Attachment 2 MMP Provider Survey Web-based Application Screenshots



CENTERS FOR DISEASE CONTROL AND PREVENTION

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this TMburden to: CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0840).

This is a controlled survey. You need a valid User ID and Password to participate.

Please enter your Username and password.

Do not send the completed form to this address.

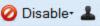
User ID	
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Continue



















FOR CONTROL AND PREVENTION

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ELIGIBILITY SCREENER

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

Yes

O No



D V C



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CONTROL AND PREVENTION

0% 100%

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

- No
- Yes

<< Previous







CENTERS FOR DISEASE™ CONTROL AND PREVENTION

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A. BACKGROUND

3. How long have you been providing care for HIV-infected patients?

Years

Months

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

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Year

5. What is your profession?

- Physician
- Nurse practitioner
- Physician assistant

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CONTROL AND PREVENTION

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6. Are you board certified in any of the following? (Select all that apply.)

💋 Disable• 🚣 Cookies• 🎢 CSS• 📋 Forms• 🔤 Images• 🕦 Information• 📃 Miscellaneous• 🥖 Outline• 🥒 Resize• 🎇 Tools• 🔳 View Source• 🔝

- Internal Medicine
- Family Practice
- Pediatrics
- Infectious Disease
- Obstetrics and Gynecology
- Neurology
- Dermatology
- Surgery
- Hematology-Oncology
- Immunology
- Other board certification (Please specify):
- 7. In what year did you complete initial board certification?

O NA

O Year:

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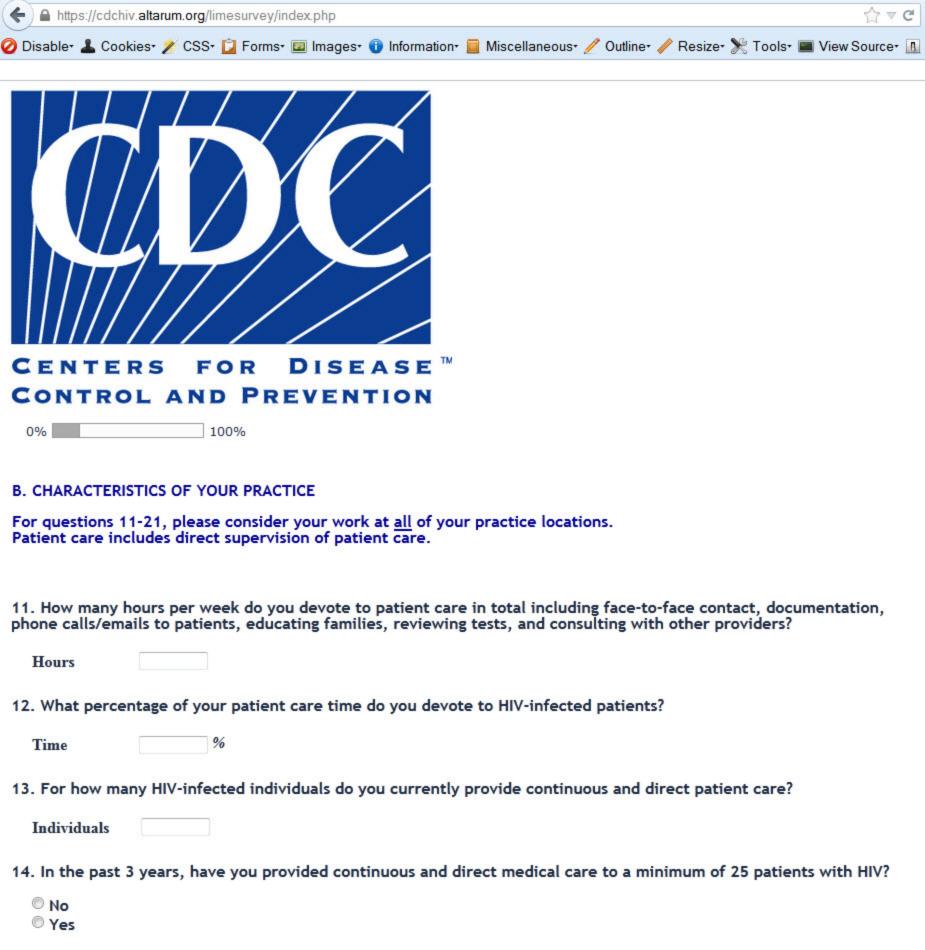
CENTERS FOR DISEASE™ CONTROL AND PREVENTION

