



Intro Group 2

WHAT-IF?: Provider and Staff Survey

Instructions: Please complete the following survey if you have worked at your HIV Clinic for 6 months or more, and leadership role within their clinic (i.e. Clinical Services Manager, Medical Director, or Administrator, etc.).

If you believe you have received this survey in error, please contact [insert project coordinator name/contact].

By clicking the forward arrows at the bottom of this screen, you are agreeing to take part in this study and understand that your responses will be used for research purposes. This study is being administered through the Yale University School of Medicine and has received Institutional Review Board (IRB) approval from both Yale University School of Medicine and each of the participating sites. Your participation is completely voluntary and you do not have to participate if you do not want to; also you may skip questions you do not feel comfortable answering. Your responses will be kept confidential and will only be shared in aggregate and will not impact your job role.

We will ask you questions about your demographics and clinical practice, particularly as it relates to delivering addiction treatment. In addition, we will ask you questions about you and your HIV clinic that relate to providing addiction treatment to HIV-positive patients treated at your clinic. Lastly, we will ask you for information about the

clinic staffing, addiction treatment services, and patient population.

Browsers at work may have different security settings. If you experience any difficulties being directed to the survey or during the survey, try to open the link to the survey in a different browser or using a non-work computer or network. The survey will take approximately 30 minutes to complete. We also recommend that you complete this survey on a desktop computer or laptop. Please contact [insert project coordinator name/contact] with any questions or concerns.

What site are you from?

Provider Characteristics

Which title below most accurately describes your current role at your HIV clinic?

- Clinical Services Manager
- Medical Director
- Administrator
- Physician
- Nurse Practitioner
- Physician Assistant
- Social Worker
- Nurse
- Medical Assistant
- Clinical Pharmacist
- Administrative staff (I do scheduling, check patients in for their visits, etc.)
- Other: Please specify

What is your specialty? (Select all that apply)

- Internal Medicine
- Psychiatry
- Other; please specify:

In which of the following are you credited by a professional organization (e.g. ABIM, AAHIVM, etc.)? Check all that apply.

- Infectious Disease
- Addiction Medicine
- HIV
- Not Applicable

What is your Psychiatry focus?

- General Psychiatry
- Addiction Psychiatry
- Not Applicable

Please indicate your current position:

- Attending
- Fellow
- Resident

Have you ever provided **counseling** to treat **tobacco use disorder**?

- Yes

No

Please estimate the number of patients to whom you are providing **counseling** to treat **tobacco use disorder** to currently (i.e. past 30 days):

Please estimate the number of patients to whom you provided **counseling** to treat **tobacco use disorder** in the past year: (Include those listed above)

Please estimate the number of patients to whom you provided **counseling** to treat **tobacco use disorder** in your life: (Include those listed above)

Have you ever prescribed **medications** to treat **tobacco use disorder** (i.e. nicotine replacement therapy, bupropion, varenicline)?

Yes

No

Please estimate the number of patients to whom you are prescribing **medications** to treat **tobacco use disorder** to currently (i.e. past 30 days):

Please estimate the number of patients to whom you have prescribed such **medications** this past year: (Include those listed above)

Please estimate the number of patients to whom you have prescribed such **medications** in your life: (Include those listed above)

Have you ever provided **counseling** to treat **unhealthy alcohol use**?

Yes

No

Please estimate the number of patients to whom you are providing **counseling** to treat **unhealthy alcohol use** to currently (i.e. past 30 days):

Please estimate the number of patients to whom you provided **counseling** to treat **unhealthy alcohol use** in the past year: (Include those listed above)

Please estimate the number of patients to whom you have provided **counseling** to treat **unhealthy alcohol use** in your life: (Include those listed above)

Have you ever prescribed **medications** to treat **unhealthy alcohol use** (i.e. disulfiram, acamprosate, oral or injectable naltrexone, other)?

Yes

No

Please estimate the number of patients to whom you are prescribing **medications** to treat **unhealthy alcohol use** to currently (i.e. past 30 days):

Please estimate the number of patients to whom you have prescribed such **medications** in the past year: (Include those listed above)

Please estimate the number of patients to whom you have prescribed such **medications** in your life: (Include those listed above)

Have you ever provided **counseling** to treat **opioid use disorder**?

Yes

No

Please estimate the number of patients to whom you are providing **counseling** to treat **opioid use disorder** to currently (i.e. past 30 days):

Please estimate the number of patients to whom you provided **counseling** to treat **opioid use disorder** to in the past year: (Include those listed above)

Please estimate the number of patients to whom you are providing **counseling** to treat **opioid use disorder** in your life: (Include those listed above)

Do you have a waiver that allows you to prescribe buprenorphine (e.g. Suboxone)?

- Yes
- No
- Current regulations do not allow for my clinician category to obtain such a waiver

Please estimate the number of patients you are prescribing buprenorphine to treat **opioid use disorder** to currently (i.e. past 30 days):

Please estimate the number of patients you have prescribed buprenorphine to treat **opioid use disorder** to in the past year: (Include those listed above)

Please estimate the number of patients you have prescribed buprenorphine to treat **opioid use disorder** to in your life: (Include those listed above)

Have you ever prescribed oral or injectable (e.g. Vivitrol) naltrexone to treat **opioid use disorder**?

