Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**Cooperative Re-Engagement Controlled Trial (CoRECT)**

**Attachment #9**

**Connecticut Standard of Care Survey**

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

**Connecticut Standard of Care Clinic Assessment**

**CoRECT: Assessment of Clinic Standard of Care Practices**

Point person at your clinic for CoRECT

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

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

**“Out of care” patients**

1. Do you currently have a protocol in your clinic to contact patients who are out of care? 1  Yes 2 No
2. If so, how do you define “out of care” in your clinic? How do you identify those that are “out of care” (e.g., electronic records, paper)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Who is responsible for conducting outreach for patients that are out of care?

1 Receptionist 7 Practice manager

2 Medical assistant 8 Medical director

3 Nurse 9 Mid-level practitioners (APRN or PA)

4 Peer 10  Physician/ provider

5 Nurse case manager

6 DIS or Linkage Coordinator 11 Dedicated team member other than case manager

1 2 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you have a protocol, what type of outreach do you conduct for out of care patients? How often?

|  |  |
| --- | --- |
| Process | Frequency (e.g., every missed appointment, if no appointment in six months, etc.). If you do not conduct this type of outreach, write “N/A” |
| 4a. Telephone calls | 1Yes 0No 6N/A  Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4b. Letters | 1Yes 0No 6N/A  Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4c. Referral to case manager | 1Yes 0No 6N/A  Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4d.Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1Yes 0No 6N/A  Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4e.Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1Yes 0No 6N/A  Frequency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Has your protocol been revised or updated in the last six months? 1Yes 0No *If Yes please explain*: