

Measuring Adolescent Patient Experience in School-Based Health Centers



California School-Based Health Alliance

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Introduction

Measurement of “patient experience,” or what actually happens to patients in a health care setting, is important to both patients and health centers. For health centers, capturing patient experience data over time provides valuable information for use in quality improvement efforts. Health centers enhance sustainability and effectiveness when patients are engaged in meaningful communication and when the health center can use the patient’s experience feedback to improve the quality of care delivery.¹ Patients benefit when health centers are striving to meet their needs, listen to their voice, and partner with them to improve their health care. Patient experience data is also a key component of building a patient-centered medical home (PCMH), a model which is setting a new standard for primary care.

The California School-Based Health Alliance (formerly California School Health Centers Association (CSHC)) is creating resources to help school-based health centers (SBHCs) improve the quality of their care and, when possible, achieve recognition as a PCMH. Because many SBHCs specialize in serving the adolescent population, we contracted with Qualis Health to assess the feasibility, challenges, and existing instruments to measure patient experience among adolescents.

This report includes a discussion of the difference between patient satisfaction and patient experience, an overview of the evolution of measuring patient satisfaction and the patient experience, a discussion of the importance of the patient experience in the medical home model, an overview of challenges with gathering patient experience information in the adolescent population, and a review of existing survey tools and recommendations for SBHCs interested in surveying the adolescent population.

Patient Satisfaction versus Patient Experience

The terms “patient satisfaction” and “patient experience” are often used interchangeably, but there is a difference between them. Patient satisfaction is a measure of whether a patient’s expectations have been met. Patient experience is a measure of what actually happened to the patient. A good example to illustrate the difference involves waiting time. In a patient *satisfaction* survey, the patient may be asked if they were satisfied with their waiting time. Patient expectations around wait time may vary based on the patient’s demographics such as age, income, or ethnicity. What may be acceptable to one patient may not be acceptable to another, making improvement efforts difficult when based on patient satisfaction data. A patient *experience* survey assesses the actual amount of time spent waiting. For quality improvement, a health center determines the goal for patient wait time and can then use the experience data to determine if the goal has been met.

Patient satisfaction data and patient experience data are both important to an organization. Patient experience tells an organization how well they are doing against their own benchmarks, and patient satisfaction tells an organization if their patients are happy with how well the organization is doing against those benchmarks.

¹ Schaefer J, Coleman K, Morales L, and Brownlee B. Patient-Centered Interactions Implementation Guide, Part 1: Measuring Patient Experience. 1st ed. Seattle, WA: The MacColl Center for Health Care Innovation at the Group Health Research Institute and Qualis Health, June 2010.

The Growing Importance of Patient Experience

Over the past decade, health care delivery systems have placed more emphasis on measuring patient experience as part of an effort to provide patient-centered care. Several developments are indicative of this change:

- In 2001, the Institute of Medicine's (IOM) included "patient-centeredness" as one of six goals for a 21st century health care system, focusing on the patient's experience of illness and healthcare, and on the systems that work or fail to meet individual patients' needs.
- The Institute for Healthcare Improvement (IHI) developed the Triple Aim, an approach to optimally designing health care systems which focus on three critical objectives, one of which is "Improving the patient experience of care (including quality and satisfaction)." This framework has since been adopted by the Centers for Medicare and Medicaid (CMS), many states, and organizations working toward improving the quality of the health care they deliver.
- The Joint Principles of the Patient-Centered Medical Home include Quality and Safety as one of the seven principles, which specifically addresses gathering feedback from patients to ensure their expectations are being met, and patients are participating in quality improvement activities.²
- The Patient Protection and Affordable Care Act (ACA) included a focus on payment for quality and value and an emphasis on the patient-centered medical home (PCMH) model of care.
- As a program requirement through the Health Resources and Services Administration (HRSA), Federally Qualified Health Centers (FQHCs) are required to include patient satisfaction surveys as a component of the quality improvement plan. A sample survey is provided through funding from the Bureau of Primary Health Care and available on HRSA's website.

