**Important Note**: Staff may familiarize themselves with the survey instrument, but should not try to help respondents fill out the survey. If respondents ask staff the meaning of a question, staff should not rephrase the question on the survey instrument or try to interpret the meaning of the question. If this situation occurs, explain that the purpose of using a third party vendor is to increase the accuracy of the results and ask the patient to call DataStat at 1-888-506-5135 with his/her questions. See the questions and answers below for frequently asked questions about the survey. Practices are discouraged from answering other questions about the survey, as this might compromise the survey results. You may confirm that Care Transformation Collaborative Rhode Island has contracted with DataStat as the third party survey vendor to conduct the survey on behalf of the practice. The practice may also tell the patient the survey is being conducted to help improve healthcare quality.

General Questions about the Survey

Who is conducting this survey? Who is sponsoring this survey?

* Care Transformation Collaborative Rhode Island is sponsoring this survey on behalf of our practice.
* Care Transformation Collaborative has contracted with DataStat, an independent survey research organization, to help conduct the survey.

Who is DataStat?

* DataStat is an independent research organization in Ann Arbor, Michigan that Care Transformation Collaborative contracted with on our behalf to help conduct the survey.

What is the purpose of the survey? How will the data be used?

* The survey is designed to collect information on patients’ experiences with the care and services provided by their clinicians. It will help our practice improve the quality of care we provide.

Are my answers confidential? Who will see my answers?

* Your answers will be seen by the research staff and will be combined with answers from other surveys to make a statistical report. Your/your child’s clinician will not receive your individual responses, nor will any response be attached to your/your child’s name during the study.

**What happens to my answers?**

* Your individual responses will be combined with the responses given by other patients who are in the same practice and a summary will be made available to the practice.

How long will this take?

* The survey will take about 10 minutes to complete*.*

What questions will be asked?

* The survey asks questions about the experiences you/your child had receiving care and services from the clinician. There will be questions asking you about any problems you/your child may have had receiving care or services. It asks you to rate different types of care and services you/your child may have received.

How did DataStat get my/my child’s name? How was I/my child chosen for the survey?

* Your/your child’s name was randomly selected from all patients who had a visit here in the last 6 months. We did not share any information about your/your child’s personal medical history with DataStat.

**I am confused by the term ‘provider’.**

* For the purposes of this survey, the term “provider” refers only to the clinician named in the survey. It does not refer to any health plan from which you or your child receive benefits or to any practice group from which you or your child obtain health care services.

**I am no longer a patient of clinician/clinic listed.**

* Ask if they have seen the clinician listed on the letter and questionnaire in the last 6 months. If yes, they should fill in the circle next to ‘Yes” for Question 1 and continue filling out the rest of the survey according to the visit that is listed. If no, they should fill in the circle next to 'No' for Question 1 and continue filling out the rest of the survey following the skip instructions.

**I am/my child is not a patient at the listed clinic/clinician, but another family member is.**

* The person whose name is on the letter should fill out the survey. If the person named was not a patient of the clinic within the last 6 months, please fill in the circle next to 'No' for Question 1 and follow the remaining instructions.
* If the person whose name is on the letter is a child, either you or another parent/caretaker will need to answer the questions according to experiences with the clinician/clinic of the child named on the letter.

This is not the clinician I normally see.

* You may still complete the survey even if this is not the clinician you or your child normally sees. The intent of this survey is to gather information about your/your child’s particular visit with the named clinician only, so please keep this clinician in mind as you answer the survey questions.

**Is the survey for me or (my spouse/my child)?**

* The survey is for the person whose name is on the letter. This will be either you or your child, in which case you or another parent/caretaker will need to answer the questions according to experiences with the clinician/clinic of the child named on the letter.

Can someone else complete the survey on behalf of the patient?

* The survey is designed to be completed by the patient. We prefer the survey be completed by the patient, but another person may complete the survey for the patient if it is not possible for the patient to do it.
* If the patient is a child, either you or another parent/caretaker will need to answer the questions according to experiences with the clinician/clinic of the child named on the letter.

