardless of location.
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Score	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
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**Workforce Development Initiative**  
**Provider/Staff Interviews**  
**Preparation Date: 2/26/2015**

**PURPOSE**

Provider/Staff Interviews are a mandatory component of the Cross-site Evaluation. The purposes of the interview are to characterize demonstration sites' practice transformations and to identify factors operating at institutional, clinical, provider, or patient levels that help facilitate or constitute barriers to transformation.

**PARTICIPANTS**

A subset of providers and staff members (approximately five informants per site) working at a demonstration project or its affiliated clinical site will complete an interview. The ETAC will work with each demonstration project team to determine which providers and staff members specifically should be targeted for interviewing. We specifically will want to speak with (1) informants who are involved in the development and/or rollout of the practice transformation; and (2) informants who are not directly involved in the development or rollout but whose work with patients is being changed by the practice transformation.

**ADMINISTRATION**

ETAC investigators will conduct the interviews by phone with selected providers and staff members. The ETAC will likely require demonstration site assistance in facilitating introductions to the participants. But ETAC team members will be responsible for obtaining consent and conducting the interviews.

**FREQUENCY**

The ETAC will conduct two rounds of interviews. The first round will be timed to occur close to the point of implementation, but after key informants have been trained on implementation activities (if applicable). The second round of interviews will take place in Year 3 of the initiative, approximately one year after implementation was initiated.

**INTERVIEW GUIDE**

The interview guide is the one component of the cross-site evaluation that will not be shared in advance because doing so can negatively affect the quality of the data.

## PROCEDURES

1. A UCSF investigator will contact the local demonstration project's Project Director (or other key personnel). Local project personnel are responsible for identifying project staff and site staff who might be appropriate individuals for interviewing. Local project staff will refer these individuals to the UCSF interviewer.
2. The UCSF investigator will email or call the prospective participant to arrange a day and time to meet by telephone to explain the interview's purpose, procedures, and risks and benefit, and to ensure that the individual meets eligibility criteria. Assuming that the individual is interested and eligible, the UCSF investigator will invite the participant to consent. The consent process includes a request to audio-record the interview. Consent will be obtained verbally. Participants will be emailed a copy of the study's information sheet.
3. Following consent procedures, the UCSF interviewer will turn on the audio-recorder, if consent to do so has been provided. Recording will continue for the duration of the interview, unless the participant requests that the recorder be shut off.
4. The UCSF interviewer will ask a series of questions following an interview guide. Participants will provide their answers verbally. The interview may last up to 90 minutes. As part of the interview, the UCSF investigator will also ask the participant to answer a short series of questions on the form, "Demographics for Key Informant Interviewees" (attached). The interviewer will fill in the answers on an electronic copy of the form that is on his/her desktop or laptop computer.
5. At the completion of the interview, the UCSF Interviewer will thank the participant and offer to answer any questions about the study.
6. The UCSF interviewer will write down notes and reflections on the interview.
7. The recording will first be copied from the recorder to the interviewer's desktop or laptop computer at UCSF. All UCSF desktop and laptop computers are password protected and encrypted. The recording will be stripped from the recording machine. The UCSF interviewer will then use a secure connection to the UCSF servers to upload the recording (via encrypted connection). Once the files are uploaded, they will be deleted from the desktop or laptop. The data from the demographics form will also be uploaded to the secure server and deleted from the local computer.
8. After completion of a batch of interviews, the UCSF team will securely transmit audio-recordings to a transcriptionist. This person will type out the interviews, deleting any personally identifying information that may have been revealed accidentally during the interviews.
9. The transcripts will be sent back to UCSF for analyses.

**Workforce Development Initiative  
Provider/Staff Survey  
Preparation Date: 2/26/2016**

**PURPOSE**

The Provider/Staff Survey is a mandatory component of the Cross-site Evaluation. The purposes of the survey are to (1) complement the Organizational Assessment by helping to further characterize demonstration projects' practice transformations (e.g., expertise with HIV care, job responsibilities), (2) examine provider/staff specific outcomes of the practice transformations (e.g., reduced burnout), and (3) enable us to examine if there are provider/staff factors that influence the effectiveness of the practice transformations.

**PARTICIPANTS**

Providers and staff working at a demonstration project clinical site will complete the survey if they have contact with HIV-infected patients. The ETAC will work with each demonstration project team to determine which providers and staff members specifically should be targeted for inclusion in the survey. Our hope is to survey the same individuals over time. Given staffing turnovers, this will not always be possible. But if and when staffing turnovers occur, we will seek to ensure that specific job positions are represented in all waves of data collection. (e.g., If a medical assistant position is essential to a practice transformation, then we will aim to survey whichever person is currently in that medical assistant position during each wave of data collection.)

**ADMINISTRATION**

The provider/staff survey will be administered online using REDCap, a secure Internet-based survey system available at UCSF. Demonstration project team members will provide to the ETAC the names and email addresses of individuals who will be completing the survey. The ETAC will then send each individual an email providing details on the survey and a copy of the study's information sheet. Next each individual will receive an email with an individualized link that he or she will use to access the survey. The link will be active for approximately five weeks and REDCap will send an autogenerated reminder once per week until the survey has been submitted. The online survey instrument will also include applicable consent documentation, along with all survey questions. Participant responses will be fed directly into a database maintained by the ETAC. Once survey responses have been submitted, the ETAC will not be able to tell who submitted them. REDCap allows the ETAC to track which individuals have or have not turned in a survey, but doesn't allow the ETAC to track who provided which specific responses. This facilitates administration of the survey while protecting participant anonymity.

The providers/staff survey is also available in Spanish. If a demonstration project wishes to include providers/staff who have mixed language preferences (e.g., some individuals would prefer to complete the survey in English, some would prefer to complete the survey in Spanish), then the demonstration project team will need to include information about these individualized preferences when the names and email address of providers and staff are provided to the ETAC.

Because of IRB regulations, the ETAC cannot tell demonstration site personnel who did and did not submit a survey. The ETAC can apprise a site of how the overall response rate. Furthermore, to protect the privacy of participants, the ETAC cannot release raw provider/staff survey data to demonstration project sites. Given the potentially limited number of participants taking part at each site in each wave, the ETAC would not be able to guarantee participants' anonymity if raw data were given to sites.

## **FREQUENCY**

The provider/staff survey will initially be administered prior to implementation of a Demonstration Site's practice transformation (Baseline) and then annual until data collection is completed in Year 4 of the initiative.

## **PROCEDURES**

At each wave of data collection:

1. ETAC investigators will contact the local demonstration site's Project Director to arrange for survey participation. The project director (or other appropriate local demonstration project team member) will refer the ETAC to eligible providers and staff through the provision of work email addresses. When applicable, the project director will also indicate if referred individuals prefer to complete the survey in English or Spanish. UCSF will then email all eligible providers and staff at the demonstration project, using each person's preferred language, and provide them with an explanation of the study and a PDF copy of a study consent form, which the recipients may retain for their records. Each individual will also receive a separate email from the REDCap web-based survey system, with an individualized link to the secure online survey hosted by the ETAC.
2. The survey link will initially take individuals to a page where they will be asked to verify eligibility criteria. Only those individuals who confirm that they are eligible will be permitted to continue to the consent process.
3. The survey link will next direct participants to a page that will explain the study's purpose, the procedures, risk and benefits, and other information necessary to make an informed consent. The information on this page will match the information on the consent form that the participant was provided in the invitation email. The consent form will contain investigator contact information should the participant desire to speak with a UCSF investigator about the study.
4. Those agreeing to participate will indicate their consent by clicking a tic box on the survey. Those declining to participate will click a separate tic box. The survey will end for those who decline.
5. Those agreeing to participate will then complete the online survey. They will be asked a series of question and enter their responses into the survey. Because the survey is completed online, the data will be stored directly in a firewalled UCSF database with access limited only to UCSF investigators.
6. The survey link will remain open for approximately five weeks. Individuals who have not yet completed the survey will receive an auto-generated reminder weekly from REDCap.
7. The ETAC will subsequently clean and analyze data for cross-site analyses.



*If not otherwise indicated, questions in this survey were used by the UCSF ETAC team in a prior study on PCMHs.*

**1. What is your gender? (Choose one)**

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male
- Prefer not to answer

**2. In which year were you born?**

— — — —

**3. Which of the following best describes your ethnicity? (Choose one)**

- Non-Hispanic
- Hispanic / Latino
- Don't Know
- Prefer not to answer

**4. Which of the following best describes your race? (Check all that apply)**

- White
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
- American Indian or Alaska Native
- Other
- Don't Know
- Prefer not to answer

**5. Which of the following best describes your sexual orientation? (Choose one)**

- Heterosexual / Straight
- Bisexual
- Homosexual/ Lesbian/ Gay
- Other
- Don't Know
- Prefer not to answer

**6. What is your profession/occupation? (Choose all that apply)**

- Administrator/Manager
- Advanced Practice Nurse (including nurse practitioner)
- Care Coordinator
- Community Health Outreach Worker/Promotora
- Dentist
- Health Educator
- Licensed vocational nurse/licensed practical nurse
- Medical Assistant
- Mental/behavioral health professional (licensed)
- Mental/behavioral health professional (unlicensed)
- Registered Nurse
- Other Dental Professional
- Patient Navigator
- Peer Counselor/Advocate
- Pharmacist
- Physician (MD, DO)
- Physician Assistant
- Substance Use Professional
- Other \_\_\_\_\_

*Q7 asked only of “BIG 6” (Physicians, Advanced Practice Nurses, RNs, Physician Assistants, Dentists, and Pharmacists). The division of providers/staff by the “Big 6” vs. not Big 6 follows a convention used by the National Evaluation Center of the AETCs in the assessment of AETC trainings.*

**7. Do you prescribe medication to patients?**

- Yes
- No

*Q8 asked only of Physicians, Advanced Practice Nurses, and Physician Assistants)*

**8. Do you serve as a primary care provider to patients?**

*Q9 asked of participants who not Big 6*

**9. Do you:**

**9a. ...room patients?**

- Yes
- No

**9b. ...take their vital signs?**

- Yes
- No

**9c. ...contact them between visits about their routine chronic and preventive care?**

- Yes
- No

*Items 10-11 are from the STEP survey administered by the UCSF Center for Excellence in Primary Care*

*Q10 asked only of “BIG 6”*

**10. Which of the following best describes your team model at your clinic?**

- I almost always work with the same medical assistant, LVN, or LPN
- I almost always work with a small group of medical assistants, LVNs, or LPNs
- I rarely work with the same medical assistant, LVN, or LPN; or with the same group of medical assistants, LVNs, or LPNs

*Q11 asked of participants who are not “BIG 6”*

**11. Which of the following best describes your team model at your clinic?**

- I almost always work with the same provider
- I almost always work with a small group of providers
- I rarely work with the same the same provider or group of providers

**Q12. Does your clinic have an electronic health record?**

- Yes
- No

*Questions 13-20 are adapted from the ACRE, an assessment used by the National Evaluation Center for the AETCs. They are asked only of Big 6*

*From the list below, check the types of HIV clinical care services you provide to your patients.*

	Yes	No
<b>13. I provide primary care for HIV-infected patients</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. I monitor HIV-specific lab test</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. I initiate antiretroviral therapy</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. I conduct adherence counseling and monitor adherence</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. I provide prophylaxis and treatment for opportunistic infections</b>	<input type="checkbox"/>	<input type="checkbox"/>

18. I manage treatment when drug resistance is present	<input type="checkbox"/>	<input type="checkbox"/>
19. I initiate care to prevent and treat co-morbid conditions	<input type="checkbox"/>	<input type="checkbox"/>
20. I provide clinical consultation to other clinicians regarding HIV care	<input type="checkbox"/>	<input type="checkbox"/>

*Q21-26 were adapted from the ACRE. They are asked only of participants who are not Big 6*

*From the list below, check the types of HIV care services you provide to patients*

	Yes	No
21. I conduct HIV testing	<input type="checkbox"/>	<input type="checkbox"/>
22. I conduct adherence counseling and monitor adherence	<input type="checkbox"/>	<input type="checkbox"/>
23. I initiate care to prevent and treat co-morbid physical health conditions	<input type="checkbox"/>	<input type="checkbox"/>
24. I initiate care to prevent and treat co-morbid mental health conditions	<input type="checkbox"/>	<input type="checkbox"/>
25. I work with patients to ensure that they are directed to the clinical or support services that they need.	<input type="checkbox"/>	<input type="checkbox"/>
26. Other care services _____	<input type="checkbox"/>	<input type="checkbox"/>

*Q27 and follow-up (27a, 27b, 27c) are adapted from the ACRE. They are asked only of Big 6.*

**27. Please check which of the following options best describes your usual practice with HIV patients (Choose one)**

- I refer patients for HIV-related care and treatment after diagnosis
- I do not refer, but I do consult with HIV care specialists when I have questions
- I do not refer, I am an HIV care specialist
- I do not know where to refer HIV-infected patients
- There are no referral options in my geographic area

*If first answer option in #27 (makes referral) is endorsed, then ask 27a, 27b, and 27c; else skip to 28*

*Please indicate under what situations you refer patients for HIV-related care and treatment after diagnosis*

	Yes	No
27a. I refer when I think the patient needs to start on antiretroviral therapy	<input type="checkbox"/>	<input type="checkbox"/>
27b. I refer when antiretroviral therapy fails	<input type="checkbox"/>	<input type="checkbox"/>
27c. I refer patients with co-infections/co-morbidities	<input type="checkbox"/>	<input type="checkbox"/>

**28. Please think about a typical week at this clinic. Over the course of a typical week, to how many patients in total would you provide care or services?** Estimate the total number, including both new and returning patients/clients and including both HIV-negative and HIV-positive patients.  
 \_\_\_\_\_ patients

**29. Again, please think about the a typical week at this clinic. Over the course of a typical week, to how many patients with HIV would you provide care or services?** Estimate the total number, including new and return patients/clients.  
 \_\_\_\_\_ patients

**30. Now, please think about the last five business days. Over the past five business days, to how many patients with HIV did you provide care or services?**  
 \_\_\_\_\_ patients

**31a. Have you been providing care or services to people living with HIV for one year or more?**  
 Yes  
 No

**IF YES: 31b: How many years have you been providing care or services to people living with HIV?** \_\_\_\_\_

**IF NO: 31c: How many months have you been providing care or services to people living with HIV?** \_\_\_\_\_

**33. How many years have you been working at this clinic?** \_\_\_\_\_

**34. How many hours do you work per week at this clinic?** \_\_\_\_\_

Items 35-69 come from: Lewis et al. Patient-centered medical home characteristics and staff morale in safety net clinics. Archives of Internal Medicine. 2012;172:23-31. The UCSF team also used these items in our PCMH study.

**ACCESS AND COMMUNICATION WITH PATIENTS**

Note: Items 35-37 were reworded slightly to say “primary care provider” instead of “me.” This allows the items to be used when surveying all providers/staff. Item 38 was originally asked only of providers. Given the nature of some sites’ PTMs, we think it should be asked of everyone.