- Yes
- No

Please estimate the number of patients to whom you are currently prescribing oral or injectable naltrexone to treat **opioid use disorder** (i.e. past 30 days):

Please estimate the number of patients to whom you prescribed oral or injectable naltrexone to treat **opioid use disorder** in the past year: (Include those above)

Please estimate the number of patients to whom you have prescribed oral or injectable naltrexone to treat **opioid use disorder** in your life: (Include those listed above)

How long have you worked at this clinic?

Months or years?

How many [months/years] in your current position?

Please indicate the amount of hours per week you spend working at your HIV clinic:

In your opinion, which approach do you think would be most feasible to improve treatment for **tobacco use disorder** in your clinic?

- Each clinician in the practice provides treatment for tobacco use disorder to patients in their panel who have a tobacco use disorder
- One of the current clinicians in the practice is appointed as the smoking cessation specialist (i.e. a provider who receives training on treatment for tobacco use disorder to whom all eligible patients in the practice are referred)
- A smoking cessation specialist is brought into the clinic to provide treatment for tobacco use disorder to whom all eligible patients in the practice are referred
- No treatment is provided for tobacco use disorder; rather, patients are referred outside the practice
- Other: Please specify

In your opinion, which approach do you think would be most feasible to improve treatment for unhealthy alcohol use (i.e. at-risk drinking or **unhealthy alcohol use**) in your clinic?

- Each clinician in the practice provides treatment for unhealthy alcohol use to patients in their panel with unhealthy alcohol use
- One of the current clinicians in the practice is appointed as the alcohol treatment specialist (i.e. a provider who receives training on treatment for unhealthy alcohol use to whom all eligible patients in the practice are referred)
- A specialist for addressing unhealthy alcohol use is brought into the clinic to provide treatment for unhealthy alcohol use to whom all eligible patients in the practice are referred
- No treatment is provided for unhealthy alcohol use on site; rather, patients are referred outside the practice
- Other: Please specify

In your opinion, which approach do you think would be most feasible to improve treatment for **opioid use disorder** in your clinic?

- Each clinician in the practice provides treatment for opioid use disorder to patients with opioid use disorder
- One of the current clinicians in the practice is appointed as the opioid treatment specialist (i.e. a provider who receives training on treatment for opioid use disorder to whom all eligible patients in the practice are referred)
- A specialist for addressing opioid use disorder is brought into the clinic to provide treatment of opioid use disorder to whom all eligible patients in the practice are referred
- No treatment is provided for opioid use disorder on site; rather, patients are referred outside the practice
- Other: Please specify

What is your sex?

- Male
- Female

In what year were you born?

What is your race? (select all that apply)

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

What is your ethnicity?

- Hispanic
- Non-Hispanic
- Other: Please specify

Please review your previous answers. Once you move on you will not be able to navigate back.

Readiness Ruler

How ready are you to provide or refer patients for **counseling** (i.e. brief intervention) for the treatment of **tobacco use disorder**?

Not Ready			Unsure				Ready				
0	1	2	3	4	5	6	7	8	9	10	

How ready are you to prescribe or refer patients for **medications** (i.e. nicotine replacement therapy, bupropion, varenicline) for the treatment of **tobacco use disorder**?

Not Ready			Unsure				Ready				
0	1	2	3	4	5	6	7	8	9	10	

How ready are you to provide or refer patients for **counseling** for the treatment of **unhealthy alcohol use** (i.e. brief intervention, cognitive behavioral therapy, motivational enhancement therapy)?

Not Ready			Unsure				Ready				
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Organizational Readiness to Change Assessment

We need your help **assessing your and your colleagues' readiness to implement treatment** for tobacco, alcohol and opioid use in your HIV clinic with both counseling (including brief interventions, motivational interviewing, etc.) and medication.

Counseling may be provided with or without medications, and medications may be provided with or without counseling.

In these next series of questions, you will be asked questions regarding evidence for counseling and medications relating to the treatment of tobacco, alcohol and opioid use as well as factors impacting the delivery of these treatments in your HIV clinic. Please consider each question carefully and select the answer that best reflects your opinion.

EVIDENCE ASSESSMENT: COUNSELING FOR SMOKING (i.e. brief intervention)

For each of the following statements, please rate the strength of your agreement with statement from strongly disagree to strongly agree.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
In my opinion, using <u>counseling-based treatments</u> in my HIV clinic to decrease <u>smoking</u> will improve health outcomes among patients who smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EVIDENCE ASSESSMENT: MEDICATIONS FOR SMOKING (e.g. nicotine replacement therapy, bupropion, varenicline)

For each of the following statements, please rate the strength of your agreement with statement from strongly disagree to strongly agree.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	Not Applica
In my opinion, prescribing of <u>medications</u> in my HIV clinic to decrease <u>smoking</u> will improve health outcomes among patients who smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EVIDENCE ASSESSMENT: COUNSELING FOR UNHEALTHY ALCOHOL USE (i.e. AT-RISK DRINKING AND/OR ALCOHOL USE DISORDER) (ie. brief intervention, cognitive behavioral therapy, motivational enhancement therapy)

For each of the following statements, please rate the strength of your agreement with statement from strongly disagree to strongly agree.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	Not Applicable

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know Not Applicable

In my opinion, using **counseling-based treatments** in my HIV clinic to decrease **alcohol use** will improve health outcomes among patients with unhealthy alcohol use.

