

<i>For Office Use Only</i>	
Date	Clinic Code
__/__/__ (mm/dd/yy)	#

AETC PRACTICE TRANSFORMATION BASELINE ORGANIZATIONAL ASSESSMENT

About Providers/Staff and Service Delivery at Your Clinic:

1. Total number of providers/staff working in the clinic: _____

2. For the staff categories listed below, specify the total number of staff in each category, as well as the number that are racial/ethnic minorities, and the total full time equivalent (FTE).

	Total Number (unduplicated)	Total Full Time Equivalent (FTE)
Prescribing clinical providers (MD/DO, PA, NP, PharmD, DDS, etc.)		
Non-prescribing clinical providers (RN, LPN/LVN, BSN, etc.)		
Clinical support staff (MA, CNA, med. tech., etc.)		
Behavioral health staff (psychologists, BSW, MSW, LCSW, nutritionist, etc.)		
Support services, outreach and navigation staff (case managers, CHW, patient navigators, etc.)		
Non-clinical support staff (front desk, billing, admin support, etc.)		
Other		

3. From the list below, check the types of services provided to patients with HIV in your clinic and identify the type of staff member(s) dedicated to each activity.

	Is service provided?	If service provided, which staff member(s) are responsible for service delivery (check all that apply)?							
		Prescribing clinical providers	Non-prescribing clinical providers	Clinical support staff	Behavioral health staff	Support services, outreach and navigation staff	Non-clinical support staff	Other	No staff assigned to activity
Care Services Delivered to Patients with HIV									
Conduct HIV testing	<input type="radio"/> Yes <input type="radio"/> No								
Primary medical care for patients with HIV	<input type="radio"/> Yes <input type="radio"/> No								
Prescription and monitoring of antiretroviral therapy (ART)	<input type="radio"/> Yes <input type="radio"/> No								
Provide prophylaxis and treatment for opportunistic infections (OIs)	<input type="radio"/> Yes <input type="radio"/> No								
Care and treatment for co-morbid conditions (e.g., diabetes, etc.)	<input type="radio"/> Yes <input type="radio"/> No								

	Is service provided?	If service provided, which staff member(s) are responsible for service delivery (check all that apply)?							
		Prescribing clinical providers	Non-prescribing clinical providers	Clinical support staff	Behavioral health staff	Support services, outreach and navigation staff	Non-clinical support staff	Other	No staff assigned to activity
Care and treatment for mental health conditions	<input type="radio"/> Yes <input type="radio"/> No								
Care and treatment for substance use issues	<input type="radio"/> Yes <input type="radio"/> No								
Oral health care	<input type="radio"/> Yes <input type="radio"/> No								
Services to Enhance Care Delivery for Patients with HIV									
Referring and linking newly HIV-diagnosed patients to care	<input type="radio"/> Yes <input type="radio"/> No								
Care coordination for patients with HIV (Identifying and organizing resources needed)	<input type="radio"/> Yes <input type="radio"/> No								
Follow-up with patients who miss their appointments	<input type="radio"/> Yes <input type="radio"/> No								

	Is service provided?	If service provided, which staff member(s) are responsible for service delivery (check all that apply)?							
		Prescribing clinical providers	Non-prescribing clinical providers	Clinical support staff	Behavioral health staff	Support services, outreach and navigation staff	Non-clinical support staff	Other	No staff assigned to activity
HIV medication adherence counseling	<input type="radio"/> Yes <input type="radio"/> No								
Benefits/services enrollment (health insurance, payment for medications, etc.)	<input type="radio"/> Yes <input type="radio"/> No								
Translation services, including interpretation services for deaf persons	<input type="radio"/> Yes <input type="radio"/> No								
Patient transportation to medical appointments	<input type="radio"/> Yes <input type="radio"/> No								

4. Which statement below best describes your clinic's HIV care service provision (check one)? My clinic...

- Refers out all patients with HIV for all aspects of medical care **(if checked, skip to Question 12)**
- Manages general medical care issues but refers patients with HIV outside of the facility for HIV-specific care
- Provides basic HIV care including care of the newly diagnosed and initiation of first-line ART, and/or maintains HIV treatment started by an outside provider
- Provides intermediate HIV care management with care of newly diagnosed and/or newly identified and with limited external HIV-related referrals
- Provides advanced HIV care, including care of the newly diagnosed and/or newly identified with rare HIV-related referrals

5. Within your clinic, patients with HIV...

- Receive primary care and are referred out of the practice for HIV specialty care
- Receive HIV care from an HIV expert and are referred out of the practice for primary care
- Receive primary care and basic HIV care from the same clinician who can access expert HIV consultation when needed
- Receive both primary and expert HIV care from the same clinician
- Receive HIV care and primary care from different clinicians within our clinic

6. HIV care 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 sub-population 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

7. HIV care plans...

- Are not routinely developed or recorded
- Are developed and recorded but mostly reflect provider priorities
- 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
- Measureable goals and care plans are developed collaboratively, include self-management and clinical management goals, are routinely recorded and guide care at every subsequent point of service

8. HIV care workflows for clinical teams have...

- Not been documented and/or are different for each person or team
- Been documented, but are not used to standardize workflows across the practice
- Been documented and are utilized to standardize practice
- Been documented, and utilized to standardize workflows, and are evaluated and modified on a regular basis

