

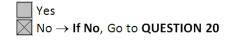
### Medical Home Care Coordination Survey - Patient (MHCCS-P)

Additional file 2. Final MHCCS-P

#### **SURVEY INSTRUCTIONS**

- Do your best to answer each question based on your opinion of the care you received from your primary care provider's office in the <u>last 12 months</u>.
- Please only select one answer per question.
- Please answer all questions by checking the box to the left of your answer.
- Please answer all questions honestly and completely.
- Sometimes you will be told to <a href="skip">skip</a> over some questions in the survey based on your answer. If this happens, the arrow beside your answer will tell you what question to answer next.

For example, if you answered "No" below, your next question to answer will be Question 20. You can skip all questions between your current question and Question 20.



#### Please read this to better understand the survey questions:

<u>COORDINATING YOUR CARE</u> means making sure everyone (including you, your primary care provider, people who take care of you, and other doctors you see) have all the information needed to take care of your health.

<u>A PRIMARY CARE PROVIDER</u> is a doctor or other health care provider, such as an advanced practice nurse (APRN) or a physician assistant (PA), who you go to for all or most of your routine health care needs.

<u>A PRIMARY CARE TEAM</u> is a group of people in your primary care provider's office who work together to take care of you. This includes your primary care provider, the medical assistant and nurses. Sometimes it may include other health care providers like diabetes educators, nutritionists and pharmacists.

## **PLEASE BEGIN THE SURVEY**



# Medical Home Care Coordination Survey – Patient (MHCCS-P)

| 1.           | Our records show that you visited your primary care provider's office in the last 12 months. Is this true?   | I Don't Know  6. Someone on my primary care team  |
|--------------|--|---|
|              | <ul> <li>Yes</li> <li>No → If No, PLEASE STOP HERE and return the survey in the enclosed prepaid envelope.</li> </ul>  | <ul> <li>aasks me about what I need for support, like care programs, financial services, equipment and transportation.</li> <li>Disagree</li> </ul>   |
| 2.           | Do you have a care plan?  (A care plan is something that you and your primary care provider make together on what needs to be done to take care of your health.)  ☐ Yes ☐ No → If No, Go to QUESTION 6   | Somewhat Disagree  Neither Agree nor Disagree Somewhat Agree Agree I Don't Know gives me information about services offered   |
| 3.           | My primary care team  aasks for my ideas when we make a plan for my care.  Never Rarely Sometimes Usually Always I Don't Know  bfollows through with the care plan it creates with me. Never Rarely Sometimes Usually Always I Don't Know                          | at their office or in my community, like counseling programs, support groups and rehabilitation programs.  Disagree Somewhat Disagree Somewhat Agree nor Disagree Agree I Don't Know  cencourages me to attend programs in my community that could help me, like support groups and exercise classes.  Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Agree |
| <b>4. 5.</b> | My primary care team helps me plan so I can take care of my health even when things change or when unexpected things happen.  Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Agree I Don't Know Someone on my primary care team helps me set | <ul> <li>7. In the last 12 months, have you done any lab tests, like blood tests and x-rays?  Yes  No → If No, Go to QUESTION 10</li> <li>8. I get the results of my lab tests in a timely manner.  Never  Rarely Sometimes</li> </ul>  |
|              | goals for taking care of my health.  Never Rarely Sometimes Usually Always   | Usually Always I Don't Know   |



## **Medical Home Care Coordination Survey – Patient (MHCCS-P)**

| 9.  | Someone on my primary care team   |  |
|-----|---|--|
|     | atells me all my test results, good and bad.  Never Rarely Sometimes Usually Always I Don't Know  | cknows about new prescriptions or if there was a change in my medication.  Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Agree  |
|     | bhelps me understand what my lab tests, x-rays or other test results mean.  | ☐ I Don't Know   |
|     | Never Rarely Sometimes Usually Always   | 12. In general, the care I receive is well coordinated.  Disagree Somewhat Disagree Neither Agree nor Disagree Somewhat Agree Agree I Don't Know   |
| 10. | How long ago were you hospitalized, if at all?  (Hospitalized means you were admitted to a hospital for treatment for a condition. This does not include Emergency Room visits.)  Less than 1 month ago Between 1 and 6 months ago Between 6 and 12 months ago I was not hospitalized in the last 12 months → Go to QUESTION 12 | <ul> <li>13. In general, how would you rate your overall health?</li> <li>Poor</li> <li>Fair</li> <li>Good</li> <li>Very Good</li> <li>Excellent</li> <li>14. In general, how would you rate the care you receive at your primary care provider's office?</li> <li>Poor</li> </ul>             |
| 11. | After I leave the hospital, my primary care team  | ☐ Fair ☐ Good  |
|     | aknows about the care I received from the hospital.   | Very Good Excellent  15. What is the highest level of education you have received?  No schooling Grade 1 through 12, What Grade: High School or GED Completed Some College Completed Associate's Degree Completed Bachelor's Degree Completed Advanced Degree Completed Other, Please Specify: |
|     | ☐ Disagree ☐ Somewhat Disagree ☐ Neither Agree nor Disagree ☐ Somewhat Agree ☐ I Don't Know  bhelps me get back on my feet after I leave the hospital. ☐ Disagree ☐ Somewhat Disagree ☐ Neither Agree nor Disagree ☐ Somewhat Agree ☐ Agree ☐ I Don't Know  |  |