

**Please complete this JMAP survey, place in the self-addressed envelope and mail it by March 1, 2017**

1. In general, how would you rate your overall health:  
<sup>5</sup>  Excellent    <sup>4</sup>  Very good    <sup>3</sup>  Good    <sup>2</sup>  Fair    <sup>1</sup>  Poor
2. In the past 6 months, how many times have you obtained care for a physical or mental health care need? Please include all hospital, emergency room, office, and specialist visits.  
<sup>0</sup>  None    <sup>2</sup>  2 times    <sup>4</sup>  4 times    <sup>6</sup>  10 or more times  
<sup>1</sup>  1 time    <sup>3</sup>  3 times    <sup>5</sup>  5-9 times
3. How have you heard about Johns Hopkins Medicine Alliance for Patients (JMAP) accountable care organization? Check all that apply.  
<sup>1</sup>  My primary care doctor/provider    <sup>4</sup>  Signage at my doctor's office  
<sup>2</sup>  My specialist doctor    <sup>5</sup>  Care manager  
<sup>3</sup>  JMAP mailings    <sup>6</sup>  I have never heard of JMAP  
<sup>95</sup>  Other: \_\_\_\_\_
4. Has your primary care doctor/provider talked with you about the services available to you?  
<sup>1</sup>  Yes    <sup>2</sup>  No    <sup>99</sup>  Don't Know

5. How likely would you be to use the following services if they were available to you through your primary care doctor/provider? Additionally, please select if you currently use each service or have used it in the past.

JMAP Services	Likelihood I would use this service					Use of the service	
	Very unlikely	Unlikely	Neutral	Likely	Very likely	I currently use this service.	I have used this service in the past.
Services to help coordinate your care across multiple providers	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>
Pharmacist support to help you better understand your medications	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>
Access to urgent appointments with Johns Hopkins specialists	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>
Therapy/counseling services at your primary care provider's office	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>
Access to video visits with your providers	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>
24/7 Nurse advice hotline for on-demand care guidance	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>
Online patient portal for communicating with providers and accessing your health record	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>
Online resources, such as educational videos or interactive websites to help you better manage your care	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>
Wearable or home based self-monitoring devices, such as pedometers or blood pressure cuffs	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>4</sup> <input type="checkbox"/>	<sup>5</sup> <input type="checkbox"/>	<sup>6</sup> <input type="checkbox"/>	<sup>7</sup> <input type="checkbox"/>

Other suggestions:

The Johns Hopkins Medicine Alliance for Patients (JMAP) has a board of directors. The board currently has 13 members, including doctors, practice leadership, health executives, and an actual Medicare patient. The board meets regularly to help decide what programs JMAP should do. It also keeps track of how JMAP is doing in improving patient care and helping doctors. For example, the board of directors could decide to create a new program to help patients with high blood pressure. Or, it could find the best way to contact patients who need flu shots or cancer screening tests.

6. How much does it matter to you that JMAP has a patient on the board?

- 1  Not at all    2  Just a little    4  Some    5  A lot    99  Not sure

7. Of the statements below, check the ones you considered when answering question #6.

- 1  I do not know enough about how the board's decisions affect me to decide  
 2  I need to learn more about the beneficiary who represents me to decide  
 3  Patients deserve a voice in the organization where they receive care  
 4  I want to be sure my individual needs are represented on the board  
 5  A patient on the board is probably unable to influence decisions  
 6  Having a patient on the board increases my trust that the organizations put my needs first  
 95  Other: Please write in anything else considered below:

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JMAP also has a Beneficiary Advisory Council (BAC). It includes a number of patients from around the area. The council meets regularly to give JMAP feedback from patients to help improve patient care.

8. How much does it matter to you that JMAP has a BAC in addition to a patient on the board?

- 1  Not at all    2  Just a little    4  Some    5  A lot    99  Not sure

9. How likely would you be to use the following ways of learning about the BAC?

	Very unlikely	Unlikely	Neutral	Likely	Very likely
Newsletter from the council	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
By meeting with members of the council	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
In a small group with council members and patients, such as over coffee	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
In a town hall meeting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A suggestion box in my doctor's office	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
By email	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
By a website	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Other (please write in your idea):					

10. Are you interested in meeting with representatives from JMAP or the BAC to talk about your ideas for the council? If so, write your name and telephone number or email address here, or another way that we could contact you:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Other: \_\_\_\_\_

For internal use only:

ID#
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