Methods Used to Gather Patient Experience Data

Gathering patient satisfaction and experience information may be accomplished in a variety of ways, such as through written surveys, computerized surveys, phone surveys, online surveys, focus groups, personal interviews, or written feedback, such as comment cards. The method chosen should be based on the goals and needs of the health center administering the survey as well as the needs/demographics of the patients.

There are benefits and draw-backs to each method of surveying patients, and the health center must review these elements carefully to determine the most appropriate method for their patient population. Surveys administered through paper in-person, paper through mail, online, and over the phone are generally the most effective method of collecting experience data on a sample of patients. Surveys administered on a paper form may be distributed in-person at the practice site, or during or after the visit with the clinician. Written surveys often tend to be the most cost-effective and have the highest response rate. Mailing surveys to patients generally has a low response rate and requires an additional cost in the form of envelopes and postage. Additionally, with any survey methodology where the patient is not in-person, there is no way to ensure that the respondent is the target for the survey responses. Phone interviews may have drawbacks such as lack of anonymity for patients. Surveys made available on an ongoing basis on a health center's website may not be closely connected enough to a specific service or visit to elicit accurate reporting. Additionally, some survey methods may be more accessible to certain types of patient populations. For example, a face to face interview might provide better results for the homeless population than a computer survey.

²American Academy of Family Physicians (AAFP) American Academy of Pediatrics (AAP) American College of Physicians (ACP) American Osteopathic Association (AOA), "Joint Principles of the Patient Centered Medical Home," February 2007.

Health centers can also consider in-person interviews and advisory groups. The National Center for Medical Home Implementation of the AAP has curated materials on creation and sustainability of a “Family Advisory Group” and a “Family Focus Group,” both of which are designed to provide the health center with feedback on patient experience. A Family Advisory Group may provide input into policy and program development and actively assist in implementation of change. This format also promotes relationships between the practice and the patients and increased cooperation between patients and staff.³ A Family Focus Group has a much less formal structure than the Family Advisory Group. The Family Focus Group is led by a facilitator and used to solicit specific feedback from the patients and families that can generate ideas for improvement that a health center might not have considered.⁴ Both of these methods can be readily adapted for an adolescent population and, in fact, many SBHCs are well ahead of other types of providers in seeking this type of qualitative feedback from their patients.

Measuring Adolescent Patient Experience

Measuring patient satisfaction and experience is as important for adolescents as for adults. Adolescence is a particularly important stage to engage individuals in reflection on their health experiences because it “is a period when patterns of health-promoting or health damaging behaviors are established that will have a substantial influence on health status during adulthood, affecting rates of acute and chronic disease and life expectancy.”⁵ Researchers suggest that “satisfaction with care has a prime influence on the seeking of health care advice, compliance with treatment and maintenance of continuing positive relationships with health providers.” They further cite that “as adolescents tend to underutilize health services, it is particularly important that available services promote patient satisfaction by ensuring that care provided is age appropriate, holistic and acceptable to young people.”⁶

Specific to SBHCs, researchers conclude that “students who used SBHCs were more satisfied with their health and were engaged in a greater number of health-promoting behaviors than were students who did not use SBHCs” and that “users of SBHCs experienced greater satisfaction with their health, more physical activity, and greater consumption of healthy food than did nonusers of SBHCs.”⁷ Providing a positive, rewarding, patient-centered health care experience to an adolescent may result in a more knowledgeable and engaged healthcare consumer for life.

The School Based Health Alliance (formerly the National Assembly on School Based Health Care) established seven principles for SBHCs, several of which point to the importance of measuring patient experience and satisfaction. One principle states that to develop student responsibility for their own health care, the SBHC “encourages the student’s active, age appropriate participation in decisions regarding health care and prevention activities.” This principle sets the standard for the importance of communication and partnership between the patient and the care provider. It ensures that the feedback of the patient is sought through two-way communication between the patient and the provider, and that the student is engaged as an active partner in decision making. Another principle states that a SBHC “establishes quality improvement practices including

³ Developed by Marlene Fondrick and Beverley H. Johnson, Institute for Family-Centered Care, “Creating Advisory Councils,” 1998, Revised 2002.

