

PATIENT EXIT SURVEY

Survey Tool Review

A1. Date of Interview (MM/DD/YYYY): / /

A2. Time Started: : AM / PM

A3. Time Ended: AM / PM

A4. Interviewer's Name and Signature: _____

A5. Supervisor's Name and Signature: _____

A6. Supervisor's Review Date (MM/DD/YYYY):

1 This is a survey for the research study called Impact of Incentives and Information on Quality and Utilization in Primary Care (I3QUIP). I3QUIP aims to determine whether interventions introduced by PhilHealth to the PCB1 package help in the improvement of utilization and quality of PCB services. The study is a collaboration of PhilHealth, the World Bank, and Korean Development Institute. This particular survey is funded and commissioned by the World Bank to the Center for Economic Policy Research (CEPR).

2 Your Local Chief Executive/Mayor agreed to participate in the study, and your LGU is one of the 240 LGUs with PCB1 providers that have been selected to participate. This study will be conducted over 36 months from 2013 to 2016. Once the study is completed, dissemination workshops will be conducted, including presenting findings to LGUs. All primary data collected through the impact evaluation study, including those collected in this survey, is the property of World Bank. The use of the primary data without the consent of the World Bank is strictly prohibited, until data embargo is lifted and the dataset made public.

3 As part of the study, surveys with key informants in the LGU, health facility surveys, and selected patients. You have been randomly selected to give us information to help us complete the questionnaire for health center patients. This survey will inquire about services rendered by your health center.

4 Please be assured that the information you provide will be treated with utmost confidentiality and will not be shared with anyone, including your RHU/health center physician and staff. This information will be used for research purposes only. Your name and other personal information will eventually be removed from the information collected and only a code number will connect your name with your answers. When results are presented, they will be in aggregate, combined with the results in other sites. Specifically we want to say that this information will not be used for disciplinary action or regulation.

5 We hope that the information will indirectly benefit you by informing the Department of Health and the Philippine Health Insurance Corporation (DOH and PhilHealth) of ways to implement PCB1 that will encourage more people to seek primary health care, help PCB1 providers render quality services, and produce good health outcomes for the population. The only cost to you in terms of participation is your time in responding to the survey.

6 The participation in this survey is purely voluntary. Also, if there is a question you do not want to answer, just tell me and we will skip to the next one; if you no longer want to continue, you can also tell me and we will stop the interview. If you have any questions, you can ask me, or you can contact our survey supervisor _____ through _____ at _____. You can also contact Ms. Corinne Bernaldez at the World Bank at Tel. No. (02) 4652633 or Dr. Leizel Lagrada in PhilHealth at 637-6239.

7 The UP Manila Research Ethics Board (UPMREB) Panel 2 has approved the study and may be reached through the following contact for information regarding rights of study participants, including grievances and complaints:

Dr. Virginia R. De Jesus
Address: Rm 205, Paz Mendoza Bldg, College of Medicine, UP Manila
Number: +63 2 5222684
Mobile: +63 927 3264910
Email: upmreb@post.upm.edu.ph

8 Your signature indicates that you understood the purpose and mechanics of this study and that you are willing to participate.

Name and Signature

DIRECTION: Enumerators, please completely fill up all items and ENCIRCLE THE APPROPRIATE CODE/s whenever appropriate. If refuses to answer, put -66.

Part I: IDENTIFICATION

ID0 Survey ID Number _____

ID1.Region:_____

ID2. Province: _____

ID3. City/Municipality:_____

ID4. Name of Health Facility:_____

ID5. Patient's Name: _____

ID6. Patient's Age: (as of last birthday): years

ID7. Patient's Sex: 1 – Male, 2 – Female

ID8. Name of Respondent: _____

ID9. Relationship of Respondent to Patient:

1 – Self

2 – Spouse

3 – Parent

4 – Child

5 – Relative

6 - Friend

7 – Others, specify _____

ID10. Respondent's Age (as of last b-day) years

ID11. Respondent's Sex: 1 – Male, 2 – Female

ID12. Respondent's Education:

1 – No Schooling

2 – Some grade school

3 – Grade School (Completed)

4 – Some high school

5 - High School (Completed)

6 – Some College/University

7 – College (Completed)

8 - Post Graduated (Completed)

9 – Vocational Course (Completed)

ID13. PhilHealth Membership (of respondent)

1 – Member

2 – Dependent

3 – Non-Member **(SKIP to Part III-utilization)**

-33 – Don't Know **(SKIP to Part III-Utilization)**

ID14. PhilHealth Number (of respondent) _____

-33 – Don't Know

ID15. PhilHealth Membership Type (of respondent)