For the questions below, we would appreciate learning your degree of agreement or disagreement with the accompanying statement:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
35. Patients see the same primary care provider rather than some other provider when they come in for a routine visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Patients see the same primary care provider rather than some other provider when they come in for an urgent care visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Patients can easily get a same-day appointment with a provider in our clinic if they have an urgent problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. It is often difficult to spend enough time with patients to meet their medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. I have adequate access to interpreters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**COMMUNICATION WITH OTHER PROVIDERS (THOSE IN OTHER DEPARTMENTS)**

*Note: In the original measure, question 40 was asked only of providers. We feel this could be asked of everyone. If needed, we can add a “not applicable” response option to be used by people who have never had to communicate with specialists, hospital-based physicians, or ER departments. Also, please note that item 40 has been slightly changed from the original. There are now two items that ask about communication with specialists (dividing between those inside and outside the agency) and a new item asking about pharmacists. This particular subsection is not used in the overall calculation of a PCMH score, so it is possible to tinker with this particular part of the measure and not affect the use of the larger measure.*

**40. How often is it difficult for you to communicate about your patients with...**

	Rarely	Occasionally	Sometimes	Frequently	Almost Always
a. ...specialists outside of your agency/organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...specialists within your agency/organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...hospital-based providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...emergency departments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TRACKING DATA**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
41. My practice can easily identify patients with a particular disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. This clinic has good systems in place to track test results and follow-up with patients about test results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ELECTRONIC HEALTH RECORD—ITEMS 43-46 ARE ASKED ONLY IF PARTICIPANT SELF-REPORTED AN ELECTRONIC HEALTH RECORD IN Q12**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
43. This clinic’s electronic health record is a big help to me in providing quality care to patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. This clinic’s electronic health record provides prompts at the time of the patient visit to remind me of key actions to take for the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. The electronic health record is well integrated into the practice’s daily work flow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. I can trust the validity of the data in the electronic health record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CARE MANAGEMENT**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
47. This clinic has a good system for identifying patients at high-risk for poor outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. This clinic provides additional services for patients at high-risk for poor outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. This clinic individualizes services to address patients with different needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. This clinic is effective in helping patients self-manage their HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Patient care is coordinated well among physicians, nurses, and clinic staff within this clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>52. This clinic effectively uses community resources to help meet the health care needs of our patients.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>53. This clinic’s health record system provides prompts at the time of the patient visit to remind providers of key actions to take.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note: Q53 was originally asked only of providers. It has been reworded so that any provider/staff could potentially answer it. If staff at some site will not have familiarity with the HER, we can potentially include a “don’t know” answer option for the item.*

<b>Quality Improvement</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>54. The structure of this clinic promotes giving high quality of care to patients.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>55. This clinic is actively doing things to improve patient safety.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>56. This clinic studies patients’ complaints to identify patterns and prevent the same problems from recurring.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>57. When this clinic experiences a problem, we make a serious effort to investigate the cause of the problem.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>58. This clinic sends me reports on the quality of care I provide to my patients.</b> <i>(Note: Q58 asked Only of Providers)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>59. Most employees in this clinic are willing to change how they do things in response to feedback from others.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>60. Healthcare providers and other staff in this clinic are provided with adequate release time from their regular job</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

duties for quality improvement activities.					
61. I am rewarded for the work I do in quality improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WORK ENVIRONMENT</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
62. Staff in this clinic operates as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Clinic leadership creates an environment where things can be accomplished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Clinic leadership promotes an environment that is an enjoyable place to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Candid and open communication exists between physicians and other staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. The work I do is appropriate for my role and training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. I typically have control over my clinic schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. I typically have control over work interruptions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. I typically have control over the volume of my patient load. (Note: Q61 asked only of Big 6 providers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Items 70-77 adapted from STEP survey administered by the UCSF Center for Excellence in Primary Care**

**Trust in Other Staff—Items 70-73 to be asked of Physicians, Advanced Practice Nurses, and Physician Assistants only**

**Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree    Strongly Agree**

70. I am confident that the medical assistants at my clinic can identify patients who are not up to date on HIV-related lab tests, such as CD4 or viral load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. I am confident that the medical assistants at my clinic can answer most questions my patients have about HIV viral load testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. I do <u>not</u> think that a medical assistant who identifies a patient who needs an HIV-related lab test, such as CD4 or viral load, should order the test or pend the order before I specifically order it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. If I do not order lab tests such as CD4 or viral load for HIV patients, I can't be sure they will be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Trust in Other Staff—Items 74-77 to be asked only of medical assistants, LVNs, LPNs**

**Strongly Disagree    Disagree    Neither Agree nor Disagree    Agree    Strongly Agree**

74. I am responsible along with patients' providers to make sure that HIV patients are up to date on HIV-related lab tests, such as CD4 or viral load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. I am confident that I can answer most questions my patients have about HIV viral load testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**76. During patient intake, I know how to identify HIV patients who are not up to date on the CD4 or viral load lab tests.**

**77. During patient intake, if I determine that an HIV patient is due for CD4 or viral load lab testing, I can order or pend orders for these tests without waiting for the provider to specifically order these tests for that patient.**

*Items 78-83 Adapted from: Ende J, Kazis L, Ash AB, Moskowitz MA. Measuring patients' desire for autonomy: decision-making and information-seeking preferences among medical patients. Journal of General Internal Medicine. 1989;4:23-30.*

**DECISION-MAKING PREFERENCES**

**Strongly Disagree**    **Disagree**    **Neither Agree nor Disagree**    **Agree**    **Strongly Agree**

**78. Important medical decisions should be made by a healthcare provider, not by a patient.**

**79. A patient should go along with a provider's advice even if the patient disagrees with it.**

**80. When hospitalized, the patient should not be making decisions about his/her own care.**

**81. A patient should feel free to make decisions about minor health problems.**

**82. If a patient were getting increasingly sick, the provider should take greater control.**

**83. The patient should decide how frequently he/she needs routine health maintenance check-ups (e.g., physicals).**

*Items 84-85 come from the Maslach Burnout Inventory (MBI). They were shown to be core items that relate well to the two larger subscales of the MBI, see Waddimba et al., Validation of single-item screening measures for provider burnout in a rural health care network. Evaluation and the Health Professions. 2015. (Currently only available at ePub ahead of print.)*

***BURNOUT—Item 84 captures emotional exhaustion, item 85 captures depersonalization***

**84. I feel burned out from my work.**

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

**85. I have become more callous toward people since I took this job.**

- Never
- A few times a year
- Once a month
- A few times per month
- Once a week
- A few times per week
- Every day

**Workforce Development Initiative Cross-Site Evaluation  
Provider/Staff Survey  
Version Date: 7/10/2015 (Translation of English Version Dated: 5/6/2015)**

**Note:**

The questions immediately below will be presented to prospective participants upon clicking on the survey link. They will be used to screen for eligibility.

**¿Tiene usted 18 años de edad o más?**

- Sí
- No

**¿Considera usted que lee en español lo suficientemente bien como para llenar una encuesta en línea?**

- Sí
- No

**¿Es usted un proveedor clínico, proveedor de servicios de apoyo o miembro del personal aquí en [NAME OF CLINIC HERE]?** Note to CHR: this name of the clinic will be tailored to each individual clinic where data are collected. The link to the survey will be specific to a site, allowing us to embed the specific name of each clinic associated with the local demonstration project.

- Sí
- No

Individuals who answer no to any of the above questions will exit the survey. Individuals who answer yes to all three questions above will then view a copy of the information sheet. (See enclosed information sheet.) After viewing the information sheet online, the participants will answer the following question:

**¿Da su consentimiento para participar en esta encuesta?**

- Sí, acepto participar en la encuesta.
- No, no quiero participar en la encuesta.

Individuals who answer 'no' will exit the survey. Participants who answer 'yes' will continue.

**1. ¿Cuáles son las primeras tres letras de su apellido al nacer?**

---

**2. ¿Cuáles son las primeras tres letras del apellido de su madre cuando ella nació?**

---

**3a. ¿En qué mes nació usted?**

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> enero   | <input type="checkbox"/> julio      |
| <input type="checkbox"/> febrero | <input type="checkbox"/> agosto     |
| <input type="checkbox"/> marzo   | <input type="checkbox"/> septiembre |
| <input type="checkbox"/> abril   | <input type="checkbox"/> octubre    |
| <input type="checkbox"/> mayo    | <input type="checkbox"/> noviembre  |
| <input type="checkbox"/> junio   | <input type="checkbox"/> diciembre  |

**3b. ¿En qué año nació?**

\_\_\_\_\_

**4. ¿Cuál es su género sexual? (Escoja una)**

- Hombre
- Mujer
- Transgénero: masculino a femenino
- Transgénero: femenino a masculino
- Prefiero no contestar

**5a. ¿Cuál de las siguientes categorías describe mejor su grupo étnico? (Escoja una)**

- No hispano
- Hispano / Latino
- No sé
- Prefiero no contestar

**5b. ¿Cuál de las siguientes categorías describe mejor su raza? (Marque todas las respuestas que correspondan)**

- Blanco
- Negro o afroamericano
- Asiático
- Nativo de Hawai / otra isla del Pacífico
- Indígena americano o nativo de Alaska
- Otro
- No sé
- Prefiero no contestar

**6. ¿Cuál de las siguientes categorías describe mejor su orientación sexual? (Escoja una)**

- Heterosexual / *Straight*
- Bisexual
- Homosexual/ Lesbiana/ Gay
- Otro
- No sé
- Prefiero no contestar

**7. ¿Cuál es su profesión/empleo? (Marque todas las respuestas que correspondan)**

- Administrador/Gerente
- Enfermera de práctica avanzada (enfermera especialista-*NP*, etc.)
- Coordinador de atención
- Trabajador de alcance comunitario /Promotor de salud
- Dentista
- Educador en salud
- Enfermera vocacional con licencia *LVN*/enfermera práctica con licencia *LPN*
- Asistente médico
- Profesional de la salud mental/ del comportamiento (con licencia)
- Profesional de la salud mental/ del comportamiento (sin licencia)
- Enfermera titulada (RN)
- Otro profesional dental
- Navegador para pacientes
- Consejero de pares/Defensor de derechos de pares
- Farmacéutico
- Médico (*MD, DO*)
- Asociado médico (*Physician Assistant*)
- Consejero especializado en abuso de sustancias
- Otro \_\_\_\_\_

*Q8a asked only of "BIG 6" (Physicians, Advanced Practice Nurses, RNs, Physician Assistants, Dentists, and Pharmacists).*

**8a. ¿Receta usted medicamentos a sus pacientes?**

- Sí
- No

*Q8b asked only of Physicians, Advanced Practice Nurses, and Physician Assistants)*

**8b. ¿Sirve usted como proveedor de atención primaria para sus pacientes?**



**Q9 asked of participants who not Big 6**

**9. ¿Usted... :**

**9a. ...escolta a los pacientes al cuarto de consulta?**

- Sí
- No

**9b. ...les toma los signos vitales?**

- Sí
- No

**9c. ...se comunica con ellos entre visitas para hablar sobre su atención de rutina para problemas crónicos y de prevención?**

- Sí
- No

**Q10 asked only of "BIG 6"**

**10. ¿Cuál de las siguientes respuestas describe mejor al modelo de trabajo en equipo de su clínica?**

- Casi siempre trabajo con el mismo asistente médico, *LVN* o *LPN*
- Casi siempre trabajo con un grupo pequeño de asistentes médicos, *LVNs* o *LPNs*
- Es raro que yo trabaje con el mismo asistente médico, *LVN* o *LPN*; o con el mismo grupo de asistentes médicos, *LVNs* o *LPNs*

**Q11 asked of participants who are not "BIG 6"**

**11. ¿Cuál de las siguientes respuestas describe mejor al modelo de trabajo en equipo de su clínica?**

- Casi siempre trabajo con el mismo proveedor médico
- Casi siempre trabajo con un grupo pequeño de proveedores
- Es raro que yo trabaje con el mismo proveedor o grupo de proveedores

**Q12. ¿Usa su clínica expedientes médicos electrónicos?**

- Sí
- No

**Questions 13-20 are adapted from the ACRE, an assessment used by the National Evaluation Center for the AIDS Education and Training Centers. They are asked only of Big 6**

**En la lista abajo, marque los servicios de atención clínica para el VIH que usted provee para sus pacientes.**

	Sí	No
<b>13. Proveo atención primaria para pacientes infectados con el VIH</b>	<input type="checkbox"/>	<input type="checkbox"/>

<b>14. Monitoreo los estudios de laboratorio relacionados específicamente con el VIH</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. Inicio terapia antirretroviral</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>16. Proveo consejería sobre el apego al tratamiento y monitoreo el apego</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>17. Proveo profilaxis y tratamiento para infecciones oportunistas</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Manejo el tratamiento cuando existe resistencia a medicamentos</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>19. Inicio atención para evitar y tratar enfermedades comórbidas</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>20. Proveo consultación clínica a otros profesionales clínicos sobre la atención para personas con VIH</b>	<input type="checkbox"/>	<input type="checkbox"/>

*Q21-26 were adapted from the ACRE. They are asked only of participants who are not Big 6*

*En la lista abajo, marque los servicios de atención clínica para el VIH que usted provee para sus pacientes*

	<b>Sí</b>	<b>No</b>
<b>21. Realizo pruebas de VIH</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>22. Proveo consejería sobre el apego al tratamiento y monitoreo el apego</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23. Inicio atención para evitar y tratar problemas de salud física comórbidos</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>24. Inicio atención para evitar y tratar problemas comórbidos de la salud mental</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>25. Trabajo con los pacientes para lograr dirigirlos a los servicios clínicos o de apoyo que necesitan</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>26. Otros servicios de atención _____</b>	<input type="checkbox"/>	<input type="checkbox"/>

*Q27 and follow-up (27a, 27b, 27c) are adapted from the ACRE. They are asked only of Big 6.*

**27. Marque la respuesta que describa mejor su práctica habitual con los pacientes VIH positivos (Escoja una)**

- Los remito a atención y tratamiento relacionados con el VIH después de ser diagnosticados
- No los remito, pero sí consulto con especialistas en el cuidado de personas VIH positivas cuando tengo preguntas
- No los remito; soy especialista en atención del VIH
- No sé adónde remitir a los pacientes VIH positivos
- No existen opciones de remisión a otros servicios en mi área geográfica

*If first answer option in #27 (makes referral) is endorsed, then ask 27a, 27b, and 27c; else skip to 28*

**Indique las situaciones en las cuales usted remite a sus pacientes a atención y tratamiento para el VIH después de ser diagnosticados**

	Sí	No
<b>27a. Los remito cuando pienso que el paciente necesita iniciar una terapia antirretroviral</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27b. Los remito cuando su terapia antirretroviral falla</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>27c. Remito a los pacientes que tienen coinfecciones o comorbilidades</b>	<input type="checkbox"/>	<input type="checkbox"/>

**28. Piense en una semana típica en esta clínica. Durante el transcurso de una semana típica, ¿a cuántos pacientes en total atiende usted?** Denos un estimado del total, incluyendo a pacientes/clientes nuevos y continuos ya sean VIH positivos o negativos.

\_\_\_\_\_ pacientes

**29. Siga pensando en una semana típica en esta clínica. Durante el transcurso de una semana típica, ¿a cuántos pacientes con VIH atiende usted?**

\_\_\_\_\_ pacientes

**30. Ahora piense en los últimos cinco días laborales. Durante los últimos cinco días laborales, ¿a cuántos pacientes con VIH atendió usted?**

\_\_\_\_\_ pacientes

31a. ¿Tiene usted un año o más proveyendo atendiendo a personas con VIH?

IF YES: 31b: ¿Cuántos años tiene atendiendo a personas VIH positivas? \_\_\_\_\_

IF NO: 31c: ¿Cuántos años tiene atendiendo a personas VIH positivas? \_\_\_\_\_

33. ¿Cuántos años tiene usted trabajando en esta clínica? \_\_\_\_\_

34. ¿Cuántas horas por semana trabaja en esta clínica? \_\_\_\_\_

*Items 35-69 come from: Lewis et al. Patient-centered medical home characteristics and staff morale in safety net clinics. Archives of Internal Medicine. 2012;172:23-31.*

**ACCESS AND COMMUNICATION WITH PATIENTS**

*Para la siguiente parte de la encuesta, nos gustaría saber qué tan de acuerdo o en desacuerdo está usted con cada declaración.*

	Muy en desacuerd o	En desacuer do	Ni de acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
35. Cuando los pacientes vienen para una visita rutinaria, los atiende el mismo proveedor de atención primaria en vez de un proveedor diferente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Cuando los pacientes vienen para una cita de atención urgente, los atiende el mismo proveedor de atención primaria en vez de un proveedor diferente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. El fácil que los pacientes obtengan una cita con un proveedor en nuestra clínica el mismo día si tienen un problema urgente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Frecuentemente, es difícil dedicar el tiempo necesario para satisfacer las necesidades médicas de los pacientes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Tengo suficiente acceso a intérpretes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**COMMUNICATION WITH OTHER PROVIDERS (THOSE IN OTHER DEPARTMENTS)**

40. ¿Qué tan frecuentemente le es difícil comunicarse sobre sus pacientes con...?

