Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

Cooperative Re-Engagement Controlled Trial (CoRECT)

Attachment #9

Connecticut Standard of Care Survey

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)?
_____
_____
_____
_____
_____
_____
_____

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

1 ☐ Receptionist
2 ☐ Medical assistant
3 ☐ Nurse
4 ☐ Peer
5 ☐ Nurse case manager
6 ☐ DIS or Linkage Coordinator than case manager
7 ☐ Practice manager
8 ☐ Medical director
9 ☐ Mid-level practitioners (APRN or PA)
10 ☐ Physician/ provider
11 ☐ Dedicated team member other
1 2 ☐ Other
_____

4. 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	1☐Yes 0☐No 6☐N/A Frequency_____
4b. Letters	1☐Yes 0☐No 6☐N/A Frequency_____
4c. Referral to case manager	1☐Yes 0☐No 6☐N/A Frequency_____
4d.Other: _____	1☐Yes 0☐No 6☐N/A Frequency_____
4e.Other: _____	1☐Yes 0☐No 6☐N/A Frequency_____

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