

Patient Access to Health Care

1. What factors seem to most impact your patients' ability to receive timely access to health care? **Please mark all that apply.**

- _____ 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 *telehealth* is available, 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: _____

Patient Barriers to Accessing Health Care: Nebraska Primary Care Providers' Perspectives

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 & 2020 Clinic Characteristics

We want to compare clinic usage before and during the COVID-19 pandemic. For the following questions, please provide data for **2019** and for **2020 (January 1-September 30, 2020)**. Please indicate whether data provided are an estimate rather than exact numbers (based on electronic medical records, billing, or another method of regular tracking).

	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"/>	
	2019	2020	Mark if this is an estimate
8. How many patients were seen by your practice?	_____	_____	<input type="checkbox"/>
9. Percent of patients by insurance status:			
a. Medicaid	_____	_____	<input type="checkbox"/>
b. Medicare (any type)	_____	_____	<input type="checkbox"/>
c. Private insurance	_____	_____	<input type="checkbox"/>
d. Uninsured or self-pay	_____	_____	<input type="checkbox"/>
10. Does your facility routinely track (e.g., as Quality Control or Quality Improvement) patient compliance with recommended cancer screening?	<input type="checkbox"/>	<input type="checkbox"/>	
a. If yes, what percent of your patients were up-to-date for the following screenings:			Mark if this is an 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):	_____	_____	<input type="checkbox"/>
ii. Breast (% females 50-74 with mammogram in past 2 years)	_____	_____	<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"/>

Patient Barriers to Accessing Health Care: Nebraska Primary Care Providers' Perspectives

11. Would your organization like to be included in collaborative intervention research to improve patient health outcomes? Yes No

COVID-19 Clinic Impacts on Health Care Access

- | Compared to 2019, during March-May 2020... | Decreased | Unchanged | Increased |
|---|--------------------------|--------------------------|--------------------------|
| 12. the number of patients seen ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. our operating hours ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. our staff availability ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. our telehealth services ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compared to 2019, since June 2020... | | | |
| 16. the number of patients seen ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. our operating hours ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. our staff availability ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. our telehealth services ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. To what extent has COVID-19 impacted your organization's ability to provide health services?

- No impact Slight impact Moderate impact Major impact

21. **If moderate or major impact**, please describe: _____

22. How satisfied are you with your patients' ability to receive timely COVID testing?

- Very satisfied Somewhat satisfied Neither satisfied nor dissatisfied Somewhat dissatisfied Very dissatisfied

23. Please share with us anything else you would like us to know about the impact of COVID-19 on your patients or practice. _____

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

24. Job title: _____

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