

Coleman K, Reid RJ, Johnson E, Hsu C, Ross T, Fishman P, Larson E. Implications of reassigning patients for the medical home: a case study. *Ann Fam Med*. 2010;8(6):493-498.

<http://www.annfammed.org/cgi/content/full/8/6/498/DC1>



GroupHealth

Medical Care Survey

«surveyid»

Group Health Research Institute

If you have questions, call XXX at (xxx) xxx-xxxx

YOUR PERSONAL PHYSICIAN

1. Please check the box beside the name of your personal physician or physician assistant (PA-C) at Group Health from whom you regularly seek care. **Check only one box, please.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Provider A | <input type="checkbox"/> Provider E | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Provider B | <input type="checkbox"/> Provider F | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Provider C | <input type="checkbox"/> Provider G | |
| <input type="checkbox"/> Provider D | <input type="checkbox"/> Provider H | |

2. How long has this person been your personal physician? Circle the correct answer	Less than 6 months 1	6 months to 1 year 2	1 year up to 3 years 3	3 to 5 years 4	More than 5 years 5
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3. How many times in the past 12 months did you visit a physician or PA-C at Group Health XXX Medical Center? _____ **If 0, skip to question 32**

SEEKING CARE

	Never	Almost never	Some-times	Usually	Almost always	Always	Not Applicable
4. In the last 12 months, when you... needed care for an <u>illness or injury</u> , how often did your personal physician's clinic provide care as soon as you needed it?	1	2	3	4	5	6	8
5. scheduled an appointment for a <u>check-up or routine care</u> , how often did you get an appointment as soon as you needed it?	1	2	3	4	5	6	8
6. called or emailed your personal physician's clinic with a medical question <u>during regular clinic hours</u> , how often did you get an answer that same day?	1	2	3	4	5	6	8
7. called or emailed your personal physician's clinic <u>after regular clinic hours</u> , how often did you get the help or advice you needed?	1	2	3	4	5	6	8
8. In the last 12 months, how often were clinic staff at your personal physician's clinic as <u>helpful</u> as you thought they should be?	1	2	3	4	5	6	8

MANAGING YOUR CARE

In the last 12 months, how often did your personal physician...	Never	Almost never	Some -times	Usually	Almost always	Always
9. <u>explain things</u> in a way that was easy to understand?	1	2	3	4	5	6
10. <u>listen carefully</u> to you?	1	2	3	4	5	6
11. give you clear instructions about <u>what to do to take care of the health problems or symptoms</u> that were bothering you?	1	2	3	4	5	6
12. seem to know all of the important information about your medical history?	1	2	3	4	5	6
13. In the last 12 months, did your personal physician <u>recommend a treatment</u> for a health problem or symptom that was bothering you?	1	2	3	4	5	6
14. In the last 12 months, did your personal physician ever say that there was <u>more than one treatment option</u> to consider for your care?		Yes	No			
		1	2	➔ Skip to Question 17		
In the last 12 months, when there was more than one treatment option to consider, did your personal physician	Yes, definitely		Yes, somewhat		No, definitely not	
15. give you <u>enough information</u> about each option?	1		2		3	
16. ask you which treatment option <u>you preferred</u> ?	1		2		3	
17. In the last 12 months did your personal physician give you the help you needed to make changes in your habits or lifestyle that would improve your health or prevent illness?	Yes, definitely	Yes, somewhat	No, definitely not	<i>I did not need help with this</i>		
	1	2	3	8		
18. In the last 12 months, how often did your personal physician spend enough time with you?	Never	Almost never	Some -times	Usually	Almost always	Always
	1	2	3	4	5	6
19. In the last 12 months, how often did you feel you could tell your personal physician anything, even things that you might not tell anyone else?	1	2	3	4	5	6
20. How would you rate your personal physician's knowledge of your medical history?	Very poor	Poor	Fair	Good	Very good	Excellent
	1	2	3	4	5	6