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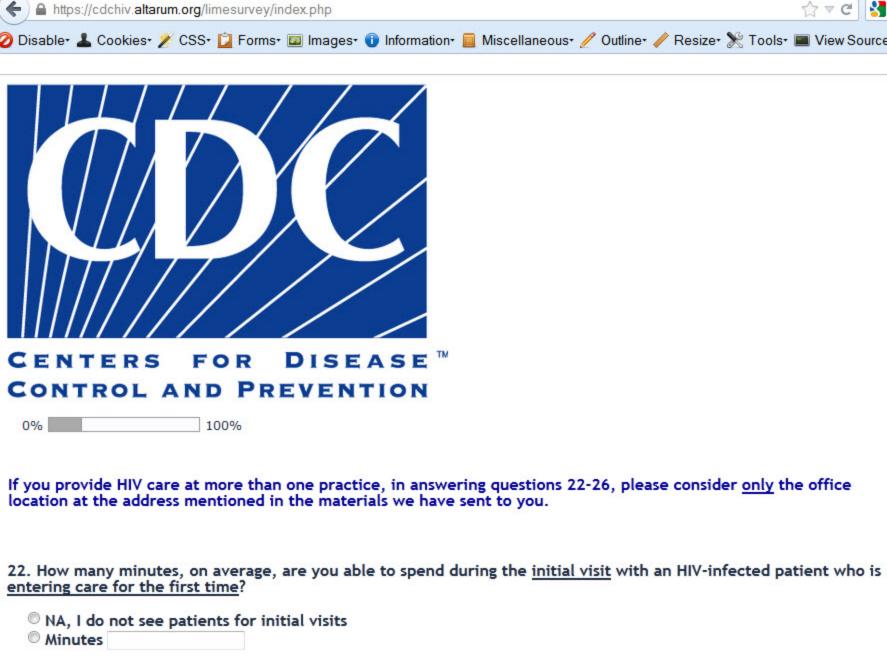
8. Are you certified by the HIV/AIDS Nursing Certification Board as an AIDS Certified Registered Nurse (ACRN) or an Advanced AIDS Certified Registered Nurse (AACRN)?

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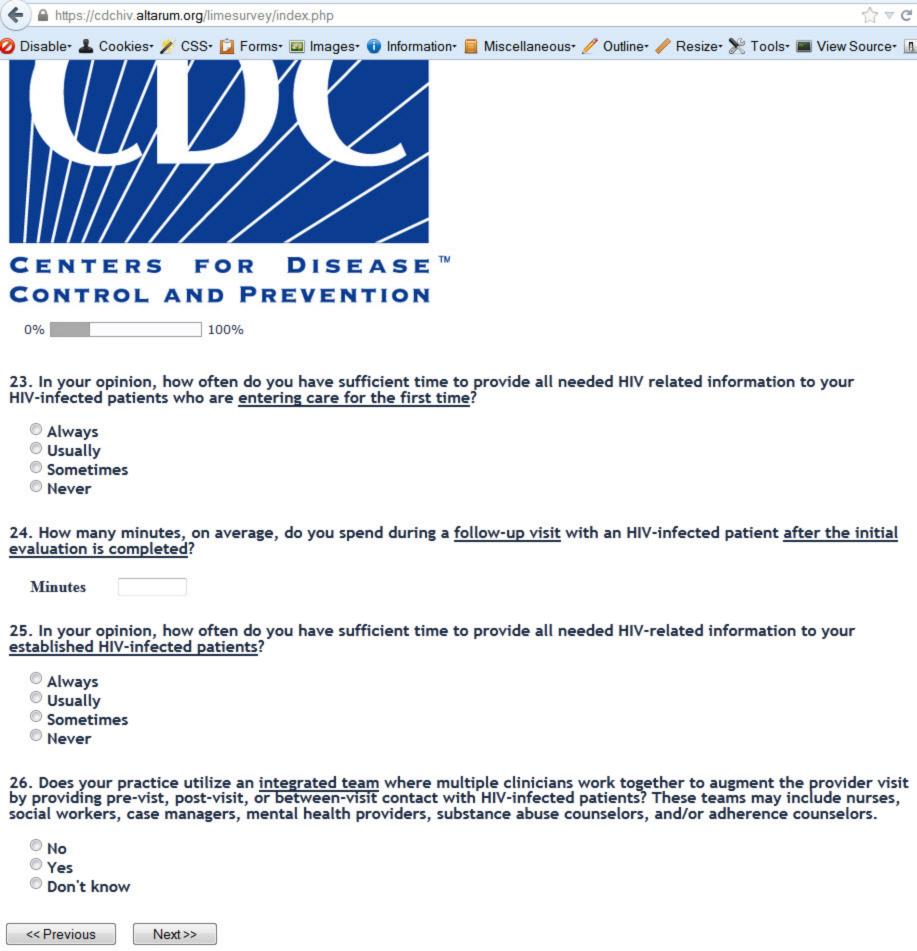
- Yes
- 9. Are you a member of any of the following professional organizations? (Select all that apply.)
 - American Academy of HIV Medicine (AAHIVM)
 - HIV Medicine Association (HIVMA)
 - American Association of Nurses in AIDS Care (ANAC)
 - International Association of Physicians in AIDS Care (IAPAC)
- 10. Do you have American Academy of HIV Medicine (AAHIVM) specialist certification (AAHIVS)?
 - No
 - Yes



