

# Peer Review Site Visit

## Patient Interview

AGENCY: \_\_\_\_\_ ID #: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

**INTRODUCTION STATEMENT (spoken by patient interviewer):** The Virginia Department of Health respects your experiences and values understanding your satisfaction with HIV services in the State of Virginia. Your responses are confidential.

### A. The Ryan White Part B Program

**1. How did you find out about this agency?**

- From a friend/family member                       From agency outreach efforts  
 Referred by another community-based program                       Referred by other health care professional  
 Assigned by managed care plan  
 Other, please specify \_\_\_\_\_

**2. What do you know about the Ryan White Part B program?**

\_\_\_\_\_  
\_\_\_\_\_

**3. Which Ryan White services have you used in the past? Which are currently using?**

\_\_\_\_\_  
\_\_\_\_\_

	Used in Past	Currently Using
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Primary Medical Care	<input type="checkbox"/>	<input type="checkbox"/>
Oral Care	<input type="checkbox"/>	<input type="checkbox"/>
Medications	<input type="checkbox"/>	<input type="checkbox"/>
Case Management	<input type="checkbox"/>	<input type="checkbox"/>
Prevention Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Treatment/Medication Adherence	<input type="checkbox"/>	<input type="checkbox"/>

	Used in Past	Currently Using
Housing Services	<input type="checkbox"/>	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	<input type="checkbox"/>
Patient Advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Durable Medical Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Supplements	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional Counseling	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial Support Services	<input type="checkbox"/>	<input type="checkbox"/>
Outreach	<input type="checkbox"/>	<input type="checkbox"/>
Translation	<input type="checkbox"/>	<input type="checkbox"/>
Respite Care	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Financial	<input type="checkbox"/>	<input type="checkbox"/>

## B. Patient Medical Questions

1. Have you been seen by a doctor for your HIV in the past 12 months?

Yes    No    Don't Know (not sure)

If yes, how many times? \_\_\_\_\_

When (dates)? (month/year) \_\_\_\_\_

Where?

Infectious Disease Clinic

Primary Care Office

Emergency Room

Other, Please specify \_\_\_\_\_

2. Have you had a CD4 (lab) count test done in the last 12 months?

Yes    No    Don't Know (not sure)

If yes, how many times? \_\_\_\_\_

When (dates)? (month/year) \_\_\_\_\_

3. Have you been told you have an AIDS diagnosis?

Yes    No    Don't Know (not sure)

If yes, are you on HIV medication?  Yes    No    Don't Know (not sure)

4. Are you taking medication to prevent Pneumonia (Prophylaxis)?

Yes    No    Don't Know (not sure)

5. Have you been tested for Tuberculosis (TB)?

Yes    No    Don't Know (not sure)

**OVERALL EXPERIENCES AND SATISFACTION WITH AGENCY**

The following statements are about your **overall experiences and satisfaction with services** at this agency.

**Experience Questions for Agency:** Please rate each of the following statements on the given scale, where 1 = YES, 2 = NO, and 3 = Not Applicable.

<b>Statement</b>	<b>YES 1</b>	<b>NO 2</b>	<b>Not Applicable 3</b>	<b>COMMENTS</b>
1. The Ryan White Grievance/Complaint Procedure has been explained to me.				
2. I have used the Ryan White Grievance/Complaint procedure.				
3. I know when and why I can write a grievance/complaint.				
4. I have been asked to participate in a patient satisfaction survey at this agency.				
5. It was easy for me to participate in this survey.				
6. I would participate in another survey at this agency.				
7. I am aware of HIV support groups at the agency or in the community.				
8. I participate in a HIV support group.				
9. I know how to access After-Hour Care or help if needed.				
10. HIV support groups at this agency meet at convenient times for me.				

**EXPERIENCE AND SATISFACTION WITH SPECIFIC SERVICES AT THIS AGENCY**

**A. MEDICAL SERVICES**

<b>Statement</b>	<b>YES</b>	<b>NO</b>
I receive medical care services at this agency.		

If the answer is yes, please move to **satisfaction with medical care the service** questions.

The following statements are about **your satisfaction with medical care services** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly – please choose 5 if the question does not apply to you.

<b>Statement</b>	<b>Disagree Strongly</b> <b>1</b>	<b>Disagree</b> <b>2</b>	<b>Agree</b> <b>3</b>	<b>Agree Strongly</b> <b>4</b>	<b>Not Applicable</b> <b>5</b>
1. I am satisfied with the medical services I receive from this agency.					
2. I call the medical staff if I experience signs and symptoms such as itching, rash, diarrhea, vomiting and not feeling right, after taking your medicines occurs.					
3. The waiting room is comfortable.					
4. The exam rooms are clean.					
5. My privacy is respected.					
6. The staff is committed to maintaining my confidentiality.					
7. The staff communicate effectively with one another to ensure my needs are met.					

<b>Statement</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>	<b>Not Applicable</b>
8. I have a good understanding of the HIV disease.					
9. I have a good understanding of the medications used to treat HIV.					
10. I understand why it is important to see my medical team on a regular basis.					
11. At each appointment, I receive information about how to prevent transmission of HIV and about other unsafe behaviors.					
12. At each appointment, I receive information about adherence to my treatment.					
13. I feel comfortable asking the staff questions about my treatment.					
14. The staff answer the questions I ask.					
15. I have been taking my medications the way I have been told.					
16. I have problems taking my medications on time.					
17. I forget to take my medications.					

