

# atom 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):

- |  |  |
|--|--|
| <input type="checkbox"/> Heart Health  | <input type="checkbox"/> Immunizations (Vaccines)  |
| <input type="checkbox"/> Patient Safety (Infection Prevention, Falls Prevention, etc.) | <input type="checkbox"/> Diabetes  |
| <input type="checkbox"/> Nursing Home Care   | <input type="checkbox"/> Electronic Health Records (Computer Version of Patient's Chart) |
| <input type="checkbox"/> Medication Safety   | <input type="checkbox"/> Behavioral/Mental/Emotional Health                              |
| <input type="checkbox"/> Transitions Between Care Settings (e.g., hospital to home)    | <input type="checkbox"/> Home Health Care  |

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 an area that you believe Medicare can improve delivery of care:

Do you have access to a computer and internet connection to join our meetings held at 9am central time the fourth Thursday of most months?  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.

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