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15. Are you accepting new HIV-infected patients at this time?	
© No © Yes	
16. Regarding the number of HIV patients you will be able to provide care for 5 years from now, which is most	likely?
 It will increase It will stay the same It will decrease I will stop providing care for HIV patients Unsure 	
17. Do you plan to leave clinical practice within the next 5 years?	
O No O Yes O Unsure	
18. Are you currently obligated to practice in a federally designated shortage area for a defined period of time you are a member of the National Health Service Corps or hold a J-1 or H1b visa)?	e (e.g.,
© No © Yes	
19. Do you provide primary care for your HIV-infected patients (i.e., point of first contact, comprehensive care emphasis on prevention and coordination of care)?	e, and
© No © Yes	
20. Do you manage HIV treatment decisions involving antiretroviral drug resistance?	
© No © Yes	
21. Do you co-manage HIV patients? (Select one.)	
Note: Co-management refers to the practice of a more experienced HIV expert being available to oversee and consult with a less experienced provider on the care of patients.	HIV
 Yes, I co-manage HIV patients and receive expert assistance Yes, I co-manage HIV patients and provide expert assistance No, I do not co-manage patients 	
<< Previous Next >>	



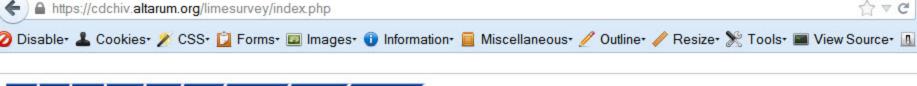
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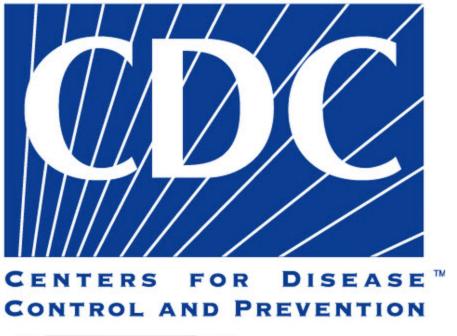




27. Please indicate your level of satisfaction with the following areas of your HIV medical practice:

	Very satisfied	Satisfied	Neutral	Unsatisfied	Very unsatisfied
Salary or reimbursement rates	0	0	0	0	0
Amount of time required and available for documentation and other administrative work	0	0	•	0	0
Work schedule and/or on call responsibilities	0	0	0	0	0
Availability of supportive services to assist with patient management	0	0	0	0	0
Support and coverage from other HIV providers	0	0	0	0	0
Availability of specialists for consultation and referral	0		0	0	0
Amount of effort required to keep up with clinical and/or pharmeceutical advances	0	0	0	0	0





C. CHARACTERISTICS OF YOUR HIV-INFECTED PATIENTS

100%

If you provide HIV care at more than one practice, in this section please consider only the office location at the address mentioned in the materials we have sent to you.

