

APPENDIX B:
SURVEY OF TITLE I MEDICAL PROVIDERS

Instructions: This survey is being distributed to all Title I medical providers to obtain information about patient follow up and referral into medical care. (Detailed information about the background, purpose and outcomes of the survey is on the last page.)

Providers are asked to review and answer the questions informally. (You can use as much space or provide as much explanation as needed.) Staff from the Newark EMA HIV Health Services Planning Council will arrange a telephone interview to obtain the information and discuss responses. You may want to complete and submit the questionnaire via e-mail (delorisd@newarkema.org) or by fax (973) 485-5085 to Deloris Dockrey, Executive Director.

Agency: _____
Name and Title of Respondent: _____
Date of Survey: _____ Phone No: _____

CURRENT PATIENT FOLLOW UP

1A. When a patient comes to you for a routine medical visit, do you schedule a subsequent medical appointment before they leave the office? (Circle one)

YES NO SOMETIMES _____% (If sometimes, insert estimated percent of patients who receive appointment)

1B. Why are (aren't) patients given a follow up appointment? (E.g., "yes = increases compliance, "no" = does not affect patient behavior)

2A. For those who have scheduled appointments, does your office provider REMINDERS to patients prior to the appointment? (E.g., telephone call, mailing, etc.)

YES NO SOMETIMES _____% (If sometimes, insert estimated percent of patients who receive reminders.)

2B. If No or Sometimes, why aren't reminders provided?

3A. What is the estimated number or percent of patients who miss scheduled appointments?

4A. Do you follow up on patients who miss scheduled appointments?

YES NO SOMETIMES _____% (If sometimes, insert estimated percent of patients with whom you follow up)

- 4B. If yes or sometimes, what method(s) of follow up do you use?
- a. Standard Operating Procedures (SOPs) or written protocol
 - b. Internal appointment or tracking procedures
 - c. CHAMP
 - d. Other. (Describe) _____
- 4C. If No, why don't you follow up?
- a. Lack of time
 - b. Lack of resources (staff, etc.)
 - c. Cannot locate clients
 - d. Other. (Describe) _____
- 4D. If you follow up, do you know how many (number or percent) patients come in for their appointment? NO YES _____%
- 4E. Do you know what happens to those who do not come in for their appointments?
- (1) Patients eventually come in. _____% (Estimated percent)
 - (2) Patients drop out and do not come in. _____% (Estimated percent)
- 4F. At what point in time or number of follow up contacts, are patients considered "lost to follow up" with no further action taken by the agency? _____(Discuss)

HIV RAPID TEST & LINKAGE WITH MEDICAL CARE

- 5A. Does your agency currently conduct HIV testing? YES NO
- 5B. What is your status regarding HIV Rapid Test?
- (1) Currently conducting HIV Rapid Test
 - (2) Plan to conduct HIV Rapid Test
 - (3) Do not conduct or plan to conduct HIV Rapid Test.

Survey is completed for Title I medical providers who do not currently conduct HIV testing or who do not plan conduct plan to conduct HIV Rapid Test.

- 6A. In what departments or sections is the HIV Rapid Test conducted in your agency?
- (1) Emergency department
 - (2) HIV clinic
 - (3) Other. (Specify)_____

**Newark EMA HIV Health Services Planning Council
CONNECTING TO CARE – REDUCING UNMET NEED**

**Telephone Survey of Title I Medical Providers
April 2005**

Introduction: HRSA/HAB has placed considerable emphasis on “unmet need” – individuals who know their HIV status but are not “in care” = receiving medical care or HIV medications. Initially, the emphasis was on measuring unmet need and estimating the number or percent of PLWHA who were not in care. The emphasis has now shifted to the next step – bringing those individuals into care or “connecting them to care”. Strategies have been developed across the U.S. to assist in this endeavor.

Although this is an important goal, the Newark EMA HIV Planning Council believes that it is also important to strengthen our existing system of Title I medical care to ensure that PLWHA are not dropping out or not being linked to medical care at available opportunities. Therefore, the Council proposes to survey existing Title I medical providers to answer the following research questions.

Research Questions:

- 1. How do Title I medical providers follow up on current patients to minimize dropouts from medical care?**
- 2. For those providers currently conducting or planning to conduct HIV Rapid Test, how are patients who receive a “presumptively positive” test result linked to medical care? (Or how will they be linked to care?)**

Outcomes: Question 1 will yield baseline information about current follow up and gaps. Results may assist the Council and Grantee in developing methods to improve patient follow up so that more patients remain in care. The underlying premise in Question 2 is that implementation of HIV Rapid Test will result in more individuals being tested, with an increase in HIV diagnoses and increased demand for Title I medical care and related services. Responses will yield initial results on the linkages between HIV Rapid Test and start of HIV-specific medical care, and an indication of the expected [increased] demand for Title I medical care.

Methodology: Following review by the Council’s Care and Treatment Committee, this survey will be distributed to the Title I medical providers for review and development of answers. Council staff will arrange a **telephone appointment** to obtain the answers from each provider. It is expected that the call will take approximately 15 minutes. The results will be compiled and a report issued for review by the Council and recommendations where appropriate. **This form will be completed by Council staff.**

APPENDIX C:
TITLE I MEDICAL PROVIDERS IN NEWARK EMA

**List of Title I Funded HIV Medical Providers in the Newark EMA
FY 2005 (March 1, 2005-February 28, 2006)**

Agency Name	Type of Title I Medical Provider
1. AIDS Resource Foundation for Children/St. Clare's	Community Based
2. Community Health Center at Vauxhall	Hospital-affiliated
3. CURA (Community United for the Rehabilitation of the Addicted, Inc.)	Community Based
4. East Orange General Hospital	Hospital-Based
5. Essex Substance Abuse Treatment Center	Community Based
6. Morristown Memorial Hospital –Family Health Center	Hospital Based
7. Newark Beth Israel Medical Center	Hospital Based
8. Newark Community Health Centers	Federally Qualified Health Center (FQHC)
9. Newark Department of Health and Human Services/ Newark Homeless Health Care	FQHC
10. Plainfield Health Center	FQHC
11. St. Michael’s Medical Center/Peter Ho Memorial Clinic	Hospital Based
12. Trinitas Hospital	Hospital Based
13. University of Medicine and Dentistry of New Jersey (UMDNJ) -Division of Adolescent and Young Adult Medicine	Hospital Based
14. UMDNJ – Infectious Disease Practice	Hospital Based
15. UMDNJ – Francis Xavier Bounoud (“FXB”) Center	Hospital Based