

Beneficiary and Family Advisory Council

Delmarva Foundation – A Member of the Atlantic Quality Innovation Network (AQIN)

Vision Statement: Beneficiary and family advisors represent the collective voice of all Medicare beneficiaries and their families and provide their perspective to improve health and healthcare for Medicare beneficiaries through quality improvement efforts in the District of Columbia.

The Delmarva Foundation is part of the Atlantic Quality Innovation Network (AQIN) which includes New York, South Carolina and the District of Columbia. The AQIN-DC Beneficiary and Family Council (BFAC) will provide a forum for ensuring that the voice of the patient is represented in a meaningful and substantial manner in the healthcare communities in which we work. The BFAC brings together patients, family members, care partners, and patient advocates representing the continuum of care in an effort to...

- Enrich the participation of patients, family members and care partners in AQIN-DC coalitions and Learning and Action Networks; and
- Incorporate the patient perspective in activities and materials developed by AQIN-DC.

The work of the BFAC is characterized by the core values of collaboration, patient empowerment, quality improvement, respect, innovation and open communication with the goal of making healthcare care safer, more coordinated, reliable, accessible and patient-centered.

Application for Beneficiary/Family Advisor

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Medicare Beneficiary Name and Relationship: _____

The work of the QIO Program is focused around the following areas. Please select the areas that you or your family member has personal experience with (check all that apply):

- Cardiac Health Patient Safety (infection prevention) Nursing Home Care Medication Safety
- Transitions between care settings (e.g., hospital to home) Immunizations Diabetes
- Electronic Health Records Behavioral Health Home Health Care

Ethnicity: _____ Languages Spoken: _____

Are you willing to share your contact information with other Beneficiary and Family Advisors? Yes No

I/my family member was last treated through Medicare in _____ (Year)

I am the Beneficiary Spouse Caretaker Representative Other _____

(continued on next page)

Application for Beneficiary/Family Advisor (continued)

I/my family member has been treated most often in (Check all that apply):

Emergency Rooms Hospitals Physician Offices Nursing Homes Other facilities/programs (Please list): _____

Please tell us which type of services you/family member have used during the last TWO YEARS

(Example: Emergency room, Hospital stay, Transitions of care, Cardiology, Oncology, Long term care, etc.) _____

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

Please tell us why you are interested in joining the Beneficiary and Family Advisory Council: _____

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

Please share a positive experience regarding the care you have received through Medicare: _____

Please share your thoughts on an area in which you believe Medicare can improve delivery of care: _____

Please tell us the easiest time for you to participate in meetings: Morning Afternoon Evening

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 Beneficiary and Family Advisory Council.

Please complete and return this form to Bonnie J. Horvath

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