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

American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic or Latino/a	
Native Hawaiian or Other Pacific Islander	
White	
Total:	0

of your HIV-infected	patients fall into the foll	lowing categories? The total can <i>equa</i>
le to male)		
	of your HIV-infected p	of your HIV-infected patients fall into the following the

<< Previous



100%

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

A V C

	Never	Rarely	Sometimes	Often	Very often	Don't know
Incarceration or legal detention	0	0	0	0	0	0
Homelessness	0	0	0	0	0	0
Emotional or psychological barriers related to HIV (e.g., stigma, denial, fear, anger)	0	0	0	0	0	0
Mental health problems	0	0	0	0	0	0
Drug or alcohol abuse problems	0	0	0	0	0	0
Too sick to travel	0	0		0	0	0
Transportation problems	0	0	0	0	0	0
Child care problems	0	0	0	0	0	0
Reluctance to admit not following provider's advice (e.g., regarding ART use or risk reduction measures)	0	0	0	0	0	0

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

Practice routinely contacts patients prior to their appointments as a reminder (via

Practice routinely follows-up on patients who miss their appointments (via mail,

You or your practice routinely reinforces the value of follow-up visits

Next>>

Practice provides patient navigation services (e.g., accompanying to appointments

Yes

No

Don't know

mail, phone, or other)

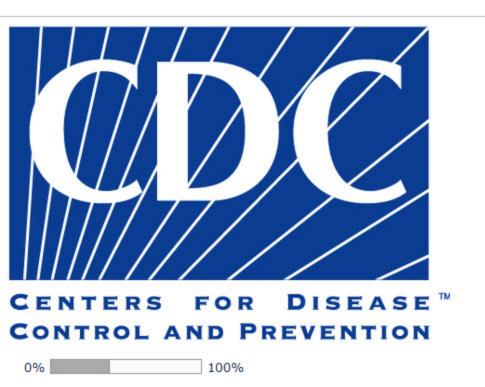
phone, or other)

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as needed)

Practice has a program to systematically monitor retention in care of all HIV patients (e.g., monitoring visit adherence, gaps in care, or visits per interval of time) Practice offers care to persons with any income level and insurance status





D. PATIENT MANAGEMENT

If you provide HIV care at more than one practice, in this section, please consider only the office location at the address mentioned in the materials we have sent to you.

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

- © CD4 count < 200 cells/mm³
- CD4 count < 350 cells/mm³
- CD4 count < 500 cells/mm³
- Treat regardless of CD4 count
- N/A, I do not prescribe ART

<< Previous



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

D V C

- ◎ 0%
- 0 1-10%
- 0 11-25%
- **26-50%**
- Over 50%

<< Previous



100%

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

A VC

	0%	1 - 25%	26-50%	51-75%	76-100%
Patient refusal or unwillingness to commit to treatment	0	0	0	0	0
Patient has medical problem that may make long-term adherence difficult (e.g., substance abuse, mental health, or other illness)	0	•	•	0	0
Patient has social issue that may make long-term adherence difficult (e.g., homeless, incarcerated, migrant)	0	0	0	0	0
Inability to construct an effective regimen with acceptable side effects	0	•	•	•	0
Inability to pay for medications or medication coverage delays	0	0	0	0	0
You do not agree with current guidelines to treat HIV-infected patients at all CD4 levels	•	•	•	0	•

ADAP (AIDS Drug

<< Previous

Next>>

plan

Assistance Program)

Medicare prescription drug

Strongly Agree
0

Somewhat

agree

0



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

Neither agree

nor disagree

0

0

Somewhat

disagree

0

Strongly

disagree

0

Don't know

0

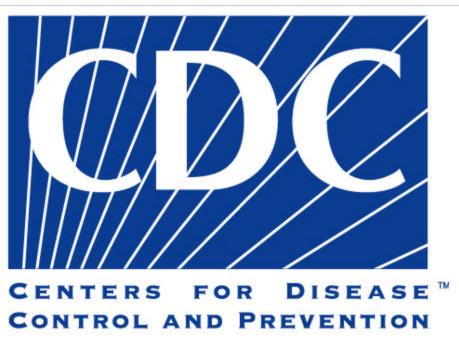
N/A I have no

patients in this

plan

0

All patients
 More than half
 About half
 Less than half
 Few or none
 N/A, I do not perform initial evaluations on HIV-infected patients



100%

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

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

Antiretroviral Treatment

	Most or all	More than half	About half	Less than half	Few or none	N/A I don't prescribe ART
For patients who choose to postpone the start of treatment, periodically re-offer them ART	0	0	0	0	0	0
For patients not yet started on ART, discuss the benefit of ART in reducing risk of transmitting HIV to others	0	•	•	•	0	•
For patients using ART, assess treatment adherence at every visit	0	0	0	0	0	0
Offer education and advice about tools to increase adherence for patients on ART (e.g., dose-reminder alarms, diaries, and pill boxes)	•	•	•	•	0	•
For patients who are non-adherent to ART, refer for supportive services as needed	0	0	0	0	0	0

