Triad Healthcare Network: Care Management Provider Survey

1.	Do you	currently have patients that receive THN Care Management services?
		Yes
		No – you do not need to proceed with the survey
		Unsure
2.	Is THN (Care Management a value benefit to you as a practice?
		Yes
		No (if no, please explain)
3.	Do you l	know how to get in touch with your THN Care Management RN office liaison?
		Yes
		No
		Unsure
4.	Please r	ate the ease of the referral process to the THN Care Management Program
		Very easy
		Somewhat easy
		Somewhat hard (please explain)
		Very hard (please explain)
5.	Please rate the communication process with the THN Care Management Program	
		Very satisfied with the amount of communication
		Satisfied with the amount of communication
		Dissatisfied with the amount of communication
		Very dissatisfied with the amount of communication
	•	Please share with THN Care Management what they are doing well and the areas they can improve upon
6.	What is your overall satisfaction with the THN Care Management Program?	
		Very Satisfied
		Somewhat Satisfied
		Somewhat Dissatisfied
		Unsatisfied
7.	Would you recommend the THN Care Management Program to your other patients?	
		Yes
		No
	•	Please share information about your experience