9. Standing orders for HIV-related care that can be completed by non-physicians under protocol...

- Do not exist for the clinic
- Have been developed but are not regularly used
- Have been developed and are regularly used
- Have been developed and are used extensively

10. Clinical care management services for high risk HIV patients are...

- Not available
- Provided by external care managers with limited connection to the practice
- Provided by external care managers who regularly communicate with the care team
- Systematically provided by the care manager functioning as a member of the practice team, regardless of location

11. Linking HIV patients to supportive (wraparound) services is...

- Not done systematically
- Limited to providing patients a list of identified resources in an accessible format
- Accomplished through a designated staff person or resource responsible for connecting patients with resources
- Accomplished through active coordination between the health system, support service agencies and patients, and accomplished by a designated staff person

About The Electronic Health Records (EHR) System at Your Clinic

12. Which brand/type of EHR system(s) does your clinic use? _____

13. Estimate the proportion of medication prescriptions your clinic e-prescribes to pharmacies?

- 0%,
- 1-25%
- 26-50%
- 51-75%
- 76-100%

14. Do you have active lab interfaces with outside laboratories?

- Yes, with all partner laboratories
- Yes, with some partner laboratories
- No
- N/A, lab tests conducted onsite
- Don't know

15. Check the types of services active EHR reminders are used for in your clinic (check all that apply).

- Preventive health screenings
- Chronic health screenings
- Medication Adherence counseling
- Other, specify: _____

16. Rate your clinic's current internal capacity to...

	Very Low Capacity	Low Capacity	Medium Capacity	High Capacity	Very High Capacity
Query/extract data from your EHR system					
Make modifications to your EHR					

17. Has your clinic used your EHR data to create customized reports with data extracted for specific projects/requests?

- Yes
- No
- Don't know

18. Would your clinic be willing to create a customized report for this AETC project?

- Yes
- No
- Don't know

19. Does your clinic regularly conduct care quality analysis based on data from your EHR?

- Yes
- No
- Don't know

20. Do you have a data manager/EHR data analyst at your clinic?

- Yes
- No
- Don't know

About Policies and Procedures at Your Clinic

21. From the list below of **formal written** policies and procedures, check the category that best describes your clinic’s implementation of these HIV-specific policies (note: in some cases these are part of larger policies on the clinic’s function).

	Policies and procedures currently under consideration	Taking steps toward establishing formal policies and procedures	Policies and procedures developed, but not yet implemented	Policies and procedures developed and partially implemented by staff	Policies and procedures developed and fully implemented by staff	Other/Not Applicable
HIV Pre-exposure Prophylaxis (PrEP) medication prescription/dispensing						
Universal HIV screening						
Notification of HIV test results						
Partner notification						
Initial linkage to HIV services						
Engagement and retention in HIV care						
Monitoring patients that have not been seen in 6 or more months						
Re-engaging patients into care						
ART adherence monitoring and support						
HIV viral suppression monitoring						
Outreach to patients not virally suppressed						

About Your Clinic's Capacity Development

22. Which statement below best describes your clinic's approach to identifying and meeting the HIV-related training needs of providers and staff?

- Do not have a formal approach
- Periodically assess HIV-related training needs and provide opportunities for staff to be trained
- Routinely assess HIV-related training needs and assure staff are trained
- Other, specify: _____

23. From the list below of potential areas for capacity development, rate (enter the scale number for each item) your clinic's current capacity and the level of priority your clinic would assign to each of the items below.

Capacity refers to the actual ability to perform tasks and/or activities.

Priority refers to a capacity area that is more important than others and needs to be addresses first.

	Capacity Level: 1. Very Low Capacity 2. Low Capacity 3. Medium Capacity 4. High Capacity 5. Very High Capacity 6. Unable to Assess	Priority Level: 1. Very Low Priority 2. Low Priority 3. Medium Priority 4. High Priority 5. Very High Priority 6. Unable to Assess
Areas Related to the Delivery of Patient-Centered Care		
Developing a practice-wide vision with concrete goals and objectives		
Enhancing the use of performance monitoring data and quality improvement practices		
Enhancing the coordination of care through the use of provider teams and improved referrals		

	Capacity Level: 1. Very Low Capacity 2. Low Capacity 3. Medium Capacity 4. High Capacity 5. Very High Capacity 6. Unable to Assess	Priority Level: 1. Very Low Priority 2. Low Priority 3. Medium Priority 4. High Priority 5. Very High Priority 6. Unable to Assess
Linking each patient to a care team and a primary care clinician		
Creating teams with well-trained clinical support staff to add primary care capacity		
More effectively engaging patients on clinical decision-making regarding their care		
Periodically checking the practice registry to identify patients who are due for routine services		
Areas Related to HIV Care and Treatment		
Providing primary medical care to patients with HIV		
Initiating antiretroviral therapy		
Conducting adherence counseling and monitor adherence		
Managing HIV treatment when drug resistance is present		
Initiating care to prevent and treat co-morbid conditions (e.g., opportunistic infections, cancer, etc.)		
Achieving viral suppression among patients receiving HIV medical care		

Thank you for completing this survey! The information you provided will help us with program planning and measuring the effectiveness of our work!