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

Sexual Risk Reduction

	Most or all	More than half	About half	Less than half	Few or none	N/A I don't see patients for initial visits
Ask about any new sexual partners and number and gender of partners and assess ongoing risk behaviors every 6 months	0	0	0	0	0	0
Ask about symptoms of STDs since the last visit in sexually active patients	•	0	0	•	•	•
Provide safer sex counseling at each visit for patients with ongoing risky sexual behaviors or detectable viral load	0	0	0	0	0	0
Offer condoms to sexually active patients	0	0	0	0	0	0
Ask patients during their initial evaluation if all sexual partners since time of diagnosis have been notified of possible HIV exposure	0	0	0	0	0	0
Ask patients during their follow-up visits if any new sexual partners have been notified of possible HIV exposure since their last visit	0	•	•	•	•	•
Ask patients with newly diagnosed syphilis, gonorrhea, chlamydia, trichomoniasis (in women only) and HSV-2 if all sex partners have been informed of possible HIV exposure	0	0	0	•	0	0
Encourage patients to disclose their HIV status to all sex partners since the time of their diagnosis	0	0	0	0	0	0
Refer patients to health department to discuss sex partners who have not been informed of their exposure and to arrange for their notification and referral for HIV testing	0	0	0	0	0	0

following?

Ask injection drug users during their initial evaluation if all injection partners have been informed of possible HIV

Ask injection drug users at follow-up visits if any new injection partners have been informed of possible HIV

Encourage patients to disclose their HIV status to all

Refer patients to health department to discuss drug injection partners who have not been informed of their

exposure and to arrange for their notification and

injection partners since the time of their HIV diagnosis

For patients who abuse alcohol or drugs, make referrals

Inform patients who share drug injection equipment

about sources of sterile syringes (e.g. pharmacies,

syringe programs, legal prescription in some states)

Next>>

exposure

exposure since their last visit

referral for HIV testing

<< Previous

for appropriate specialty services

Alcohol and Drug Use Risk Reduction

N/A I

N/A I don't see patients for initial visits

0

0

0

0

0

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

	Most or all	More than half	About half	Less than half	Few or none	have no patiens who inject drugs
Assess use of alcohol, recreational drugs, illicit drugs, and elicit injected drugs every 6 months	0	0	0	0	0	0

0

0

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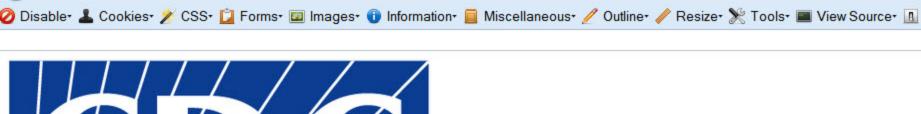
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D V C



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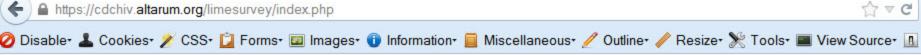
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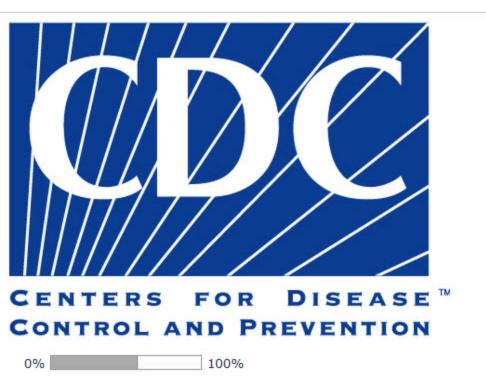
41. Do you provide care for HIV-infected female patients?

◎ No

O Yes

<< Previous Next >>





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

Reproductive Health, Female Patients With HIV

8.0	Most or all	More than half	About half	Less than half	Few or none
Assess the reproductive plans of patients aged 12-45 years	0	0	0	0	0
Inform patients about the risk of perinatal transmission should they become pregnant	0	0	0	•	©
For patients who wish to avoid pregnancy, provide or prescribe effective contraception or refer to another provider for contraception needs	0	0	0	0	0
Advise patients using medical or surgical contraception to also use condoms to prevent HIV transmission	0	0	0	•	0
Refer patients who wish to conceive to dinicians skilled in preconception counseling of HIV-infected women	0	0	0	0	0
Inform patients that using ART can prevent perinatal transmission should they become pregnant	0	0	0	0	0



