

Measure # 70: Patient Perceptions of Integrated Care Survey (PPIC)

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Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. The Harvard School of Public Health will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get. If you want to know more about this study, please call Sara Singer at 617-432-7139.

Survey Instructions

Answer each question by marking the box to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- ₁ Yes → *If Yes, Go to #1*
- ₂ No

If you are answering the questions for another person, please answer according to your understanding of that person's experiences with medical providers.

Your Provider

1. Our records show that you got care from the provider named below in the last 6 months.

1a. Is that right?

- ₁ Yes
- ₂ No

1b. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?

- ₁ Yes
- ₂ No → *If No, who is the provider you usually see? (Please print):*

Some questions in this survey will refer to your answer to Question 1 as "this provider." Please think of this person as you answer this survey.

2. How long have you been going to this provider?

- ₁ Less than 6 months
- ₂ At least 6 months but less than 1 year
- ₃ At least 1 year but less than 3 years
- ₄ At least 3 years but less than 5 years
- ₅ 5 years or more

3. Our records indicate that you saw this provider at the office or clinic named below.

Is that right?

- ₁ Yes
- ₂ No → *If No, where did you see this provider? (Please print):*

Some questions in this survey will refer to your answer to Question 3 as "this provider's office." Please think of this office or clinic as you answer this survey.

Care from This Provider and Provider's Office

4. These questions ask about the care you received from the provider named in Question 1. Some offices remind patients about appointments. Before your most recent visit with this provider, did you get a reminder from this provider's office about the appointment?

- ₁ Yes
- ₂ No

5. Before your most recent visit with this provider, did you get instructions telling you what to expect or how to prepare?
- ₁ Yes
 - ₂ No
6. How often has this provider canceled or changed the date of an appointment?
- ₁ Never → **If Never, go to #8**
 - ₂ Once or twice
 - ₃ 3 to 5 times
 - ₄ More than 5 times
7. When this provider cancels or changes the date of an appointment, how often is this a big problem for you?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
8. People have busy lives and miss appointments for many reasons. How often have you missed an appointment with this provider?
- ₁ Never → **If Never, go to #10**
 - ₂ Once or twice
 - ₃ 3 to 5 times
 - ₄ More than 5 times
9. When you miss an appointment with your provider, how often does someone from this provider's office contact you to make a new appointment?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
10. When you see this provider, how often do you have to repeat information you have already given to someone in your provider's office?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
11. In the last 6 months, how often did this provider seem to know the important information about your medical history?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
12. In the last 6 months, how often did this provider seem to know the important information about your work or life at home that you have discussed in the past?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
13. In the last 6 months, how often did this provider explain things in a way that was easy to understand?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
14. In the last 6 months, how often did this provider listen carefully to you?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
15. In the last 6 months, how often did this provider show respect for what you had to say?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
16. In the last 6 months, how often did this provider spend enough time with you?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always
17. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?
- ₁ Yes
 - ₂ No → **If No, go to #22 on page 3**
18. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did anyone from this provider's office follow up to give you those results?
- ₁ Never
 - ₂ Sometimes
 - ₃ Usually
 - ₄ Always

19. In the last 6 months, how often did you get these test results in a timely manner?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

20. In the last 6 months, how often did you have to request your test results before you got them?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

21. In the last 6 months, how often were these test results presented in a way that was easy to understand?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

22. In the last 6 months, how often do you think this provider understood what you wanted from your health care?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

23. In the last 6 months, how often did this provider ask you for your ideas about managing your health?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

24. In the last 6 months, how often did this provider discuss whether you were getting the health care you wanted?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

Care from Other Staff at This Provider's Office

25. People often receive care from several people in the same office. These questions ask about the care you received from other staff in the office of the provider named in Question 1. In the last 6 months, did you receive care from any other staff in the office of the provider named in Question 1?

- ₁ Yes
- ₁ No → *If No, go to #29*

26. In the last 6 months, how often did these other staff seem up-to-date about the care you were receiving from the provider named in Question 1?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

27. In the last 6 months, how often did these other staff talk with you about care you received from the provider named in Question 1?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

28. In the last 6 months, how often did these other staff seem to know the important information about your medical history?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

Care from Anyone in This Provider's Office

29. These questions ask about the care you received from the provider named in Question 1 and other staff in this provider's office. In the last 6 months, did anyone from this provider's office give you instructions about how to manage your health conditions?

- ₁ Yes
- ₂ No → *If No, go to #31 on page 4*

30. When anyone from the office of the provider named in Question 1 gave you instructions about how to manage your health conditions, how often were you able to follow these instructions?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

31. In the last 6 months, did you take any prescription medicine?

- ₁ Yes
- ₂ No → **If No, go to #35**

32. In the last 6 months, how often have you and anyone from the office of the provider named in Question 1 talked about how you were supposed to take your medicine?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

33. In the last 6 months, how often have you taken your medicine as prescribed?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

34. In the last 6 months, how often have you and anyone from the office of the provider named in Question 1 talked about what to do if you have a bad reaction to your medicine?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

35. In the last 6 months, how often has anyone from the office of the provider named in Question 1 contacted you between visits to see how you were doing?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

36. In the last 6 months, did you try to contact the office of the provider named in Question 1 with a medical question **after** regular office hours?