	Rara vez	De vez en cuando	A veces	Muchas veces	Casi siempre
a. ...especialistas fuera de su agencia/organización?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...especialistas dentro de su agencia/organización?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ...proveedores ubicados en los hospitales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ...departamentos de emergencias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ...farmacéuticos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TRACKING DATA**

	Muy en desacuerdo	En desacuerdo	Ni de acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
41. En mi clínica es fácil identificar a pacientes con ciertas enfermedades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Esta clínica tiene buenos sistemas para monitorear los resultados de pruebas y darles seguimiento con los pacientes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ELECTRONIC HEALTH RECORD—ITEMS 43-46 ARE ASKED ONLY IF PARTICIPANT SELF-REPORTED AN ELECTRONIC HEALTH RECORD IN Q12**

	Muy en desacuerdo	En desacuerdo	Ni de acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
43. El expediente médico electrónico de esta clínica es una gran ayuda para mí en la provisión de atención de alta calidad a los pacientes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. El expediente médico electrónico de esta clínica genera recordatorios durante la visita del paciente que me recuerdan medidas clave que debo tomar para el paciente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. El expediente médico electrónico está bien integrado en el flujo de trabajo de la clínica.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Puedo confiar en la validez de los datos del expediente médico electrónico.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CARE MANAGEMENT**

	Muy en desacuerdo	En desacuerdo	Ni de acuerdo ni en desacuerdo	De acuerdo	Muy de acuerdo
47. Esta clínica tiene un buen sistema para identificar a pacientes en alto riesgo de tener un mal pronóstico de salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Esta clínica provee servicios adicionales para pacientes en alto riesgo de tener un mal pronóstico de salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Esta clínica individualiza sus servicios para responder a las diferentes necesidades de sus pacientes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Esta clínica ayuda eficazmente a los pacientes para que ellos puedan automanejar su infección de VIH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51. En esta clínica, la atención al paciente está bien coordinada entre los médicos, enfermeras y demás personal de la clínica.**

<p><b>52. Esta clínica aprovecha bien los recursos en la comunidad para satisfacer las necesidades de atención de salud de nuestros pacientes.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>53. El sistema de expedientes médicos de esta clínica genera recordatorios durante la visita del paciente para recordarles a los proveedores medidas clave que deben tomar.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Quality Improvement</b></p>	<p><b>Muy en desacuerdo</b></p>	<p><b>En desacuerdo</b></p>	<p><b>Ni de acuerdo ni en desacuerdo</b></p>	<p><b>De acuerdo</b></p>	<p><b>Muy de acuerdo</b></p>
<p><b>54. La estructura de esta clínica promueve la provisión de atención de alta calidad a sus pacientes.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>55. Esta clínica toma medidas activas para mejorar la seguridad de sus pacientes.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>56. Esta clínica analiza las quejas de los pacientes para identificar patrones y evitar que los mismos problemas se repitan.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>57. Cuando surge un problema en esta clínica, hacemos un gran esfuerzo para investigar la causa del problema.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>58. Esta clínica me envía informes sobre la calidad de la atención que proveo a mis pacientes.</b> (Note: Q58 asked Only of Providers)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>59. La mayoría de los empleados de esta clínica están dispuestos a cambiar su forma de hacer las cosas en respuesta a las sugerencias y comentarios de otros.</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**60. Los proveedores de salud y demás personal de esta clínica reciben suficiente tiempo libre de sus responsabilidades regulares para poder realizar actividades que mejoran la calidad de los servicios.**

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61. Me recompensan por mi trabajo para mejorar la calidad de los servicios.

**WORK ENVIRONMENT**

Muy en desacuerdo      En desacuerdo      Ni de acuerdo ni en desacuerdo      De acuerdo      Muy de acuerdo

62. El personal de esta clínica opera en equipo.

63. El liderazgo de la clínica crea un ambiente en el cual las cosas pueden lograrse.

64. El liderazgo de la clínica promueve un ambiente en el cual es agradable trabajar.

65. Existe una comunicación franca y abierta entre los médicos y los otros miembros del personal.

66. El trabajo que hago es apropiado para mi cargo y nivel de capacitación.

67. Normalmente tengo control sobre mi horario en la clínica.

68. Normalmente tengo control sobre las interrupciones que ocurren en mi trabajo.

69. Normalmente tengo control sobre el número de pacientes que atiendo. (Note: Q69 asked only of Big 6 providers)

**Items 70-77 adapted from STEP survey administered by the UCSF Center for Excellence in Primary Care**

**Trust in Other Staff—Items 70-73 to be asked of Physicians, Advanced Practice Nurses, and Physician Assistants only**

**Muy en desacuerdo      En desacuerdo      Ni de acuerdo ni en desacuerdo      De acuerdo      Muy de acuerdo**

70. Tengo la seguridad de que los asistentes médicos de mi clínica pueden identificar a los pacientes que no tengan sus estudios de laboratorio para el VIH (CD4, carga viral, etc.) al corriente.






71. Tengo la seguridad de que los asistentes médicos en mi clínica pueden contestar la mayoría de las preguntas que mis pacientes tienen sobre las pruebas para medir la carga viral de VIH.






72. No creo que un asistente médico que identifique a un paciente que necesita un estudio de laboratorio relacionado con el VIH (CD4 o carga viral, etc.) deba ordenar la prueba o crear una orden pendiente antes de que yo lo especifique.






73. Si yo no ordeno estudios de laboratorio como los de las células CD4 o de la carga viral para mis pacientes VIH positivos, no puedo estar seguro de que se los hagan.






**Trust in Other Staff—Items 74-77 to be asked only of medical assistants, LVNs, LPNs**

**Muy en desacuerdo      En desacuerdo      Ni de acuerdo ni en desacuerdo      De acuerdo      Muy de acuerdo**

74. Soy responsable, junto con los proveedores médicos, de lograr que los pacientes con VIH mantengan al día sus pruebas de laboratorio específicas para el VIH (células CD4, carga viral, etc.).

**75. Tengo la seguridad de que puedo contestar la mayoría de las preguntas que mis pacientes tengan sobre la prueba de la carga viral del VIH.**

76. Durante el proceso de ingreso del paciente, sé cómo identificar a los pacientes VIH positivos que no están al día con sus estudios de laboratorio para medir las células CD4 y la carga viral.

77. Durante el proceso de ingreso del paciente, si determino que a un paciente con VIH le toca una prueba de CD4 o carga viral, puedo ordenar o crear una orden pendiente para estas pruebas sin esperar a que el proveedor las ordene específicamente para el paciente.

*Items 78-83 Adapted from: Ende J, Kazis L, Ash AB, Moskowitz MA. Measuring patients' desire for autonomy: decision-making and information-seeking preferences among medical patients. Journal of General Internal Medicine. 1989;4:23-30.*

**DECISION-MAKING PREFERENCES**

**Muy en desacuerdo**      **En desacuerdo**      **Ni de acuerdo ni en desacuerdo**      **De acuerdo**      **Muy de acuerdo**

78. Las decisiones médicas importantes las debe tomar el proveedor médico y no el paciente.

79. El paciente debe seguir los consejos del proveedor médico aunque no esté de acuerdo con ellos.

80. Cuando está hospitalizado, el paciente no debe tomar decisiones sobre su propio cuidado.

81. El paciente debe sentirse libre de tomar decisiones sobre problemas de salud menores.

82. Si el paciente va deteriorando cada vez más, el proveedor debe tomar más control sobre su cuidado.

83. El paciente debe decidir qué tan frecuentemente él/ella necesita chequeos de salud rutinarios para mantener su salud (exámenes físicos).

*Items 84-85 come from the Maslach Burnout Inventory (MBI). They were shown to be core items that relate well to the two larger subscales of the MBI, see Waddimba et al., Validation of single-item screening measures for provider burnout in a rural health care network. Evaluation and the Health Professions. 2015. (Currently only available at ePub ahead of print.)*

***BURNOUT—Item 84 captures emotional exhaustion; item 85 captures depersonalization***

**84. Me siento emocionalmente agotado por mi trabajo.**

- Nunca
- Algunas veces por año
- Una vez al mes
- Varias veces por mes
- Una vez por semana
- Varias veces por semana
- Todos los días

**85. Me he vuelto más insensible hacia las personas desde que empecé este trabajo.**

- Nunca
- Algunas veces por año
- Una vez al mes
- Varias veces por mes
- Una vez por semana
- Varias veces por semana
- Todos los días

**Workforce Development Initiative  
Clinical Record Data Extraction  
Preparation Date: 2/26/2016**

**PURPOSE**

Clinical record data extraction is a mandatory component of the Cross-site Evaluation. Its purpose is to track patient HIV care continuum outcomes among patients. These will constitute key outcomes for the initiative.

**PARTICIPANTS**

There are no “participants” in this component of the research. Data are derived from existing clinical records.

**ADMINISTRATION**

The ETAC is seeking a data sharing agreement with the data branch of HRSA to obtain copies of demonstration project sites’ Ryan White Services Reports (RSR) for the years 2014 to 2018. Each demonstration project has been asked to supply a letter of support as part of this request.

**FREQUENCY**

The ETAC is hoping to obtain copies of sites’ annual RSR submissions directly from HRSA.

**Workforce Development Initiative**  
**Cost Assessment**  
**Preparation Data: 2/26/2016**

**PURPOSE**

The Cost Assessment is a mandatory component of the Cross-site Evaluation. The purpose of the Cost Assessment is to understand the financial expenses and personnel hours required for the implementation of a site's practice transformation. The cost data will be paired with outcome data from the clinical record data extraction to examine the cost efficiency and cost effectiveness of the practice transformation.

**PARTICIPANTS**

We anticipate one or two members of each Demonstration Site team will participate in the Cost Assessment. These individuals should have a knowledge of the fiscal and programmatic aspects of the Demonstration Project's practice transformation.

**ADMINISTRATION**

The ETAC will develop Excel-based templates for listing out costs incurred and personnel hours committed for specific aspects of the project's work. Sites will be asked to complete the templates in collaboration with ETAC investigators.

**FREQUENCY**

The Cost Assessment be conducted annually, beginning four months after the close of each grant year. By that time, sites will have finalized and submitted to HRSA their annual Federal Financial Report for the grant. Note: the timeline for reporting Year 1 costs will be somewhat later as the ETAC develops and refines the data collection templates during Year 2.



**Workforce Development Initiative  
Patient Survey  
Preparation Date: Feb. 26, 2016**

**PURPOSE**

The **Patient Survey** is an optional **Focused Study**. Demonstration Sites may choose to participate or not based on their interest. The purpose of the patient survey is to assess how Demonstration Site practice transformations affect patients' perceptions and experience in care. It will also assess additional patient characteristics and utilization of care in order to identify potential mediators and moderators of the effect of the interventions.

**SURVEY QUESTIONS**

The ETAC-led working group created both a longer and shorter version of the survey. To take part in the focused study, a site must administer all of the questions on the shorter version. A site may choose to include some or all of the questions unique to the longer version. In addition, a site may add a limited number of its own items (approximately 10) at the end of the survey, pending ETAC approval.

**PARTICIPANTS**

Participants should consist of patients who are affected by a site's practice transformation. We recommend a target of at least 100 patients as this will allow sites to observe a 10% change in any indicator of interest. Ideally, the participants will be selected randomly, but each demonstration project taking part in the patient survey will need to identify a strategy for recruitment that is feasible given patient flow, available space, and available personnel for data collection.

**ADMINISTRATION**

Sites may choose to administer the survey using an online survey administration tool, REDCap, or on paper. We have prepared both English and Spanish versions of the survey.

A participating site will decide on its own if incentives will be provided to patient participants. The ETAC has generally found that recruitment is faster when incentives are provided. But the ability to offer incentives will be dependent on a demonstration project's available budget. For this reason, the provision of incentives is optional. If incentives are provided, please keep in mind that HRSA grantees cannot pay the incentive in cash. Typically, sites have offered gift cards to local merchants. Because the ETAC is not involved in direct data collection for this component of the evaluation, the ETAC cannot fund the incentives.

**ETHICAL APPROVAL**

Because the patient survey is collected by demonstration site personnel, IRB approvals should be obtained by the local demonstration project team. The ETAC's role is limited to secondary data analysis. As such, the UCSF IRB protocol does not cover direct data collection of patient survey data. The ETAC has made available sample text that a site can use in its IRB application. In general, IRB approval is likely to be needed at any site conducting the patient survey. It is possible that some IRBs may determine that the protocol is "exempt" under IRB regulations, if the survey is part of site's routine

patient feedback data collection and used for quality improvement purposes. But this is a determination that only the local IRB can make.

### **DATA ENTRY**

If the survey is administered to participants via REDCap, then the data will be loaded directly into a database at the ETAC. If the survey is administered on paper, then demonstration project personnel will need to enter the participants' responses into the database via REDCap.

### **DATA MANAGEMENT AND ANALYSIS**

Please notify the ETAC in advance of initiating patient survey data collection each year so that the ETAC data manager can configure the REDCap system to receive data from your site. The ETAC will clean all data submitted via REDCap and will make a copy of a site's cleaned data, along with a codebook, available to demonstration project investigators at the site. The ETAC will conduct cross-site analyses to answer research questions pertaining to the focused study. The ETAC will not conduct site-specific analyses.

### **FREQUENCY**

The survey should be administered annually in Years 2, 3, and 4 of the initiative, with a target of recruiting at least 100 patients per year. The same patients do *not* need to be surveyed each year.

