Partnerships for Care (P4C) Health Center Readiness Assessment

Date

Community Health Center

State Health Department

Completed by Title

**HIV Care Team Status**

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| **Question** | **Yes** | **No** | **Comments/Questions** |
| Has your health center established a multi-disciplinary  **HIV Care Team**(s)? |  |  |  |
| Are all **HIV Care Team** positions filled? |  |  |  |

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| **Question** | **Vacant Positions** |
| If all positions are not filled, what positions remain vacant? |  |

**Service Delivery (HIV Testing & Services)**

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| **Question** | **Yes** | **No** | **Comments/Questions** |
| Does your health center provide routine HIV testing, (i.e., offer HIV testing to all patients aged 15 to 65) as part of routine medical care? |  |  |  |

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| **Question** | **Rapid/**  **Oral** | **Rapid/Finger**  **Stick** | **4th Generation** | **Other** |
| What HIV testing technologies are used? Check all that apply. |  |  |  |  |

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| **Question** | **Yes** | **No** |
| Does your health center provide linkage to care for newly diagnosed positive patients? |  |  |

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| **Question** | **On-site** | **Referral** |
| If you provide linkage, please indicate whether linkage  is provided on-site and/or by referral. |  |  |

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| **Question** | **Types of Patients** |
| If linkage is provided by referral, which types of patients are referred? |  |

# Service Delivery (Medical Treatment and Prevention)

Please indicate which members of your HIV Care Team are able to manage and provide care for each type of patient.

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| **Type of Patient** | **All Care Team Staff** | **Most Care Team Staff** | **Other Non- Care Team Staff** | **Other Non- Care Team Staff** |
| HIV-positive patients who have not yet started on Anti-Retroviral Therapy (ART) or are on 1st line ART  therapy |  |  |  |  |
| HIV-positive patients who are on 2nd or 3rd line  ART therapy |  |  |  |  |
| HIV-positive patients with common complaints |  |  |  |  |
| HIV-positive patients with opportunistic infections  or advanced HIV disease |  |  |  |  |
| HIV-positive patients in need of prevention-of-  mother-to-child-transmission (PMTCT) services |  |  |  |  |

Please indicate for each type of service whether your health center provides the service directly, by formal written referral, by informal referral, or not at all.

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| **Type of Service** | **Directly** | **Formal Written Referral** | **Informal Referral** | **Not offered** |
| Mental health treatment |  |  |  |  |
| Substance abuse treatment |  |  |  |  |
| Oral health |  |  |  |  |
| Enabling services  (transportation, translation, eligibility, housing, case management) |  |  |  |  |
| Patient navigation/care coordination services for HIV-positive patients |  |  |  |  |
| HIV medication adherence education and  counseling for PLWH |  |  |  |  |
| Any behavioral or structural interventions to  reduce the risk of HIV transmission for PLWH |  |  |  |  |
| Care and treatment for sexually transmitted infections |  |  |  |  |
| Care and treatment for Hepatitis B virus |  |  |  |  |
| Hepatitis C treatment and screening guidelines |  |  |  |  |
| Care and treatment for TB |  |  |  |  |

# Workforce Development

Please indicate which health center staff would benefit from training in each of the identified areas (Check all that apply).

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| **Workforce Development Area** | **Some or all members**  **of HIV Care Team** | **Other medical/ clinical staff** | **Some or all leadership** | **Some or all general health**  **center staff** | **Some or all board members** | **No one** |
| Routine HIV Screening |  |  |  |  |  |  |
| Prevention and care for PLWH |  |  |  |  |  |  |
| HIV care and treatment |  |  |  |  |  |  |
| Health information technology infrastructure |  |  |  |  |  |  |
| Utilizing HIV surveillance data to improve care outcomes |  |  |  |  |  |  |
| Best practices for multi-  disciplinary, team-based care |  |  |  |  |  |  |
| Sexual health and risk behavior assessment |  |  |  |  |  |  |
| Hepatitis C screening and co-  infection |  |  |  |  |  |  |
| Establishing HIV care plans for patient self-management |  |  |  |  |  |  |
| Referrals for management of HIV complex care and co-  morbidities |  |  |  |  |  |  |
| Managing occupational exposure |  |  |  |  |  |  |
| Managing patients using clinical consultation |  |  |  |  |  |  |
| Retaining PLWH in care |  |  |  |  |  |  |
| Using patient data to support quality improvement |  |  |  |  |  |  |
| HIV service delivery in  primary care settings |  |  |  |  |  |  |
| Basic HIV Epidemiology |  |  |  |  |  |  |
| Addressing stigma and discrimination in HIV service  delivery |  |  |  |  |  |  |
| Establishing/maintaining culturally competent LGBT/ PLWH health care environments |  |  |  |  |  |  |
| HIPAA and patient protection  and confidentiality |  |  |  |  |  |  |
| Other training needed:  \_ |  |  |  |  |  |  |

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| **Question** | **Yes** | **No** | **Comments/Questions** |
| Have you identified at least one resource for clinical consultation on HIV/AIDS patient management and Continuous Quality Improvement (CQI) in HIV service  delivery? |  |  |  |

# Infrastructure Development

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| **Question** | **Yes** | **No** | **Comments/Questions** |
| Does your health center currently use electronic health records (EHR)? |  |  |  |

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| **Question** | **EHR Used** |
| If yes, what EHR are you currently using? |  |

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| **Question** | **Yes** | **No** | **Comments/Questions** |
| Does your health center have financial management  systems to support budgeting, accounting, coding, and billing across different funding streams? |  |  |  |

What systems or approaches do you use to support patient tracking and referrals? (Check all that apply)

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| **Patient Tracking and Referral Systems** | **Yes** | **No** | **Comments** |
| EHR |  |  |  |
| A separate electronic system |  |  |  |
| Written policies and procedures |  |  |  |
| Verbally established policies and procedures |  |  |  |
| Other |  |  |  |

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| **Question** | **Yes** | **No** | **Comments/Questions** |
| Has your health center developed a service area or patient needs assessment to ensure identification of service delivery needs for PLWH and those at high  risk of HIV infection? |  |  |  |
| Does your health center currently participate in HIV  planning groups (e.g., Ryan White Part A planning council, CDC prevention planning group)? |  |  |  |
| Does your health center have policies or procedures that ensure coordination of care between the HIV Care Team and other health center service providers? |  |  |  |

Please indicate whether your health center has established policies and procedures in place for the provision of the following HIV services, either written, communicated verbally, or informally. If no policies and procedures are established for the provision of a service, check none.

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| **HIV Services** | **Written** | **Verbal** | **Informal** | **None** |
| Testing |  |  |  |  |
| Linkage to Care |  |  |  |  |
| Basic HIV Care |  |  |  |  |
| Medication Management |  |  |  |  |
| Adherence Support |  |  |  |  |
| Patient Self-Care Plans |  |  |  |  |
| Formal Referrals for Specialty Care |  |  |  |  |
| Enabling Services |  |  |  |  |