# 2017 LAN Spring Virtual Forum – Post-event evaluation

**Please provide your responses online: LINK**

1. **Forum Content**

Overall how valuable was the Forum to you?

🞏 Very valuable 🞏 Moderately valuable 🞏 Somewhat valuable 🞏 Not at all

1. What was the most valuable content provided in this session?

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1. What was the least valuable content provided in this session?

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1. I will take action or work with others in my organization to take action based on today’s event.

* 5-Strongly Agree
* 4-Agree
* 3-Neither Agree nor Disagree
* 2-Disagree
* 1-Strongly Disagree

1. **Forum Program**

Overall, how satisfied were you with the Forum’ virtual platform?

🞏 Very satisfied 🞏 Moderately satisfied 🞏 Somewhat satisfied 🞏 Not at all

1. Please share any comments on being able to attend the Forum virtually.

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Overall, how satisfied were you with the interactivity of the Forum (opportunity to submit your questions, comments and responses)?

🞏 Very satisfied 🞏 Moderately satisfied 🞏 Somewhat satisfied 🞏 Not at all

1. Please share any comments on the Forum interactivity.

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1. Please rate each session or speaker listed below: 4 = Very; 3= Moderately; 2= Somewhat; 1=Missed Target

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Session/Speaker (online version is prepopulated) | Importance of Presentation | | | | Effectiveness of Presentation | | | |
| Opening Remarks |  |  |  |  |  |  |  |  |
| Keynote |  |  |  |  |  |  |  |  |
| Patient storyteller |  |  |  |  |  |  |  |  |
| APM Adopter panel moderator |  |  |  |  |  |  |  |  |
| (provider speaker) |  |  |  |  |  |  |  |  |
| (payer speaker) |  |  |  |  |  |  |  |  |
| (ACO speaker) |  |  |  |  |  |  |  |  |
| (employer speaker) |  |  |  |  |  |  |  |  |
| (CMS speaker) |  |  |  |  |  |  |  |  |
| (state speaker) |  |  |  |  |  |  |  |  |
| (consumer/patient speaker) |  |  |  |  |  |  |  |  |
| (APM Framework speaker) |  |  |  |  |  |  |  |  |
| Closing Remarks |  |  |  |  |  |  |  |  |

1. Would you attend another LAN Forum if presented virtually? 🞏 Yes 🞏 No
2. Please provide your comments or suggestions on how we can improve the virtual format or the virtual event.
3. Please choose from the following classifications to describe your organization’s primary role:

🞏 Academic 🞏 Communications 🞏 Consultant 🞏 Consumer/Patient

🞏 Employer/Purchaser 🞏 Government 🞏 Insurer/Payer 🞏 Professional Association

🞏 Provider 🞏 Supplier 🞏 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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