SHORT VERSION OF PATIENT SURVEY--ENGLISH

**Workforce Development Initiative  
Patient Survey**

**Please complete the survey below. Thank you!**

**Date survey completed with patient:** \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (MM/DD/YYYY)

**A. DEMOGRAPHICS**

**1. What is your gender? (Choose one)**

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male

**2. What was your sex at birth?**

- Male
- Female

**3. How old are you (in years)?**

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**4. Were you born in the United States of America?**

- Yes
- No
- Don't Know

**If NO,**

**5. If you were not born in the USA, in which country were you born?**

---

**6. In which language do you prefer to speak? (Choose one)**

- English
- Spanish
- Other

If other, please specify \_\_\_\_\_

**7. In which language do you prefer to receive written information from a doctor, nurse, or other healthcare provider? (Choose one)**

- English
- Spanish
- Other
- I prefer not to receive written information from healthcare providers

If other, please specify \_\_\_\_\_

**8. What is your ethnicity? (Choose one)**

- Non-Hispanic
- Hispanic / Latino

**9. What is your race? (Check all that apply)**

- White
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
- American Indian or Alaska Native
- Other

**10. What is the highest level of education you have completed? (Choose one)**

- Less than high school
- High school diploma or GED
- Some college
- 2-year college degree (Associates Degree)
- 4-year college degree (Bachelors Degree)
- Master's degree
- Doctoral degree
- Professional degree (MD, JD)

**11. What is your sexual orientation? (Choose one)**

- Heterosexual / Straight
- Bisexual
- Homosexual/ Lesbian/ Gay
- Other

**12. How many people (including yourself) live in your home?**

— —  
*(If 1 person lives in your home, go next to 13a.; if 2 people, go to 13b.; if 3 people go to 13c; if 4 people, go to 13d; if 5 people, go to 13e; if 6 or more people, go to 13f)*

**13a. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$11,669
- Between \$11,670 and \$16,242
- Between \$16,243 and \$29,175
- Between \$29,176 and \$46,680
- More than \$46,680

**13b. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$15,729
- Between \$15,730 and \$21,982
- Between \$21,983 and \$39,325
- Between \$39,326 and \$62,920
- More than \$62,920

**13c. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$19,789
- Between \$19,790 and \$27,723
- Between \$27,724 and \$49,475
- Between \$49,476 and \$79,160
- More than \$79,160

**13d. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$23,849
- Between \$23,850 and \$33,464
- Between \$33,465 and \$59,625
- Between \$59,626 and \$95,400
- More than \$95,400

**13e. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$27,909
- Between \$27,910 and \$39,205
- Between \$39,206 and \$69,775
- Between \$69,776 and \$111,640
- More than \$111,640

**13f. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$31,969
- Between \$31,970 and \$44,496
- Between \$44,497 and \$79,925
- Between \$79,926 and \$127,880
- More than \$127,880

**14. During the past 12 months, in what ZIP Code did you mainly live?**

- — — — —
- Don't Know

**15. During the past 12 months, how often have you been homeless or temporarily or unstably housed? This can include staying with others, even for one night if you had no other place to stay.**

- Often
- Sometimes
- Rarely
- Never

**16. During the past 12 months, how often did you eat less than you felt you should because there wasn't enough money to buy food?**

- Often
- Sometimes
- Rarely
- Never

**17. During the past 12 months, have you had any kind of health insurance or health coverage? This includes Medicaid and Medicare.**

- Yes
- No
- Don't Know

**18. During the past 12 months, what were all the kinds of health insurance or health coverage you had? Please tell me about each of these kinds of insurance.**

	No <sup>(0)</sup>	Yes <sup>(1)</sup>	Refused to answer <sup>(7)</sup>	Don't know <sup>(8)</sup>
a. Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ryan White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tricare or CHAMPUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. City, county, state or other publicly funded insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If other type of insurance, please specify \_\_\_\_\_**

**If you selected YES to Private health insurance in question 18,**

**19. Who paid for your private health insurance?**

- Me
- My employer
- Someone else's employer
- A government agency [Affordable Care Act (ACA or Obama Care), Covered California, Medicaid/Medi-Cal, Medicare]

**20. During the past 12 months, has your health insurance coverage changed?**

- Yes
- No
- Don't Know

**If you selected YES,**

**21. Has this change resulted in a gap in your ability to receive health care or medications?**

- Yes
- No
- Don't Know

**B. HEALTH CONDITIONS**

**The next questions ask about your HIV and other health conditions.**

**22. In what month and year were you first diagnosed with HIV?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**23. Please check the categories that best describe what may have put you at risk for getting HIV: (Check all that apply)**

- I am a man who has had sex with men
- I am an injection drug user
- I have Hemophilia/coagulation disorder
- I have had sex with someone of the opposite sex (heterosexual contact)
- I have had sex with someone who uses injection drugs
- I have received transfusions of blood, blood components, or tissue
- Other
- Don't Know

If other, please specify \_\_\_\_\_

**24. In what month and year did you first receive care from a health care provider (physician, nurse practitioner, or physician's assistant) for your HIV infection?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**25. What is the lowest CD4 cell count you have ever had (cells/cubic mm)? (Choose one)**

- Less than 200
- 200 to 349
- 350 to 499
- 500 or higher
- Never tested
- Don't Know
- Decline to answer

**26. Have you ever had an infection or cancer that is related to HIV/AIDS, like tuberculosis or Kaposi's sarcoma?**

- No
- Yes
- Don't Know
- Decline to answer

**If you selected YES,**

**27. In what month and year were you first diagnosed with an infection or cancer that is related to HIV/AIDS, like tuberculosis or Kaposi's sarcoma?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**28. Have you ever been diagnosed with AIDS?**

- Yes
- No
- Don't Know

**If you selected YES,**

**29. In what month and year were you first diagnosed with AIDS?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**30. Have you ever been diagnosed with any of the following mental health conditions? (Check all that apply):**

- Depression
- Schizophrenia
- Bipolar disorder
- Panic disorder
- Autism
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Anxiety disorder
- Attention deficit hyperactivity disorder (ADHD)
- Anorexia
- Bulimia
- Other
- Never been diagnosed with a mental health condition

If other, please specify \_\_\_\_\_



**If you have been diagnosed with a mental health condition,**

**31. During the past 12 months, have you been referred to mental health services?**

- Yes
- No

**32. Did you receive these services within 60 days after you were referred to them?**

- Yes
- No

**33. Have you ever had problems related to drug and/or alcohol use?**

- Yes
- No

**34. Have you ever been diagnosed with a disorder related to drug and/or alcohol use (for example, drug addiction or alcoholism)?**

- Yes
- No

**If you selected YES,**

**35. During the past 12 months, have you been referred to services to help with your drug and/or alcohol use?**

- Yes
- No

**36. Did you receive these services within 60 days after you were referred to them?**

- Yes
- No

**C. The next questions ask about the health care you have received during the past 12 months.**

**37. During the past 12 months, have you gone to the emergency room, or ER for any reason other than accident or injury?**

- Yes
- No
- Don't Know

**If you selected YES,**

**38. During the past 12 months, how many times have you gone to the emergency room, or ER, for any reason other than an accident or injury?**

— —

**39. During the past 12 months, have you been hospitalized overnight for any reason other than accident or injury?**

- Yes
- No
- Don't Know

If you selected YES,

40. During the past 12 months, how many nights have you stayed in the hospital?

— —

41. During the past 6 months, how many times have you seen a health care provider (doctor, nurse practitioner, or physician's assistant) for your HIV?

— — —

42. Now thinking about 7 to 12 months ago, how many times did you see a health care provider (doctor, nurse practitioner, or physician's assistant) for your HIV?

— — —

43. During the past 12 months, have you gone more than 6 months without seeing a health care provider for your HIV?

- Yes
- No
- Don't Know

44. During the past 12 months, how many times was your blood taken for an HIV viral load test?

— —

If your blood was taken for an HIV viral load test at least once during the past 12 months,

45. When you had your last viral load test, what was the result?

- Detectable
- Undetectable
- Don't Know

46. During the past 12 months, how many times was your blood taken for a CD4 cell count?

— —

If your blood was taken for a CD4 cell count at least once during the past 12 months,

47. What was the result of your most recent CD4 cell test?

- Less than 200
- 200 to 349
- 350 to 499
- 500 or higher
- Don't Know

**48. Have you ever been prescribed antiretroviral medications for the treatment of your HIV infection?**

- Yes
- No
- Don't Know

**If you selected YES,**

**49. In what month and year did you first start taking antiretroviral medications for the treatment of your HIV infection?**

\_\_\_ / \_\_\_  
(mm / yyyy)

**50. During the past 12 months, have you gone 7 days or more without taking antiretroviral medications?**

- Yes
- No
- Don't Know

**51. Check one box below to tell us how often during the past week were you able to take your antiretroviral medication exactly as your health care provider told you. For example, if you took none of your medication as your doctor told you to do, then check the 0% box. If you took all of your medication as your doctors told you to do, then check the 100% box. If you took about half of the medication as your doctor told you to do, then check the 50% box.**

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90%
- 100%

- Not applicable. I am not currently being prescribed HIV antiretroviral medications.

**The next questions ask about the care you have received at this clinic.**

**52. On average, how many minutes does it take you to get to this clinic?**

\_\_\_

**53. During the past 12 months, how often did you have access to a reliable means of transportation?**

- Always
- Usually
- Sometimes
- Rarely
- Never

**54. During the past 12 months, how often were you not able to get to your appointments (with doctors, social workers, etc.) because you did not have access to transportation (bus, car, etc.)?**

- Always
- Usually
- Sometimes
- Rarely
- Never

**The next questions ask about care you received in the last 12 months (check one answer for each of them)**

	Never	Sometimes	Usually	Always
<b>55.</b> When you needed care right away, how often did you get care in this clinic as soon as you thought you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>56.</b> Not counting the times you needed care right away, how often did you get an appointment for your health care at this clinic as soon as you thought you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the care you received in the last 12 months (check one answer for each item)**

	Never	Sometimes	Usually	Always
<b>57.</b> How often was it easy to get an appointment with someone to help coordinate your care (benefits counselor, case manager)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>58.</b> How often was it easy to get the care, tests, or treatment you thought you needed paid for through your health plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the care you received in the last 12 months (check one answer for each item)**

	Never	Sometimes	Usually	Always
<b>59.</b> How often did office staff at a doctor’s office or clinic treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>60.</b> How often were office staff at a doctor’s office or clinic as helpful as you thought they should be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**61. Does this clinic provide the following services?**

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
<b>a. HIV testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Help getting people diagnosed with HIV into medical care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Medical care for people newly diagnosed with HIV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Prescription and monitoring of antiretroviral therapy (medications to reduce amount of HIV in body)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Care of people with more advanced HIV (opportunistic infections, cancer, other complications)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Benefits counseling (health insurance, payment for medications, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Adherence counseling (help taking medication correctly)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Behavioral counseling (mental health, substance abuse counseling)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Social support (by peers and/or professional)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**62. How comfortable would you be using or referring a friend to each of these services?**  
*(Only respond to the items below that you selected as YES in question 61)*

	Very Uncomfortable	Uncomfortable	Somewhat Uncomfortable	Somewhat Comfortable	Comfortable	Very Comfortable
<b>a. HIV testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Help getting people diagnosed with HIV into medical care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Medical care for people newly diagnosed with HIV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Prescription and monitoring of antiretroviral therapy (medications to reduce amount of HIV in body)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Care of people with more advanced HIV (opportunistic infections, cancer, other complications)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Benefits counseling (health insurance, payment for medications, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Adherence counseling (help taking medication correctly)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Behavioral counseling (mental health, substance abuse counseling)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Social support (by peers and/or professional)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this survey!**

FULL (LONGER) VERSION OF PATIENT SURVEY--ENGLISH

**Workforce Development Initiative  
Patient Survey**

**Please complete the survey below. Thank you!**

**Date survey completed with patient:** \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ (MM/DD/YYYY)

**A. DEMOGRAPHICS**

**1. What is your gender? (Choose one)**

- Male
- Female
- Transgender: Male to Female
- Transgender: Female to Male

**2. What was your sex at birth?**

- Male
- Female

**3. How old are you (in years)?**

\_\_\_\_\_

**4. Were you born in the United States of America?**

- Yes
- No
- Don't Know

**If NO,**

**5. If you were not born in the USA, in which country were you born?**

\_\_\_\_\_

**6. In which language do you prefer to speak? (Choose one)**

- English
- Spanish
- Other

If other, please specify \_\_\_\_\_

**7. In which language do you prefer to receive written information from a doctor, nurse, or other healthcare provider? (Choose one)**

- English
- Spanish
- Other
- I prefer not to receive written information from healthcare providers

If other, please specify \_\_\_\_\_

**8. What is your ethnicity? (Choose one)**

- Non-Hispanic
- Hispanic / Latino

**9. What is your race? (Check all that apply)**

- White
- Black or African American
- Asian
- Native Hawaiian / Pacific Islander
- American Indian or Alaska Native
- Other

**10. What is the highest level of education you have completed? (Choose one)**

- Less than high school
- High school diploma or GED
- Some college
- 2-year college degree (Associates Degree)
- 4-year college degree (Bachelors Degree)
- Master's degree
- Doctoral degree
- Professional degree (MD, JD)

**11. What is your sexual orientation? (Choose one)**

- Heterosexual / Straight
- Bisexual
- Homosexual/ Lesbian/ Gay
- Other

**12. How many people (including yourself) live in your home?**

— —  
*(If 1 person lives in your home, go next to 13a.; if 2 people, go to 13b.; if 3 people go to 13c; if 4 people, go to 13d; if 5 people, go to 13e; if 6 or more people, go to 13f)*

**13a. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$11,669
- Between \$11,670 and \$16,242
- Between \$16,243 and \$29,175
- Between \$29,176 and \$46,680
- More than \$46,680

**13b. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$15,729
- Between \$15,730 and \$21,982
- Between \$21,983 and \$39,325
- Between \$39,326 and \$62,920
- More than \$62,920



**13c. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$19,789
- Between \$19,790 and \$27,723
- Between \$27,724 and \$49,475
- Between \$49,476 and \$79,160
- More than \$79,160

**13d. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$23,849
- Between \$23,850 and \$33,464
- Between \$33,465 and \$59,625
- Between \$59,626 and \$95,400
- More than \$95,400

**13e. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$27,909
- Between \$27,910 and \$39,205
- Between \$39,206 and \$69,775
- Between \$69,776 and \$111,640
- More than \$111,640

**13f. How much money did you make last year? (Choose one)**

- \$0 (Had no individual income)
- Between \$1 and \$31,969
- Between \$31,970 and \$44,496
- Between \$44,497 and \$79,925
- Between \$79,926 and \$127,880
- More than \$127,880

**14. During the past 12 months, in what ZIP Code did you mainly live?**

- \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_
- Don't Know

**15. During the past 12 months, how often have you been homeless or temporarily or unstably housed? This can include staying with others, even for one night if you had no other place to stay.**

- Often
- Sometimes
- Rarely
- Never

**16. During the past 12 months, how often did you eat less than you felt you should because there wasn't enough money to buy food?**

- Often
- Sometimes
- Rarely
- Never

**17. During the past 12 months, have you had any kind of health insurance or health coverage? This includes Medicaid and Medicare.**

- Yes
- No
- Don't Know

**18. During the past 12 months, what were all the kinds of health insurance or health coverage you had? Please tell me about each of these kinds of insurance.**

	No <sup>(0)</sup>	Yes <sup>(1)</sup>	Refused to answer <sup>(7)</sup>	Don't know <sup>(8)</sup>
a. Private health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ryan White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tricare or CHAMPUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. City, county, state or other publicly funded insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If other type of insurance, please specify \_\_\_\_\_**

**If you selected YES to Private health insurance in question 18,**

**19. Who paid for your private health insurance?**

- Me
- My employer
- Someone else's employer
- A government agency [Affordable Care Act (ACA or Obama Care), Covered California, Medicaid/Medi-Cal, Medicare]

**20. During the past 12 months, has your health insurance coverage changed?**

- Yes
- No
- Don't Know

**If you selected YES,**

**21. Has this change resulted in a gap in your ability to receive health care or medications?**

- Yes
- No
- Don't Know

**B. HEALTH CONDITIONS**

**The next questions ask about your HIV and other health conditions.**

**22. In what month and year were you first diagnosed with HIV?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**23. Please check the categories that best describe what may have put you at risk for getting HIV: (Check all that apply)**

- I am a man who has had sex with men
- I am an injection drug user
- I have Hemophilia/coagulation disorder
- I have had sex with someone of the opposite sex (heterosexual contact)
- I have had sex with someone who uses injection drugs
- I have received transfusions of blood, blood components, or tissue
- Other
- Don't Know

If other, please specify \_\_\_\_\_

**24. In what month and year did you first receive care from a health care provider (physician, nurse practitioner, or physician's assistant) for your HIV infection?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**25. What is the lowest CD4 cell count you have ever had (cells/cubic mm)? (Choose one)**

- Less than 200
- 200 to 349
- 350 to 499
- 500 or higher
- Never tested
- Don't Know
- Decline to answer

**26. Have you ever had an infection or cancer that is related to HIV/AIDS, like tuberculosis or Kaposi's sarcoma?**

- No
- Yes
- Don't Know
- Decline to answer

**If you selected YES,**

**27. In what month and year were you first diagnosed with an infection or cancer that is related to HIV/AIDS, like tuberculosis or Kaposi's sarcoma?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**28. Have you ever been diagnosed with AIDS?**

- Yes
- No
- Don't Know

**If you selected YES,**

**29. In what month and year were you first diagnosed with AIDS?**

\_\_\_ / \_\_\_ (mm / yyyy)

- Don't Know

**30. Have you ever been diagnosed with any of the following mental health conditions? (Check all that apply):**

- Depression
- Schizophrenia
- Bipolar disorder
- Panic disorder
- Autism
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Anxiety disorder
- Attention deficit hyperactivity disorder (ADHD)
- Anorexia
- Bulimia
- Other
- Never been diagnosed with a mental health condition