**My spouse didn’t get a survey, but wants to fill one out.**

* Survey recipients were randomly selected, and only those who were selected may participate.
* Random selection of participants helps to ensure confidentiality and ensures we hear opinions from all kinds of people.

**Is the survey available in Spanish or Portuguese?**

* Yes. To request materials in Spanish, please contact DataStat at 888-506-5135. To request materials in Portuguese, please call xxx-xxx-xxxx.

**Is the survey available in languages other than English, Spanish and Portuguese?**

* I’m sorry. This survey has not been translated into any other languages.

Is there a deadline to fill out the survey?

* Since we need to contact so many people, it would really help if you could return it within the next few days.

Where do I put my name and address on the questionnaire?

* You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows DataStat to track which respondents have returned a completed questionnaire.

*IF NEEDED: The names and addresses are stored separately from the answers to the survey questions, so that your answers are not associated with your name.*

**My \_\_\_\_ is deceased. What should I do with the questionnaire?**

* I’m sorry to hear that. You don’t need to fill out the questionnaire. I’ll ask DataStat not to contact you again.

*NOTE TO STAFF: Please call DataStat at 1-888-506-5135 to let them know that the patient is deceased.*

**Why does DataStat keep asking the same questions over and over?**

* I’m sorry if the questions seem repetitive, but DataStat needs to ask all of the questions exactly the way they are written in the questionnaire.

**Concerns about Participating in the Survey**

**I am concerned about my privacy.**

* We did not share any information about your/your child’s personal medical history with DataStat.
* DataStat abides by HIPAA regulations. Your/your child’s name and address will be kept absolutely confidential and will not be seen by anyone other than the research staff.
* Your answers will be seen by the research staff and will be combined with answers from other surveys to make a statistical report. Your clinician will not receive your individual responses, nor will any response be attached to your/your child’s name during the study.

**I don’t do surveys.**

* I understand, however I hope you will consider participating. This is a very important study for our practice. The results of the survey will help us understand what we are doing well and what needs improvement.

**I’m not interested.**

* We could really use your help. Could you tell me why you’re not interested in participating?

**I'm extremely busy. I don't really have the time.**

* I know your time is limited, however it is a very important survey, and we would really appreciate your help.The interview will take about 10 minutes.

**I don’t want to answer a lot of personal questions.**

* I understand your concern. This is a very important survey. If a question bothers you, you may just skip it.

I’m very unhappy with your practice. I don’t see why I should help you with this survey.

* I’m sorry you’re unhappy. This is a good reason for you to participate. Your responses will help the clinician understand what improvements are needed.

Do I have to complete the survey? What happens if I do not? Why should I?

* Your participation is voluntary. There are no penalties for not participating. But, it is a veryimportant survey and your answers will help to improve the quality of care we provide.

**I have been advised not to participate in telephone surveys.**

* I can understand your concern. But this is an important survey for our practice. Your answers will help your clinician understand what he/she is doing well and what needs improvement.

I don’t want to buy anything.

* We’re not selling anything or asking for money. We want to ask you some questions about the care and services provided by our practice.

**Will I get junk mail if I answer this survey?**

* No, you will not get any junk mail. Your/your child’s name and address will be kept absolutely confidential and will not be seen by anyone other than the research staff.

**Will my responses affect my health care?**

* No. Your answers will be kept absolutely confidential and will not be seen by anyone other than the research staff. Your individual answers will not be seen by your clinician and will not affect your/your child’s care in any way.

**What does CAHPS stand for?**

* CAHPS stands for the Consumer Assessment of Healthcare Providers and Systems program. The program is managed by the Agency for Healthcare Research and Quality, the lead Federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. They make survey tools available to health plans, doctors and hospitals to collect information about the healthcare and services people receive and to improve the quality of healthcare.

What does PCMH stand for?

* PCMH is an abbreviation for Patient Centered Medical Home. The Patient Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults. Your physician works with a team of providers to better coordinate your health care and meet your needs. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.