**The ALAI UP Project Clinical Site Questionnaire**

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| * Please note that you must submit your answers to this questionnaire on the online application platform (REDCap).
* Please request access to REDCap by emailing Ben Lane at bvl2110@cumc.columbia.edu.
* We provide this Word document for your convenience so you may have an overview of the whole questionnaire before you begin.
* We recommend that you save your answers in this Word document before copying them into the online application platform.
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### Introduction to your clinic

1. Please tell us a little bit about your clinic, specifically: (2-5 sentences)
	* Your clinic’s mission
	* Geographic area served
	* Populations served
	* Main funding source (e.g., Ryan White-funded)
	* Anything you think is important for us to know
2. To give us a sense of the needs of people with HIV who access services at your clinic, please select the descriptor that best describes approximately how many of your patients with HIV experience the factors below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | None | A few | About half | Most | All  |
| Food insecurity |  |  |  |  |  |
| Housing instability |  |  |  |  |  |
| Patients best served in a language other than English |  |  |  |  |  |
| Financial strain  |  |  |  |  |  |
| Lack of transportation/access to public transportation |  |  |  |  |  |
| Any other social or structural determinant of health that acts as a barrier to care for your patient population (please specify) |  |  |  |  |  |

### Experience with implementation of HIV treatment

1. Please describe HIV care and wrap around services offered at your clinic. (2-5 sentences)

Access to care is negatively impacted by social and structural determinants of health (e.g., racism, heterosexism, poverty, transportation, housing instability).

1. Please share any examples of how your clinic has engaged with the local community to understand patient needs as they relate to social and structural determinants of health. (2-5 sentences)
2. Please share any examples of how your clinic has addressed social or structural barriers when delivering HIV care. (2-5 sentences)
3. How might lessons learned from community engagement and/or addressing social or structural barriers to HIV care inform how you deliver (or plan to deliver) long-acting cabotegravir/rilpivirine? (2-5 sentences)
4. Clinics at all stages of implementing long-acting cabotegravir/rilpivirine will be considered for participation in the ALAI UP Project. Please select the option below that best describes the stage of implementation at your clinic.
5. We are just starting to consider whether implementation of long-acting cabotegravir/rilpivirine is possible in our setting.
6. We have just started implementing long-acting cabotegravir/rilpivirine and have fewer than 25 patients currently on the injectable regimen.
7. Long-acting cabotegravir/rilpivirine implementation has been fully integrated into services for people with HIV.

If you choose answer option b or c above:

1. Approximately when did you initiate your first patient on long-acting cabotegravir/rilpivirine? MM/YY
2. Approximately how many people with HIV do you currently have on long-acting cabotegravir/rilpivirine?
3. What proportion of your patients with HIV do you hope to initiate on long-acting cabotegravir/rilpivirine within the first year of implementation?

Motivation for applying to The ALAI UP Project

1. Why are you interested in participating in The ALAI UP Project? (2-5 sentences)
2. Please describe the strengths your clinic brings to implementing long-acting cabotegravir/ rilpivirine. (2-5 sentences)
3. Please list three anticipated or experienced barriers to implementation of long-acting cabotegravir/rilpivirine at your clinic. (2-5 sentences)
4. What patient populations are your top priority/priorities for long-acting cabotegravir/rilpivirine implementation and why? (1-3 sentences)
5. What type of resources could ALAI UP provide that would enable you to address these barriers and best reach these priority patients? (2-5 sentences)

### Organizational Structure and Staffing Plan

1. Having an identified Project Champion at a clinical site is associated with success in implementation. Do you have a person who will serve as the Project Champion?

If your clinic has a Project Champion:

1. Please describe this individual’s role in the clinic, how long they have been at the clinic, and any experience championing a new initiative in a clinical setting. (4-6 sentences)

If your clinic does not have Project Champion:

1. How will you identify this person or create/modify a role accordingly? (4-6 sentences)
2. Please describe how the Project Champion will strive to get clinical and administrative buy in for the introduction of long-acting cabotegravir/rilpivirine? (1 to 3 sentences)
3. So that we can better understand your organizational structure and staffing capacity, please fill out the table below with all staff roles and number of staff in each role that are involved in HIV-related care.

|  |  |  |
| --- | --- | --- |
| **Role** | **Responsibilities (please describe)** | **Number of individuals in this role** |
| Nurse Practitioner (NP) / Doctor (MD) | *e.g., Clinical care* | e*.g., 3* |
| Registered Nurse (RN) | *e.g., Clinical care* | e*.g., 2* |
| Social Worker | *e.g., Supporting other needs* | e*.g., 1* |
| Benefits Coordinator | *e.g., Enrolling patients in ADAP* | *e.g., 1* |
| Peer Navigator | *e.g., Outreach in the community* | e*.g., 0* |
| Fill in role | Fill in responsibilities |  |
| Fill in role | Fill n responsibilities |  |

1. The ALAI UP Project will work with your clinic’s Implementation Team to co-develop protocols and workflows to support implementation of long-acting cabotegravir/rilpivirine. These protocols and workflows will include benefits navigation, clinical services, psychosocial support, and logistics and scheduling.

Please describe who (role and names) will be responsible for working with the ALAI UP Project Team as the Clinical Site Implementation Team to co-develop protocols in the areas listed in the table below. The same individual may be listed multiple times, however the Implementation Team should include at least three different individuals or an explanation of an alternative implementation approach if that is not possible.

|  |  |  |
| --- | --- | --- |
| **Responsibilities** | **Role** | **Name, if known**  |
| Patient education & decision-making counseling |  |  |
| Determination of benefits coverage / payor source |  |  |
| Drug procurement, storage, delivery  |  |  |
| Scheduling visits & tracking patient flow |  |  |
| Administration of injections |  |  |
| Data reporting |  |  |

1. The ALAI UP Project is designed to provide technical and financial support for 3 years. Please describe a sustainability plan that will allow your clinic to sustain full participation in ALAI UP in the event of changing leadership, staff, or clinic priorities. (2-5 sentences)

### Site Experience and Capabilities to Manage and Report Data for Project Evaluation Purposes

A key goal of The ALAI UP Project is to promote the equitable implementation of LAI ARV through continuous monitoring of implementation process and patient outcomes so that adjustments can be made when necessary. This requires a system that can support data collection as well as data extraction.

1. Does your clinic currently have an Electronic Health Record (EHR) system in use for patient care?
	* Yes, in use for over 12 months
	* Yes, in use for less than 12 months
	* No
2. Please list key HIV indicators that you currently collect to monitor the quality of your HIV services.
3. What systems do you have in place that can support collecting and reporting aggregate patient-level data for this project, including data comparing patients on long-acting cabotegravir/rilpivirine to your overall HIV patient population? (1-3 sentences)
4. Please describe any internal continuous quality monitoring process at your clinic. (2 to 5 sentences)
5. Please describe a recent quality improvement effort that your clinic has undertaken and the result of that effort. (3-5 sentences)