⁴ “Family Focus Groups – A Great Way to Understand the Family Experience of Care.” (Available at www.pediatricmedhome.org)

⁵ Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, National Research Council, “Adolescent Health Services: Missing Opportunities,” *The National Academies Press*, © 2009, National Academy of Sciences.

⁶ Anderson, G., Lampropoulos, B., Clarke, S. & Kohn, M., “Perceived Needs and Patient Satisfaction in Relation to Adolescent Health Care.”

⁷ Miles A. McNall, PhD, Lauren F. Lichty, PhD, and Brian Mavis, PhD, “The impact of school-based health centers on the health outcomes of middle school and high school students,” *Am J Public Health*. 2010;100(9):1604–1610.

but not limited to assessment of patient and community satisfaction.”⁸ This principle sets the expectation that SBHCs seek direct feedback from the patients and the community. Seeking feedback about experiences assists the SBHC in quality improvement activities to ensure that the experiences of the patients at the practice are improved upon and meet the goals of the organization.

Challenges

For SBHCs, gathering patient experience data from adolescents may be challenging for many reasons. Many FQHCs have a single survey tool that is not geared to an adolescent population in terms of health literacy, length of survey, and meaningful questions. Time may also be a consideration, with students needing to return to class and, if accompanied by a parent, the parent may need to return to work. Also, adolescents likely do not understand the value of their feedback in helping organizations improve the quality of care.

In 2012, the New York City Health and Hospitals Corporation (HHC) started an innovative program to actively involve teens in healthcare quality. The program, the Teen Health Improvement Program, launched the Adolescent Patient Satisfaction Survey Project which trained 20 young people to survey HHC’s adolescent patients on the quality of the system’s services.⁹ HHC also launched a pilot program to evaluate performance of clinicians on communication, screening, counseling, and patient-centeredness. Ultimately, the survey process resulted in improving the clinician’s communication with adolescent patients. The program was so successful that it will be expanded in 2013 with one of the agency’s four major goals to “increase satisfaction with HHC services among adolescent/young adult patients.”¹⁰

Recommendations for School-Based Health Centers

A scan of the field revealed several existing patient satisfaction and patient experience surveys geared toward the adolescent patient population. Ten surveys are presented in Appendix 1, eight of which are specifically focused on the adolescent and/or pediatric population. The remaining two of the ten surveys could be used by adult, adolescent or pediatric patient populations. Appendix 1 lists the survey name, target respondent, population focus, number of questions, type of questions, and a narrative description of the survey.

An SBHC may find one of these surveys to be a good fit for its needs and population. If so, using an existing survey can save a great deal of time. Using a survey that is recognized by the field or has undergone some testing and refinement can lend credibility to the process. However in some cases no single survey will meet an SBHC’s needs. Appendix 2 highlights some individual questions from various surveys that address different areas of interest. These may be helpful for SBHCs that want to customize a survey or create their own. In making the decision of whether to use an existing survey, which survey to use, or whether to create a custom survey, SBHCs should work through the following process:

- 1. Set Goals** – Organizations interested in patient satisfaction and experience should start by understanding what type of information is important to the organization by reviewing the mission and vision of the organization, understanding the community and environmental needs, assessing strengths and weaknesses, and the goals of quality improvement efforts. If the mission of the organization includes providing patient-centered care, the SBHC should consider including patient-centered metrics such as access, communication, coordination, continuity, and overall quality. If the mission is focused on increasing access for adolescents, focus the measures around access. The IHI Triple Aim suggests setting measures based on key dimensions,

⁸ The National Assembly on School Based Health Care, “NASBHC Principles & Goals for SBHCs,” www.nasbhc.org.

⁹ New York City Health and Hospitals Corporation (HHC), www.thefundforhhc.org,

¹⁰ New York City Health and Hospitals Corporation (HHC), www.thefundforhhc.org,

such as safe, effective, timely, efficient, equitable, and patient-centered.¹¹ Once the SBHC is clear on the type of information it needs for its quality improvement efforts, it can select measures and set goals around those metrics.

