

atom Person and Family Advisory Council Application

Vision Statement: *To ignite powerful change, atom Advisors share their healthcare stories, opinions and experiences with atom Alliance staff and healthcare providers. Advisors are important to the Alliance's initiatives to improve health and healthcare. They work with their family, friends and neighbors so that everyone better understands how to manage their care and stay healthy. Advisors can be a person with Medicare or a caregiver. They live in communities in Alabama, Indiana, Kentucky, Mississippi and Tennessee.*

Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Medicare Beneficiary Name: _____

Relationship: (Self, Spouse, Child, Other Caregiver) _____

The work of atom Alliance is focused around the following areas. Please select the areas that you have personal experience with (check all that apply):

- Heart Health
- Patient Safety (e.g., falls, understanding/following instructions)
- Nursing Home Care
- Medication Safety / Adverse Drug Events (understanding what drug is supposed to do and when to call the provider when medication is not working properly)

- Opioid Addiction
- Diabetes
- Behavioral/Mental Health
- Chronic Kidney Disease
- Transitions Between Care Settings (e.g., hospital to home), long-term services and support literacy

Ethnicity: _____

Languages Spoken: _____

Are you willing to share your contact information with other atom Advisors? Yes No

The person with Medicare last received care in _____ (Year)

The person with Medicare has been treated most often in: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Emergency Rooms | <input type="checkbox"/> Nursing Homes |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Physician Offices | <input type="checkbox"/> Other facilities/programs (Please list): |

Please tell us which services the person with Medicare used during the last TWO YEARS (Example: Emergency Room, Hospital Stay, Pharmacy, Cardiology, Oncology, Nursing Home/Rehabilitation Facility, etc.)

Please tell us what you would most like to improve about healthcare:

Please tell us why you are interested in joining the atom Advisory Council:

Please describe any other committee, patient/family advocacy or support experience:

Please share a positive experience regarding the care the person with Medicare have received:

Please share your thoughts on a specific example of how Medicare can improve the delivery of care:

Do you have access to a computer and internet connection? Yes No

Thank you for taking the time to tell us more about your interest in the atom Advisory Council.

Please return this application to
atom Alliance Advisory Council;
c/o Qsource; 3340 Players Club Parkway, Suite 300; Memphis, TN 38125.
The secure fax number is (901) 273-2659.
If you have questions, contact Anthony Culver at 800-528-2655, ext. 2679.

Do not email this application. You should not email personal health information.

This material was prepared by atom Alliance, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO), coordinated by Qsource for Tennessee, Kentucky, Indiana, Mississippi and Alabama, under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Content presented does not necessarily reflect CMS policy. 15.A1.09.043 (updated 09.03.19)