- 1 – Employed, DepEd
- 2 – Employed, Govt other than DepEd **(SKIP to Part III)**
- 3 – Employed, Private **(SKIP to Part III)**
- 4 – Individually-Paying/Voluntary **(SKIP to Part III)**
- 5 – Organized Group
- 6 – NHTS-Sponsored, CCT/4Ps
- 7 – NHTS-Sponsored, not CCT/4Ps
- 8 – Provincial LGU-Sponsored
- 9 – Municipal LGU-Sponsored
- 10 – Congressman/woman-Sponsored
- 11 – OFW
- 12 – Lifetime Member **(SKIP to Part III)**
- 13 – Others, specify _____ **(SKIP to Part III)**
- 33 – Don't Know **(SKIP to Part III)**

(If answer is 1,5,6,7,8,9,10,11 SKIP to Part II. All others SKIP to Part III)

ID16. Contact Number/s of the Patient: _____

Part II: PHILHEALTH AWARENESS (For PCB1-entitled respondents only)

A1. Do you have a Philhealth ID?

- 1 – Yes
- 3 – No **(SKIP to A4)**
- 33 – Don't Know **(SKIP to A4)**

A2. If Yes, when did you (or the member if the respondent is a dependent) receive the ID?

Month, Year:

-33 – Don't Know

A3. Did you bring your ID? (Request to see the ID)

- 1 – Yes, seen
- 3 – No/(did not bring)
- 5 Yes, not seen

A4. Have you been asked to sign up/enlist by the RHU or the LGU regarding your Sponsored Program membership or Primary Care Benefit 1 (PCB1) entitlement?

- 1 – Yes
- 3 – No **(SKIP to A7)**
- 33 – Don't Know **(SKIP to A7)**

A5. If Yes, where did you sign up?

- 1 – At home
- 2 – RHU/health center
- 3 – Brgy health station
- 4 – Brgy hall
- 5 – Hospital
- 6 – Others, specify _____

A6. How did you know about signing up?

- 1 – Brgy Health Worker / Community Health Team (BHW/ CHT) informed me
- 2 – RHU staff informed me
- 3 – Through 4Ps program/DSWD
- 4 – I learned from an IEC material, pls. specify _____
- 5 – Others, specify _____

A7. Have you heard of the Primary Care Benefit Package of PhilHealth?

- 1 – Yes
- 3 – No (SKIP to A11)

A8. What are the benefits covered in PCB1? (Allow multiple responses. Do not prompt.)

Primary Preventive Services

- A – Consultation
- B – Visual inspection with acetic acid
- C – Regular BP measurements
- D – Breastfeeding program education
- E – Periodic clinical breast examination
- F – Counseling for lifestyle modification
- G – Counseling for smoking cessation
- H – Body measurements
- I – Digital Rectal Examination

Diagnostic Examinations

- J – Complete blood count
- K – Urinalysis
- L – Fecalalysis
- M – Sputum microscopy
- N – Fasting blood sugar
- O – Lipid profile
- P – Chest x-ray

Drugs and Medicines for the following conditions:

- Q - Asthma
- R – Acute Gastroenteritis
- S – Upper Respiratory Tract Infection
- T – Others, specify _____
- 33 – Don't Know

A9. How did you know about the PCB1 and the services covered? (Multiple Responses)

- A – through the BHW/CHT
- B – through the RHU staff
- C – through 4Ps program/DSWD
- D – through postings in the RHU
- E – through posters outside the RHU
- F – Others, specify _____

A10. Since April 2012, have you or any of your family been rendered the following services by the RHU/HC? (Read out one by one)

	Yes	No	Don't Know
Primary Preventive Services			
A10.1 – Consultation	1	3	-33
A10.2 – Visual inspection with acetic acid	1	3	-33
A10.3 – Regular BP measurements	1	3	-33
A10.4 – Breastfeeding program education	1	3	-33
A10.5 – Periodic clinical breast examination	1	3	-33
A10.6 – Counseling for lifestyle modification	1	3	-33
A10.7 – Counseling for smoking cessation	1	3	-33
A10.8 – Body measurements	1	3	-33
A10.9 – Digital Rectal Examination	1	3	-33
Diagnostic Examinations			
A10.10 – Complete blood count	1	3	-33
A10.11 – Urinalysis	1	3	-33
A10.12 – Fecalysis	1	3	-33
A10.13 – Sputum microscopy	1	3	-33
A10.14 – Fasting blood sugar	1	3	-33
A10.15 – Lipid profile	1	3	-33
A10.16 – Chest x-ray	1	3	-33
Drugs and Medicines for the following conditions:			
A10.17 – Asthma	1	3	-33
A10.18 – Acute Gastroenteritis	1	3	-33
A10.19 – Upper Respiratory Tract Infection	1	3	-33
A10.20 – Others, specify _____	1	3	-33

A11. Did you notice a PhilHealth Payment Notice posted at the RHU?