- 2. Coordinate the Quality Improvement Effort** – One measure and goals have been set, patient experience surveys help determine if those goals are met. Ideally a multi-disciplinary team will plan, deliver, and monitor the survey process as part of the quality improvement committee that is responsible for ensuring appropriate follow-up, reliability, and usage of the survey in accordance with organization goals. In addition to determining the method of administration of the survey, the team considers the needs of the population, how to elicit responses that will facilitate improvement, frequency of data collection, and how to use the data in a meaningful way in order to meet organization goals.
- 3. Involve Students** – One of the most critical recommendations for measuring adolescent patient satisfaction and experience in a SBHC is to involve the students in designing the survey and enlist their help in boosting the response rate. Including students in the process will assure that the survey questions resonate with the adolescent population, the length of the survey is not too onerous, and the administration method is convenient. Involvement could include ongoing participation, such as inviting a student to be a member of the Quality Improvement Committee, or could be on a more limited basis, such as holding focus groups.
- 4. Design for Ease of Use** – According to Brandi White of the AAFP, when choosing or designing a survey questionnaire, pay attention to three major points: brevity, clarity, and consistency.¹²
 - Brevity: The surveys should be long enough to be meaningful, but short enough to assure that patients are not just providing answers in order to quickly complete the survey. Many adult surveys have too many questions to hold the attention of most adolescents. Keeping the survey to one or two pages would be ideal.
 - Clarity: The surveys should be clear and understandable to the population being surveyed. This includes reading level, language, and cultural sensitivity. A Teen Health Center satisfaction study in 2001 used a unique scale of “grades” as levels and recommends its use for SBHCs.¹³ Their recommended rating scale includes, A, B, C, D and F instead of the more commonly found scale of “Great, Good, Ok, Fair, Poor”.
 - Consistency: The surveys should be consistent over time to assure the ability to monitor trends. Additional questions can be added and removed from one survey to the next if there is a particular topic of interest.
- 5. Collect Demographic Data to Assess Disparities** – To assure the ability to analyze the data for disparities in care, include questions that enable stratification. If interested in understanding responses by age, grade level, gender, ethnicity, school attended, or any other criteria, include demographic questions on the survey. To simplify the process, provide check box choices for these types of questions.
- 6. Establish Appropriate Survey Timing and Frequency** – According to Fran Salyers and Carol McKee, adolescents are more prone to forget information easily because their mind is so preoccupied with other issues.¹⁴ As a result, for the adolescent patient population, a survey method which incorporates assessment of the patient’s experiences soon after the visit is most effective. Data collection on a quarterly basis is a

¹¹ Institute for Healthcare Improvement, “Triple Aim – Concept Design,” 2013. (Available on www.IHI.org)

¹² Brandi White, “Measuring Patient Satisfaction: How to Do It and Why to Bother,” *Fam Pract Manag.*, 1999 Jan;6(1):40-44.

¹³ Ramona Benkert, Nancy George, Clare Tanner, Violet H. Barkauskas, Joanne M. Pohl, Ann Marszalek, “Satisfaction with a School-Based Teen Health Center: A Report Card on Care,” *Pediatric Nursing*, March-April 2007/Vol. 33/No. 2

¹⁴ Fran Salyers and Carol McKee, “The Young Adolescent Learner.” (Available on www.learner.org)

good interval because it allows for multiple data points within a year and eliminates possible seasonal biases. If the SBHC is open year round, quarterly is appropriate. However, for the SBHC only open during the academic year, surveying two or three times during the year may be more appropriate.

During each patient experience cycle, the organization can determine the duration of the data collection. The duration needs to be long enough to obtain a representative sample from the patient population. Ideally, there would be a data collection period when surveys are conducted, followed by an analysis period when the data is analyzed, and presented across the organization. After that, improvements can be determined, implemented, and in place for a stable time period before the next data collection period.

- 7. Determine Method of Administering the Survey** – Telephone surveys and mail-in surveys are not likely to elicit a successful response in the adolescent population. Paper or tablet-based surveys administered immediately following the visit are most likely to be successful. However, querying the students would be the best way for each SBHC to determine the ideal method in their case.
- 8. Sampling** – Obtaining an accurate sub-set of the patient population is critical to ensuring that the characteristics of the entire population are represented by the surveys collected. The more randomly patients can be chosen to complete the survey, the more representative the sample will be. For example, methods that require patients to take initiative to complete the survey will make the most motivated patients more likely to participate. Surveys are collected only on certain days or certain times of the day will not be reflective of the overall patient experience. The sample must be large enough to cover a wide range of patients, based on demographics and experiences. However, it also must be a manageable size for the health center to collect and synthesize the data in a time and cost effective manner.

