

HIV/HCV Coinfection Provider Assessment

[NAME OF ORGANIZATION] is collaborating with the Health Resources and Services Administration (HRSA) and the RAND Corporation on a study of HIV and hepatitis C virus (HCV) coinfection. Your answers will help inform the development of educational and informational materials on HCV and its treatment in people living with HIV for medical professionals and patients living with HIV/HCV. We would like to get your honest opinions on this issue so that we can improve how medical and other services are provided to patients.

This survey will take you about 15 minutes. Please answer the questions to the best of your abilities. There are no right or wrong answers and participation is completely voluntary. You do not have to answer any question that you do not want to answer.

This survey is completely anonymous, and you should not put your name or any identifying information anywhere on the survey. All of your responses will be kept confidential and will not be shared with anyone outside of the study team. To keep your responses confidential, all study documents will be kept in a locked office. Computer files will be protected with a password.

If you have questions about your rights as a research participant, contact the RAND Human Subjects Protection Committee toll-free at (866) 697-5620 or by emailing hspcinfo@rand.org. If you have any questions or concerns about the research, please contact the study coordinator, Lisa Wagner, at (703) 413-1100, x5067.

Section 1

Please indicate the extent to which you agree or disagree with each statement about HIV and HCV.

1. It is currently contraindicated to treat a person who is actively using alcohol and/or illicit drugs with direct-acting antiviral treatment for HCV.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

2. It is currently contraindicated to begin direct-acting antiviral treatment for HCV among patients who meet criteria for a current episode of major depressive disorder.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

3. HIV/HCV-coinfected patients show lower levels of adherence to HCV medications than HCV-monoinfected patients.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

4. HIV/HCV-coinfected patients suffer more liver-related morbidity and mortality than HCV-monoinfected patients.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

5. Black/African American HIV/HCV-coinfected patients are less likely to receive HCV treatment with direct-acting antivirals than HIV/HCV-coinfected White patients.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

6. Sometimes it is recommended to stop antiretroviral therapy (ART) for HIV to start HCV treatment.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

7. People who use illicit drugs are unlikely to be adherent to HCV medication regimens.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

8. Any patient who has been diagnosed with either HIV or HCV should be vaccinated for hepatitis B (HBV) if they are not already immune or chronically infected with HBV.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

9. Depression is as prevalent among HIV/HCV-coinfected patients as in the general population.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

10. HCV treatment is too expensive for most patients.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

11. HIV/HCV-coinfected patients should be given the same treatment regimen as HCV-monoinfected patients, after recognizing and managing interactions with ART medications.
 - 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

12. Persons living with HIV who have cleared HCV in the past may become re-infected and again require treatment.
- 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly
13. There are treatment courses shorter than 12 weeks for HIV/HCV-coinfected patients.
- 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly
14. PEG-IFN with RBV is no longer recommended for the treatment of HIV/HCV-coinfected patients.
- 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly
15. HIV/HCV-coinfected patients with more severe liver damage should be prioritized for HCV treatment before other patients.
- 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly
16. HIV/HCV-coinfected patients with cirrhosis should be treated for a shorter period of time than those who have less severe liver damage.
- 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly
17. It is recommended that substance users have a period of abstinence from alcohol and illicit drugs for at least 6 months before beginning HCV treatment.
- 1 Disagree strongly
 - 2 Disagree somewhat
 - 3 Don't know/Not sure
 - 4 Agree somewhat
 - 5 Agree strongly

Section 2

18. What is your age? _____ years
19. What is your current gender identity?
- 1 Male
 - 2 Female
 - 3 Transgender Male/Trans Man/Female-to-Male (FTM)
 - 4 Transgender Female/Trans Woman/Male-to-Female (MTF)
 - 5 Genderqueer, neither exclusively male nor female
 - 6 Additional Gender Category/(or Other), please specify: _____
 - 7 Choose not to disclose
20. What sex were you assigned at birth on your original birth certificate? (*Check one*)
- 1 Male
 - 2 Female
 - 3 Choose not to disclose
21. How would you describe your sexual orientation? (*Check one*)
- 1 Straight (heterosexual)
 - 2 Gay or Lesbian (homosexual)
 - 3 Bisexual
 - 4 Additional sexual orientation Category/(or Other), please specify: _____
 - 5 Choose not to disclose
22. How would you describe your ethnicity? (*Check one*)
- 1 Latino, Latina, or Hispanic
 - 2 Not Latino, Latina, or Hispanic
23. How would you describe your race? (*Check all that apply*)
- 1 American Indian or Alaska Native
 - 2 Asian
 - 3 Black or African American
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 White
 - 6 Other (specify): _____
24. What is your profession?
- 1 Physician
 - 2 Nurse Practitioner
 - 3 Physician Assistant
 - 4 Other (specify): _____

25. In what specialty do you have a medical certification?
- 1 Infectious Disease
 - 2 Internal Medicine
 - 3 Family Medicine
 - 4 Pharmacy
 - 5 Nursing
 - 6 Pediatric/Adolescent Medicine
 - 7 Other (please specify): _____
 - 8 Not applicable

26. In what year did you start treating persons living with HIV? _____

27. Do you provide direct services to Ryan White clients?
- 1 Yes
 - 2 No

Section 3

28. About how many HIV-infected patients are in your caseload? _____

29. About what percentage of the HIV-infected patients in your caseload have you screened or referred to be screened for HCV? _____

30. About what percentage of your HIV/HCV-coinfected patient caseload have you treated or referred for treatment with HCV therapy? _____

31. About what percentage of your HIV/HCV-coinfected patients identify as:
- Black/African American: _____
 - American Indian/Alaska Native: _____
 - Asian/Pacific Islander: _____
 - Hispanic/Latino(a): _____
 - Mixed Race/Other: _____

32. About what percentage of the HIV-infected patients in your caseload have a comorbid substance use disorder? _____

33. About what percentage of the HIV-infected patients in your caseload have a comorbid psychiatric disorder (other than or in addition to substance use)? _____