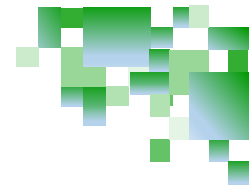


Patient Interest Survey



Thank you for taking part in this survey to help us improve the care we provide for you and your family as part of the Klamath Family Practice community. We are exploring the possibility of starting a direct primary care (DPC) practice so that we can offer our patients more access to and time with their health care provider.

Direct primary care is a membership program in which patients pay a monthly fee for health care services instead of paying a copayment at every visit and billing insurance. The monthly membership fee would replace medical bills with a single payment for all health care services provided by Klamath Family Practice during the month.

The membership fee would provide:

- Office visits, including the option of scheduling longer appointments with your health care provider and care team
- Communication with your provider outside of scheduled appointments (for example, by phone, through secure online messaging)
- Support for healthy lifestyle choices (for example, nutrition services, exercise advice, life coaching)
- Discounts for lab work, prescription medicines, and other health care services provided outside of Klamath Family Practice

To learn more about direct primary care, please request our brochure with frequently asked questions (FAQ) from the office staff.

If you have any questions or concerns about this survey, please feel free to share them with us at survey@kfpc.net

Sincerely,

Jon McKellar, MD
Roger Cummins, PA-C

Your Current Satisfaction with Our Care

How satisfied are you with each of the following aspects of Klamath Family Practice?

	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
Your patient-provider relationship with Dr. McKellar or Roger Cummins, PA-C (circle your provider)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount of time your provider spends with you during appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The interactions you have with your care team members and the office staff at KFP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to schedule appointments when you want to be seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to communicate with your provider outside of scheduled appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thoroughness of the health care you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your access to your health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The clarity of the medical bills you receive from KFPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The amount you have to pay (after insurance) for health care services at KFPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Services and Features you Want

How much you want KFPC to offer each of the following?

	Very Much	Somewhat	Neutral	Not Really	Not At All	Not Applicable
More time with your provider during appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to schedule same-day appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-demand access to your health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to communicate with your provider outside of scheduled appointments (for example, by phone, through secure online messaging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A care plan that includes support for healthy lifestyle choices (for example, nutrition services, exercise advice, life coaching, holistic treatment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simplified medical bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All of your health care services at Klamath Family Practice provided for a monthly fee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Interest in Direct Primary Care

How interested are you in receiving health care through a DPC membership option:

Very interested Somewhat interested Unsure Not really interested Not interested at all

How much would you expect to pay per month for this type of membership program? (write in range)

_____ - _____

What is the most you would be willing to pay per month for this type of membership program?

_____ - _____