Appendix 1: Adolescent-Focused Patient Experience Surveys

Survey	Target Respondent	Population Focus	Number of Questions	Type of Questions	Description
2012-2013 Student Satisfaction Survey - Oregon ¹⁵	Patient	School-Based Health Center	28	Satisfaction and experience questions are fairly evenly distributed throughout survey	This survey is intended for adolescent patients currently in middle school or high school. Content of the survey includes the respondent's assessment on access, coordination, communication, and overall satisfaction. The survey is divided into four sections to inform the respondent of the nature of the questions. The sections are identified as: 'These are questions about you,' 'These are questions about the last 12 months,' 'These are questions about today,' and 'These are questions about the health center staff.' The survey also allows for the respondent to provide qualitative feedback by asking the respondent to write down anything that he/she would like the health center to know. The survey asks for the respondent's age, gender, and grade level to allow for stratification of data.
Colorado School-Based Health Center Survey ¹⁶	Patient and Guardian/Caregiver	School-Based Health Center	8	Primarily focused on satisfaction	This survey was provided to each patient over the age of six and each patient's parent. Content of the survey includes the respondent's assessment on access, communication, and overall satisfaction. Four of the questions ask the respondent to "grade" his or her level of satisfaction on a particular area of the visit. For adolescent patients, a grading scale (from A-F) is a familiar mechanism to assess quality. The survey does not allow for qualitative responses nor does the survey stratify the data by respondent demographics.
Sunset Park Family Health Center	Patient	School-Based Health	11	Solely focused on satisfaction	The survey utilizes a consistent response scale to assess patient satisfaction of "Very Satisfied/Somewhat

¹⁵ State of Oregon, "2012-2013 SBHC Student Satisfaction Survey." (Available on www.public.health.oregon.gov)

¹⁶ Costin, D. "Colorado's School-Based Health Centers: A Measure of Quality - Highlights of Colorado Association for School-Based Health Care 1999 Annual Report."

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Survey	Target Respondent	Population Focus	Number of Questions	Type of Questions	Description
School Health Program ¹⁷		Center			Satisfied/Somewhat Unsatisfied/Not Satisfied/Don't Know." This survey allows for qualitative comments including what other services or programs that the patient would like to see the health program provide. Content of the survey includes the respondent's assessment on access and overall experience. The survey stratifies the data based on the school where the respondent received the survey.
"Viking Health Center Student Satisfaction Survey - Ravenswood Hospital Medical Center," June/July E-Journal, Volume 8, Number 4. (Available on www.healthinschools.org)	Patient	Adolescent	11	Satisfaction and experience questions are fairly evenly distributed throughout survey	This survey is intended for adolescent patients between the grade levels of 9-12. Content of the survey includes the respondent's assessment on access. There is a space at the end of the survey for respondents to include comments on the experience. Additionally, identifiers that are included in this survey which can be used to stratify data include the respondent's gender and grade level.
Center for Medical Home Improvement (CMHI), "Family/Caregiver Survey." (Available on www.pediatricmedhome.org)	Guardian/Caregiver	Pediatrics	17	Satisfaction and experience questions are fairly evenly distributed throughout survey	The survey asks respondents to provide feedback based on their experiences "right now" or in the last 12 months. Content of the survey includes the respondent's assessment on whole-person care, access, communication, and care coordination. Some of the questions on the survey originate from the National Survey of Children with Special Health Care Needs, and many of the questions focus on the presence of a chronic illness in the patient. There is also a section at the end of the survey for respondents to write in comments. The identifiers on the survey which will allow the data to be stratified include the patient's gender and the date or birth or age in months of the patient.
National Center	Guardian/	Pediatrics	7	Primarily focused	This survey consists of 5 multiple choice questions and 2

