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| <CCC program name> <and/or logo> | | | |
| **Tell us what you think!** | | | |
| Dear <CCC program name> Participant,   1. Please complete this survey as part of our community-based care coordination (CCC) program’s continuous quality improvement efforts. 2. The survey questions correlate with questions our patients who are enrolled in the CCC Program will be asked to address on the CMS Consumer Assessment of Healthcare Providers and Systems annual survey. Consider only this population of patients as you complete the survey. 3. Your responses will be confidential. 4. Mail the survey to the CCC Program office at the address provided below. 5. If you have any questions or comments, please call: <Name> at <xxx-xx-xxxx> | | | |
| Can most CCC Program patients schedule a routine appointment with providers within three days of calling for an appointment? | ❑ Yes | ❑ No | ❑Not sure |
| Do you believe our patients will rate our providers high on listening carefully to what they want to say? | ❑ Yes | ❑ No | ❑ Not sure |
| Do you believe our patients spend enough time with their providers? | ❑ Yes | ❑ No | ❑ Not sure |
| Do you believe our patients are engaged in making decisions about changes to any of their prescription medications? | ❑ Yes | ❑ No | ❑ Not sure |
| Does it appear that our patients understand the written instructions or other information supplied to them by their providers? | ❑ Yes | ❑ No | ❑ NA |
| Do providers or nurses talk with our patients during routine visits about the exercise or physical activity they receive? | ❑ Yes | ❑ No | ❑ Not sure |
| In general, would you rate the overall emotional health of our patients as at least very good? | ❑ Yes | ❑ No | ❑ Not sure |
| In the past year, do many of our CCC Program patients visit their providers three or more times for the same condition or problem? | ❑ Yes | ❑ No | ❑ Not sure |
| Do you believe our patients would rate their providers a 5 on a scale of 1 to 5, with 5 being the best provider? | ❑ Yes | ❑ No | ❑ Not sure |
| Do you believe that ninety percent or more of our patients referred to a specialist actually see the specialist within a month? | ❑ Yes | ❑ No | ❑ Not sure |
| Do you believe providers always have information they need about their patients from the hospital? | ❑ Yes | ❑ No | ❑ Not sure |
| Do you believe providers always have information they need about their patients from providers to whom they refer patients? | ❑ Yes | ❑ No | ❑ Not sure |
| Do our providers know to whom to direct their patients if they need help with transportation for their provider appointments? | ❑ Yes | ❑ No | ❑ Not sure |
| Do you believe many of our patients need help with depression? | ❑ Yes | ❑ No | ❑ Not sure |
| Do you believe many of our patients needs help with diet and exercise? | ❑ Yes | ❑ No | ❑ Not sure |
| **Questions or comments?** (Responses will be provided to the participants in the community-based care coordination program via our newsletter. If you wish to receive a personal response, please provide your name and telephone number or email address.) | | | |
| Thank you! Please mail this survey to: <Name>, <Address>, <City, State, Zip code> | | | |

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