

# Consumer Survey: Health Care in Minnesota

## 1. Want to Have a Say in Improving our Health Care System?

Minnesotans are invited to complete this survey to share their perspectives about health care. The survey is part of an effort to reform health care in Minnesota in ways that will improve the health of all Minnesotans, enhance the patient experience and contain the costs of health care. The public's input is vital to learn how best to move forward with health care reform.

Survey responses are confidential, and will be used to help improve health care in Minnesota. You must be 18 or older and reside in Minnesota to complete the survey. The survey takes less than 15 minutes to complete.

Please complete the survey before May 27th.

You may answer the survey questions for yourself as the patient. Or, if you are caring for a family member, you may answer the survey questions for that person.

Sample questions include:

- What's the most important health care issue that you face?
- What do you need most from your clinic or doctor's office?
- What kinds of experiences have you had with your own health care, or while caring for a family member?

A summary final report will be posted this summer on the Minnesota Department of Health's health care reform website at <http://www.health.state.mn.us/healthreform> (please copy and paste into your web browser).

The survey is being conducted by the Minnesota Academy of Family Physicians Foundation, Minnesota Academy of Family Physicians, Minnesota Academy of Pediatrics Foundation, Stratis Health, and the Minnesota Chapter of the American College of Physicians through a contract with the Minnesota Department of Health.

For more information please contact 952-224-3873 or email [survey@mafpp.org](mailto:survey@mafpp.org).

\* 1. For this survey, you will be answering all of the questions for yourself - as the patient- or as the caregiver for someone else. Please select one answer below. I will be answering this survey as...

a patient

the caregiver for a child under the age of 18

the caregiver for another adult in my household who is 18 years of age or older

the caregiver for another adult who does not live in my household (such as a parent who lives elsewhere)

The remaining questions refer to the primary care clinic where you receive most of your health care.

If you are completing the survey on behalf of a child or an adult whom you care for, then, the survey questions refer to the primary care clinic where that person receives most of his/her health care.

\* 2. I understand what "preventive health care" means.

Strongly disagree

Disagree

No opinion

Agree

Strongly agree

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\* 3. I understand what a "primary care doctor" is.

Strongly disagree

Disagree

No opinion

Agree

Strongly agree

\* 4. I understand what is meant by the "medical home" or "health care home" concept.

Strongly disagree

Disagree

No opinion

Agree

Strongly agree

\* 5. I have heard about "health care home" or "medical home."

Yes

No

Not sure

6. If YES to question #5, please answer...I heard about "health care home" or "medical home" ...(select all that apply)

At my clinic

From my provider

From a family member or friend

From TV/radio/newspaper

Not sure

Other (please specify)

## 2. Communication With Your Primary Care Clinic

A primary care clinic is the clinic where patients receive most of their health care. Patients may see nurse practitioners, physician assistants or doctors during a visit.

Reminder:

Please continue answering the questions for yourself as the patient or for the person for whom you are the caregiver.

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\* 7. My primary care clinic or doctor's office ... (select one answer per row)

	Yes	No	Sometimes	Not sure	Does not apply
Tells me how to get emergency care after the clinic closes.	jn	jn	jn	jn	jn
Lets me schedule same-day appointments if needed.	jn	jn	jn	jn	jn
Offers me the option to e-mail my primary care providers.	jn	jn	jn	jn	jn
Notifies me about test results.	jn	jn	jn	jn	jn
Makes it easy for me to contact them during regular clinic hours.	jn	jn	jn	jn	jn
Provides evening and Saturday morning hours for regular clinic appointments.	jn	jn	jn	jn	jn
Is a place where I feel welcomed by the staff.	jn	jn	jn	jn	jn
Provides a friendly environment for patients.	jn	jn	jn	jn	jn
Asks me how they can improve the clinic.	jn	jn	jn	jn	jn
Contacts me after I get out of the hospital.	jn	jn	jn	jn	jn
Contacts me after I get out of the nursing home or a skilled care facility.	jn	jn	jn	jn	jn

\* 8. My clinic communicates with me about upcoming appointments by... (select all that apply)

- Telephone
- E-mail
- Fax
- Letter/US Mail
- In person
- My clinic does not contact me about appointments
- Other (please specify)

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\* 9. My clinic communicates with me about my test results by...(select all that apply)

- Telephone
- E-mail
- Fax
- Letter/US Mail
- In person
- Secure website
- My clinic does not contact me about test results
- Other (please specify)

\* 10. My clinic contacts me...(select all that apply)

- About missed appointments.
- To schedule routine and preventive check-ups.
- To talk about what I need to bring so that a scheduled appointment goes smoothly.
- My clinic does not contact me for any of these reasons.
- Not sure.