¹⁷ Sunset Park Family Health Center School Health Program, "School-Based Health Centers - Implementation Tools - Sunset Park Family Health Center School Health Program Parent Satisfaction Survey" June/July E-Journal, Volume 8, Number 4. (Available on www.healthinschools.org)

Survey	Target Respondent	Population Focus	Number of Questions	Type of Questions	Description
for Medical Home Implementation Family Survey Developed by Exeter Pediatrics © Center for Medical Home Improvement, "Family Survey." (Available on www.pediatricmedhome.org)	Caregiver			on satisfaction	qualitative questions. Content of the survey includes the respondent's assessment on communication. There are no patient or respondent identifiers on this survey, which does not allow for the data to be stratified.
Supercare Medical Group Sullivan Luallin Healthcare Consulting, "Example Patient Satisfaction Survey." (Available on www.mgma.com)	Patient	Not Specific	36	Solely focused on satisfaction	The survey utilizes a consistent response scale to assess patient satisfaction of "Excellent/Very Good/Good/Fair/Poor/Does Not Apply." The survey assesses patient satisfaction on five major categories: 'your appointment,' 'our staff,' 'our communication with you,' 'your visit with the provider,' 'our facility,' and 'your overall satisfaction.' The survey has two questions at the end which ask for qualitative responses. The survey asks for respondent information in order to stratify data by age, gender, and whether the patient is new or returning.
Health Resources and Services Administration Patient Satisfaction Survey Available on www.bphc.hrsa.gov	Patient	Not Specific	24	Solely focused on satisfaction	The survey utilizes a consistent response scale to assess patient satisfaction of "Great/Good/Ok/Fair/ Poor." Content of the survey includes the respondent's assessment on access and communication. Three questions are asked at the end of the survey for respondents to write in comments on experiences and suggestions for improvement. The identifiers on the survey which will allow the data to be stratified include the patient's gender, age and race/ethnicity.
CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH	Guardian/ Caregiver	Pediatrics	66	Satisfaction and experience questions are fairly evenly	This survey utilizes a 4-point response scale, "Never/Sometimes/Usually/Always." The survey does not ask the respondent for qualitative feedback. Content of the survey includes the respondent's assessment on access,

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Survey	Target Respondent	Population Focus	Number of Questions	Type of Questions	Description
<p>Items, Population: Child Available on www.cahps.ahrq.gov</p>				distributed throughout survey	communication, coordination, continuity, whole-person care, and overall satisfaction. Demographic information collected for use in stratifying the data includes, the patient’s age, the patient’s gender, the patient’s ethnicity, the patient’s race, the respondent’s age, the respondent’s gender, the respondent’s highest level of school completed, and the respondent’s relationship to the patient.
<p>The Child and Adolescent Health Measurement Initiative (CAHMI), “Young Adult Health Care Survey - Version 2.0.” (Available on www.cahmi.org)</p>	Patient	Adolescent	56	Satisfaction and experience questions are fairly evenly distributed throughout survey	The survey is broken into six sections: ‘health care utilization,’ ‘privacy,’ ‘health and safety,’ ‘health information,’ ‘your health care in the last 12 months,’ ‘your health,’ and ‘demographics.’ There are several questions to assess the patient’s current health behaviors in addition to experience and satisfaction with health care providers. Content of the survey includes the respondent’s assessment on access, communication, and overall satisfaction. Demographic information collected for use in stratifying data includes the patient’s age, gender, race/ethnicity, and whether or not someone helped the patient complete the survey. The survey does not ask for qualitative feedback from the patient on experience or satisfaction.

