## 2012 HIV PROVIDERS SURVEY REPORT

## Introduction

In January 2012, Idaho Department of Health and Welfare's Family Planning, STD and HIV Program (FPSHP) conducted a survey among Idaho providers of HIV services to help gather vital information on the HIV/AIDS continuum of care.

When reviewing the survey results, please keep in mind the "Notes from Ward Ballard" (Department of Health and Welfare employee who helped tabulate the data), which is located at the end of this document.

# **Survey Results**

Providers of HIV care were contacted via email and mail providing them information about the HIV Providers Survey and a link to the survey on Survey Monkey. The results of the survey are as follows.

## 1. Number of Respondents per Health District

Health District 1	6
Health District 2	2
Health District 3	6
Health District 4	7
Health District 5	7
Health District 6	5
Health District 7	6

Note: Some respondents' agencies provide services in multiple health districts.

# **Appendix G: 2012 HIV Providers Survey Report**

# 2. Employees, Volunteers and Hours with HIV Clients

# of Employees HIV Services Previous 12 Months		HIV Service Hours per Employee		HIV Services Previous 12 Months	Previous	HIV Service Hours per Volunteer	Volunteer Hours per HIV Client Served	Employee and Volunteer Hours per HIV Client Served	# HIV+ Clients Served Previous 12 Months
10	15,000	1500.00	25.00	2				25.00	600
12	20,800	1733.33	34.67	2	260	130.00	0.43	35.10	600
15	20	1.33		0				0.04	500
9	18,700	2077.78	37.40					37.40	500
10	1,920	192.00	3.84	0				3.84	500
10	2,080	208.00	4.16	2	208	104.00	0.42	4.58	500
4	5,000	1250.00	40.00	2	300	150.00	2.40	42.40	125
6	7,000	1166.67	93.33	200	10,000	50.00	133.33	226.67	75
2	2,080	1040.00	32.00	2	80	40.00	1.23	33.23	65
3	8,000	2666.67	133.33	15	1,000	66.67	16.67	150.00	60
5	5	1.00	0.08	0				0.08	60
7	1,920	274.29	32.00	0				32.00	60
4	3,840	960.00	69.82	5	500	100.00	9.09	78.91	55
3	1,750	583.33	31.82	0				31.82	55
11	1,320	120.00	28.70	0				28.70	46
4	2	0.50	0.04	1	2	2.00	0.04	0.09	45
7	20	2.86	0.53	0				0.53	38
3	120	40.00	4.80	0				4.80	25
12	40	3.33	2.67					2.67	15
4	100	25.00	8.33	0				8.33	12
1	1,820	1820.00	151.67	5	780	156.00	65.00	216.67	12
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NOTE: HIV clients likely overlap between service organizations and may be counted multiple times. Table excludes organizations that did not report HIV client number. Some entries for hours or clients indicated a range such as 500+. In these cases the largest number mentioned is reported and used in rate calculations.

# Appendix G: 2012 HIV Providers Survey Report

# 3. Funding Sources

Funding Source	Count	Percent
Funding: Ryan White Part B	12	50.0
Funding: Ryan White Part C	11	45.8
Funding: Medicare	12	50.0
Funding: Medicaid	12	50.0
Funding: State funding	7	29.2
Funding: Self pay	10	41.7
Funding: Private insurance	10	41.7
Funding: CSAT/SAMHSA	0	0.0
Funding: Fundraising	7	29.2
Funding: Non-government grants	5	20.8
Funding: Idaho Health Department grants	13	54.2
Funding: Non-profit group/Foundation/Other charitable	5	20.8

4. Number of Funding Sources

# of Funding Sources	# of Respondents
1	2
2	3
3	2
4	6
5	8
7	1
8	1
11	1

Funding: Non-profit other organization
Pride Foundation, Fund for Idaho, AIDS Healthcare Foundation,
CSI Community Service Center, Idaho Food Bank, Easter Seals,
Imperial Sovereign Gem Court of All Idaho Miss Gay Idaho, HP
Foundation, United Way Foundation (employee matching)
SNAP, Breaking Boundaries
Blue Cross Foundation, Idaho Women's Charitable Foundation,
Laura Moore Cunningham Foundation
Idaho Housing/HOPWA
HOPWA and Breaking Boundaries
Breaking Boundaries.
Ryan White Part F

# 5. Visit Services Provided

Visit Services Provided	Count	Percent
Provides: Weekdays 8 to 5	23	95.8
Provides: Evening hours after 5 PM	8	33.3
Provides: Walk-in services or same-day appointments	16	66.7
Provides: Weekend hours	5	20.8
Provides: 24-hour coverage	4	16.7
Provides: Home visits	9	37.5

6. Ryan White Services Provided

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RW Service: Transportation to care Coordinate1666.7RW Service: Oral health Payment937.5RW Service: Oral health Direct care312.5RW Service: Oral health Referrals1979.2RW Service: Oral health Coordinate1250.0RW Service: Mental health Payment1145.8RW Service: Mental health Direct care625.0RW Service: Mental health Referrals1875.0RW Service: Mental health Coordinate1458.3RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Transportation to care Direct care	5	20.8
RW Service: Oral health Payment937.5RW Service: Oral health Direct care312.5RW Service: Oral health Referrals1979.2RW Service: Oral health Coordinate1250.0RW Service: Mental health Payment1145.8RW Service: Mental health Direct care625.0RW Service: Mental health Referrals1875.0RW Service: Mental health Coordinate1458.3RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Transportation to care Referrals	12	50.0
RW Service: Oral health Direct care312.5RW Service: Oral health Referrals1979.2RW Service: Oral health Coordinate1250.0RW Service: Mental health Payment1145.8RW Service: Mental health Direct care625.0RW Service: Mental health Referrals1875.0RW Service: Mental health Coordinate1458.3RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Transportation to care Coordinate	16	66.7
RW Service: Oral health Referrals1979.2RW Service: Oral health Coordinate1250.0RW Service: Mental health Payment1145.8RW Service: Mental health Direct care625.0RW Service: Mental health Referrals1875.0RW Service: Mental health Coordinate1458.3RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Oral health Payment	9	37.5
RW Service: Oral health Coordinate1250.0RW Service: Mental health Payment1145.8RW Service: Mental health Direct care625.0RW Service: Mental health Referrals1875.0RW Service: Mental health Coordinate1458.3RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Oral health Direct care	3	12.5
RW Service: Mental health Payment1145.8RW Service: Mental health Direct care625.0RW Service: Mental health Referrals1875.0RW Service: Mental health Coordinate1458.3RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Oral health Referrals	19	79.2
RW Service: Mental health Direct care  RW Service: Mental health Referrals  RW Service: Mental health Coordinate  RW Service: Mental health Coordinate  RW Service: Medical nutrition therapy Payment  RW Service: Medical nutrition therapy Direct care  RW Service: Medical nutrition therapy Referrals  RW Service: Medical nutrition therapy Referrals  RW Service: Medical nutrition therapy Referrals	RW Service: Oral health Coordinate	12	50.0
RW Service: Mental health Referrals1875.0RW Service: Mental health Coordinate1458.3RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Mental health Payment	11	45.8
RW Service: Mental health Coordinate1458.3RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Mental health Direct care	6	25.0
RW Service: Medical nutrition therapy Payment625.0RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Mental health Referrals	18	75.0
RW Service: Medical nutrition therapy Direct care416.7RW Service: Medical nutrition therapy Referrals1562.5	RW Service: Mental health Coordinate	14	58.3
RW Service: Medical nutrition therapy Referrals 15 62.5	RW Service: Medical nutrition therapy Payment	6	25.0
RW Service: Medical nutrition therapy Referrals 15 62.5	RW Service: Medical nutrition therapy Direct care	4	16.7
	2.0	15	62.5
RW Service: Medical nutrition therapy Coordinate 10 41.7	RW Service: Medical nutrition therapy Coordinate	10	41.7
RW Service: Support groups Payment 4 16.7	1.		
RW Service: Support groups Direct care 2 8.3			
RW Service: Support groups Referrals  12  50.0			
RW Service: Support groups Coordinate 13 54.2			

