

HEALTH POLICY AUDIOCONFERENCE

Evaluation Form for Continuing Education Credit

This form must be completed in order to receive continuing education credit.

EMPLOYER AND HEALTH PLAN INITIATIVES IN DISEASE MANAGEMENT

October 22, 2002, Audioconference

This evaluation must be completed and faxed to the HIPAA Summit Office at 760-418-8084 in order to receive CE credit.

Name _____

License State _____ License/Bar Number (Nurses and Attorneys) _____

Company Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-mail _____

1: PLEASE RATE THE OVERALL QUALITY OF THIS PROGRAM

| | Excellent | Very Good | Fair | Poor |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. The presentations were: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The illustrative materials were: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The audio quality was: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The registration process was: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2: HOW WELL WAS EACH COURSE OBJECTIVE MET?

| | Excellent | Very Good | Fair | Poor |
|--|------------------------------|-----------------------------|--------------------------|--------------------------|
| 5. To Assess the Role that Disease Management Programs an Play in Enhancing Healthcare Quality and Efficiency: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. To Discuss the Respective Roles of Employers, Health Plans, Providers and Patients in the Implementation of Disease Management Programs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. To Overview Prominent Disease Management Initiatives in the Private Sector and Analyze Results: <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. To Describe Disease Management Initiatives in the Medicare and Medicaid Programs: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Based on the information presented in the colloquium, will you make any changes to your practice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| If so, what changes? _____ | | | | |
| 10. Did you feel that this presentation was free of bias? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| 11. Comments and/or Suggestions for future topics: _____ | | | | |

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3: PLEASE RATE EACH SPEAKER

| David Kreiss | Excellent | Very Good | Fair | Poor |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall Session Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Content Usefulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ideas/Information Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conference Materials Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Lisa M. Latts, MD, MSPH | Excellent | Very Good | Fair | Poor |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall Session Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Content Usefulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ideas/Information Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conference Materials Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Alfred Lewis | Excellent | Very Good | Fair | Poor |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall Session Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Content Usefulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ideas/Information Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conference Materials Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| David B. Nash, MD, MBA, FACP | Excellent | Very Good | Fair | Poor |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall Session Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Content Usefulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ideas/Information Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conference Materials Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| John Iglehart | Excellent | Very Good | Fair | Poor |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Overall Session Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Content Usefulness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ideas/Information Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conference Materials Presented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____