Appendix 2: Sample Questions by Areas of Interest

Area of Interest	Satisfaction	Experience
Access	In the last 12 months, how often were you able to get an appointment for care you needed as soon as you thought you needed it? “Always, Usually, Sometimes, Never” <i>Adapted from CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child</i>	How long did you wait in the clinic today before you were seen by a healthcare provider? “Less than 15 minutes, 16 to 30 minutes, 31-45 minutes, More than 45 minutes” <i>Colorado School-Based Health Center Survey</i>
	Please rate your satisfaction with the waiting time in the exam room. “Excellent, Very Good, Good, Fair, Poor” <i>Adapted from Supercare Medical Group Survey</i>	In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away? “Same day, 1, day, 2 to 3 days, 4 to 7 days, More than 7 days” <i>CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child</i>
Communication	How clearly did the healthcare provider explain things to you? “A, B, C, D, F” [Grading Scale] <i>Colorado School-Based Health Center Survey</i>	In the last 12-months, did you get a chance to speak with a doctor or other health provider privately? (Meaning one on one – without your parents or other people in the room). “Yes, No” <i>Young Adult Health Care Survey</i>
	In the last 12-months, how often did the health center doctor or nurse give you easy to understand instructions about taking care of your health problems? “Always, Usually, Sometimes, Never” <i>2012-2013 Student Satisfaction Survey - Oregon</i>	In the last 12-months, did you and this provider talk about any questions or concerns you had about your health? “Yes, No” <i>Adapted from CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child</i>
	In the last 12-months, how often did the provider listen carefully to you? “Always, Usually, Sometimes, Never” <i>Young Adult Health Care Survey</i>	In the last 12-months, did a doctor or other health provider tell you that what you talked about with them was confidential? (Meaning it would not be shared with anyone else.) “Yes, No” <i>Young Adult Health Care Survey</i>
Coordination of Care	In the last 12-months, did your provider give you enough information about what you needed to do to follow-up with your care? “Always, Usually, Sometimes, Never”	If you had any tests in the last 12-months, did someone from the health center follow-up with you regarding your test results? “Always, Usually, Sometimes, Never, Does Not Apply” <i>Adapted from CAHPS Clinician & Group Surveys, Version: 12-</i>

Area of Interest	Satisfaction	Experience
	<p><i>CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child</i></p> <p>Please rate your satisfaction with your care team’s assistance in scheduling an appointment with a specialist. “Excellent, Very Good, Good, Fair, Poor, Does Not Apply” <i>Adapted from Center for Medical Home Improvement Family/ Caregiver Survey</i></p>	<p><i>month Survey with PCMH Items, Population: Child</i></p> <p>Some offices remind patients between visits about tests, treatment or appointments. In the last 12-months, did you get any reminders about your child’s care from this provider’s office between visits? “Yes, No” <i>CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child</i></p>
General Quality	<p>Please rate your overall satisfaction with the quality of your medical care today. “Excellent, Very Good, Good, Fair, Poor” <i>Adapted from Supercare Medical Group Survey</i></p>	<p>Did you learn anything new today about taking care of yourself? “Yes, No” <i>Viking Health Center Student Satisfaction Survey</i></p>
	<p>How would you rate the overall health care that you received today? “A, B, C, D, F” [Grading Scale] <i>Colorado School-Based Health Center Survey</i></p>	<p>In the last 12-months, did anyone in the health center talk with you about specific goals for your health? “Always, Usually, Sometimes, Never” <i>Adapted from CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child</i></p>
	<p>Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider? “0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10” <i>CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child</i></p>	<p>In the last 12-months, did anyone in this provider’s office ask you if there are things that make it hard for you to take care of your health? “Yes, No” <i>Adapted from CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child</i></p>
Qualitative Questions	<p>What could we have done to improve this visit? <i>National Center for Medical Home Implementation Family Survey</i></p>	
	<p>What do you like best about the health center? <i>Adapted from Sunset Park Family Health Center School Health Program</i></p>	
	<p>What do you like least about the health center? <i>Adapted from HRSA Patient Satisfaction Survey</i></p>	
	<p>What other services/programs would you like the health center to provide? <i>Adapted from Sunset Park Family Health Center School Health Program</i></p>	

Attachment A: List of Surveys

1. 2012-2013 SBHC Student Satisfaction Survey – Oregon
2. Colorado School-Based Health Center Survey
3. Sunset Park Family Health Center School Health Program
4. Viking Health Center Student Satisfaction Survey
5. Center for Medical Home Improvement, Family/Caregiver Survey
6. National Center for Medical Home Implementation Family Survey
7. Supercare Medical Group
8. HRSA Patient Satisfaction Survey
9. CAHPS Clinician & Group Surveys, Version: 12-month Survey with PCMH Items, Population: Child
10. Young Adult Health Care Survey