**Clinic Name:**

**Date form Completed:**

**Person(s) completing this form:**

**1. Please indicate whether your clinic provides the following services to patients at risk for or diagnosed with HIV.**

|  |  |
| --- | --- |
|  | **Is service provided?** |
|  HIV testing | **[ ]** Yes **[ ]** No |
| PrEP services to patients/partners | **[ ]** Yes **[ ]** No |
| Primary medical care for people with HIV | **[ ]** Yes **[ ]** No |
| Prescription and monitoring of antiretroviral therapy | **[ ]** Yes **[ ]** No |
| Prophylaxis and treatment for opportunistic infections | **[ ]** Yes **[ ]** No |
| Care and treatment for co-morbid conditions | **[ ]** Yes **[ ]** No |
| Care and treatment for mental health conditions | **[ ]** Yes **[ ]** No |
| Care and treatment for substance use disorders | **[ ]** Yes **[ ]** No |
| Oral health care | **[ ]** Yes **[ ]** No |

**2. Please indicate whether your clinic provides the following services to patients with HIV.**

|  |  |
| --- | --- |
|  | **Is service provided?** |
| Referring and linking newly HIV diagnosed patients to care | **[ ]** Yes **[ ]** No |
| Care coordination for HIV patients (identifying and organizingneeded resources) | **[ ]** Yes **[ ]** No |
| Follow-up with patients who miss 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 hearing impaired | **[ ]** Yes **[ ]** No |
| Transportation for medical appointments | **[ ]** Yes **[ ]** No |

**3. For the staff categories listed below, please specify the total number of current staff in each category, as well as the number that are racial/ethnic minorities. Racial/ethnic minorities include those who identify as non-white or Hispanic (any race).**

|  |  |  |
| --- | --- | --- |
|  | **Total Number****Unique Individuals** | **Total Number****Racial/Ethnic Minorities** |
| 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, nutritionists, etc.) |  |  |
| Support services, outreach andnavigation staff (case managers, CHW, patient navigators, etc.) |  |  |
| Administrative non-clinical support staff(front desk, billing, quality improvement, etc.) |  |  |

**4. For the staff categories below, please specify the total number of staff who left the position or on leave of absence and total number of staff hired for each type of position during the past 12 months. Enter the total number of current vacancies at the time of the *PT-OA* completion.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Total Number of****Staff who Left Position or on Leave of Absence** | **Is this Number Higher, Lower or the same since the COVID pandemic** | **Total Number of****Staff Hired** | **Total Number of Current Vacancies** |
| 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, nutritionists, etc.) |  |  |  |  |
| Support services, outreach andnavigation staff (case managers, care coordinators CHW, patient navigators, etc.) |  |  |  |  |
| Administrative non-clinical supportstaff (front desk, billing, quality improvement, etc.) |  |  |  |  |

**5. Rate your clinic’s current capacity and priority level for implementing the following aspects of patient-centered care and delivery of HIV-related services.** *Enter the number corresponding to your clinic’s capacity level and the priority level.*

|  |  |  |
| --- | --- | --- |
|  | **Capacity Level:****1. Very Low Capacity****2. Low Capacity****3. Medium Capacity****4. High Capacity****5. Very High Capacity** | **Priority Level:****1. Very Low Priority****2. Low Priority****3. Medium Priority****4. High Priority****5. Very High Priority** |
| **Aspects of Patient-Centered Care** |
| Developing a practice-wide vision with concretegoals and objectives |  |  |
| Enhancing the use of performance monitoring dataand quality improvement practices |  |  |
| Enhancing the coordination of care through the useof provider teams and improved referrals |  |  |
| Linking each patient to a care team and a primarycare clinician |  |  |
| Creating teams with well-trained clinical supportstaff to add primary care capacity |  |  |
| More effectively engaging patients on clinicaldecision-making regarding their care |  |  |
| Periodically checking the registry to identify patientswho are due for routine services |  |  |
| **HIV-Related Services** |
| Providing primary medical care to patients with HIV |  |  |
| PrEP counseling and prescribing |  |  |
| Initiating ART |  |  |
| Conducting adherence counseling and monitoringadherence |  |  |
| Managing HIV treatment when drug resistance ispresent |  |  |
| Initiating care to prevent and treat co-morbidconditions (e.g., opportunistic infections, cancer) |  |  |
| Achieving viral suppression among patients receivingmedical care |  |  |

**6. Select the category that best describes your clinic’s implementation of the following HIV-specific policies and procedures.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **We do not have****a formal written policy or procedure** | **Policies & procedures are being established** | **Policies & procedures developed, but not yet implemented** | **Policies & procedures developed and implemented** |
| PrEP medication prescriptionor dispensing |  |  |  |  |
|  Universal HIV screening  |   |   |   |   |
| Notification of HIV test results |  |  |  |  |
|  Partner notification  |   |   |   |   |
| Initial linkage to HIV services |  |  |  |  |
|  Engagement and retention in HIV care  |   |   |   |   |
| Monitoring and outreach to patients whohave not been seen in 6 or more months |  |  |  |  |
|  Re-engagement of patients into care  |   |   |   |   |
| ART adherence monitoring and support |  |  |  |  |
|  HIV viral suppression monitoring  |   |   |   |   |
| Outreach to patients who have adetectable viral load |  |  |  |  |