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\* 11. In the past 12 months, I had trouble getting health care at the clinic because...  
(select all that apply)

	Yes	No	Sometimes	Not sure/Does not apply	Haven't been to the clinic in past 12 months
I couldn't get through on the phone.	jn	jn	jn	jn	jn
I couldn't get an appointment when I needed one.	jn	jn	jn	jn	jn
I didn't have transportation to the clinic.	jn	jn	jn	jn	jn
The wait was too long.	jn	jn	jn	jn	jn
The clinic building is not easily accessible.	jn	jn	jn	jn	jn
The clinic waiting room, hallways and exam rooms are not easy for me to use.	jn	jn	jn	jn	jn
The exam tables are not easy for me to use.	jn	jn	jn	jn	jn
There are language and communication barriers at the clinic.	jn	jn	jn	jn	jn
There are cultural barriers at the clinic.	jn	jn	jn	jn	jn
I have problems with health insurance coverage.	jn	jn	jn	jn	jn
My co-pay was too high.	jn	jn	jn	jn	jn
My deductible was too high.	jn	jn	jn	jn	jn
Clinic hours are not convenient.	jn	jn	jn	jn	jn

Please list other barriers you face in getting health care at your clinic.

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\* 12. Over the past 12 months, when I visited my primary care clinic I felt that my provider (doctor, nurse practitioner, physician assistant)... (select all that apply)

	Yes	No	Sometimes	Not sure/Does not apply	Haven't been to the clinic in past 12 months
Spent enough time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involved me in health care decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided needed information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listened carefully to my health concerns and questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was sensitive to my values and customs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talked about how to prevent illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. What Matters to Patients

Reminder:

Please continue answering the questions as you did in the previous section: for yourself as the patient or for the person for whom you are the caregiver.

\* 13. I want the clinic to... (select one answer per row)

	Yes	No	Sometimes	Not sure	Does not apply	My Clinic already does this
Involve me in health care decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tell me about treatment and medication options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support my choice of family member/friend in my health care planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4. Primary Care Providers

Reminder:

Please continue answering the questions as you did in the previous section: for yourself as the patient or for the person for whom you are a caregiver.

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\* 14. Over the past 12 months, I felt... (select one answer per row).

	Yes	No	Sometimes	Not sure	Does not apply
I could trust the providers at the clinic.	jn	jn	jn	jn	jn
I was valued and respected by the clinic.	jn	jn	jn	jn	jn
My questions were answered.	jn	jn	jn	jn	jn
My primary provider listened to me.	jn	jn	jn	jn	jn
Comfortable disagreeing with my primary provider.	jn	jn	jn	jn	jn
I had enough time to discuss my health care needs.	jn	jn	jn	jn	jn
Supported and encouraged by the staff at the clinic.	jn	jn	jn	jn	jn
Satisfied with the health care received at the clinic.	jn	jn	jn	jn	jn

Is there anything else that is important about your clinic experience that was not mentioned? If yes, please comment below.

## 5. Care Plans

A Care Plan is a health summary that helps patients and providers communicate information about health needs. It lists the patient's chronic health conditions, medications, medical equipment that may be used and identifies doctors and other providers who work with the patient.

A Care Plan also includes any patient preferences concerning his/her care, treatment procedures, results from medical tests (such as lab work, x-rays, etc.) and addresses any language or cultural considerations.

Reminder:

Please continue answering the questions as you did in the previous section: for yourself as the patient or for the person for whom you are the caregiver.

\* 15. I think a Care Plan would be helpful for me to manage health care (select one answer).

jn Yes

jn No

jn Not sure

\* 16. I have a Care Plan (select one answer).

jn Yes

jn No

jn Not sure

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\* 17. My primary care provider talked with me about developing a Care Plan (select one answer).

Yes

No

Not sure

## 6. Care Coordination

Care Coordinators and primary care providers can help the patient and family access and coordinate specialty care, educational services, out-of-home care, family support and other public and private community services that are important to the overall health of the patient and family.

Care coordination provides proactive, patient and family-centered care to patients and families with chronic health care needs.

Reminder:

Please continue answering the questions as you did in the previous section: for yourself as the patient or for the person for whom you are the caregiver.