- 1 – Yes 3 – No

Part III: UTILIZATION/USE OF HEALTH FACILITY (Referring to the Patient)

B1. In the last 12 months, how many times have you/the patient visited this health facility? _____times

-33–Don't Know

B2. Reason/s for this visit? (Allow multiple responses)

A - Pre-natal consultation

B – Post-natal consultation

C – Vaccination

D – Consultation for feeling sick

E – Dental

F – Family Planning

G – PCB1 Enlistment

H – PCB1 Profiling

I – Medical Requirement

J – Others, specify _____

B3. How long did it take you/the patient to get here today from your home?

1 – 10 minutes or less

2 – more than 10 minutes to 30 minutes

3 – more than 30 minutes to one hour

4 – more than an hour

-33 – Don't Know

B4. How much did it cost you/the patient to get here today (one way)? P _____

-33 – Don't Know

B5. Once you arrived here in the health facility, how long did you/the patient wait to be seen by a health care provider?

_____ minutes

-33 – Don't Know

B6. Who provided medical care to you/the patient on this visit? (Allow Multiple Responses)

A– Physician on duty

B – Nurse on duty

C – Midwife

D – Others, specify _____

-33 – Don't Know

B7. Were you/Was the patient prescribed medicines today?

1 – Yes

3 – No (SKIP to B9)

B8. If Yes, was it available at this facility today?

1 – Yes

3 – No

-33 – Don't Know

B9. Did you/the patient pay for anything in this visit?

1 – Yes

3 – No (SKIP to Part IV)

B10. If Yes, what did you/the patient pay for? (Allow multiple responses)

- A– Medicine
- B – Laboratory
- C – Doctor's Fee
- D - Dental Fees
- E – Donation
- F – Others, specify _____
- 33 – Don't Know

B11. How much did you/the patient pay? (total amount) P_____

Part IV: PATIENT SATISFACTION

Direction: Encircle the appropriate code.

I am going to read some things people say about medical care. Please listen to each one carefully, keeping in mind the medical care you received from this facility. We are interested in your feelings, good and bad about the medical care you have received.

Please note that the “I” and “me” in the statements below refer to you as the recipient of the services.

How strongly do you AGREE or DISAGREE with each of the following statements?

- 1 – Strongly Agree
- 2 – Agree
- 3 – Uncertain
- 4 – Disagree
- 5 – Strongly Disagree (Show flashcard)

Kindly tell me the number that indicates your answer.

C1.The medical care I have been receiving is just about perfect.	1	2	3	4	5
C2. I am dissatisfied with some things about the medical care I received.	1	2	3	4	5
C3. I think my doctor's office has everything needed to provide complete medical care.	1	2	3	4	5
C4. Sometimes doctor makes me wonder if the diagnosis is correct.	1	2	3	4	5
C5. When I go for medical care, they are careful to check everything when treating and examining me.	1	2	3	4	5
C6. I have doubts about the ability of the doctors who treat me.	1	2	3	4	5
C7. Doctors are too businesslike and impersonal towards me.	1	2	3	4	5
C8.My doctor treats me in a very friendly and courteous manner.	1	2	3	4	5
C9. Doctor is good about explaining the reason for medical tests.	1	2	3	4	5
C10. Doctor sometimes ignores what I tell him/her.	1	2	3	4	5
C11. I feel confident that I can get the medical care I need without being set back financially.	1	2	3	4	5
C12. I have to pay for more of my medical care than I can afford.	1	2	3	4	5
C13. Those who provide my medical care sometimes hurry too much when they treat me.	1	2	3	4	5

C14. Doctor usually spends plenty of time with me.	1	2	3	4	5
C15. I have easy access to the doctor whenever needed.	1	2	3	4	5
C16. When I get medical care, people have to wait too long for consultation.	1	2	3	4	5
C17. I find it hard to get hold of the doctor at the Health Center.	1	2	3	4	5
C18. I am able to get medical care whenever I need it.	1	2	3	4	5
C19. I will recommend this facility to my family or friends.	1	2	3	4	5

D1. Would you like to comment on the PCB through this survey?

D2. Would you like to comment on this survey?

This is the end of this interview. Thank you very much for your time.