If other, please specify \_\_\_\_\_

**If you have been diagnosed with a mental health condition,**

**31. During the past 12 months, have you been referred to mental health services?**

- Yes
- No

**32. Did you receive these services within 60 days after you were referred to them?**

- Yes
- No

**33. Have you ever had problems related to drug and/or alcohol use?**

- Yes
- No

**34. Have you ever been diagnosed with a disorder related to drug and/or alcohol use (for example, drug addiction or alcoholism)?**

- Yes
- No

**If you selected YES,**

**35. During the past 12 months, have you been referred to services to help with your drug and/or alcohol use?**

- Yes
- No

**36. Did you receive these services within 60 days after you were referred to them?**

- Yes
- No

**C. How do you feel about being HIV-positive?**

<i>Statement</i>	<i>Very unlikely</i>	<i>Unlikely</i>	<i>Neither unlikely nor likely</i>	<i>Likely</i>	<i>Very likely</i>
<b>37. Having HIV makes me feel like I'm a bad person.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>38. I feel I'm not as good as others because I have HIV.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>39. I feel ashamed of having HIV.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>40. I think less of myself because I have HIV.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>41. Having HIV makes me feel unclean.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>42. Having HIV is disgusting to me.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. The next questions ask about the health care you have received during the past 12 months.**

**43. During the past 12 months, have you gone to the emergency room, or ER for any reason other than accident or injury?**

- Yes
- No
- Don't Know

**If you selected YES,**

**44. During the past 12 months, how many times have you gone to the emergency room, or ER, for any reason other than an accident or injury?**

— —

**45. During the past 12 months, have you been hospitalized overnight for any reason other than accident or injury?**

- Yes
- No
- Don't Know

If you selected YES,

**46. During the past 12 months, how many nights have you stayed in the hospital?**

— —

**47. During the past 6 months, how many times have you seen a health care provider (doctor, nurse practitioner, or physician's assistant) for your HIV?**

— — —

**48. Now thinking about 7 to 12 months ago, how many times did you see a health care provider (doctor, nurse practitioner, or physician's assistant) for your HIV?**

— — —

**49. During the past 12 months, have you gone more than 6 months without seeing a health care provider for your HIV?**

- Yes
- No
- Don't Know

**50. During the past 12 months, how many times was your blood taken for an HIV viral load test?**

— —

**If your blood was taken for an HIV viral load test at least once during the past 12 months,**

**51. When you had your last viral load test, what was the result?**

- Detectable
- Undetectable
- Don't Know

**52. During the past 12 months, how many times was your blood taken for a CD4 cell count?**

— —

**If your blood was taken for a CD4 cell count at least once during the past 12 months,**

**53. What was the result of your most recent CD4 cell test?**

- Less than 200
- 200 to 349
- 350 to 499
- 500 or higher
- Don't Know

**54. Have you ever been prescribed antiretroviral medications for the treatment of your HIV infection?**

- Yes
- No
- Don't Know

**If you selected YES,**

**55. In what month and year did you first start taking antiretroviral medications for the treatment of your HIV infection?**

\_\_\_ / \_\_\_  
(mm / yyyy)

**56. During the past 12 months, have you gone 7 days or more without taking antiretroviral medications?**

- Yes
- No
- Don't Know

**57. Check one box below to tell us how often during the past week were you able to take your antiretroviral medication exactly as your health care provider told you. For example, if you took none of your medication as your doctor told you to do, then check the 0% box. If you took all of your medication as your doctors told you to do, then check the 100% box. If you took about half of the medication as your doctor told you to do, then check the 50% box.**

0%     10%     20%     30%     40%     50%     60%     70%     80%     90%     100%

Not applicable. I am not currently being prescribed HIV antiretroviral medications.

**The next questions ask about the care you have received at this clinic.**

**58. On average, how many minutes does it take you to get to this clinic?**

\_\_\_

**59. During the past 12 months, how often did you have access to a reliable means of transportation?**

- Always
- Usually
- Sometimes
- Rarely
- Never



**60. During the past 12 months, how often were you not able to get to your appointments (with doctors, social workers, etc.) because you did not have access to transportation (bus, car, etc.)?**

- Always
- Usually
- Sometimes
- Rarely
- Never

**The next questions ask about care you received in the last 12 months (check one answer for each of them)**

	Never	Sometimes	Usually	Always
<b>61.</b> When you needed care right away, how often did you get care in this clinic as soon as you thought you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>62.</b> Not counting the times you needed care right away, how often did you get an appointment for your health care at this clinic as soon as you thought you needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the care you received in the last 12 months (check one answer for each item)**

	Never	Sometimes	Usually	Always
<b>63.</b> How often was it easy to get an appointment with someone to help coordinate your care (benefits counselor, case manager)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>64.</b> How often was it easy to get the care, tests, or treatment you thought you needed paid for through your health plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about the care you received in the last 12 months (check one answer for each item)**

	Never	Sometimes	Usually	Always
<b>65.</b> How often did office staff at a doctor's office or clinic treat you with courtesy and respect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>66.</b> How often were office staff at a doctor's office or clinic as helpful as you thought they should be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**67. A regular healthcare provider is a medical doctor, nurse practitioner, or physician’s assistant who you think of as your HIV provider; who checks how you are doing; who talks with you about your CD4 counts, viral load, and treatment; and who helps with referrals to other doctors if you need to see a specialist.**

**Do you have a regular healthcare provider that you see for your HIV care at this clinic?**

- Yes
- No

**The next questions ask about the care you received in the last 12 months. (Check one answer for each item):**

	Never	Sometimes	Usually	Always
<b>68.</b> How often did your regular healthcare provider explain things in a way that was easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>69.</b> How often did your regular healthcare provider listen carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>70.</b> How often did your regular healthcare provider show respect for what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>71.</b> How often did your regular healthcare provider spend enough time with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask for your preferences when receiving healthcare. (Check one answer for each item):**

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>72.</b> Important medical decisions should be made by a healthcare provider, not by a patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>73.</b> A patient should go along with a healthcare provider’s advice even if the patient disagrees with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>74.</b> When hospitalized, the patient should not be making decisions about his/her own care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>75.</b> A patient should feel free to make decisions about minor health problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>76.</b> If a patient were getting increasingly sick, the healthcare provider should take greater control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>77.</b> The patient should decide how frequently he/she needs routine health maintenance check-ups (e.g., physicals).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask for your beliefs about your healthcare provider. (Check one answer for each item):

	Strongly Agree	Somewhat Agree	Neither agree nor disagree	Somewhat Disagree	Strongly Disagree
78. I doubt that my healthcare provider really cares about me as a person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. My healthcare provider is usually considerate of my needs and puts them first.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. I trust my healthcare provider so much I always try to follow his/her advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. If my healthcare provider tells me something is so, then it must be true.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. I sometimes distrust my health care provider's opinion and would like a second one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. I trust my healthcare provider's judgments about my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. I feel my healthcare provider does not do everything he/she should for my medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. I trust my healthcare provider to put my medical needs above all other considerations when treating my medical problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86. My healthcare provider is a real expert in taking care of medical problems like mine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87. I trust my healthcare provider to tell me if a mistake was made about my treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88. I sometimes worry that my healthcare provider may not keep the information we discuss totally private.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

89. Does this clinic provide the following services?

	Yes	No	Don't Know
<b>a. HIV testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Help getting people diagnosed with HIV into medical care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Medical care for people newly diagnosed with HIV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Prescription and monitoring of antiretroviral therapy (medications to reduce amount of HIV in body)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Care of people with more advanced HIV (opportunistic infections, cancer, other complications)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Benefits counseling (health insurance, payment for medications, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Adherence counseling (help taking medication correctly)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Behavioral counseling (mental health, substance abuse counseling)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Social support (by peers and/or professional)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90. How comfortable would you be using or referring a friend to each of these services?  
 (Only respond to the items below that you selected as YES in question 89)

	Very Uncomfortable	Uncomfortable	Somewhat Uncomfortable	Somewhat Comfortable	Comfortable	Very Comfortable
<b>a. HIV testing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Help getting people diagnosed with HIV into medical care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Medical care for people newly diagnosed with HIV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Prescription and monitoring of antiretroviral therapy (medications to reduce amount of HIV in body)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Care of people with more advanced HIV (opportunistic infections, cancer, other complications)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Benefits counseling (health insurance, payment for medications, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Adherence counseling (help taking medication correctly)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Behavioral counseling (mental health, substance abuse counseling)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Social support (by peers and/or professional)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for completing this survey!**

SHORT VERSION OF PATIENT SURVEY--SPANISH

**Iniciativa para desarrollar las capacidades del personal  
Encuesta para pacientes**

**Por favor, conteste la siguiente encuesta. ¡Gracias!**

**Fecha de la encuesta con el paciente:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/AAAA)

**A. DATOS DEMOGRÁFICOS**

**1. ¿Cuál es su género? (Escoja una respuesta)**

- Hombre
- Mujer
- Transgénero: Masculino a femenino
- Transgénero: Femenino a masculino

**2. ¿Cuál fue su género sexual al nacer?**

- Masculino (niño)
- Femenino (niña)

**3. ¿Cuántos años tiene usted?**

**4. ¿Nació usted en los Estados Unidos?**

- Sí
- No
- No sé

**If NO,**

**5. Si no nació en EE.UU., ¿en qué país nació?**

\_\_\_\_\_

**6. ¿En qué idioma prefiere hablar? (Escoja una respuesta)**

- Inglés
- Español
- Otro

Si la respuesta es “Otro”, por favor especifique. \_\_\_\_\_

**7. ¿En qué idioma prefiere recibir información escrita que le dé un doctor, enfermera u otro proveedor de salud? (Escoja una respuesta)**

- Inglés
- Español
- Otro
- Prefiero que los proveedores de salud no me den ninguna información escrita

Si la respuesta es “Otro”, por favor especifique. \_\_\_\_\_

**8. ¿Cuál es su grupo étnico? (Escoja una respuesta)**

- No hispano
- Hispano / Latino

**9. ¿De qué raza es usted? (Marque todas las respuestas que correspondan)**

- Blanco
- Negro o afroamericano
- Asiático
- Nativo de Hawái / otra isla del Pacífico
- Indígena americano o nativo de Alaska
- Otro

**10. ¿Cuál es el nivel más alto de estudios que usted terminó? (Escoja una respuesta)**

- Menos de secundaria/preparatoria (*high school*)
- Diploma de secundaria/preparatoria (*high school*) o GED (examen de equivalencia)
- Algunos estudios universitarios
- Título universitario de 2 años (*Associates Degree*)
- Título universitario de 4 años (*Bachelors Degree*)
- Título de Maestría
- Doctorado
- Título profesional (médico, abogado)

**11. ¿Cuál es su orientación sexual? (Escoja una respuesta)**

- Heterosexual / *Straight*
- Bisexual
- Homosexual/ Lesbiana / Gay
- Otro

**12. ¿Cuántas personas, incluyendo a usted mismo, viven en su casa?**

\_\_\_ (Si 1 persona vive en su casa, pase ahora a la pregunta 13a.; si son 2 personas, pase a la 13b.; si son 3 personas, pase a la 13c.; si son 4 personas, pase a la 13d.; si son 5 personas, 13e.; si son 6 personas o más, pase a la pregunta 13f)

**13a. ¿Cuánto ganó usted el año pasado? (Escoja una respuesta)**

- \$0 (Ningún ingreso individual)
- Entre \$1 y \$11,669
- Entre \$11,670 y \$16,242
- Entre \$16,243 y \$29,175
- Entre \$29,176 y \$46,680
- Más de \$46,680

**13b. ¿Cuánto ganaron ustedes el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$15,729
- Entre \$15,730 y \$21,982
- Entre \$21,983 y \$39,325
- Entre \$39,326 y \$62,920
- Más de \$62,920

**13c. ¿Cuánto ganaron ustedes el año pasado el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$19,789
- Entre \$19,790 y \$27,723
- Entre \$27,724 y \$49,475
- Entre \$49,476 y \$79,160
- Más de \$79,160

**13d. ¿Cuánto ganaron ustedes el año pasado el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$23,849
- Entre \$23,850 y \$33,464
- Entre \$33,465 y \$59,625
- Entre \$59,626 y \$95,400
- Más de \$95,400

**13e. ¿Cuánto ganaron ustedes el año pasado el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$27,909
- Entre \$27,910 y \$39,205
- Entre \$39,206 y \$69,775
- Entre \$69,776 y \$111,640
- Más de \$111,640

**13f. ¿Cuánto ganaron ustedes el año pasado el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$31,969
- Entre \$31,970 y \$44,496
- Entre \$44,497 y \$79,925
- Entre \$79,926 y \$127,880
- Más de \$127,880

**14. ¿En qué CÓDIGO POSTAL ha vivido usted principalmente durante los últimos 12 meses?**

- \_\_\_ \_ \_ \_ \_
- No sé

**15. Durante los últimos 12 meses, ¿con qué frecuencia se ha encontrado usted sin techo o con vivienda temporal o inestable? Esto puede incluir hospedarse en casa de otras personas, aunque fuera una sola noche, si no tenía otro lugar en donde dormir.**

- Frecuentemente
- A veces
- Rara vez
- Nunca



**16. Durante los últimos 12 meses, ¿con qué frecuencia ha comido usted menos de lo que creía que necesitaba comer porque le ha hecho falta el dinero suficiente para comprar alimentos?**

- Frecuentemente
- A veces
- Rara vez
- Nunca

**17. Durante los últimos 12 meses, ¿ha tenido algún seguro médico o cobertura de salud? Esto incluye Medicaid y Medicare.**

- Sí
- No
- No sé

**18. Durante los últimos 12 meses, ¿qué seguros médicos o tipos de cobertura médico ha tenido? Marque todos los seguros que ha tenido en los últimos 12 meses.**

	No <sup>(0)</sup>	Sí <sup>(1)</sup>	Prefiero no contestar <sup>(7)</sup>	No sé <sup>(8)</sup>
a. Seguro médico privado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ryan White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAP (Programa Ryan White)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tricare o CHAMPUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Algún seguro proporcionado por el gobierno de su ciudad, condado, estado u otra entidad pública	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Otro seguro. Especifique: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Si ha tenido otro tipo de seguro, por favor especifique.**

---

**Si usted contestó SÍ a la pregunta 18.a (Seguro medico privado),**

**19. ¿Quién pagó el costo de su seguro médico privado?**

- Yo mismo
- Mi empleador/trabajo
- El empleador/trabajo de otra persona
- Una agencia gubernamental [Ley de Cuidado de Salud Asequible/Affordable Care Act (ACA o Obama Care), Covered California, Medicaid/Medi-Cal, Medicare]

**20. Durante los últimos 12 meses, ¿ha habido algún cambio en su seguro médico?**

- Sí
- No
- No sé

**Si la respuesta es SÍ,**

**21. Como resultado de este cambio, ¿pasó usted un tiempo sin poder recibir servicios médicos o medicamentos?**

- Sí
- No
- No sé

**B. PROBLEMAS DE SALUD**

**Las siguientes preguntas tratan sobre el VIH y otros problema de salud.**

**22. ¿En qué mes y año le diagnosticaron el VIH por primera vez?**

\_\_\_ / \_\_\_ mm / aaaa

- No sé

**23. Marque las categorías que mejor describan lo que pudiera haberle puesto en riesgo de contraer el VIH: (Marque todas las respuestas que correspondan)**

- Soy un hombre que ha tenido relaciones sexuales con hombres
- Soy usuario de drogas inyectables
- Tengo hemofilia/un trastorno de coagulación
- He tenido relaciones sexuales con una persona del sexo opuesto (contacto heterosexual)
- He tenido relaciones sexuales con una persona que se inyecta drogas
- He recibido trasfusiones de sangre, componentes de sangre o tejido
- Otro
- No sé

Si la respuesta es “Otro”, por favor especifique.