COORDINATING YOUR CARE

	Never	Almost never	Sometimes	Usually	Almost always	Always	Not Applicable
21. In the last 12 months, how often did your personal physician seem informed and up-to-date about the care you received from specialist physicians?	1	2	3	4	5	6	8
22. In the last 12 months, when your personal physician sent you for a blood test, x-ray or other test, did someone from our physician's clinic follow-up to give you the test results.		Yes, always 1	Yes, sometimes 2	No, never 3	Not Applicable 8		

OTHER DOCTORS, PHYSICIANS ASSISTANTS (PAs) OR NURSES

23. Are there <u>other doctors, PAs or nurses</u> in your personal physician's clinic who you have seen for any of your visits in the last 12 months?	Yes 1	No 2 → Skip to Question 26					
24. In the last 12 months, how often did you feel that these <u>other physicians, PAs or nurses</u> had all the information they needed to provide your care?	Never 1	Almost never 2	Some-times 3	Usually 4	Almost always 5	Always 6	
25. In the last 12 months, how often did these <u>other physicians, Pas or nurses</u> spend enough time with you?	1	2	3	4	5	6	

THE CARE YOU RECEIVED AT GROUP HEALTH

For the next questions think about the care you received over the last 12 months.

When I received care, I was...

	Almost never	Generally not	Most of the time	Almost always	Not Applicable
26. asked for my ideas when my personal physician and I made a treatment plan.	1	2	3	4	8
27. given choices about treatments to think about.	1	2	3	4	8
28. asked to talk about my problems with my medicines or their effects.	1	2	3	4	8
29. asked to talk about my goals to get healthy or stay healthy.	1	2	3	4	8
30. helped to set specific goals to improve my eating or exercise.	1	2	3	4	8
31. asked questions either directly or on a survey about my health habits	1	2	3	4	8

OVERALL RATING

	Worst personal physician possible					Best personal physician possible					
32. What number would you use to rate your personal physician?	0	1	2	3	4	5	6	7	8	9	10
33. Would you recommend your personal physician to your family and friends?	Definitely yes		Probably yes		Not sure		Probably not		Definitely not		
	1		2		3		4		5		

THE INTERNET

	Yes	No
34. Do you have Internet access for personal use?	1	2
35. In the next year, do you plan to have Internet access for personal use?	1	2
36. Have you signed up and used MyGroupHealth? MyGroupHealth is Group Health's web-based system that allows members to ask their physicians questions, make appointments, and order prescriptions on-line.	1	2

YOUR OVERALL HEALTH

	Excellent	Very Good	Good	Fair	Poor
37. In general, how would you rate <u>your overall health</u> now?	1	2	3	4	5
38. Has a doctor <u>ever</u> told you that you had:	Yes	No	Has a doctor <u>ever</u> told you that you had:	Yes	No
Angina or coronary artery disease	1	2	Congestive heart failure	1	2
Hypertension or high blood pressure	1	2	Acid reflux or stomach ulcers	1	2
Rheumatoid arthritis or osteoarthritis	1	2	Diabetes	1	2
Asthma, emphysema, or COPD (Chronic Obstructive Pulmonary Disease)	1	2	Depression	1	2
Cancer (other than skin)	1	2	Migraine headaches	1	2

Please go to top of next column ↗

ABOUT YOU

39. What is the highest grade or level of school that you have completed? 8th grade or less Some college or 2-year degree 4-year college graduate More than 4-year college degree
 Some high school, but not a graduate High school graduate or GED

Check the box beside the correct answer

40. Are you of Hispanic or Latino origin or descent? Yes No

41. Which of the following best describes your race? White/Caucasian Asian Black/African American Native Hawaiian or Pacific Islander American Indian or Alaska Native Other

Check only one box, please

It is important for us to understand how your answers in the survey relate to health care you have received from Group Health. We would like to collect a limited amount of information from the Group Health automated records. The information will be about health care services and medications you have received from three years ago to three years from now. The information is confidential as provided by law. Only a study number will identify it.

May we have your permission to review information from automated GHC records?

Yes No

Thank you.

Please use the enclosed prepaid envelope to return the survey to the Group Health Research Institute.
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