EVIDENCE ASSESSMENT: MEDICATION FOR ALCOHOL USE DISORDER (i.e. disulfiram, acamprosate, oral or injectable naltrexone, other)

For each of the following statements, please rate the strength of your agreement with statement from strongly disagree to strongly agree.

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know Not Applicable

In my opinion, prescribing **medications** in my HIV clinic to decrease **alcohol use** will improve health outcomes among patients with an alcohol use disorder.

EVIDENCE ASSESSMENT: COUNSELING FOR OPIOID USE DISORDER (i.e. motivational enhancement therapy, drug counseling)

For each of the following statements, please rate the strength of your agreement with statement from strongly disagree to strongly agree.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	Not Applicable
In my opinion, using <u>counseling-based treatments</u> in my HIV clinic to decrease <u>opioid use</u> will improve health outcomes among patients with an opioid use disorder.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EVIDENCE ASSESSMENT: MEDICATIONS FOR OPIOID USE DISORDER (i.e. buprenorphine, oral or injectable naltrexone)

For each of the following statements, please rate the strength of your agreement with statement from strongly disagree to strongly agree.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know	N Appli
In my opinion, prescribing <u>medications</u> in my HIV clinic to decrease <u>opioid use</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

will improve health outcomes among patients with an opioid use disorder.

— — — — — —

Strongly Disagree Disagree Neither Agree nor Disagree Agree Strongly Agree Don't Know N Appli

CONTEXT ASSESSMENT

For each of the following statements, please indicate how frequently you have observed the following sets of behaviors, from very infrequently to very frequently.

1. How frequently have you observed senior leadership/clinical management (e.g. medical director or nurse manager) in your HIV clinic:

Very Infrequently Infrequently Neither Frequently or Infrequently Frequently Very Frequently Don't Know ap

a. reward clinical innovation and creativity to improve patient care

b. solicit opinions of clinical staff regarding decisions about

patient care

c. seek ways to improve patient education and increase patient participation in treatment

	Very Infrequently	Infrequently	Neither Frequently or Infrequently	Frequently	Very Frequently	Don't Know a
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTEXT ASSESSMENT

2. How frequently have you observed staff members in your HIV clinic:

	Very Infrequently	Infrequently	Neither Frequently or Infrequently	Frequently	Very Frequently	Don't Know a
a. have a sense of personal responsibility for improving patient care and outcomes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. cooperate to maintain and improve effectiveness of patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c are willing

to innovate and/or experiment to improve clinical procedures

Neither
Frequently

Very
Infrequently Infrequently or
Infrequently Frequently Very
Frequently Don't
Know a

d. are receptive to change in clinical processes

CONTEXT ASSESSMENT

3. How frequently have you observed senior leadership/clinical management (e.g. medical director or nurse manager) in your HIV clinic:

Neither
Frequently
or
Very Don't
Infrequently Infrequently Frequently Frequently Know

a. provide effective management for continuous improvement of patient care

b. clearly define areas of

responsibility and authority for clinical managers and staff

<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Very Infrequently	Infrequently	Neither Frequently or Infrequently	Frequently	Very Frequently	Very Frequently	Don't Know

c. promote team building to solve clinical care problems

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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d. promote communication among clinical services and units

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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CONTEXT ASSESSMENT

4. How frequently have you observed senior leadership/clinical management (e.g. medical director or nurse manager) in your HIV clinic:

			Neither Frequently or			
Very Infrequently	Infrequently		Infrequently	Frequently	Very Frequently	Don't Know

a. provide staff with information on your HIV clinic's performance measures and guidelines

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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b. establish clear goals for

patient care processes and outcomes	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very Infrequently	Infrequently	Neither Frequently or Infrequently	Frequently	Very Frequently	Don't Know
c. provide staff members with feedback/data on effects of clinical decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. hold staff members accountable for achieving results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CONTEXT ASSESSMENT

5. How frequently have you observed opinion leaders in your HIV clinic:

			Neither Frequently or Infrequently		Very Frequently	Do Kn
	Very Infrequently	Infrequently		Frequently		
a. express belief that the current practice patterns can be improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. encourage and support changes in practice patterns to improve patient care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c demonstrate

willingness to try new clinical protocols Very Infrequently Infrequently Neither Frequently or Infrequently Frequently Very Frequently Don't Know

d. work cooperatively with senior leadership/clinical management (e.g. medical director or nurse manager) to make appropriate changes

CONTEXT ASSESSMENT

6. In general in your HIV clinic, when there is agreement that change needs to happen, how frequently have you or your colleagues:

Very Infrequently Neither Frequently or Infrequently Frequently Very Frequently Don't Know app

a. had the necessary support in terms of budget or financial resources

b. had the necessary

support in terms of training	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very		Neither		Very	Don't
c. had the necessary support in terms of facilities	Infrequently	Infrequently	Infrequently	Frequently	Frequently	Know app
d. had the necessary support in terms of staffing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please review your previous answers. Once you move on you will not be able to navigate back.