\* 18. My primary care clinic has someone on staff who... (select all that apply).

	Yes	No	Sometimes	Not sure	Does not apply
Coordinates appointments to other specialists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinates follow-up appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locates services (e.g. nursing home, medical equipment, insurance, transportation, etc.) to help reach health care goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinates access to primary provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 19. My primary care clinic has someone on staff whose job title is "Care Coordinator." (select one answer)

Yes

No

Not sure

20. If NO or NOT SURE to question 19, please answer...The services of a Care Coordinator would be helpful to me.

Yes

No

Not sure

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## 7. Health Care Home

A Health Care Home, sometimes called a Medical Home, provides comprehensive primary care in partnership with patients and families.

Proactive care coordination is provided for patients with chronic health needs, resulting in improved health outcomes and quality of life.

A Health Care Home:

- \*knows and learns from its patients
- \*provides planned preventive care
- \*coordinates care with patients, families and specialists
- \*assists with transitions and,
- \*provides connections with community organizations.

Reminder:

Please continue answering the questions as you did in the previous section: for yourself as the patient or for the person for whom you are the caregiver.

\* 21. In your opinion, which parts of a Health Care Home are most important to you?  
(select all that apply)

- Help save time managing my appointments and services.
- Improve communication.
- Possibly reduce the number of appointments.
- Possibly save money on health care expenses.
- Help me feel better about my health care.
- Improve my level of satisfaction when seeing my primary care provider.
- Help coordinate care among multiple providers.
- Coordination of medications.
- I'm uncertain about what a Health Care Home could offer
- I don't have enough information about Health Care Home to answer the question.

\* 22. I think a Health Care Home would make it...(select one answer)

- Easier to see other specialists
- More difficult to see other specialists
- No difference
- Not sure

## 8. General Information

Reminder:

Continue answering these questions as you did in the previous sections: for yourself as the patient or for the person for whom you are the caregiver.

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\* 23. I'm satisfied with the quality of health care provided at my primary clinic...(select one answer)

Yes

No

Not sure

If NO or NOT SURE, please explain.

\* 24. I'm satisfied with what health care costs me and my family...(select one answer)

Yes

No

Not sure

If NO or NOT SURE, please explain.

25. I would recommend my primary care clinic to my family and friends...(select one answer)

Yes

No

Not sure

If NO or NOT SURE, please explain.

26. I know that my primary care provider is doing a "good job" because...

27. I like my primary care clinic because...

28. I would like to see the following improvements made at my primary care clinic...

## 9. About the Patient

All responses are confidential.

Please answer these final questions for the patient.

If you are taking the survey for yourself as the patient then answer the final questions for you, as the patient.

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If you are taking the survey on behalf of a child or adult for whom you care, then answer the questions for them, as the patient.

\* 29. The patient's gender is...

Female

Male

\* 30. The name of the COUNTY in which the patient lives is...

\* 31. The patient has a chronic condition or disability...(select one answer)

Yes

No

Not sure

Prefer not to answer

\* 32. The patient's overall health is...(select one answer)

Excellent

Very good

Good

Fair

Poor

Not sure

Prefer not to answer

\* 33. Last year, the patient's annual household income was...(select one answer)

Under \$25,000

Between \$25,000 and \$50,000

Between \$50,001 and \$75,000

Between \$75,001 and \$100,000

\$100,001 or over

Not sure

Prefer not to answer

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\* 34. The patient's age is... (select one answer)

- Under 18
- 18 to 29
- 30 to 45
- 46 to 59
- 60 to 64
- 65 and older
- Not sure
- Prefer not to answer

\* 35. The patient is of Hispanic origin, such as Latin American, Mexican, Puerto Rican or Cuban... (select one answer)

- Yes
- No
- Not sure
- Prefer not to answer

\* 36. The patient's racial background is... (select one answer)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- More than one race
- Unknown/not reported
- Prefer not to answer

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\* 37. The patient has the following health insurance...(select all that apply).

- Private insurance through an employer, including Health Savings Account, HMOs, PPOs
- Self-pay
- Medicare
- Medicare Supplemental
- Medicaid/TEFRA
- Minnesota Care
- Minnesota Comprehensive Health Association (MCHA)
- Multiple insurance plans
- No insurance
- Not sure
- Other (please specify)

\* 38. The patient has to travel this far to get to their primary care provider...(select one answer).

- Less than 5 miles
- 6 to 13 miles
- 14 to 20 miles
- More than 20 miles
- Not sure