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

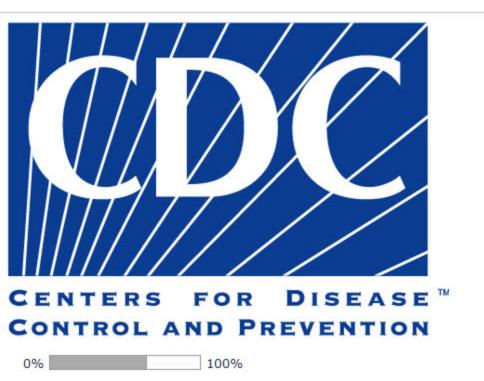
D V C

◎ No

Yes

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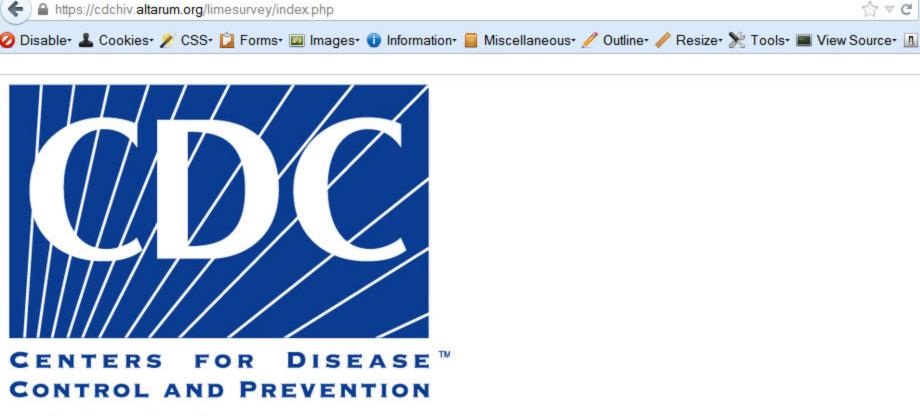




44. For what proportion of the HIV-infected patients you see for continuous or repeated care, who are men with female partners, do you perform the following?

Reproductive Health, Male Patients With HIV

-	Most or all	More than half	About half	Less than half	Few or none
Inform patients who have female partners about the risk of perinatal transmission should their partner become pregnant	0	0	0	0	0
Assess patients' reproductive plans and refer patients who wish to conceive with a female partner to dinicians skilled in preconception counseling of HIV-infected persons	0	•	•	0	0
For patientss who wish to avoid conceiving a child, provide information about vasectomy or refer to another provider to do this	0	0	0	0	0
Advise patients who are sterile or using another form of contraception to also use condoms to prevent HIV transmission	0	0	•	0	0



E. ANTIRETROVIRAL PROPHYLAXIS FOR HIV-NEGATIVE PATIENTS

100%

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

A C

O No

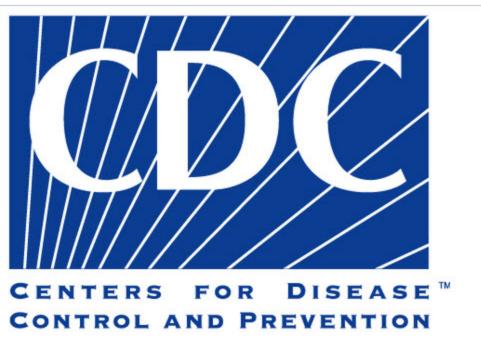
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Yes

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100%

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

- Men who have sex with men
- Men who have sex with women
- Women who have sex with men
- Uninfected partners in serodiscordant couples attempting to conceive
- Injecting drug users
- Other group, specify:

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

- O No
- Yes

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https://cdchiv.altarum.org/limesurvey/index.php

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

TO VC

Men who have sex with men

Men who have sex with women

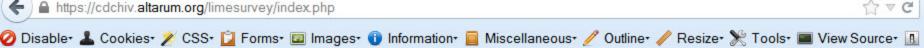
Women who have sex with men

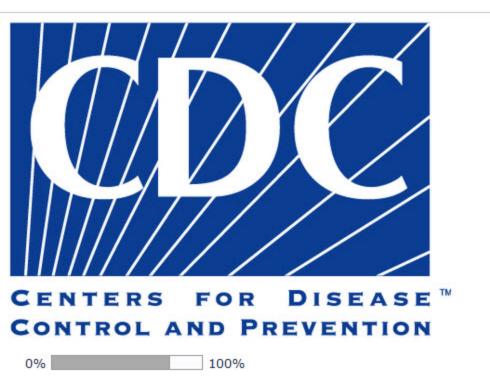
Uninfected partners in serodiscordant couples attempting to conceive

