# Care Coordination Pilot – Patient Navigator

## Patient Experience Survey

OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 05/31/2025

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### **PATIENT INFO**

**Patient’s Enrollment Site:**

|  |  |
| --- | --- |
| * 10 MDG-Academy
 | * 99 MDG-Nellis
 |
| * 21 MDG-Peterson
 | * Eisenhower AMC
 |
| * 460 MDG-Buckley
 | * ACH Blanchfield-Ft Campbell
 |
| * ACH Evans-Carson
 |  |

**Patient’s Beneficiary Type:**

|  |
| --- |
| * Active Duty (Including Guard/Reserve)
 |
| * Retired
* Family Member of Active Duty or Guard/Reserve
 |
| * Family Member of Retired
 |
| * Other: *Please Specify (Do not include any personal identifiable information) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
 |

**Patient’s Age:**

|  |  |
| --- | --- |
| * < 18
 |  |
| * 18-24
 |  |
| * 25-34
 |  |
| * 35-44
 |  |
| * 45-64
 |  |
| * 65+
 |  |
|  |  |

### **QUESTIONNAIRE**

1. **For what reason(s) did the Patient Navigator assist you with your care? Check all that apply. \***
	* I received a referral to be seen in the civilian private sector.
	* The Patient Navigator helped me book my appointment in the private sector.
	* The Patient Navigator helped me book my appointment at a military medical treatment facility.
	* I received a referral with an authorization issue that was delaying my care.
	* I received a referral with an error that was delaying my care.
	* N/A – I opted to not use the Patient Navigator service.
	* Other: *Please Specify (Do not include any personal identifiable information) \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Question 2 is not shown if patient responded with “N/A – I opted to not use the service.” for Q1.)*

1. **What is the specialty or sub-specialty for your referral? \***
	* Behavioral Health
	* Gastroenterology
	* Hematology Oncology
	* Ob-Gyn
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Question 3 is not shown if patient responded with “N/A – I opted to not use the service.” for Q1.)*

1. **Please rate your response to the following statements: \***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Agree Nor Disagree | Agree | Strongly Agree |
| The information provided throughout the referral process helped me gain easier access to care. | ¡ | ¡ | ¡ | ¡ | ¡ |
| The Patient Navigator’s support improved my referral process experience.  | ¡ | ¡ | ¡ | ¡ | ¡ |
| The Patient Navigator effectively guided me through the referral process to schedule my specialty care appointment. | ¡ | ¡ | ¡ | ¡ | ¡ |
| The Patient Navigator was helpful in addressing my questions and concerns. | ¡ | ¡ | ¡ | ¡ | ¡ |
| The patient navigator’s service was customized to my personal healthcare needs.  | ¡ | ¡ | ¡ | ¡ | ¡ |

*(Question 4 is not shown if patient responded with “N/A – I opted to not use the service.” for Q1.)*

1. **What were the most important barriers in the referral process that the Patient Navigator helped you overcome? Do not include any personal identifiable information.\***

*(Question 5 is not shown if patient responded with “N/A – I opted to not use the service.” for Q1.)*

1. **How did you benefit from the Patient Navigator’s assistance? Do not include any personal identifiable information \***

*(Question 6 is not shown if patient responded with “N/A – I opted to not use the service.” for Q1.)*

1. **How likely are you to use the Patient Navigator to schedule future appointments? \***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Unlikely | Unlikely | Neutral | Likely | Very Likely |
| ¡ | ¡ | ¡ | ¡ | ¡ |

*(If the patient responded with “Unlikely” or “Very Unlikely” above, the question below is shown.)*

**If you marked unlikely, why? Do not include any personal identifiable information \***

*(Question 7 is not shown if patient responded with “N/A – I opted to not use the service.” for Q1.)*

1. **Please provide additional feedback regarding your experience using the Patient Navigator and/or how we can improve?** **Do not include any personal identifiable information**