# 7. Number of Ryan White Services Provided

# of Ryan White Services	# of Respondents
3	1
5	1
9	1
10	6
13	1
14	1
16	1
19	1
20	2
21	2
22	1
24	2
29	1
30	1
33	1
34	1

8. Priority Ranking of Services

				High	hest Prio	rity	Sec	ond Prio	rity
Services	Average Rank*	Times Ranked	Highest rank	Times Selected	% within Service	% within Priority	Times selected	% within Service	% within Priority
Doctor visits & lab tests	1.72	18	1	10	55.6	41.7	4	22.2	16.7
HIV related drug assistance	2.00	11	1	5	45.5	20.8	3	27.3	12.5
Emergency financial assistance	3.13	8	2	0	0.0	0.0	1	12.5	4.2
Medical case management	2.31	13	1	4	30.8	16.7	3	23.1	12.5
Transportation to care	2.14	7	1	2	28.6	8.3	3	42.9	12.5
AIDS pharmaceutical assistance	2.40	5	1	1	20.0	4.2	2	40.0	8.3
Oral health	2.25	4	1	1	25.0	4.2	2	50.0	8.3
Early intervention services	2.00	2	1	1	50.0	4.2	0	0.0	0.0
Help paying for health insurance premiums		0							
Mental health services	3.00	9	2	0	0.0	0.0	3	33.3	12.5
Dietician/Nutrition therapy		0							
Outpatient substance abuse services	3.50	2	3	0	0.0	0.0	0	0.0	0.0
Children's HIV care services	4.00	1	4	0	0.0	0.0	0	0.0	0.0
Food bank/home-delivered meals		0							

			Highest Priority			Second Priority			
Services	Average Rank*	Times Ranked	Highest rank	Times Selected	% within Service	% within Priority	Times selected	% within Service	% within Priority
HIV prevention education (for positives)	3.60	5	3	0	0.0	0.0	0	0.0	0.0
Translation services	2.00	1	2	0	0.0	0.0	1	100.0	4.2
Outreach services	4.00	3	4	0	0.0	0.0	0	0.0	0.0
Support groups	3.00	3	2	0	0.0	0.0	1	33.3	4.2
Information and referral to services	3.25	4	2	0	0.0	0.0	1	25.0	4.2
Rehabilitation services		0							

	Th	ird Priori	ty	Fourth Priority				
Services	Times selected	% within Service	% within priority	Times selected	% within Service	% within priority		
Doctor visits & lab tests	3	16.7	12.5	1	5.6	4.2		
HIV related drug assistance	1	9.1	4.2	2	18.2	8.3		
Emergency financial assistance	5	62.5	20.8	2	25.0	8.3		
Medical case management	4	30.8	16.7	2	15.4	8.3		
Transportation to care	1	14.3	4.2	1	14.3	4.2		
AIDS pharmaceutical assistance	1	20.0	4.2	1	20.0	4.2		
Oral health	0	0.0	0.0	1	25.0	4.2		
Early intervention services	1	50.0	4.2	0	0.0	0.0		
Help paying for health insurance premiums								
Mental health services	3	33.3	12.5	3	33.3	12.5		
Dietician/Nutrition therapy								
Outpatient substance abuse services	1	50.0	4.2	1	50.0	4.2		
Children's HIV care services	0	0.0	0.0	1	100.0	4.2		
Food bank/home-delivered meals								
HIV prevention education (for								
positives)	2	40.0	8.3	3	60.0	12.5		
Translation services	0	0.0	0.0	0	0.0	0.0		
Outreach services	0	0.0	0.0	3	100.0	12.5		
Support groups	1	33.3	4.2	1	33.3	4.2		
Information and referral to services	1	25.0	4.2	2	50.0	8.3		
Rehabilitation services								

NOTE: Lower values are higher average priority. Clients asked to four highest priority services; topic not ranked does not imply not important but not in top four. "% within Priority" is the contribution to the column or priority (highest, second, third or fourth). For example "Doctor visits & lab tests" have 41.7% of the Highest priority selections or 41.7% of the highest priority rankings went to "Doctor visits and lab test".

# 9. Yes Responses to Service Limitations

Barrier	# Yes	% Yes	# Answered
Do physical barriers limit the services you provide?	5	20.8	24
Do cultural barriers limit the services you provide?	8	33.3	24
Do confidentiality issues limit the services you provide?	4	16.7	24
Does an insufficient number of primary care providers limit the services you provide?	9	37.5	24
Does client distrust/suspicion of required eligibility documents limit the services you provide?	5	20.8	24
Do client missed appointments limit the services you provide?	10	41.7	24
Do lack of community partnerships/linkages limit the services you provide?	10	43.5	23
Do different eligibility requirements across RW Parts B and C, ADAP and HOPWA limit the services you provide?	7	31.8	22
Do client substance abuse/addiction issues limit the services you provide?	15	68.2	22
Does insufficient staffing limit the services you provide?	5	22.7	22
Do client homelessness issues limit the services you provide?	11	50.0	22
Does an insufficient number of specialty care providers limit the services you provide?	7	31.8	22
Does inadequate public transportation limit the services you provide?	16	72.7	22
Do lack of payment sources for core and support services limit the services you provide?	10	45.5	22
Does insufficient funding for core and support services limit the services you provide?	9	40.9	22
Do immigration issues limit the services you provide?	4	18.2	22
Does lack of communication with HIV medical care providers limit the services you provide?	2	9.1	22
Does lack of communication with state Ryan White Part B program staff limit the services you provide?	3	13.6	22

10. Numbers of Service Limitations Reported

# of Limitations	# of Respondents
0	1
1	2
2	3
3	4
4	1
5	2
6	2
7	2
8	1
9	3
10	2
16	1

# How do physical barriers limit the services you provide?

## Common Themes:

- Lack of public transportation in rural areas
- Distance between clients' homes, MCM office and HIV clinic
- Lack of knowledge of existing services

## How do cultural barriers limit the services you provide?

#### Common Themes:

- "Culture of poverty" (clients do not open their mail, respond to phone calls because they have unpaid bills)
- Lack of services for non-English speakers
- Hispanic cultural beliefs (men and women's roles regarding sex, role of religion, relationship with MCM
- HIV stigma

# How do confidentiality issues limit the services you provide?

#### Common Themes:

- History of lack of confidentiality among staff
- Being seen at clinic (for MCM, for support groups)
- Confusion among providers regarding liability related to confidentiality
- Desire support group, but worry about
- sometimes, patients do not trust us to be confidential because of previous other clinics not bieng totally confidential in the past

# How does an insufficient number of primary care providers limit the services you provide?

#### Common Themes:

- Uninsured clients have to go to WA for care
- Limited primary care providers who serve PLHW/A
- Distance to primary care providers
- Fear of confidentiality being breeched

## How does client distrust/suspicion limit the services you provide?

#### Common Themes:

- Suspicion of names reporting
- Paperwork; reluctant to engage in bureaucracy
- Also, there is inconsistency at a state level whether a rapid reactive result is reported consistently so it potentially creates distrust about where/how to get tested

## How does client missed appointments limit the services you provide?

#### Common Themes:

- No shows take up precious time that doctors have available
- No shows mean lack of services provided
- Have heard providers say that they cannot continue to provide HIV clinics due to high no-show rates not cost effective

# How does a lack of community partnerships/linkages limit the services you provide?

#### Common Themes:

- For uninsured clients, lack of mental health, substance abuse programs, transportation resources
- Lack of local services mean that clients have to travel
- HIV/AIDS stigma
- Few HIV-specific providers limits family practice provider interest in providing care due to limited access or challenges in staying up-to-date on meds, labs, etc.