**What suggestions do you have for medical care at your agency?**

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**B. CASE MANAGEMENT**

<b>Statement</b>	<b>YES</b>	<b>NO</b>
I receive case management services at this agency.		

If the answer is yes, please move to **satisfaction with case management** questions.

The following statements are about **your case management** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly – please choose 5 if the question does not apply to you.

<b>Statement</b>	<b>Disagree Strongly</b> <b>1</b>	<b>Disagree</b> <b>2</b>	<b>Agree</b> <b>3</b>	<b>Agree Strongly</b> <b>4</b>	<b>Not Applicable</b> <b>5</b>
1. My case manager is knowledgeable about HIV-related issues.					
2. I am aware there are different levels of case management.					
3. Case management at this agency is meeting my needs.					
4. I work with my case manager to determine my needs.					
5. My case manager is knowledgeable about available resources in the community.					

**What suggestions do you have for case management at your agency?**

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**C. MEDICATION ASSISTANCE**

<b>Statement</b>	<b>YES</b>	<b>NO</b>
I receive medication assistance from this agency.		

If the answer is yes, please move to **satisfaction with medication assistance** questions.

The following statements are about **your medication assistance** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly – please choose 5 if the question does not apply to you.

<b>Statement</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>	<b>Not Applicable</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. It is easy for me to get my medications at this agency.					
2. Each time I pick up my medicine, someone tells me how many pills/capsules I should take, how often I should take the medication and what I can eat or drink with my medication.					

**What suggestions do you have for medication assistance at your agency?**

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**D. MENTAL HEALTH SERVICES**

<b>Statement</b>	<b>YES</b>	<b>NO</b>
I receive mental health services from this agency.		

If the answer is yes, please move to **satisfaction with mental health services** questions.

The following statements are about **your mental health services** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly – please choose 5 if the question does not apply to you.

<b>Statement</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>	<b>Not Applicable</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. I am satisfied with the mental health sServices I receive at this agency.					
2. The mental health staff are knowledgeable about HIV-related issues.					

**What suggestions do you have for mental health services at your agency?**

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**E. SUBSTANCE ABUSE**

<b>Statement</b>	<b>YES</b>	<b>NO</b>
I receive substance abuse services through this agency.		

If the answer is yes, please move to **satisfaction with substance abuse services** questions.

The following statements are about **your substance abuse services** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly – please choose 5 if the question does not apply to you.

<b>Statement</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>	<b>Not Applicable</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. I am satisfied with the substance abuse services I receive at this agency.					
2. The substance abuse staff are knowledgeable about HIV-related issues.					
2. The substance abuse staff are knowledgeable about available resources in the community.					

**What suggestions do you have for substance abuse services at your agency?**

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**F. ORAL HEALTH**

Statement	YES	NO
I receive the oral health services that is offered.		

If the answer is yes, please move to **satisfaction with oral health services** questions.

The following statements are about **your oral health services** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly – please choose 5 if the question does not apply to you.

Statement	Disagree Strongly <b>1</b>	Disagree <b>2</b>	Agree <b>3</b>	Agree Strongly <b>4</b>	Not Applicable <b>5</b>
1. I am satisfied with the oral health services I receive at this agency.					
2. I see the dentist as often as necessary.					
3. At every dental visit, I receive information on how to care for my mouth, teeth and gums and what to look for in my mouth.					

**What suggestions do you have for oral health services at your agency?**

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**G. LEGAL SERVICES**

<b>Statement</b>	<b>YES</b>	<b>NO</b>
I am currently receiving the legal services that is offered.		

If the answer is yes, please move to **satisfaction with legal services** questions.

The following statements are about **your legal services** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly – please choose 5 if the question does not apply to you.

<b>Statement</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>	<b>Not Applicable</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. I am satisfied with the legal services I receive at this agency.					
2. I use the legal services.					

**What suggestions do you have for legal services at your agency?**

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**H. TRANSPORTATION SERVICES**

<b>Statement</b>	<b>YES</b>	<b>NO</b>
I am currently receiving the transportation services that is offered.		

If the answer is yes, please move to **transportation service satisfaction** questions.

The following statements are about **your satisfaction with transportation services** at this agency. Please rate each of the following statements on the given scale, where 1 = Disagree Strongly, 2 = Disagree, 3 = Agree, and 4 = Agree Strongly – please choose 5 if the question does not apply to you.

<b>Statement</b>	<b>Disagree Strongly</b>	<b>Disagree</b>	<b>Agree</b>	<b>Agree Strongly</b>	<b>Not Applicable</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. I use the transportation services.					
2. I am satisfied with the transportation services I receive at this agency.					

**What suggestions do you have for transportation services at the agency?**

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**Do you receive dental care at a local dentist? If so, how do you pay for your dental care?**

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**Are you aware Ryan White may provide dental benefits?**

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**Is there anything more you would like to share with me?**

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