- ₁ Yes
- ₂ No → **If No, go to #38**

37. In the last 6 months, when you tried to contact the office of the provider named in Question 1 **after** regular office hours, how often did you get an answer to your medical question in a timely manner?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

38. In the last 6 months, how often did anyone from the office of the provider named in Question 1 **ask** if you needed more services at home to manage your health conditions?

- ₁ Never → **If Never, go to #40**
- ₂ Sometimes
- ₃ Usually
- ₄ Always

39. In the last 6 months, how often did anyone from the office of the provider named in Question 1 **help you get** more services at home to manage your health conditions?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

Care from Specialists Outside This Provider's Office

40. Specialists are doctors like surgeons, heart doctors, psychiatrists, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you receive care from any specialists outside the office of the provider named in Question 1?

- ₁ Yes
- ₂ No → **If No, go to #48 on page 5**

41. In the last 6 months, how often did the provider named in Question 1 seem informed and up-to-date about the care you got from specialists?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

42. In the last 6 months, how often did you have to remind the provider named in Question 1 about care you received from specialists?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

43. In the last 6 months, did any specialists prescribe medicine for you?

- ₁ Yes
- ₂ No → **If No, go to #45**

44. In the last 6 months, how often did the provider named in Question 1 talk with you about the medicines prescribed by specialists?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

The Specialist You Saw Most Often in the Last 6 Months

45. These questions ask about care you received from the specialist you saw most often in the last 6 months. In the last 6 months, how often did this specialist seem to know the important information about your medical history?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

46. When you see this specialist, how often do you have to repeat information that you have already given to the provider named in Question 1?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

47. When you see this specialist, how often does he or she repeat tests that you have already had?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

Your Most Recent Hospital Stay

48. In the last 6 months, were you admitted to a hospital overnight or longer?

- ₁ Yes
- ₂ No → **If No, go to #53**

49. After your most recent hospital stay, did anyone from the office of the provider named in Question 1 contact you to ask about the condition you were in the hospital for?

- ₁ Yes
- ₂ No → **If No, go to #52**

50. After your most recent hospital stay, did anyone from the office of the provider named in Question 1 give you advice to help you manage the condition you were in the hospital for?

- ₁ Yes
- ₂ No → **If No, go to #52**

51. How often did you follow this advice?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

52. After your most recent hospital stay, did the provider named in Question 1 seem to know the important information about this hospital stay?

- ₁ Yes
- ₂ No

About You

53. In general, how would you rate your overall health?

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

54. What is your age?
- ₁ 18 to 24
 - ₂ 25 to 34
 - ₃ 35 to 44
 - ₄ 45 to 54
 - ₅ 55 to 64
 - ₆ 65 to 74
 - ₇ 75 or older
55. Are you male or female?
- ₁ Male
 - ₂ Female
56. What is the highest grade or level of school that you have completed?
- ₁ 8th grade or less
 - ₂ Some high school, but did not graduate
 - ₃ High school graduate or GED
 - ₄ Some college or 2-year degree
 - ₅ 4-year college graduate
 - ₆ More than 4-year college degree
57. Are you of Hispanic or Latino origin or descent?
- ₁ Yes, Hispanic or Latino / Latina
 - ₂ No, not Hispanic or Latino / Latina
58. What is your race? Please mark one or more.
- ₁ White
 - ₂ Black or African-American
 - ₃ Asian
 - ₄ Native Hawaiian or Other Pacific Islander
 - ₅ American Indian or Alaska Native
 - ₆ Other
59. Did someone help you complete this survey?
- ₁ Yes
 - ₂ No → **If No, go to #61**
60. How did that person help you? Please mark one or more.
- ₁ Read the questions to me
 - ₂ Wrote down the answers I gave
 - ₃ Answered the questions for me
 - ₄ Translated the questions into my language
 - ₅ Helped in some other way
- How did they help? *(Please print):*
-

61. Did you complete this survey for someone else?
- ₁ Yes → **If Yes, go to #62**
 - ₂ No → **Thank you. Please return the completed survey in the postage-paid envelope.**
62. What is your relationship to the person for whom you completed the survey? Please mark all that apply.
- ₁ Your child
 - ₂ Your parent
 - ₃ Another family member
 - ₄ Other (specify)

Other relationship *(Please print):*

Thank You

Please return the completed survey in the postage-paid envelope to:

Center for the Study of Services
 PO Box 10820
 Herndon, VA 20172-9904

Please do not include any other correspondence.