**24. ¿En qué mes y año lo atendió por primera vez un médico, una enfermera especialista (NP) o asociado médico (PA) para su infección de VIH?**

\_\_\_ / \_\_\_ mm / aaaa

- No sé

**25. ¿Cuál fue el recuento de células CD4 más bajo que haya tenido usted (células/ mm cúbico)? (Escoja una respuesta)**

- Menos de 200
- 200 a 349
- Entre 350 y 499
- 500 o más
- Nunca me han hecho la prueba
- No sé
- Prefiero no contestar

**26. ¿Alguna vez ha tenido una infección o un cáncer relacionado con el VIH/SIDA, como la tuberculosis o el sarcoma de Kaposi?**

- No
- Sí
- No sé
- Prefiero no contestar

**Si la respuesta es SÍ,**

**27. ¿En qué mes y año le diagnosticaron por primera vez una infección o un cáncer relacionado con el VIH/SIDA, como la tuberculosis o el sarcoma de Kaposi?**

\_\_\_ / \_\_\_ (mm / aaaa)

- No sé

**28. ¿Alguna vez le han diagnosticado (dicho que usted tenía) SIDA?**

- Sí
- No
- No sé

**Si la respuesta es SÍ**

**29. ¿En qué mes y año le diagnosticaron el SIDA por primera vez?**

\_\_\_ / \_\_\_ mm / aaaa

- No sé

**30. ¿Alguna vez le han diagnosticado alguna de las siguientes afecciones de salud mental? (Marque todas las respuestas que correspondan):**

- Depresión
- Esquizofrenia
- Trastorno bipolar
- Trastorno de pánico
- Autismo
- Trastorno obsesivo-compulsivo (OCD en inglés)
- Trastorno de estrés postraumático (PTSD en inglés)
- Trastorno de ansiedad
- Trastorno por hiperactividad con déficit de atención (ADHD en inglés)
- Anorexia
- Bulimia
- Otro
- Nunca me han diagnosticado ningún trastorno de la salud mental

Si la respuesta es “Otro”, por favor especifique \_\_\_\_\_

**Si le han diagnosticado alguna afección de salud mental,**

**31. ¿Lo/La han remitido a servicios para salud mental durante los últimos 12 meses?**

- Sí
- No

**32. ¿Recibió usted estos servicios dentro de los 60 días después de haber sido remitido a ellos?**

- Sí
- No

**33. ¿Alguna vez ha tenido problemas relacionados con el consumo de drogas o alcohol?**

- Sí
- No

**34. ¿Alguna vez le han diagnosticado algún trastorno relacionado con el consumo de drogas o alcohol (por ejemplo, drogadicción o alcoholismo)?**

- Sí
- No

**Si la respuesta es SÍ,**

**35. ¿Lo/La han remitido a servicios para ayudarle con su consumo de drogas o alcohol durante los últimos 12 meses?**

- Sí
- No

**36. ¿Recibió usted estos servicios dentro de los 60 días después de haber sido remitido a ellos?**

- Sí
- No

**C. Las siguientes preguntas tratan sobre los servicios de salud que usted ha recibido durante los últimos 12 meses.**

**37. Durante los últimos 12 meses, ¿ha ido usted a la sala de emergencias (ER) por alguna razón que no fuera un accidente o una lesión?**

- Sí
- No
- No sé

**Si la respuesta es SÍ,**

**38. Durante los últimos 12 meses, ¿cuántas veces ha ido usted a la sala de emergencias (ER) por alguna razón que no fuera un accidente o una lesión?**

— —

**39. Durante los últimos 12 meses, ¿estuvo hospitalizado una noche o más por alguna razón que no fuera un accidente o una lesión?**

- Sí
- No
- No sé

Si la respuesta es **SÍ**,

**40. Durante los últimos 12 meses, ¿cuántas noches estuvo usted hospitalizado?**

— — —

**41. Durante los últimos 6 meses, ¿cuántas veces ha visto usted a un proveedor médico (doctor, enfermera especialista NP o asociado médico PA) para su cuidado de VIH?**

— — —

**42. Ahora, pensando en hace 7 a 12 meses, ¿cuántas veces durante ese tiempo vio usted a un proveedor médico (doctor, enfermera especialista NP o asociado médico PA) para su cuidado de VIH?**

— — —

**43. Durante los últimos 12 meses, ¿ha estado usted más de 6 meses sin ver a un proveedor médico para su cuidado de VIH?**

- Sí
- No
- No sé

**44. Durante los últimos 12 meses, ¿cuántas veces le sacaron sangre para hacerle una prueba de carga viral del VIH?**

— — —

**Si le sacaron sangre para hacerle una prueba de carga viral del VIH por lo menos una vez durante los últimos 12 meses,**

**45. La última vez que usted se hizo la prueba de carga viral, ¿cuál fue el resultado?**

- Detectable
- Indetectable
- No sé

**46. Durante los últimos 12 meses, ¿cuántas veces le sacaron sangre para hacerle un recuento de células CD4?**

— — —

**Si le sacaron sangre para hacerle una prueba de células CD4 por lo menos una vez durante los últimos 12 meses,**

**47. ¿Cuál fue el resultado de su prueba de células CD4 más reciente?**

- Menos de 200
- Entre 200 y 349
- Entre 350 y 499
- 500 o más
- No sé

**48. ¿Alguna vez le han recetado medicamentos antirretrovirales para tratar su infección de VIH?**

- Sí
- No
- No sé

**Si la respuesta es SÍ,**

**49. ¿En qué mes y año empezó usted a tomar medicamentos antirretrovirales para tratar su infección de VIH?**

\_\_\_ / \_\_\_ mm / aaaa

**50. Durante los últimos 12 meses, ¿ha durado usted 7 días o más sin tomar los medicamentos antirretrovirales que le recetaron?**

- Sí
- No
- No sé

**51. Marque una de las casillas abajo para indicar con qué frecuencia durante la última semana usted ha podido tomar sus medicamentos antirretrovirales exactamente como su proveedor médico le indicó. Por ejemplo, si no tomó ningún medicamento tal y como el doctor le indicó, marque la casilla del 0%. Si tomó todos los medicamentos como el doctor le indicó, marque la casilla del 100%. Si tomó aproximadamente la mitad de sus medicamentos tal y como el doctor le indicó, marque la casilla del 50%.**

0%     10%     20%     30%     40%     50%     60%     70%     80%     90%     100%

No aplica. Actualmente no me han recetado ningún medicamento antirretroviral para el VIH.

**Las siguientes preguntas tratan sobre los servicios que usted ha recibido en esta clínica.**

**52. En promedio, ¿cuántos minutos le toma a usted llegar a esta clínica?**

\_\_\_

**53. Durante los últimos 12 meses, ¿con qué frecuencia ha tenido acceso a un medio de transporte confiable?**

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

**54. Durante los últimos 12 meses, ¿con qué frecuencia no ha podido llegar a sus citas (con doctores, trabajadores sociales, etc.) por falta de acceso a transporte (autobús, coche, etc.)?**

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

**Las siguientes preguntas tratan sobre el cuidado que usted ha recibido durante los últimos 12 meses (marque una respuesta al lado de cada pregunta).**

	Nunca	A veces	Usualmente	Siempre
<b>55.</b> Cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron en esta clínica tan pronto como usted creyó que la necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>56.</b> Sin contar las veces que necesitó atención inmediata, ¿con qué frecuencia obtuvo una cita para que lo atendieran en esta clínica tan pronto como usted creía necesitarla?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Las siguientes preguntas tratan sobre el cuidado que usted ha recibido durante los últimos 12 meses (marque una respuesta al lado de cada pregunta).**

	Nunca	A veces	Usualmente	Siempre
<b>57.</b> ¿Con qué frecuencia le fue fácil obtener una cita con alguien que le ayudara a coordinar su atención médica (consejero de beneficios, gerente de casos)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>58.</b> ¿Con qué frecuencia le fue fácil conseguir que su plan de salud pagara el costo de la atención, las pruebas o el tratamiento que usted creía que necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Las siguientes preguntas tratan sobre el cuidado que usted ha recibido durante los últimos 12 meses (marque una respuesta al lado de cada pregunta).**

	Nunca	A veces	Usualmente	Siempre
<b>59.</b> ¿Con qué frecuencia el personal de oficina de las clínicas o consultorios médicos le dio un trato cortés y respetuoso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>60.</b> ¿Con qué frecuencia el personal de oficina de las clínicas o consultorios médicos fue tan servicial como usted creía que debería serlo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**61. ¿Se proporcionan los siguientes servicios en esta clínica?**

	<b>Sí</b>	<b>No</b>	<b>No sé</b>
<b>a. Pruebas para detectar el VIH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Ayuda para que las personas VIH positivas reciban atención médica</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Atención médica para personas que acaban de recibir un diagnóstico de VIH positivo</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Recetas médicas y monitoreo de la terapia antirretroviral (medicamentos para reducir la cantidad del VIH en el cuerpo)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Cuidado para personas cuya infección de VIH está más avanzada (infecciones oportunistas, cáncer, otras complicaciones)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Consejería sobre beneficios (seguro médico, pago de medicamentos, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Consejería para el apego al tratamiento (ayuda para tomar los medicamentos correctamente)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Consejería conductual (para asuntos de salud mental, consumo de drogas o alcohol)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Apoyo social (con compañeros en situaciones similares y/o con profesionales)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**62. ¿Qué tan cómodo se sentiría usted utilizando los siguientes servicios o recomendándolos a un amigo?**

*(Conteste las siguientes preguntas a-i solamente si contestó SÍ a la pregunta 61)*

	Muy incómodo	Incómodo	Algo incómodo	Algo cómodo	Cómodo	Muy cómodo
<b>a. Pruebas para detectar el VIH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Ayuda para que las personas VIH positivas reciban atención médica</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Atención médica para personas que acaban de recibir un diagnóstico de VIH positivo</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Recetas médicas y monitoreo de la terapia antirretroviral (medicamentos para reducir la cantidad del VIH en el cuerpo)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Cuidado para personas cuya infección de VIH está más avanzada (infecciones oportunistas, cáncer, otras complicaciones)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Consejería sobre beneficios (seguro médico, pago de medicamentos, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Consejería para el apego al tratamiento (ayuda para tomar los medicamentos correctamente)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Consejería conductual (para asuntos de salud mental, consumo de drogas o alcohol)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Apoyo social (con compañeros en situaciones similares y/o con profesionales)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**¡Gracias por contestar esta encuesta!**

FULL (LONGER) VERSION OF PATIENT SURVEY--SPANISH

**Iniciativa para desarrollar las capacidades del personal  
Encuesta para pacientes**

**Por favor, conteste la siguiente encuesta. ¡Gracias!**

**Fecha de la encuesta con el paciente:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/AAAA)

**A. DATOS DEMOGRÁFICOS**

**1. ¿Cuál es su género? (Escoja una respuesta)**

- Hombre
- Mujer
- Transgénero: Masculino a femenino
- Transgénero: Femenino a masculino

**2. ¿Cuál fue su sexo al nacer?**

- Masculino (niño)
- Femenino (niña)

**3. ¿Cuántos años tiene usted?**

**4. ¿Nació usted en los Estados Unidos?**

- Sí
- No
- No sé

**Si NO,**

**5. Si no nació en EE.UU., ¿en qué país nació?**

---

**6. ¿En qué idioma prefiere hablar? (Escoja una respuesta)**

- Inglés
- Español
- Otro

Si la respuesta es “Otro”, por favor especifique.

**7. ¿En qué idioma prefiere recibir información por escrito que le dé un doctor, enfermera u otro proveedor de salud? (Escoja una respuesta)**

- Inglés
- Español
- Otro
- Prefiero que los proveedores de salud no me den ninguna información por escrito

Si la respuesta es “Otro”, por favor especifique.

**8. ¿Cuál es su grupo étnico? (Escoja una respuesta)**

- No hispano
- Hispano / Latino

**9. ¿De qué raza es usted? (Marque todas las respuestas que correspondan)**

- Blanco
- Negro o afroamericano
- Asiático
- Nativo de Hawái / otra isla del Pacífico
- Indígena americano o nativo de Alaska
- Otro

**10. ¿Cuál es el nivel más alto de estudios que usted terminó? (Escoja una respuesta)**

- Menos de secundaria/preparatoria (*high school*)
- Diploma de secundaria/preparatoria (*high school*) o GED (examen de equivalencia)
- Algunos estudios universitarios
- Título universitario de 2 años (*Associates Degree*)
- Título universitario de 4 años (*Bachelors Degree*)
- Título de Maestría
- Doctorado
- Título profesional (médico, abogado)

**11. ¿Cuál es su orientación sexual? (Escoja una respuesta)**

- Heterosexual / *Straight*
- Bisexual
- Homosexual/ Lesbiana / Gay
- Otro

**12. ¿Cuántas personas, incluyendo a usted mismo, viven en su casa?**

\_\_\_ (Si 1 persona vive en su casa, pase ahora a la pregunta 13a.; si son 2 personas, pase a la pregunta 13b.; si son 3 personas, pase a la pregunta 13c.; si son 4 personas, pase a la pregunta 13d.; si son 5 personas, pase a la pregunta 13e.; si son 6 personas o más, pase a la pregunta 13f)

**13a. ¿Cuánto ganó usted el año pasado? (Escoja una respuesta)**

- \$0 (Ningún ingreso individual)
- Entre \$1 y \$11,669
- Entre \$11,670 y \$16,242
- Entre \$16,243 y \$29,175
- Entre \$29,176 y \$46,680
- Más de \$46,680

**13b. ¿Cuánto ganaron ustedes el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$15,729
- Entre \$15,730 y \$21,982
- Entre \$21,983 y \$39,325
- Entre \$39,326 y \$62,920
- Más de \$62,920

**13c. ¿Cuánto ganaron ustedes el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$19,789
- Entre \$19,790 y \$27,723
- Entre \$27,724 y \$49,475
- Entre \$49,476 y \$79,160
- Más de \$79,160

**13d. ¿Cuánto ganaron ustedes el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$23,849
- Entre \$23,850 y \$33,464
- Entre \$33,465 y \$59,625
- Entre \$59,626 y \$95,400
- Más de \$95,400

**13e. ¿Cuánto ganaron ustedes el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$27,909
- Entre \$27,910 y \$39,205
- Entre \$39,206 y \$69,775
- Entre \$69,776 y \$111,640
- Más de \$111,640

**13f. ¿Cuánto ganaron ustedes el año pasado? (Escoja una respuesta)**

- \$0 (Ninguno tuvo ingresos)
- Entre \$1 y \$31,969
- Entre \$31,970 y \$44,496
- Entre \$44,497 y \$79,925
- Entre \$79,926 y \$127,880
- Más de \$127,880

**14. ¿En qué CÓDIGO POSTAL ha vivido usted principalmente durante los últimos 12 meses?**

- \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_
- No sé

**15. Durante los últimos 12 meses, ¿con qué frecuencia se ha encontrado usted sin techo o con vivienda temporal o inestable? Esto puede incluir hospedarse en casa de otras personas, aunque fuera una sola noche, si no tenía otro lugar en donde dormir.**

- Frecuentemente
- A veces
- Rara vez
- Nunca

**16. Durante los últimos 12 meses, ¿con qué frecuencia ha comido usted menos de lo que creía que necesitaba comer porque le ha hecho falta el dinero suficiente para comprar alimentos?**

- Frecuentemente
- A veces
- Rara vez
- Nunca

**17. Durante los últimos 12 meses, ¿ha tenido algún seguro médico o cobertura de salud? Esto incluye Medicaid y Medicare.**

- Sí
- No
- No sé

**18. Durante los últimos 12 meses, ¿qué seguros médicos o tipos de cobertura médica ha tenido? Marque todos los seguros que haya tenido en los últimos 12 meses.**

	No <sup>(0)</sup>	Sí <sup>(1)</sup>	Prefiero no contestar <sup>(7)</sup>	No sé <sup>(8)</sup>
a. Seguro médico privado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ryan White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ADAP (Programa Ryan White)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tricare o CHAMPUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Veterans Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Algún seguro proporcionado por el gobierno de su ciudad, condado, estado u otra entidad pública	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Otro seguro. Especifique: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Si ha tenido otro tipo de seguro, por favor especifique.**

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**Si usted contestó SÍ a la pregunta 18.a (Seguro medico privado),**

**19. ¿Quién pagó el costo de su seguro médico privado?**

- Yo mismo
- Mi empleador/trabajo
- El empleador/trabajo de otra persona
- Una agencia gubernamental [Ley de Cuidado de Salud Asequible/Affordable Care Act (ACA o Obama Care), Covered California, Medicaid/Medi-Cal, Medicare]

**20. Durante los últimos 12 meses, ¿ha habido algún cambio en su seguro médico?**

- Sí
- No
- No sé

**Si la respuesta es SÍ,**

**21. Como resultado de este cambio, ¿pasó usted un tiempo sin poder recibir servicios médicos o medicamentos?**

- Sí
- No
- No sé

## **B. PROBLEMAS DE SALUD**

**Las siguientes preguntas tratan sobre el VIH y otros problema de salud.**

**22. ¿En qué mes y año le diagnosticaron el VIH por primera vez?**

\_\_\_ / \_\_\_ mm / aaaa

- No sé

**23. Marque las categorías que mejor describan lo que pudiera haberle puesto en riesgo de contraer el VIH: (Marque todas las respuestas que correspondan)**

- Soy un hombre que ha tenido relaciones sexuales con hombres
- Soy usuario de drogas inyectables
- Tengo hemofilia/un trastorno de coagulación
- He tenido relaciones sexuales con una persona del sexo opuesto (contacto heterosexual)
- He tenido relaciones sexuales con una persona que se inyecta drogas
- He recibido trasfusiones de sangre, componentes de sangre o tejido
- Otro
- No sé

Si la respuesta es “Otro”, por favor especifique.

