

T-HIP 6-Month Survey Example Reporting

DEMOGRAPHICS				Seeking care in the last 6 months			Communicating with your T-HIP Care Coordinators			Develop and execute a care plan: Assessing your			Develop and execute a plan of action for your care: Create a care plan			Connecting you to other resources			About you			Barriers to receiving care		What would you like more resources and	
Medicaid ID	First Name	Last Name	Date of Birth	1. In the last 6 months, how many times did you visit, contact, or get care for yourself from your primary care provider or other primary care professional? For example: in-person visit, phone call, email, etc.	2. In the last 6 months, how many health care professionals outside of your primary care provider's office have you seen for a health reason?	3. In the last 6 months, if you saw more than one health care professional for your health care needs, how often did your T-HIP care-coordinator help guide you to know which one to get in touch with when you needed medical care, if your condition got worse, or if another medical condition returned?	4. In the last 6 months, if you contacted your T-HIP care-coordinator's office with a medical question during regular office hours, how often did you get an answer the same day?	5. In the last 6 months, if you contacted your T-HIP care-coordinator's office after regular office hours, how often did you get the help or advice you needed in 24-48 hours?	6. In the last 6 months, how often did your T-HIP care-coordinator explain things in a way that was easy to understand, and asked you if you understood all the information, he or she gave to you?	7. In the last 6 months, how often did your T-HIP care-coordinator talk to you about any support you might need to take care of your health?	8. In the last 6 months, how often did your T-HIP care-coordinator ask about your goals for taking care of your health?	9. In the last 6 months, how often did your T-HIP care-coordinator help you plan ahead so that you could take of your health even during difficult or stressful times?	10. In the last 6 months, if you and your T-HIP care-coordinator created a care plan to take care of your health, did the plan include specific outcomes that would tell you when you met your goals? Outcomes can include functional goals, such as being able to walk a flight of stairs without losing your breath, or target rates-for example, a blood pressure reading below 120/80 mmHG?	11. In the last 6 months, if you and a T-HIP care-coordinator created a care plan to take care of your health, did the plan include what to do if there is a problem or a change in your health?	12. During stressful times, some people find it harder to take of their health. In the last 6 months how often did your T-HIP care-coordinator help you plan ahead so that you could take of your health even during difficult or stressful times?	13. In the last 6 months, if you needed to visit another health care professional outside of your primary care provider's office, how often did your T-HIP care-coordinator help you make the appointment?	14. In the last 6 months, how often did your T-HIP care-coordinator give you information about available community-based services to support your health such as groups, classes, counselors, community recreation programs, or faith-based and culturally relevant activities?	15. In the last 6 months, did you get healthcare 3 or more times for the same condition or problem?	16. In the last 6 months, did you have to stay in the hospital for at least one night?	17. In the last 6 months, were you admitted to or discharged from a nursing home or rehabilitation facility?	18. In the last 6 months, were you offered, an anxiety, depression, suicide, or substance use screening by your T-HIP care-coordinator?	19. In the last 6 months, if you have but off receiving health care, is it because of any of the following (please check all that apply)?	20. Do you have access to healthcare in one or more of the following ways (check all that apply)?	21. Which of the following resources would you be interested in learning more about (check all that apply)?	
x000100	Betty	White	1/4/1946	1	None	Sometimes	Sometimes	Always	Usually	Never	Sometimes	Usually	Always	Usually	Never	Always	Sometimes	No	No	No, No	No	Concerned about the cost of healthcare	A cell phone	Smoking (or commercial tobacco)	Cessation

Question	#1	#2	#3	#4	#5	#6, 7, 8, 9, 12, #10	#11	#13	#15,16, 18	#17	#19	#20	#21
	None	None	Never	Never	Never	Never	Never	Never	Yes	Yes, Yes	Difficulty in finding childcare	Poor quality internet	Smoking (or commercial tobacco) Cessation
1	1	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	Sometimes	No	Yes, No	Difficulty in finding transportation	Good quality internet	Substance Use Disorder Treatment
2	2	Usually	Usually	Usually	Usually	Usually	Usually	Usually	No, No	No, No	Difficulty in taking time off work	A cell phone	Suicide Prevention
3	3 or more	Always	Always	Always	Always	Always	Always	Always	No, Yes	No, Yes	Childcare is too expensive	Landline	Depression Treatment
4		I did not see more than one health care professional for my health care needs in the las 6 months.	I did not call my T-HIP care-coordinator's office in the last 6 months during regular office hours.	I did not call my T-HIP care coordinator's office after regular hours in the last 6-months.		I did not have a health care plan of action with my T-HIP care-coordinator.	I did not have a health care create a care plan with my T-HIP care-coordinator.	I did not need to visit a health care professional outside of my primary care providers office in the last 6 months.			Concerned about the cost of healthcare	None of the above	Housing Resources
5 to 9								When I need to visit a health care professional outside of my primary care providers office in the last 6 months, I did not seek help from my T-HIP care-coordinator.			Unsure where to go for help		Family Planning
10 or more times											Travel to the healthcare provider is too far		Food Security
											Postponed care because of being too sick		Anxiety Treatment
											Availability of the local doctor		