Clinic Characteristics

Which title below most accurately describes your current role at your HIV clinic?

- Clinical Services Manager
- Medical Director
- Administrator
- Other, please specify

How many years have you been in this role?

For each of the following, please indicate how many physicians currently work in your clinic on a regular basis:

Internal Medicine- Infectious Disease
Board eligible/certified

Internal Medicine- Addiction Medicine
Board eligible/certified

Internal Medicine- HIV Specialty
eligible/certified

Psychiatry - Addiction psychiatry Board
eligible/certified

General Psychiatry- Board eligible/certified

For each of the following, please indicate how many physicians currently work in your clinic on a regular basis:

Other Physician Types- Please specify or leave blank as indicated:

Number of above physicians:

Other Physician Types- Please specify or leave blank as indicated:

Number of above physicians:

Other Physician Types- Please specify or leave blank as indicated:

Number of above physicians:

For each of the following, please indicate how many providers and staff currently work in your clinic on a regular basis:

Resident physicians:

Fellow Physicians:

Nurse Practitioners:

Physician Assistants:

Social Workers:

Nurses:

Medical Assistants:

Clinical Pharmacists:

Administrative Staff (e.g. scheduling, check-ing)

For each of the following, please indicate how many non-physician providers and staff currently work in your clinic on a regular basis:

Other position types- please specify:

Number of above positions:

Other position types- please specify:

Number of above positions:

Please indicate the number of full-time equivalent (FTE) staff members:

What is the total number of current HIV-infected patients receiving services at your clinic?

What is the current number of providers in your clinic who have a waiver that allows them to prescribe buprenorphine (e.g. Suboxone)?

What is the number of providers who are currently prescribing buprenorphine (e.g. Suboxone) in your clinic?

What are the current treatment-related services provided **on-site** in your clinic to address **tobacco use** disorder? Please select all that apply:

Substance use counseling

Case management

Addiction specialist

Outreach services

Other, please specify:

What are the current treatment-related services provided **off-site** (i.e. outside of your HIV clinic) to address **tobacco use** disorder? Please select all that apply:

Substance use counseling

- Case management
- Addiction specialist
- Outreach services
- Other, please specify:

Which best describes the process by which your patients get into treatment to address **tobacco use** disorder provided **off-site** (i.e. outside of your HIV clinic)?

- They are provided advice and information about community resources
- They are provided a written referral to a specific program or set of programs
- An addiction appointment (intake or program slot) is set-up during the clinic visit
- We have a patient navigator or case manager who facilitates linkage to addiction treatment
- Other (please describe)

How would you describe your clinic's current approach to providing treatment for **tobacco use** disorder?

- Each clinician treats both HIV and tobacco use disorder in their own patient panel
- At least one clinician in our clinic provides onsite treatment of tobacco use disorder for their own patients and other clinicians' patients
- Specialists provide treatment of tobacco use disorder onsite at our HIV clinic, but do not provide HIV primary care for any patients
- Specialists provide treatment of tobacco use disorder outside of our HIV clinic (e.g. by referral)

What are the current treatment-related services provided **on-site** in your clinic to address **unhealthy alcohol use** (i.e. at-risk drinking and alcohol use disorder)?

Please select all that apply:

- Substance use counseling
- Case management
- Addiction specialist
- Outreach services
- Other, please specify:

What are the current treatment-related services provided **off-site** (i.e. outside of your HIV clinic) to address **unhealthy alcohol use** (i.e. at-risk drinking and alcohol use disorder)? Please select all that apply:

- Substance use counseling
- Case management
- Addiction specialist
- Outreach services
- Other, please specify:

Which best describes the process by which your patients get into an addiction treatment appointment to address **unhealthy alcohol use** (i.e. at-risk drinking and alcohol use disorder) provided **off-site** (i.e. outside of your HIV clinic)?

- They are provided advice and information about community resources
- They are provided a written referral to a specific program or set of programs
- An addiction appointment (intake or program slot) is set-up during the clinic visit
- We have a patient navigator or case manager who facilitates linkage to addiction treatment
- Other (please describe)

How would you describe your clinic's current approach to providing treatment for **unhealthy alcohol use** (i.e. at-risk drinking and alcohol use disorders)?

- Each clinician treats both HIV and unhealthy alcohol use in their own patient panel
- At least one clinician in our clinic provides onsite treatment of unhealthy alcohol use for their own patients and other clinicians' patients
- Specialists provide treatment of unhealthy alcohol use onsite at our HIV clinic, but do not provide HIV primary care for any patients
- Specialists provide treatment of unhealthy alcohol use outside of our HIV clinic (e.g. by referral)

What are the current treatment-related services provided **on-site** in your clinic to address **opioid use** disorder? Please select all that apply:

- Substance use counseling
- Case management
- Addiction specialist
- Outreach services
- Other, please specify:

What are the current treatment-related services provided **off-site** (i.e. outside of your HIV clinic) to address **opioid use** disorder? Please select all that apply:

