# Care Coordination Pilot – Patient Navigator

## Patient Experience Survey

OMB CONTROL NUMBER: 0704-0553

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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**