

Operations

<p>11. Do you offer on-site lab services?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>12. Do you use a preferred lab?</p> <input type="checkbox"/> Yes; Who? <input type="checkbox"/> LC <input type="checkbox"/> Quest <input type="checkbox"/> Other <input type="checkbox"/> No
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13. How is billing conducted for the practice?

 On-site; Point of contact: _____
 Offsite; Location _____ Point of contact: _____

Communication

<p>14. How can a patient communicate with a physician when they need to? (please select all that apply)</p> <input type="checkbox"/> Call office during regular business hours <input type="checkbox"/> Send email for non-urgent issues <input type="checkbox"/> Call after-hours number to reach an answering service; Who? _____ <input type="checkbox"/> Call after-hours number to reach a provider on-call; Who? _____	<p>15. What type of electronic media is used for alerts and reminders? (please select all that apply)</p> <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Other
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16. How does your practice conduct patient outreach? (please select all that apply)

 Outreach calls Home visits
 Schedule postpartum visits (for OB's only) Work with a Community Health Worker (CHW)
 Other: _____ No outreach

Appointment Scheduling

17. Please complete appointment availability (please fill in all times and days):

Appointment Availability							
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Begin							
End							
Lunch (open or closed)							

<p>18. How do the majority of patients schedule appointments?</p> <input type="checkbox"/> Phone <input type="checkbox"/> Online <input type="checkbox"/> My Health Direct <input type="checkbox"/> Other: _____	<p>19. Do you have alternative appointments? (please select all that apply)</p> <input type="checkbox"/> Same day appointments <input type="checkbox"/> Walk-in appointments <input type="checkbox"/> Work-in appointments or double book <input type="checkbox"/> Other: _____
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<p>20. Do you have appointment reminders?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>21. Do you follow-up with no-shows to reschedule?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Utilize Local Health Department?
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Patient Surveys

<p>22. Does the practice conduct patient surveys?</p> <input type="checkbox"/> Yes; How often? _____ How do you use the results? _____ _____ _____ <input type="checkbox"/> No; continue to question 24.	<p>23. How are the surveys given/collected? (please select all that apply)</p> <input type="checkbox"/> Surveys taken onsite: ___ % Completed <input type="checkbox"/> Surveys mailed to patient: ___ % Completed <input type="checkbox"/> Emailed to patient: ___ % Completed <input type="checkbox"/> other: ___ % Completed (please use back of form if you need more room)
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Population Management/Care Coordination	
<p>24. How do you provide follow-up to patients? (please select all that apply)</p> <p><input type="checkbox"/> Schedule follow-up appointment</p> <p><input type="checkbox"/> Call patients</p> <p><input type="checkbox"/> Email patients</p> <p><input type="checkbox"/> Dedicated staff to follow up with patients; Who: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>25. How do you know if a patient has been to the hospital for inpatient or ED visit? (please select all that apply)</p> <p><input type="checkbox"/> Fax from hospital</p> <p><input type="checkbox"/> HIE/CRISP/Curaspan</p> <p><input type="checkbox"/> Call or contact hospital discharge nurse</p> <p><input type="checkbox"/> Patient</p> <p><input type="checkbox"/> Other: _____</p>
<p>26. Does your practice have a hospital discharge and follow-up process?</p> <p><input type="checkbox"/> Yes; Explain: _____ <input type="checkbox"/> No</p>	
<p>Please use the back of this form for notes.</p>	

Thank you,
Amerigroup Community Care