- Substance use counseling
- Case management
- Addiction specialist
- Outreach services
- Other, please specify:

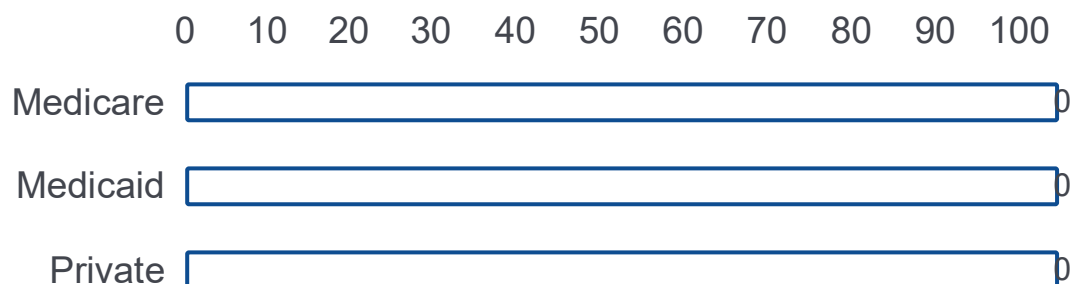
Which best describes the process by which your patients get into an addiction treatment appointment to address **opioid use** disorder provided provided **off-site** (i.e. of your HIV clinic)?

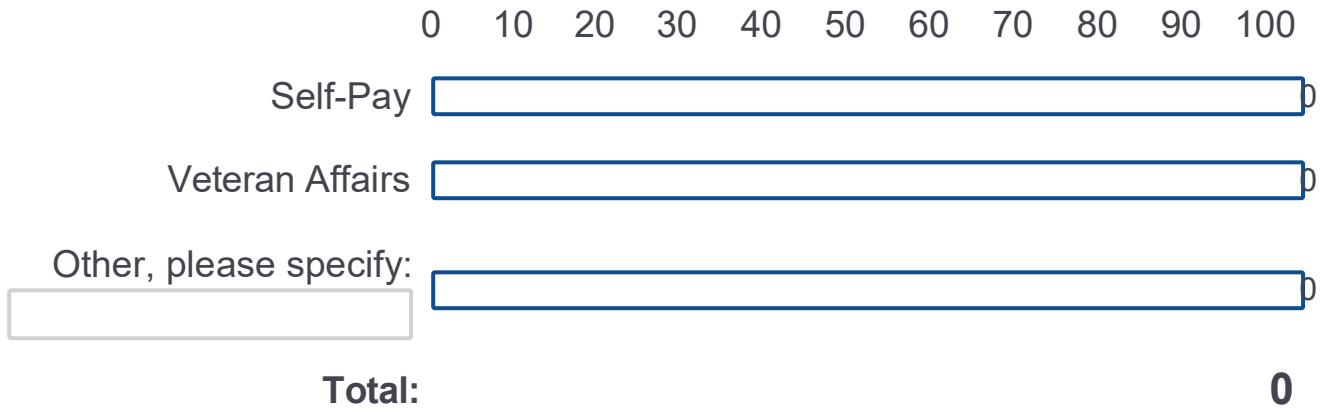
- They are provided advice and information about community resources
- They are provided a written referral to a specific program or set of programs
- An addiction appointment (intake or program slot) is set-up during the clinic visit
- We have a patient navigator or case manager who facilitates linkage to addiction treatment
- Other (please describe)

How would you describe your clinic's current approach to providing treatment for **opioid use** disorder?

