

Patient Access to Health Care

1. What factors seem to most impact your patients' ability to receive timely access to health care? Please rank the following items with 1 being the most impactful, and 9 being the least impactful.

- _____ Clinic hours (not open in evening, weekends, etc.)
- _____ Finances (insurance coverage, copayments, etc.)
- _____ Language barriers
- _____ Patients can't afford to take time off from work
- _____ Patients can't get an appointment soon enough (not enough providers)
- _____ Patients forget to schedule (annual visit, follow-ups, etc.)
- _____ Patients lack dependent care (childcare, eldercare, etc.)
- _____ Transportation
- _____ Wait times in office to see provider
- _____ Other (please specify): _____

Patient Resources

2. Please indicate whether any of the following services are available on-site or through a community partner:

	On-site	Partner	Not Available
a. Patient navigator or care coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telehealth options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If on-site or partner, please describe:			
c. Social support			
i. Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Legal Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Assistance applying for Medicaid, Medicare, Supplemental Nutritional Assistance Program, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Transportation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Dependent care services (child, elder, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Policies & Procedures

3. Does your practice have a policy for late arrivals? Yes No
- a. If yes, please explain: _____
- _____
- _____

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4. Does your practice have a policy for missed appointments? Yes No

a. If yes, please explain: _____

5. For your clinic, how much are missed appointments a problem?

Not at all Slightly Somewhat Very much

6. Please indicate which, if any, of the following procedures or practices are used to reduce missed appointments:

a. Overbooking to reduce office wait times Yes No

b. Set-aside walk-in appointment slots Yes No

c. Increased provider capacity within the past 2 years Yes No

d. Behavioral engagement strategy
 Motivational interviewing Yes No

 Contingency management Yes No

e. Scheduling reminders
 Telephone (voice message) Yes No

 Text Yes No

 Email Yes No

 Mail (postcard, letter) Yes No

f. Appointment reminders
 Telephone (voice message) Yes No

 Text Yes No

 Email Yes No

 Mail (postcard, letter) Yes No

g. Streamlined admissions/check-in Yes No

h. Welcoming environment Yes No

i. Extended hours
 Evening hours Yes No

 Weekend Yes No

j. Fee charged to patients for
 Late arrival Yes No

 Late cancellation (i.e., less than 24 hours) Yes No

 No-show/missed appointment Yes No

k. Dropped from service after missed appointments Yes No

 If yes, specify number of missed appointments _____

2019 Clinic Characteristics

*For the following questions, please provide data for **January 1 – December 31, 2019** unless otherwise specified. Please indicate whether data provided are exact numbers (based on electronic medical records, billing, or another method of regular tracking) or estimates.*

		Yes	No
7.	Does your clinic utilize Electronic Medical Records (EMR)?	<input type="checkbox"/>	<input type="checkbox"/>
a.	If yes, is the EMR used to verify patient status (up-to-date, due, past due) for:		
i.	vaccines?	<input type="checkbox"/>	<input type="checkbox"/>
ii.	cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>
		#	Exact
		Estimate	
8.	How many patients were seen by your practice in 2019?	_____ <input type="checkbox"/>	<input type="checkbox"/>
9.	How many of those patients were seen for an annual physical (well-being check)?	_____ <input type="checkbox"/>	<input type="checkbox"/>
10.	How many patients were seen more than once (i.e., had a follow-up appointment or returned for a new issue) during 2019?	_____ <input type="checkbox"/>	<input type="checkbox"/>
11.	How many appointments were scheduled		
a.	in February 2019?	_____ <input type="checkbox"/>	<input type="checkbox"/>
b.	in April 2019?	_____ <input type="checkbox"/>	<input type="checkbox"/>
12.	How many scheduled appointments were missed ("no show")		
a.	in February 2019?	_____ <input type="checkbox"/>	<input type="checkbox"/>
b.	in April 2019?	_____ <input type="checkbox"/>	<input type="checkbox"/>
13.	How many scheduled appointments were canceled less than 24 hours in advance		
a.	in February 2019?	_____ <input type="checkbox"/>	<input type="checkbox"/>
b.	in April 2019?	_____ <input type="checkbox"/>	<input type="checkbox"/>
		%	Exact
		Estimate	
14.	Percent of patients by insurance status:		
a.	Medicaid	_____ <input type="checkbox"/>	<input type="checkbox"/>
b.	Medicare (any type)	_____ <input type="checkbox"/>	<input type="checkbox"/>
c.	Private insurance	_____ <input type="checkbox"/>	<input type="checkbox"/>
d.	Uninsured or self-pay	_____ <input type="checkbox"/>	<input type="checkbox"/>
15.	Does your facility routinely track (e.g., as Quality Control or Quality Improvement) patient compliance with recommended vaccinations?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>

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|--------|--|----------|--------------------------|--------------------------|
| 15. a. | If yes, what percent of your patients are up-to-date for the following: | % | Exact | Estimate |
| | i. Measles, Mumps & Rubella (MMR) | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | ii. Polio (IPV) | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | iii. Diphtheria, Tetanus & Pertussis (DTaP) | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | iv. Varicella | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | v. Haemophilus influenzae type B (Hib) | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | vi. Hepatitis A | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | vii. Hepatitis B | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | viii. Influenza (annual) | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | ix. Human papillomavirus (HPV) | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Does your facility routinely track (e.g., as Quality Control or Quality Improvement) patient compliance with recommended cancer screening? | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| a. | If yes, what percent of your patients are up-to-date for the following screenings: | % | Exact | Estimate |
| | i. Colon (% adults 50-75 years old who had FOBT or FIT in past year, sigmoidoscopy in past 5 years, or colonoscopy in past 10 year): | | | |
| | 1. Any colorectal cancer screening | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2. FOBT or FIT in past year | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3. Sigmoidoscopy in past 5 years | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | 4. Colonoscopy in past 10 years | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | ii. Breast (% females 50-74 with mammogram in past 2 years) | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| | iii. Cervical (% females 21-65 without hysterectomy who had Pap smear in past 3 years, or women age 30-65 who had Pap smear and HPV test within the past 5 years) | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | Would your organization like to be included in collaborative intervention research to improve patient health outcomes? | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Please provide information about the person(s) completing this form.

18. Job title: _____

19. Length of time at this organization: _____ (years)