Injecting drug users

Other group, specify:

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

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

Published Guidelines / Recommendations

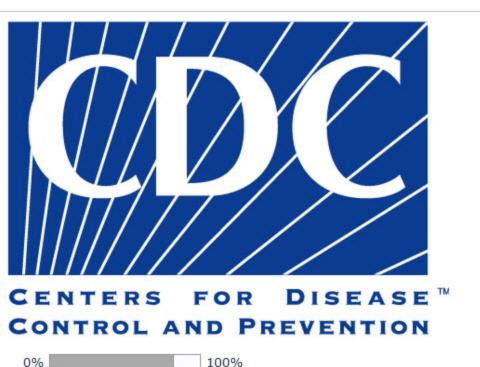
- Infectious Disease Society of America (IDSA) / HIVMA Primary Care Guidelines
- Department of Health and Human Services (DHHS) Antiretroviral Treatment Guidelines
- International Antiviral Society USA (IAS-USA) Antiretroviral Treatment of Adult HIV Infection Recommendations
- CDC / IDSA / HIVMA / National Institutes of Health (NIH) Guidelines for the Prevention of Opportunistic Infections in Adults and Adolescents
- CDC / IDSA / HIVMA / Health Resources and Services Administration (HRSA) Incorporating HIV Prevention into the Medical Care of Persons Living with HIV (Published July 2003 MMWR)
- CDC Interim Guidance: Pre-exposure Prophylaxis for Men who have Sex with Men (Published January 2011 MMWR)
- CDC Interim Guidance: Pre-exposure Prophylaxis for Heterosexually Active Adults (Published August 2012 MMWR)
- CDC Guidelines for Non-occupational Post-exposure (nPEP) Prophylaxis Adults (Published January 2005 MMWR)

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

Other Resources

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





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

- 0 0 4
- 05-9
- 10 or more

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

- ◎ No
- Yes

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

- O No
- Yes

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100%

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

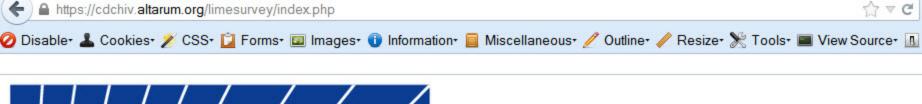
The Medical Monitoring Project (MMP) is considering changing the way HIV-infected individuals are selected for participation in order to include persons not in care as well as those receiving care. If adopted, individuals would be sampled from health department lists of HIV-infected persons and would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

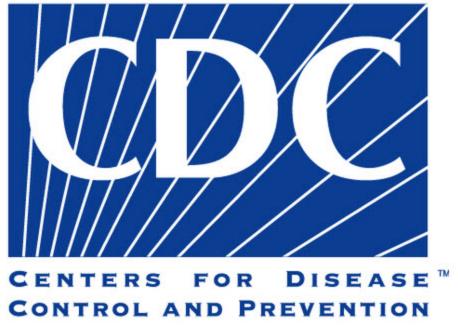
TO VC

- 53. If the proposed change were adopted, how would your interest in participation with MMP be affected.
 - Interest would be decreased.
 - Interest would be unaffected.
 - Interest would be increased.
 - Not sure