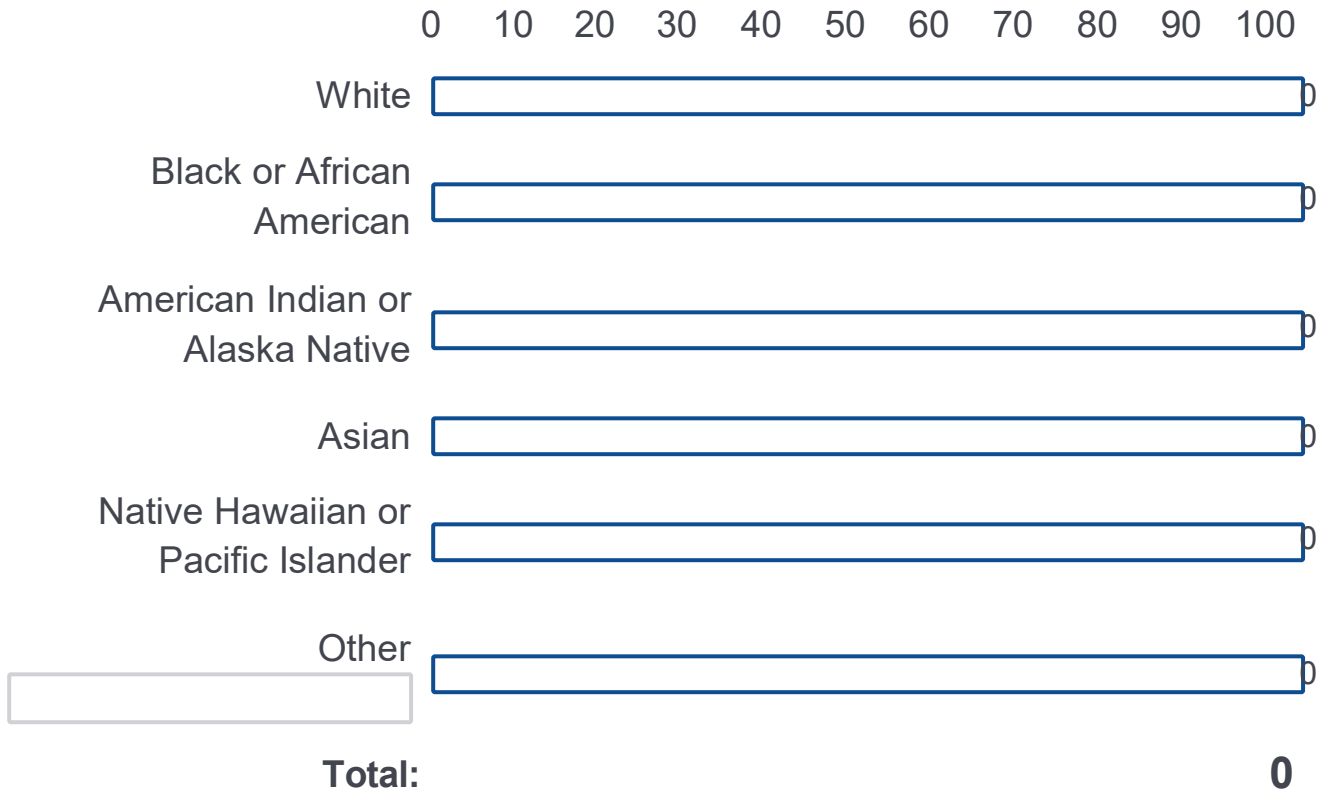
- Each clinician treats both HIV and opioid use disorder in their own patient panel
- At least one clinician in our clinic provides onsite treatment of opioid use disorder for their own patients and other clinicians' patients
- Specialists provide treatment of opioid use disorder onsite at our HIV clinic, but do not provide HIV primary care for any patients
- Specialists provide treatment of opioid use disorder outside of our HIV clinic (e.g. by referral)

Please indicate the proportion of HIV-infected patients treated in your clinic with each of the following types of insurance based on their primary insurance:





Please indicate the proportion of HIV-infected patients treated in your clinic of each race:

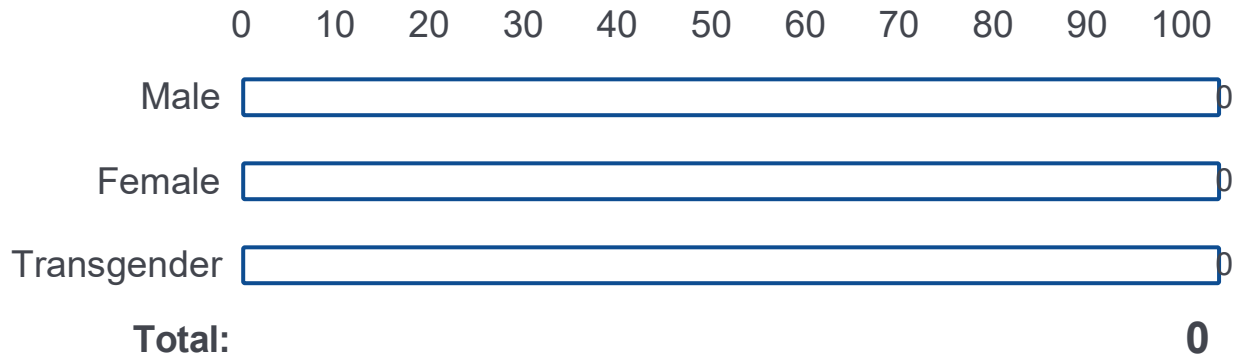


Please indicate the proportion of HIV-infected patients treated in your clinic of each ethnicity:

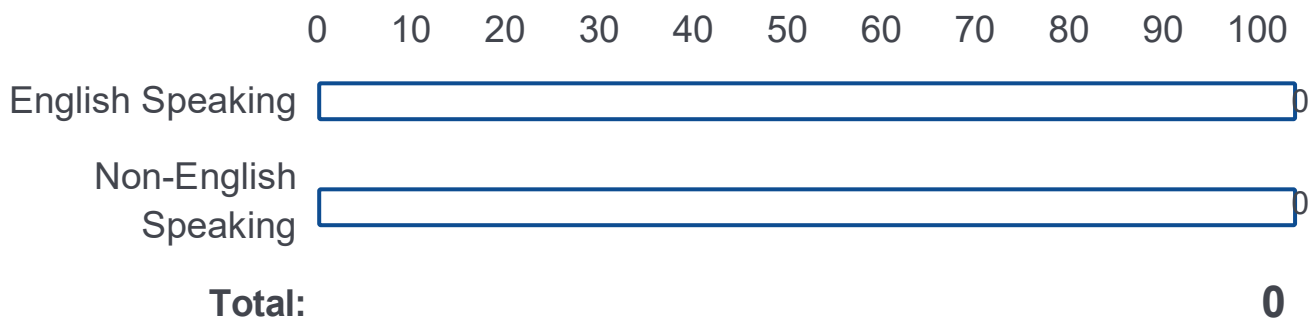




Please indicate the proportion of HIV-infected patients treated in your clinic of each gender:



