

# INTEREST FORM



## Transfer of Health Information and Care Preferences Measures - Pilot Study Recruitment

*Please indicate your interest in participating in this opportunity, preferably by January 17, 2017, by completing this form electronically, saving, and emailing the Interest Form to [sclark@rti.org](mailto:sclark@rti.org). Interest forms received after January 17 are welcome and will be considered for the later measure testing activities. If you are applying for multiple agencies or facilities, please complete one form per Medicare CCN.*

*Please note that the pilot testing is being conducted by RTI International in collaboration with Abt Associates.*

### Section 1: Type of Organization

- ☐ Long-Term Care Hospital (LTCH) - hospital within a hospital
- ☐ Long-Term Care Hospital (LTCH) - freestanding
- ☐ Inpatient Rehabilitation Facility (IRF) - unit within a hospital
- ☐ Inpatient Rehabilitation Facility (IRF) - freestanding
- ☐ Skilled Nursing Facility (SNF) - hospital-based
- ☐ Skilled Nursing Facility (SNF) - freestanding
- ☐ Home Health Agency (HHA) - freestanding
- ☐ Home Health Agency (HHA) - facility-based

NOTE: If more than one type checked, please complete the Interest Form for each type.

### Section 2: Contact Information

**1. Personal Contact Information:** *Please provide contact information for the designated agency/facility contact for this effort.*

Name:

Job Title:

Phone: (    )

Email Address:

**2. Agency/Facility Information:**

Name of Agency/Facility:

Address:

City:

State:

Zip:

Phone: (    )

Website:

CCN:

### Section 3: Agency/Facility Characteristics

#### 3. Please indicate whether your agency/facility is:

☐ Independently owned and operated

☐ Part of a chain or has multiple CCNs

If you checked this response, please indicate:

Number of CCNs your organization has:

☐ 2-4

☐ 5-20

☐ >20

Number of states your organization is located in:

\_\_\_\_\_ States

#### 4. If facility type is IFR, LTCH, or SNF, provide Number of Beds at this facility:

\_\_\_\_\_ Beds

*NOTE: SNFs should only include Medicare Part A SNF population in this count*

#### 5. Average Daily Census:

\_\_\_\_\_ Patients/residents per day

*NOTE: SNFs should only include Medicare Part A, SNF population in this count*

#### 6. Average Length of Stay:

\_\_\_\_\_ Days

*NOTE: SNFs should only include Medicare Part A, SNF population in this number of days*

#### 7. Please indicate whether your agency/facility is: Check all that apply.

☐ For Profit, publicly traded

☐ For Profit, not publicly traded

☐ Not-for-profit

☐ Government entity

#### 8. Please indicate whether your agency/facility uses electronic records for clinical/medical records:

Yes ☐ No ☐ Partially ☐

If you answered yes or partially, please provide name of the EMR/EHR system used by your facility:

\_\_\_\_\_

## Section 4: Pilot Study Activity Participation

### 9. Please check all activities you or your agency/facility is interested in participating in:

- ☐ **Round 1 Telephone Interviews** (January, 2017): to obtain provider input on new assessment items and inform item wording and guidance.  
*(1 interview per pilot test participant, no longer than 1 hour)*
- ☐ **Round 2 Telephone Interviews** (January and February, 2017): to obtain provider input on feasibility and burden of data collection and potential unintended consequences.  
*(1 interview per pilot test participant, review of guidance and interview estimated time of 2 hours)*
- ☐ **Scenario-based Survey** (February-March, 2017): providers will complete short survey using hypothetical patient/resident scenarios.  
*(1 survey per pilot test participant, review of guidance and completion of survey, estimated time of 2 – 3 hours)*
- ☐ **Pilot Data Collection** (April and May, 2017): providers will complete mock versions of new assessment items based on actual patient/resident records.  
*(training call and review of training materials, telephone debriefing interviews, and data collection for 6 – 8 mock assessment items for approximately 15-20 patients/residents)*

**Please return this form to Samantha Clark by email ([sclark@rti.org](mailto:sclark@rti.org)). Thank you.**