**24. ¿En qué mes y año lo atendió por primera vez un médico, una enfermera especialista (NP) o asociado médico (PA) para su infección de VIH?**

\_\_\_ / \_\_\_ mm / aaaa

- No sé

**25. ¿Cuál fue el recuento de células CD4 más bajo que haya tenido usted (células/ mm cúbico)? (Escoja una respuesta)**

- Menos de 200
- Entre 200 y 349
- Entre 350 y 499
- 500 o más
- Nunca me han hecho la prueba
- No sé
- Prefiero no contestar

**26. ¿Alguna vez ha tenido una infección o un cáncer relacionado con el VIH/SIDA, como la tuberculosis o el sarcoma de Kaposi?**

- No
- Sí
- No sé
- Prefiero no contestar

**Si la respuesta es SÍ,**

**27. ¿En qué mes y año le diagnosticaron por primera vez una infección o un cáncer relacionado con el VIH/SIDA, como la tuberculosis o el sarcoma de Kaposi?**

\_\_\_ / \_\_\_ (mm / aaaa)

- No sé

**28. ¿Alguna vez le han diagnosticado (dicho que usted tenía) SIDA?**

- Sí
- No
- No sé

**Si la respuesta es SÍ**

**29. ¿En qué mes y año le diagnosticaron el SIDA por primera vez?**

\_\_\_ / \_\_\_ mm / aaaa

- No sé

**30. ¿Alguna vez le han diagnosticado alguna de las siguientes afecciones de salud mental? (Marque todas las respuestas que correspondan):**

- Depresión
- Esquizofrenia
- Trastorno bipolar
- Trastorno de pánico
- Autismo
- Trastorno obsesivo-compulsivo (OCD en inglés)
- Trastorno de estrés postraumático (PTSD en inglés)
- Trastorno de ansiedad
- Trastorno por hiperactividad con déficit de atención (ADHD en inglés)
- Anorexia
- Bulimia
- Otro
- Nunca me han diagnosticado ningún trastorno de la salud mental

Si la respuesta es “Otro”, por favor especifique \_\_\_\_\_

**Si le han diagnosticado alguna afección de salud mental,**

**31. ¿Lo/La han remitido a servicios de salud mental durante los últimos 12 meses?**

- Sí
- No

**32. ¿Recibió usted estos servicios dentro de 60 días después de haber sido remitido a ellos?**

- Sí
- No

**33. ¿Alguna vez ha tenido problemas relacionados con el consumo de drogas o alcohol?**

- Sí
- No

**34. ¿Alguna vez le han diagnosticado algún trastorno relacionado con el consumo de drogas o alcohol (por ejemplo, drogadicción o alcoholismo)?**

- Sí
- No

**Si la respuesta es SÍ,**

**35. ¿Lo/La han remitido a servicios para ayudarle con su consumo de drogas o alcohol durante los últimos 12 meses?**

- Sí
- No

**36. ¿Recibió usted estos servicios dentro de 60 días después de haber sido remitido a ellos?**

- Sí
- No



**C. ¿Cómo le hace sentir el hecho de ser VIH positivo? Indique hasta qué punto está de acuerdo o en desacuerdo con cada declaración.**

<i>Declaración</i>	<i>Muy en desacuerdo (No me siento así para nada)</i>	<i>En desacuerdo</i>	<i>Ni de acuerdo ni en desacuerdo</i>	<i>Un poco de acuerdo</i>	<i>Muy de acuerdo (Sí, me siento así)</i>
<b>37. Tener VIH me hace sentir que soy una mala persona.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>38. Siento que no soy tan bueno como otras personas porque tengo VIH.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>39. Tener VIH me hace sentir vergüenza.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>40. Pienso menos de mí mismo por el hecho de tener VIH.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>41. Tener VIH me hace sentirme sucio.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>42. Tener VIH me parece algo asqueroso.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Las siguientes preguntas tratan sobre los servicios de salud que usted ha recibido durante los últimos 12 meses.**

**43. Durante los últimos 12 meses, ¿ha ido usted a la sala de emergencias (ER) por alguna razón que no fuera un accidente o una lesión?**

- Sí
- No
- No sé

Si la respuesta es **SÍ**,

**44. Durante los últimos 12 meses, ¿cuántas veces ha ido usted a la sala de emergencias (ER) por alguna razón que no fuera un accidente o una lesión?**

— —

**45. Durante los últimos 12 meses, ¿estuvo hospitalizado una noche o más por alguna razón que no fuera un accidente o una lesión?**

- Sí
- No
- No sé

Si la respuesta es SÍ,

**46. Durante los últimos 12 meses, ¿cuántas noches estuvo usted hospitalizado?**

— —

**47. Durante los últimos 6 meses, ¿cuántas veces ha visto usted a un proveedor médico (doctor, enfermera especialista NP o asociado médico PA) para su cuidado de VIH?**

— — —

**48. Ahora, pensando de 7 a 12 meses antes de hoy, ¿cuántas veces durante ese tiempo vio usted a un proveedor médico (doctor, enfermera especialista NP o asociado médico PA) para su cuidado de VIH?**

— — —

**49. Durante los últimos 12 meses, ¿ha pasado usted más de 6 meses sin ver a un proveedor médico para su cuidado de VIH?**

- Sí
- No
- No sé

**50. Durante los últimos 12 meses, ¿cuántas veces le sacaron sangre para hacerle una prueba de carga viral del VIH?**

— —

**Si le sacaron sangre para hacerle una prueba de carga viral del VIH por lo menos una vez durante los últimos 12 meses,**

**51. La última vez que usted se hizo la prueba de carga viral, ¿cuál fue el resultado?**

- Detectable
- Indetectable
- No sé

**52. Durante los últimos 12 meses, ¿cuántas veces le sacaron sangre para hacerle un recuento de células CD4?**

— —

**Si le sacaron sangre para hacerle una prueba de células CD4 por lo menos una vez durante los últimos 12 meses,**

**53. ¿Cuál fue el resultado de su prueba de células CD4 más reciente?**

- Menos de 200
- Entre 200 y 349
- Entre 350 y 499
- 500 o más
- No sé

**54. ¿Alguna vez le han recetado medicamentos antirretrovirales para tratar su infección de VIH?**

- Sí
- No
- No sé

**Si la respuesta es SÍ,**

**55. ¿En qué mes y año empezó usted a tomar medicamentos antirretrovirales para tratar su infección de VIH?**

\_\_\_ / \_\_\_ mm / aaaa

**56. Durante los últimos 12 meses, ¿ha pasado usted 7 días o más sin tomar los medicamentos antirretrovirales que le recetaron?**

- Sí
- No
- No sé

**57. Marque una de las casillas abajo para indicar con qué frecuencia durante la última semana usted ha podido tomar sus medicamentos antirretrovirales exactamente como su proveedor médico le indicó. Por ejemplo, si no tomó ningún medicamento tal y como el doctor le indicó, marque la casilla del 0%. Si tomó todos los medicamentos como el doctor le indicó, marque la casilla del 100%. Si tomó aproximadamente la mitad de sus medicamentos tal y como el doctor le indicó, marque la casilla del 50%.**

0%     10%     20%     30%     40%     50%     60%     70%     80%     90%     100%

No aplica. Actualmente no me han recetado ningún medicamento antirretroviral para el VIH.

**Las siguientes preguntas tratan sobre los servicios que usted ha recibido en esta clínica.**

**58. En promedio, ¿cuántos minutos le toma a usted llegar a esta clínica?**

\_\_\_

**59. Durante los últimos 12 meses, ¿con qué frecuencia ha tenido acceso a un medio de transporte confiable?**

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

**60. Durante los últimos 12 meses, ¿con qué frecuencia no ha podido llegar a sus citas (con doctores, trabajadores sociales, etc.) por falta de acceso a transporte (autobús, coche, etc.)?**

- Siempre
- Usualmente
- A veces
- Rara vez
- Nunca

**Las siguientes preguntas tratan sobre el cuidado que usted ha recibido durante los últimos 12 meses (marque una respuesta al lado de cada pregunta).**

	Nunca	A veces	Usualmente	Siempre
<b>61.</b> Cuando usted necesitó atención inmediata, ¿con qué frecuencia lo atendieron en esta clínica tan pronto como usted creyó que lo necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>62.</b> Sin contar las veces que necesitó atención inmediata, ¿con qué frecuencia obtuvo una cita para que lo atendieran en esta clínica tan pronto como usted creía necesitarla?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Las siguientes preguntas tratan sobre el cuidado que usted ha recibido durante los últimos 12 meses (marque una respuesta al lado de cada pregunta).**

	Nunca	A veces	Usualmente	Siempre
<b>63.</b> ¿Con qué frecuencia le fue fácil obtener una cita con alguien que le ayudara a coordinar su atención médica (consejero de beneficios, gerente de casos)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>64.</b> ¿Con qué frecuencia le fue fácil conseguir que su plan de salud pagara el costo de la atención, las pruebas o el tratamiento que usted creía que necesitaba?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Las siguientes preguntas tratan sobre el cuidado que usted ha recibido durante los últimos 12 meses (marque una respuesta al lado de cada pregunta).**

	Nunca	A veces	Usualmente	Siempre
<b>65.</b> ¿Con qué frecuencia el personal de oficina de las clínicas o consultorios médicos le dio un trato cortés y respetuoso?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>66.</b> ¿Con qué frecuencia el personal de oficina de las clínicas o consultorios médicos fue tan servicial como usted creía que debería serlo?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**67. Un proveedor médico regular es el médico, enfermera especialista NP (*nurse practitioner*) o asociado médico PA (*physician assistant*) que usted considera como “su proveedor de servicios de VIH” quien revisa su progreso; él o ella habla con usted sobre su recuento de CD4, carga viral y tratamiento y lo ayuda con remisiones a otros servicios médicos si usted necesita consultar a un especialista.**

**¿Tiene usted un proveedor médico regular a quien va para recibir atención de VIH en esta clínica?**

- Sí
- No

**Las siguientes preguntas tratan sobre el cuidado que usted ha recibido durante los últimos 12 meses (marque una respuesta al lado de cada pregunta).**

	Nunca	A veces	Usualmente	Siempre
<b>68.</b> ¿Con qué frecuencia su proveedor médico regular le dio explicaciones que eran fáciles de entender?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>69.</b> ¿Con qué frecuencia su proveedor médico regular le escuchó con atención?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>70.</b> ¿Con qué frecuencia su proveedor médico regular mostró respeto por lo que usted decía?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>71.</b> ¿Con qué frecuencia su proveedor médico regular le dedicó tiempo suficiente?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Las siguientes preguntas piden sus preferencias al recibir servicios de salud (marque una respuesta al lado de cada declaración).**

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo
<b>72.</b> Las decisiones médicas importantes deben ser tomadas por un proveedor médico y no por el paciente.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>73.</b> El paciente debe seguir los consejos del proveedor médico aunque no esté de acuerdo.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>74.</b> Cuando un paciente se encuentra hospitalizado, él no debe tomar decisiones sobre su propio cuidado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>75.</b> El paciente debe sentirse libre de tomar decisiones sobre problemas de salud menores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>76.</b> Si el paciente se pone cada vez más enfermo, el proveedor médico debe tomar mas control sobre su salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>77.</b> El paciente debe decidir qué tan frecuentemente necesita revisiones de salud rutinarias (exámenes físicos).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Las siguientes preguntas piden sus opiniones sobre su proveedor médico (marque una respuesta al lado de cada declaración).**

	<b>Muy de acuerdo</b>	<b>De acuerdo</b>	<b>Ni de acuerdo ni en desacuerdo</b>	<b>Muy en desacuerdo</b>	<b>Muy en desacuerdo</b>
<b>78.</b> Dudo que a mi proveedor médico realmente le interese yo como persona.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>79.</b> Por lo general, mi proveedor médico considera mis necesidades y les da prioridad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>80.</b> Confío tanto en mi proveedor médico que siempre intento seguir sus consejos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>81.</b> Si mi proveedor médico me dice que cierta información es un hecho, debe ser verdad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>82.</b> A veces desconfío de la opinión de mi proveedor médico y desearía tener una segunda opinión.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>83.</b> Confío en las opiniones y decisiones de mi proveedor médico sobre mi atención médica.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>84.</b> No creo que mi proveedor médico esté haciendo todo lo que debería hacer con respecto a mi atención médica.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>85.</b> Confío en que mi proveedor médico ponga mis necesidades sobre cualquier otra consideración al tratar mis problemas médicos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>86.</b> Mi proveedor médico es un verdadero experto en el cuidado de problemas médicos como los míos.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>87.</b> Confío en que mi proveedor médico me lo diría si se llegara a cometer algún error en mi tratamiento.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Muy de acuerdo	De acuerdo	Ni de acuerdo ni en desacuerdo	Muy en desacuerdo	Muy en desacuerdo
88. A veces me preocupa que mi proveedor médico tal vez no mantenga privada la información que comparto con él/ella.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**89. ¿Se proporcionan los siguientes servicios en esta clínica?**

	Sí	No	No sé
a. Pruebas para detectar el VIH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ayuda para que las personas VIH positivas reciban atención médica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Atención médica para personas que acaban de recibir un diagnóstico de VIH positivo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Recetas médicas y monitoreo de la terapia antirretroviral (medicamentos para reducir la cantidad del VIH en el cuerpo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cuidado para personas cuya infección de VIH está más avanzada (infecciones oportunistas, cáncer, otras complicaciones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Consejería sobre beneficios (seguro médico, pago de medicamentos, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Consejería para adherir al tratamiento (ayuda para tomar los medicamentos correctamente)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Consejería comportamental (para asuntos de salud mental, consumo de drogas o alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Apoyo social (con compañeros en situaciones similares y/o con profesionales)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**90. ¿Qué tan cómodo serías utilizando los siguientes servicios o recomendándolos a un amigo?**  
*(Conteste las siguientes preguntas a-i solamente si contestó SÍ a la pregunta 89)*

	Muy incómodo	Incómodo	Algo incómodo	Algo cómodo	Cómodo	Muy cómodo
<b>a. Pruebas para detectar el VIH</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Ayuda para que las personas VIH positivas reciban atención médica</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Atención médica para personas que acaban de recibir un diagnóstico de VIH positivo</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. Recetas médicas y monitoreo de la terapia antirretroviral (medicamentos para reducir la cantidad del VIH en el cuerpo)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. Cuidado para personas cuya infección de VIH está más avanzada (infecciones oportunistas, cáncer, otras complicaciones)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f. Consejería sobre beneficios (seguro médico, pago de medicamentos, etc.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g. Consejería para adherir al tratamiento (ayuda para tomar los medicamentos correctamente)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h. Consejería comportamental (para asuntos de salud mental, consumo de drogas o alcohol)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i. Apoyo social (con compañeros en situaciones similares y/o con profesionales)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**¡Gracias por contestar esta encuesta!**



## SAMPLE LANGUAGE FOR SITES' IRB SUBMISSIONS

### PROTOCOL: Workforce Development Initiative Patient Survey

#### Specific aim (for the patient survey, specifically):

**To assess changes in patients' engagement and satisfaction with care in response to practice transformative model**

*Note: if the patient survey protocol is part of a larger IRB protocol related to the study, this aim will likely be folded in among the larger set of aims related to your local evaluation.*

#### Study design:

This component of the Workforce Development Initiative (WDI) evaluation is a **patient survey**. It will assess basic demographic information about the patients; health history, including HIV-related medical history; satisfaction with and engagement in care; perceived accessibility of care; and healthcare needs and preferences. Demonstration Site investigators will obtain informed consent and then provide patients with an emailed, electronic link to a web-based survey, an electronic tablet on which to complete the survey, or a paper copy of the survey. Patients will enter their answers into the electronic survey, mark their answers directly on the paper copy, or provide their answers verbally to site personnel. For patients with low literacy, the survey may be administered verbally in a private room by Demonstration Site investigators. The survey will be completed by a sample of patients once per year for the duration of the project.