Please indicate the proportion of HIV-infected patients treated in your clinic who are non-English speaking: (responses should equal 100%)



Among these non-English speaking patients, please indicate the preferred language: (responses should equal 100%)



0 10 20 30 40 50 60 70 80 90 100



Total: 0

Please indicate your best estimates proportion of HIV-infected patients treated in your clinic who acquired HIV by each of the following routes:

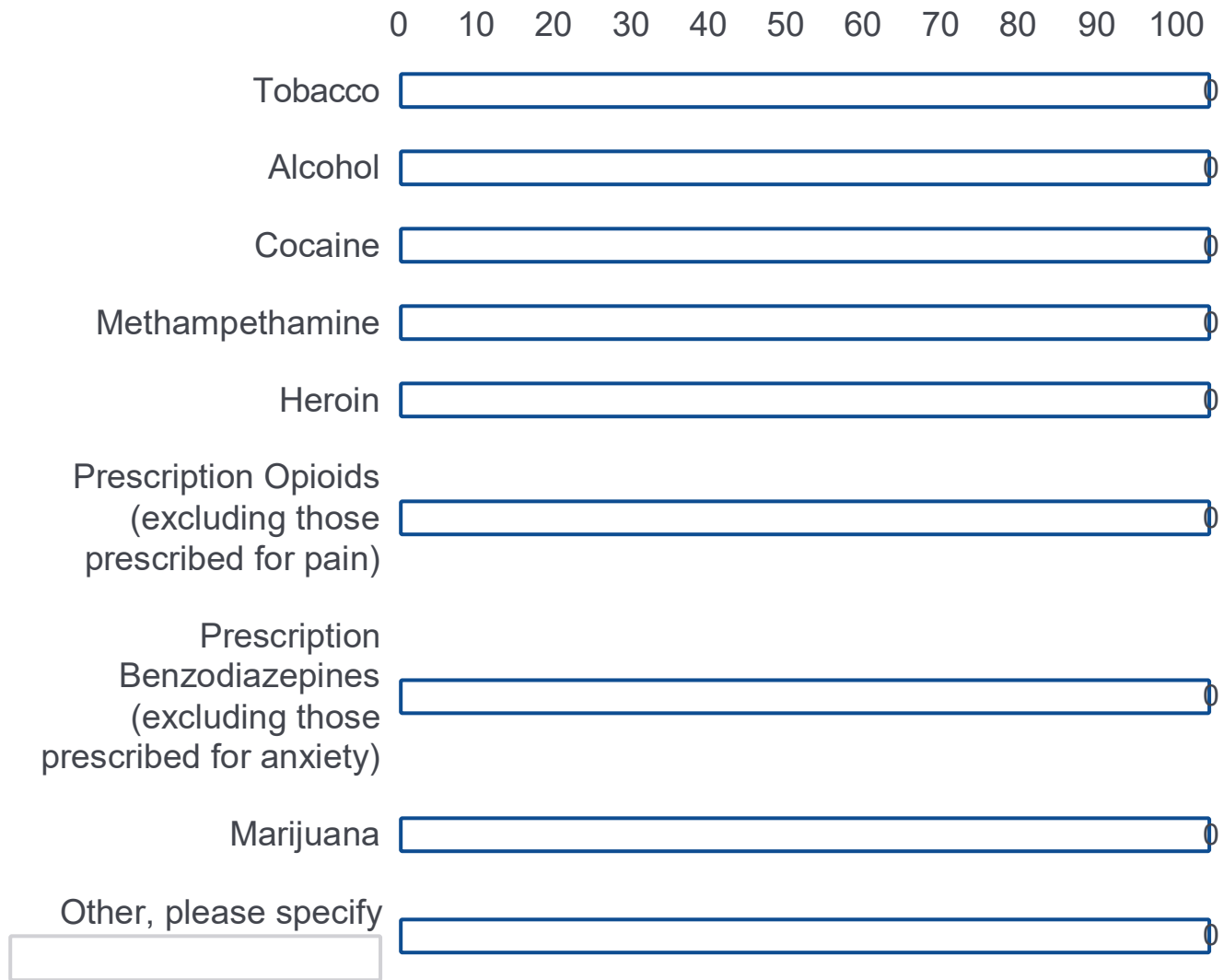
Responses do not need to add to 100%.