# How do different eligibility requirements across RW Parts B and C, ADAP and HOPWA limit the services you provide?

#### Common Themes:

- Paperwork time is frustrating for clientele, decrease face time with clientele.
- Clients get frustrated with volume of paperwork and documentation
- Some clients have need for resources, but do not qualify
- New providers do not understand Ryan White system nor do they have access to services so they are very hesitant to treat HIV+ pts.
- Clients who are insured and not eligible for Ryan White C assistance will often get labs done less often than recommended by provider due to out of pocket expense.

# How does client substance abuse/addiction issues limit the services you provide?

#### Common Themes:

- Uninsured have not access to affordable substance abuse treatment
- Limited services available to individuals with substance abuse needs.
- Clients addicted to substances do not adhere to their HIV meds and their overall health is poor

## How does insufficient staffing limit the services you provide?

## Common Themes:

- Limits work that can be done (testing)
- Health district staff have other responsibilities in addition to HIV MCM

## How does client homeless issues limit the services you provide?

#### Common Themes:

- Communication is difficult with clients who are homeless (no phone, no physical address)
- Higher no show rates
- Higher rates of mental illness
- Higher rates of incomplete enrollment in care

# How does insufficient number of specialty care providers limit the services you provide?

#### Common Themes:

- Limited in specialty care providers with having physicians who specialize in HIV/AIDS treatment in our area only one day a month.
- Stigma means fewer providers

# How does inadequate public transportation limit the services you provide?

#### Common Themes:

- When there are no buses that get to destination, taxis are very expensive
- Difficult for clients to get to services
- Idaho's geographic space and lack of public transportation for outlying areas makes it extremely tough for patients to make medical appointments and such.

## How does lack of payment for core and support services limit the services you provide?

#### Common Themes:

- Dr. Souvenir does not get any Ryan White funding as all of the funding goes to the Spokane CHAS clinic. Therefore, we do not care for any Ryan White HIV/AIDS patients in our area.
- Not being able to assist with copays and basic needs as food and sanitary supplies limit services
- If cost is too high, clients opt out of treatment
- Lack of payer source means lack of provider

## How does insufficient funding for core and support services limit the services you provide?

#### Common Themes:

• When funding runs out, services diminish

## How do immigration services limit the services you provide?

#### Common Themes:

- Fear, stigma, lack of license make it difficult for patient to make medical appointments.
- Patients fearful of driving
- If in Idaho illegally may have fear disclosure
- Language barriers

# How does lack of communication with HIV medical care providers limit the services you provide?

#### Common Themes:

• Lack of communication with medical provider (not aware of medical plan or goals set during office visits prevents us from helping the client become successful in outcomes)

# How does lack of communication with state RWPB Program staff limit the services you provide? Common Themes:

- Ryan White funded HIV patients will have health problems and get admitted to Kootenai Health and all of their records will be unavailable at the Spokane CHAS clinic which makes it very difficult for continuity and quality of patient care. Dr. Souvenir as an HIV provider will be called in to care for them and he doesn't have any access to their medical records in Spokane.
- Seems difficult to communicate at times due to lack of "field" knowledge re: practical day-to-day issues that arise in education, testing, treatment, access, etc.

# 11. Training Needs

				Very Important			
	Average Rate	Times Answered	Highest rate	Times selected	% within Training	% within Rating	
CAREWare	2.60	20	Very important	2	10.0	2.0	
Program evaluation	2.20	20	Very important	5	25.0	5.1	
STD (general)	1.74	19	Very important	9	47.4	9.1	
Standardized medical case management	1.80	20	Very important	12	60.0	12.1	
Grant writing/proposal development	1.90	21	Very important	9	42.9	9.1	
HIV/AIDS general	2.05	19	Very important	7	36.8	7.1	
HIV/AIDS prevention for positives	1.58	19	Very important	11	57.9	11.1	
Conducting HIV/AIDS risk assessments							
with positives	1.70	20	Very important	9	45.0	9.1	
Conducting hepatitis interventions	1.64	22	Very important	10	45.5	10.1	
Medication adherence for HIV positives	1.79	19	Very important	11	57.9	11.1	
Addressing stigma in the community	1.50	22	Very important	14	63.6	14.1	

