HealthSpring℠

Patient experiences checklist

Primary care providers can use this to check in with members about their care throughout the year

Every year, a random sample of our members with Medicare coverage receives surveys about their health care experiences – the Consumer Assessment of Healthcare Providers and Systems survey and the Health Outcomes Survey. Following is a checklist of survey topics our members may discuss with you, as well as related questions to consider asking members.

How conversations can help: Conversations with your patients on these topics may help improve their experiences. Positive experiences may in turn benefit your patients and practice through better health outcomes and retention rates, according to the Agency for Healthcare Research and Quality.

CAHPS®

PCP to discuss	Questions for patients	Patient response	Survey topic
☐	Have you had the flu shot this season?	☐ Yes ☐ No	Annual flu vaccine
☐	Are you having any issues receiving needed services, such as an appointment with a specialist, a referral, etc.?	☐ Yes ☐ No	Care coordination
☐	Would you like to schedule your next routine care visit before you leave our office?	☐ Yes ☐ No	Getting appointments and care quickly
☐	Are you experiencing any delays, or do you have any questions about the tests, treatments or services you're receiving?	☐ Yes ☐ No	Getting needed care
☐	Do you have any questions, or are you having any issues with the medications you're taking?	☐ Yes ☐ No	Getting needed prescription medications

Health Outcomes Survey

PCP to discuss	Questions for patients	Patient response	Survey topic
☐	Have you had a fall in the past year, or are you having any trouble with balance? If yes, what caused the fall?	☐ Yes ☐ No Cause_____ _____ _____	Reducing the risk of falling

PCP to discuss	Questions for patients	Patient response	Survey topic
☐	Have you been bothered by emotional problems such as feeling down, uninterested or anxious?	☐ Yes ☐ No	Improving or maintaining mental health
☐	How often has your level of energy interfered with your social or physical activities?	☐ Never ☐ Once or twice a week ☐ Many times a week	Improving or maintaining mental health
☐	Are you having any pain that is limiting your physical activity?	☐ Yes ☐ No	Improving or maintaining physical health
☐	Have you had any problems controlling your bladder in the past six months?	☐ Yes ☐ No If yes, how often? _____ When does this problem occur? _____	Improving bladder control
☐	How many times a week are you active, with increased heart rate, for at least 30 minutes?	_____ / week	Monitoring physical activity

Learn more: Survey results contribute to Centers for Medicare & Medicaid Services' Star ratings and help identify opportunities to improve member satisfaction. Refer to our **Stars Guidebook** in Availity® Essentials for suggestions on how your practice can impact survey results.

If you have questions, contact your HealthSpring representative.

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