0 10 20 30 40 50 60 70 80 90 100

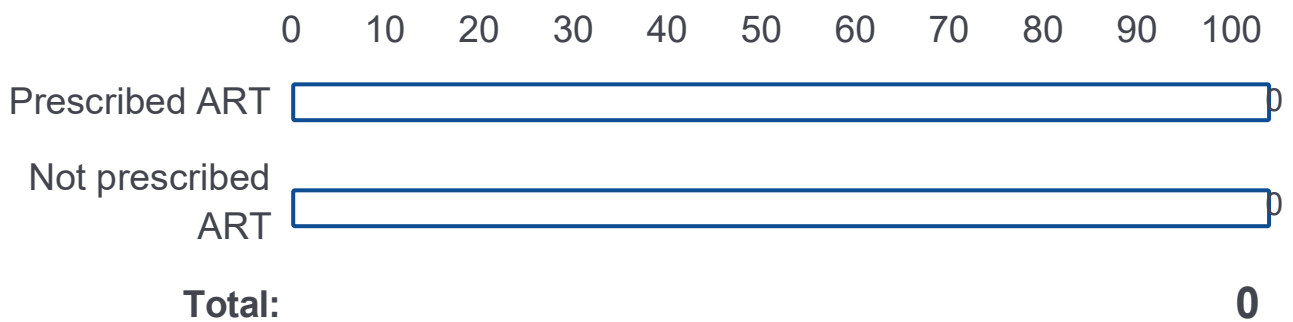


Please indicate the proportion of HIV-infected patients treated in your clinic who use the following substances:

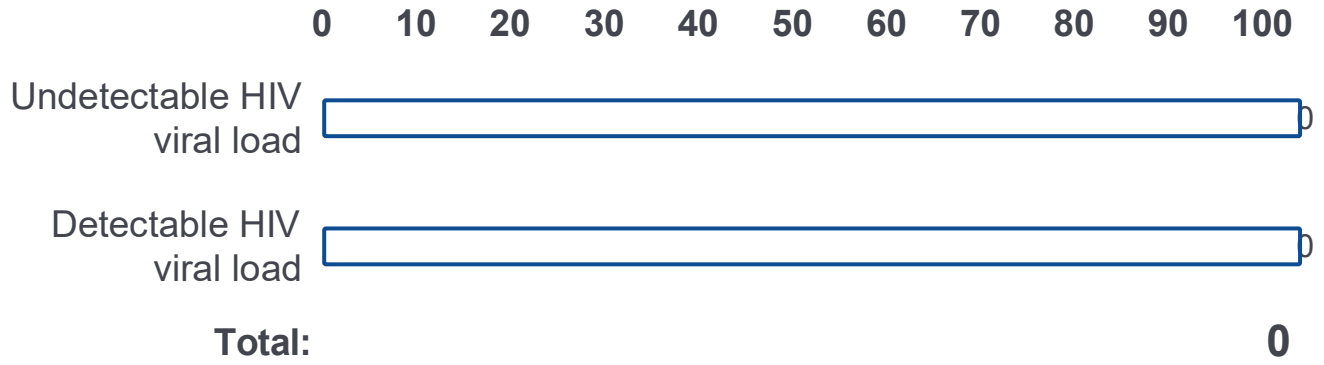
Responses do not need to add to 100%.



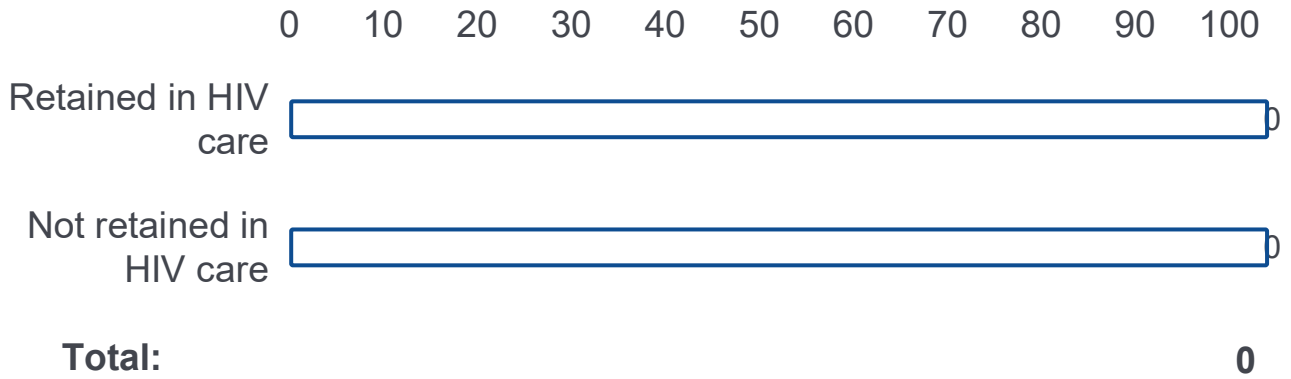
Please indicate the proportion of HIV-infected patients treated in your clinic who are prescribed antiretroviral therapy (ART): (responses should equal 100%)



Please indicate the proportion of HIV-infected patients treated in your clinic who have an undetectable HIV viral load: (responses should equal 100%)



Please indicate the proportion of HIV-infected patients treated in your clinic who are retained in care (defined as patients with at least two visits separated by at least 3 months during the past 12 months): (responses should equal 100%)



Please indicate the proportion of HIV-infected patients treated in your clinic who have active Hepatitis C virus co-infection (including those who have received treatment in the past year): (responses should equal 100%)

0 10 20 30 40 50 60 70 80 90 100

HCV/HIV co-
infection

Only HIV infection

Total:

Please review your previous answers. Once you move on you will not be able to navigate back.