We will obtain a convenience sample of 100 patients per wave (i.e., once per year). The patient survey component of the research has a serial cross-section design, meaning that we will not necessarily sample the same individuals in each wave. Therefore, assuming that all participants are unique, we may sample up to **300 patients** (100 per facility per wave, 3 waves (in years 2016, 2017, and 2018)).

#### Recruitment:

[DESCRIBE YOUR RECRUITMENT PROCEDURE HERE. There is no standardized rule across demonstration project sites. You should follow procedures that work well in your clinical setting. Typically, the procedure will look something like this: "Patients will be referred to project research assistants by clinic personnel. Providers and staff at [name clinical facility or clinical unit] will advise patients of the survey and refer interested individuals to research study personnel to verify eligibility, obtain consent, and conduct the survey. Clinic providers and staff involvement will be limited to referring interested patients. They will not have formal research responsibilities for administering the survey or obtaining consent."]

#### Process for obtaining informed consent:

Project personnel will be responsible for providing information to potential participants to enable them to make an informed consent decision. Prior to participation in a survey, the investigator will explain in detail the purpose of the survey, outline the topics to be covered as part of the

**Comment [WS1]:** Note to sites: this is written to handle all possible choices. If you know for certain that you are only using paper surveys or only using the web-based survey, then you can limit the language in your IRB application only to the method you are actually using.

**Comment [WS2]:** Note to sites: if you have multiple facilities in your demonstration project and if you anticipate that there will be differences across facilities, then we would strongly advise sampling 100 patients per wave per facility (assuming this is feasible). In that case, the language in this paragraph would need to be tweaked.

survey, explain the risk and benefits for participation, highlight to where human subjects concerns may be addressed (e.g., provide the telephone number of the local IRB), and offer to answer any questions that a participant may have. Participants may decide to take the survey at any time during their clinic visit. Verbal consent will be used instead of written consent because written informed consent would constitute the only time that an individual was required to provide his/her name as part of participation. By opting for verbal consent, a participant can remain anonymous.

**Inclusion criteria:**

1. Receiving HIV care at [redacted]
2. 18 years of age or older
3. Sufficient fluency in English or Spanish to understand and respond to survey questions
4. Able and willing to give informed consent

**Comment [WS3]:** Name facility, clinic, or clinical department where the project practice transformation is taking place and from where you intend to recruit.

**Comment [WS4]:** Note: we are making the survey available in both English and Spanish. If you are not going to utilize surveys in both languages, then the inclusion criterion can be restricted to the language you will be using.

**Exclusion criteria:**

1. Not have received HIV care [redacted]
2. Less than 18 years of age
3. Insufficient fluency in English or Spanish to understand and respond to survey questions
4. Not able or willing to give informed consent

**Comment [WS5]:** Name facility where the PTM is being implemented.

**Comment [WS6]:** As noted above, you can limit the survey to only English or Spanish if that makes sense for your patient population.

**Comment [WS7]:** Please feel free to add other appropriate disqualifying conditions. For example, if you anticipate that there will be patients who have serious mental health issues or will be chemically altered by drug use, then it may be appropriate to include an exclusion criterion for individuals who are not in a state of mind to be able to offer informed consent.

**Procedures:**

For each wave of data collection:

1. Project personnel will arrange a time and place for the surveys to be conducted and coordinate logistics for data collection with the clinic facility. Specifically, the project will need to ensure that it has use of space where project personnel can privately explain the study's purpose to interested individuals and where participants can complete the survey in private. Procedures and location will be coordinated with the facility to ensure that survey activities do not disrupt normal clinic operations.
2. Clinic personnel will refer interested patients to a project investigator.
3. Project investigators or research assistants will review eligibility with referred individuals and verify that these individuals meet all inclusion criteria.
4. Project personnel will review the study's purpose and procedures, and describe potential risks, benefits, and protections against risk, and obtain verbal informed consent from those willing to participate. As part of this process, individuals will be provided with a written Information Sheet summarizing study procedures, risks, and benefits. (See attached Information Sheet.)
5. The survey will be completed in a private location at the healthcare facility. It will be filled out using pen and paper, electronic tablet or computer, or verbally.
6. The participant will complete the survey on his or her own, or, if the patient requests it, with the assistance of a project investigator or research assistant, who will read the survey questions and record the patient's responses.
7. If needed, the participant may request that a project investigator or research assistant answer any questions or address concerns that the participant may have.
8. After the survey is completed, the investigator will thank the participant, collect the tablet or paper survey, and provide the participant with a \$15 gift card for his or her time.

**Comment [WS8]:** This step may vary based on your recruitment procedures. It should align with the procedures you lay out in the recruitment section.

**Comment [WS9]:** This may be called an information sheet or consent form, depending on the practices of your local IRB. It is written documentation about the study that participants can opt to take with them.

**Comment [WS10]:** Local demonstration projects can decide if they will be offering an incentive and, if so, how much it will be. The dollar amount should be appropriate for a survey expected to take about 15-20 minutes.

9. The completed survey will either be uploaded a database electronically upon completion, or will immediately be placed in a supply bag held by the investigator. Before placing a paper survey in this bag, the investigator will ensure that the participant has not made any marks on the survey pages that would reveal his or her identity (e.g., mistakenly writing his or her name on the survey). Completed surveys will not be stored with documentation that could identify participants.
10. After data collection is done each day, all completed paper surveys will be returned to a locked file cabinet in a locked room in the research project team's offices.
11. Data from the paper surveys will subsequently be entered into an electronic REDCap database to be used during analyses. Surveys administered electronically will automatically upload this data to REDCap. The REDCap survey is hosted by the University of California, San Francisco (UCSF), which is the cross-site evaluation center for the HRSA-funded initiative for which this project is one of 15 demonstration sites. UCSF will only have access to the anonymous information collected in the survey. They will never have access to identifying information for the participants who complete the survey. The informed consent documentation and explanation for the survey will explain that data from the survey will be shared anonymously will UCSF.
12. UCSF will clean data from all demonstration projects, including data submitted as part of this project. It will then use a secured, HIPAA-compliant data portal hosted by the university to transfer a copy of the cleaned data back to the local project team. Note that the local project team will only be receiving the data from the participants recruited under this protocol.

**Time commitment (per visit and in total):**

Completion of the survey may last between 10 and 20 minutes.

**Comment [WS11]:** This assumes use of a shorter version of the survey. If opting for the full, longer version, the time estimate should be 20 to 40 minutes.

**Locations:**

Surveys will take place in a private space at \_\_\_\_\_

**Comment [WS12]:** Name the facility where data collection is taking place.

**Statistical analysis:**

We will describe outcomes at each time point using proportions for categorical outcomes and means or medians with standard deviations or inter-quartile ranges for continuous outcomes. We will assess the mean of within-site changes in outcomes using parametric (pair t-test) or non-parametric Wilcoxon Ranked Sum) paired analyses as appropriate. We will use logistic models for dichotomous outcomes, Poisson or negative binomial models for count outcomes and Gaussian models for continuous outcomes. For each model, we will include indicators for each follow-up period. We will use causal inference methods to adjust for difference in the patient populations in each site and for differential follow-up based on patient characteristics. All analyses will account for the similarity of responses within individual sites (adjust for clustering) using generalized estimating equations.

**Risks and discomforts:**

The primary risk is loss of privacy as a result of accidental disclosure of study data to individuals outside the research team. Individuals may also experience discomfort when answering specific questions. Participants will have the right to decline to answer any question.

**Steps taken to minimize risks to subjects:**

Data from the patient surveys will be collected anonymously, minimizing the risks of embarrassing information being disclosed. Participants also will have the right to refuse to answer any question and to withdraw from the study at any time without penalty. Findings from the patient survey will only be reported in the aggregate and will not identify individuals.

**Plans for maintaining privacy in the research setting:**

Participants have the right to end participation in any component of the research at any time. Participants also have the right to refuse to answer any question during an interview or survey. Surveys will be conducted in a private setting or in a manner that no other individual will be able to see a participant's responses.

**Comment [SS13]:** Adjust as appropriate.

**Possible consequences to subjects resulting from a loss of privacy:**

The primary risk is embarrassment or discomfort over disclosure of information that was not intended to be shared beyond the research team.

**Financial considerations:**

Participants will be provided with a \$15 gift card in appreciation of their time. An appropriate vendor for the gift card will be selected in consultation with the demonstration sites. Likely vendors include iTunes, Walgreens, Safeway, or Target. We selected \$15 as the payment amount because it is consistent with the amount of money being offered for other studies with similar methods and time commitments. The payment will be supplied to the participant by the study investigator or research assistant at the conclusion of the person's participation (i.e. at the end of the survey or at a point when a participant decides to withdraw from participation while completing the survey). Because participation involves only one survey, the maximum amount of money a participant can be paid is \$15.

**Comment [WS14]:** As noted: it is up to site to decide if, and how much, incentive to offer. Please remember that you cannot pay participants in cash on a HRSA-funded project. Incentives must be given as gift cards.

**[SITE]**  
**INFORMATION SHEET**

**Study Title: Special Projects of National Significance (SPNS) Program: System-level Workforce Capacity Building for Integrating Primary Care in Community Health Care Settings**

This is a research study about transforming clinical practice among providers and staff serving HIV-infected patients. The study researchers, [investigator names here] will explain this study to you.

Research studies include only people who choose to take part. Please take your time to make your decision about participating, and discuss your decision with your family or friends if you wish. If you have any questions, you may ask the researchers.

You are being asked to take part in this study because you receive care at [site], which is taking part in the *System-level Workforce Capacity Building for Integrating Primary Care in Community Health Care Settings* project, funded by the Health Resources and Services Administration Special Projects of National Significance (HRSA SPNS).

**Why is this study being done?**

The purpose of this study is to evaluate fifteen demonstration projects within the United States which aim to develop or enhance Practice Transformative Models for the care and treatment of people with HIV. This research is funded by HRSA SPNS to evaluate the effectiveness of each PTM as a model of service delivery for HIV care.

**How many people will take part in this study?**

About 4,500 people will take part in this study across all fifteen demonstration sites.

**What will happen if I take part in this research study?**

If you agree, the following procedures will occur:

- You will complete a short pen-and-paper survey that may last up to 15 minutes. The survey will ask you about your satisfaction with and engagement in care at [site].
- A researcher from [site] will provide you with a copy of the survey, a pen, and a clipboard, and then you will complete the survey on your own. The researcher will be available to answer any questions or address any concerns should you have them.
- To help protect your confidentiality, the survey will not collect any information that personally identifies you. In addition, because you will complete the survey on your own, the researcher will not know what answers you are giving to the questions.

**Comment [KV15]:** Sites: adjust text here to reflect the mode of delivery (paper, tablet, verbal etc.) and the length of survey you have chosen for your site – 10-20 for shorter version and 20-40 for longer.

**Comment [KV16]:** Again, adjust to reflect procedures selected for your site.

**How long will I be in the study?**

Participation in the study will take a total of about 10-15 minutes.

**Comment [KV17]:** Adjust to reflect the length of survey selected for your site.

**Can I stop being in the study?**

Yes. You can decide to stop at any time. Just tell the study researcher or staff person right away if you wish to stop being in the study.

Also, the study researcher may stop you from taking part in this study at any time if he or she believes it is in your best interest, if you do not follow the study rules, or if the study is stopped.

**What side effects or risks can I expect from being in the study?**

There are very minimal risks associated with this study. Some of the interview questions may make you uncomfortable or upset, but you are free to decline to answer any questions you do not wish to answer or to leave the interview at any time. For more information about risks and side effects, ask one of the researchers.

**Are there benefits to taking part in the study?**

There will be no direct benefit to you from participating in this study. However, the information that you provide may help health professionals and [site] better understand/learn more about Practice Transformative Models.

**What other choices do I have if I do not take part in this study?**

You are free to choose not to participate in the study. If you decide not to take part in this study, there will be no penalty to you.

**Will information about me be kept private?**

We will do our best to make sure that the personal information gathered for this study is kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

Organizations that may look at and/or copy your research records for research, quality assurance, and data analysis include:

[Insert the name of your IRB here]

Because this project is part of a larger HRSA-SPNS initiative, your responses and the responses of other participants will be submitted to collaborating investigators at the University of California, San Francisco (UCSF) so that they can compare patient perspectives at [site] to the perspectives of patients from other sites in the initiative. UCSF investigators will not be given your name. It is also extremely unlikely that they or anyone else would be able to identify you from the responses to the questions in this survey. To maximize protection to you, UCSF investigators will not share the survey with anyone who is not part of their evaluation team. Any findings from the survey will only be reported in the aggregate, meaning your individual responses will not be reported.

**What are the costs of taking part in this study?**

You will not be charged for any of the study treatments or procedures.

**Will I be paid for taking part in this study?**

You will not be paid to participate in this study.

**Comment [KV18]:** Adjust to reflect size of incentive, if one will be offered.

**What are my rights if I take part in this study?**

Taking part in this study is your choice. You may choose either to take part or not to take part in the study. If you decide to take part in this study, you may leave the study at any time. No matter what decision you make, there will be no penalty to you in any way. You will not lose any of your regular benefits, and your job will not be affected by your decision to participate or not participate in this study.

**Comment [wts19]:** Please remember that participants in HRSA-funded evaluations cannot be paid cash incentives. Gift cards, however, are acceptable.

**Who can answer my questions about the study?**

You can talk to the researchers about any questions, concerns, or complaints you have about this study. Contact [site investigator] or the other study investigators at [telephone number] If you wish to ask questions about the study or your rights as a research participant to someone other than the researchers or if you wish to voice any problems or concerns you may have about the study, please call the [IRB] at [telephone number].

**CONSENT**

You have been given a copy of this consent form to keep.

PARTICIPATION IN RESEARCH IS VOLUNTARY. You have the right to decline to be in this study, or to withdraw from it at any point without penalty or loss of benefits to which you are otherwise entitled.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Verbal Consent