|  |  |
| --- | --- |
| *For Office Use Only* | |
| 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 |  |  |

1. **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 | * Yes * No |  |  |  |  |  |  |  |  |
| Primary medical care for patients with HIV | * Yes * No |  |  |  |  |  |  |  |  |
| Prescription and monitoring of antiretroviral therapy (ART) | * Yes * No |  |  |  |  |  |  |  |  |
| Provide prophylaxis and treatment for opportunistic infections (OIs) | * Yes * No |  |  |  |  |  |  |  |  |
| Care and treatment for co-morbid conditions (e.g., diabetes, etc.) | * Yes * No |  |  |  |  |  |  |  |  |
| Care and treatment for mental health conditions | * Yes * No |  |  |  |  |  |  |  |  |
| Care and treatment for substance use issues | * Yes * No |  |  |  |  |  |  |  |  |
| Oral health care | * Yes * No |  |  |  |  |  |  |  |  |
| **Services to Enhance Care Delivery for Patients with HIV** | | | | | | | | | |
| Referring and linking newly HIV-diagnosed patients to care | * Yes * No |  |  |  |  |  |  |  |  |
| Care coordination for patients with HIV (Identifying and organizing resources needed) | * Yes * No |  |  |  |  |  |  |  |  |
| Follow-up with patients who miss their appointments | * Yes * No |  |  |  |  |  |  |  |  |
| HIV medication adherence counseling | * Yes * No |  |  |  |  |  |  |  |  |
| Benefits/services enrollment (health insurance, payment for medications, etc.) | * Yes * No |  |  |  |  |  |  |  |  |
| Translation services, including interpretation services for deaf persons | * Yes * No |  |  |  |  |  |  |  |  |
| Patient transportation to medical appointments | * Yes * No |  |  |  |  |  |  |  |  |

1. **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
2. **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

1. **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

1. **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

1. **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

1. **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

1. **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

1. **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

1. **Which brand/type of EHR system(s) does your clinic use?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Estimate the proportion of medication prescriptions your clinic e-prescribes to pharmacies?**

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

1. **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

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **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 |  |  |  |  |  |

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

* Yes
* No
* Don’t know

1. **Would your clinic be willing to create a customized report for this AETC project?**
   * Yes
   * No
   * Don’t know
2. **Does your clinic regularly conduct care quality analysis based on data from your EHR?**

* Yes
* No
* Don’t know

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

* Yes
* No
* Don’t know

# About Policies and Procedures at Your Clinic

1. **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

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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 |  |  |
| 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!