	Somewhat important			Not important			N/A
	Times selected	% within Training	% within Rating	Times selected	% within Training	% within Rating	Times selected**
CAREWare	9	45.0	11.4	4	20.0	22.2	5
Program evaluation	8	40.0	10.1	5	25.0	27.8	2
STD (general)	8	42.1	10.1	0	0.0	0.0	2
Standardized medical case management	4	20.0	5.1	0	0.0	0.0	4
Grant writing/proposal development	7	33.3	8.9	3	14.3	16.7	2
HIV/AIDS general	7	36.8	8.9	2	10.5	11.1	3
HIV/AIDS prevention for positives	6	31.6	7.6	1	5.3	5.6	1
Conducting HIV/AIDS risk assessments with							
positives	9	45.0	11.4	1	5.0	5.6	1
Conducting hepatitis interventions	11	50.0	13.9	0	0.0	0.0	1
Medication adherence for HIV positives	4	21.1	5.1	1	5.3	5.6	3
Addressing stigma in the community	6	27.3	7.6	1	4.5	5.6	1

NOTE: \* Lower rates imply more important need. \*\* Excluded from rating calculations

#### **Training need: Comments**

#### Common Themes:

- Clients need to know they are important enough to justify and quick response back on a phone message left with providers, case managers, and clinic staff. They need to know their problems are being addressed and they do much better when there is a live person available to meet with face to face.
- Substance use and adherence to medications when addicted to substance

## 12. How Agency Addresses Cultural Diversity Needs

	# Yes	% Yes	# Answered
Hire staff of different cultures	10	45.5	22
Offer basic cultural diversity and cultural competency training to staff	14	63.6	22
Make referrals to or have contracts with culturally specific organizations	8	36.4	22
We don't currently address cultural diversity	6	27.3	22

NOTE: Yes responses exceed number of respondents because multiple answers allowed.

## 13. How Agency serves non-English Speaking Clients

	# Yes	% Yes	# Answered
Hiring staff who speak languages other than English	11	50.0	22
Use friends or family to provide translation	4	18.2	22
Ensuring that medically trained translators or interpreters are available when needed	17	77.3	22
Translate patient materials into different languages	12	54.5	22
Currently not serving any non-English speaking clients	6	27.3	22

Note: Yes responses exceed number of respondents because multiple answers allowed.

#### Any other comment

- Do not decrease funding for HIV patients nor expect general practitioners to provide care to this very complicated population.
- We need more funding to provide care for HIV hepatitis C coinfected patients.

#### **Notes from Ward Ballard**

The priority ranking of services table has several pieces that could be used to determine the rank depending on your use. The lower average rank indicates a higher priority. I would consider the number of times an item was ranked to determine overall rank as an item with only one or two responses could well have a low average but the fact that it doesn't appear very often could well be telling. To give you an idea on how to interpret some of the values in the table here is an example paragraph:

The service "Doctor visits and lab tests" was rated highest priority by 55.6 percent of those that ranked this topic. It also received 41.7 percent of all "Highest Priority" rankings. It was also ranked by 18 of 24 respondents, the most of any of topics ranked.

The training needs table is handled similarly but since there was an "N/A" category those responses weren't used for rates. The open end responses make me feel that several of the respondents weren't sure what the question actually was.

There are several calculated variables based on responses such as employee hours per HIV+ client and some counts of total numbers of responses to some of the "mark all that apply" questions which may be of interest.

The cultural diversity and non-English client questions asked for additional comments but there were none. I indicated that with a sentence of text.

Since I thought the limitations to services would be more informative if all of the categories were together there is one table for that and the open end responses follow.