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0%





100%

H. PROVIDER CHARACTERISTICS

54. What is your age in years?

Years

55. What is your gender?

Male

0%

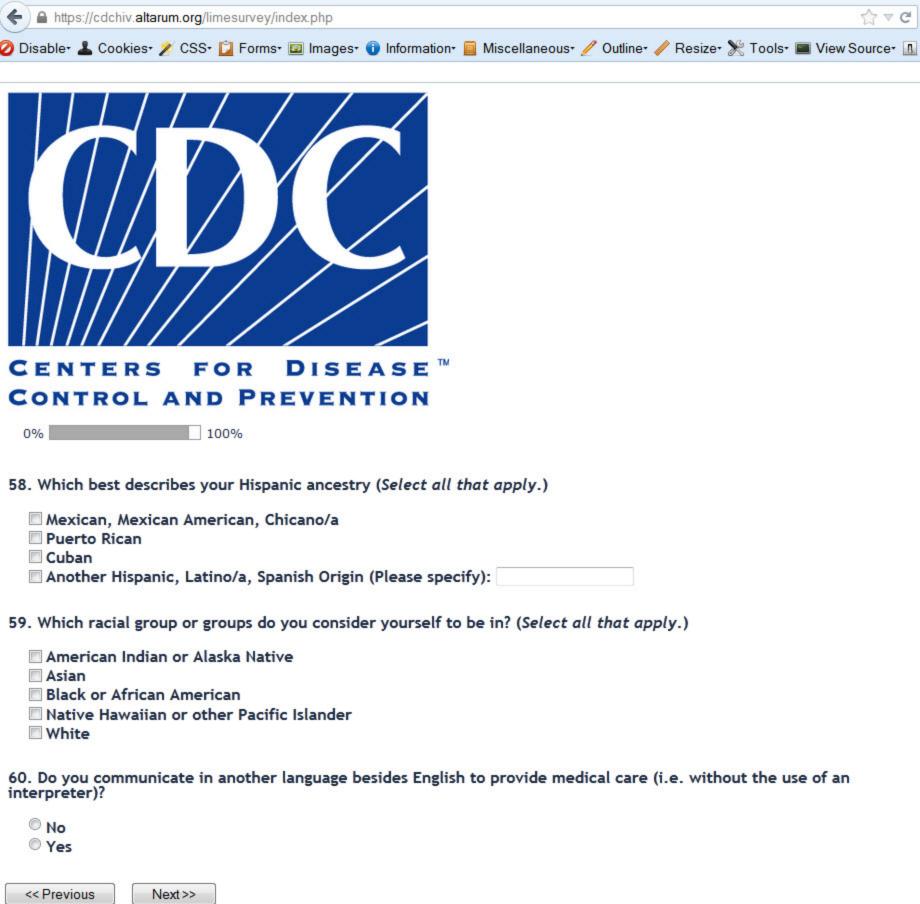
- Female
- Transgender

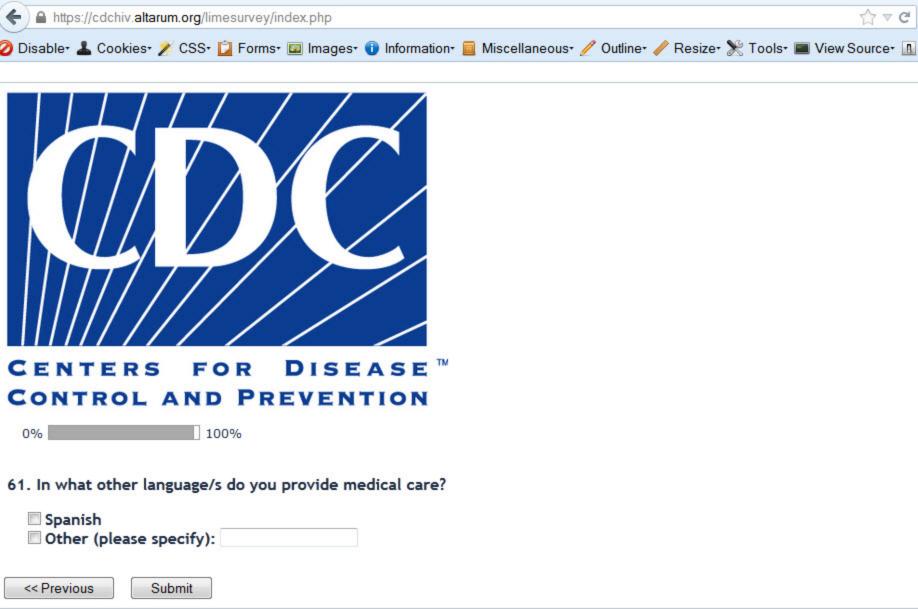
56. Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual

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

- ◎ No
- Yes

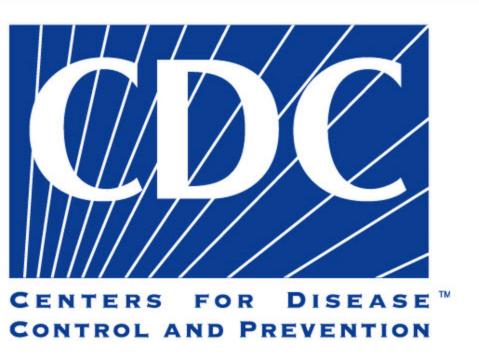




A C



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Thank you for your participation!