

APPENDIX A

Survey 1, Stanford Primary Care 2.0 Design Process, December 2015

Questions:

1. What did you think about the OVERALL Primary Care 2.0 design process?
2. What did you think about the Pre-work and Research activities for PC 2.0?
3. What did you think about the three Visioning events overall?
4. What do you think about the two System Design events overall?
5. What did you think about the Planning Session event overall?
6. What did you think about the Target Condition event overall?
7. What did you think about the Macro Design events overall?
8. What did you think about the Micro Design events overall?

Likert response options to questions above:

Strongly believe it was not valuable
Somewhat believe it was not valuable
Believe it was neither valuable nor not valuable
Somewhat believe it was valuable
Strongly believe it was valuable
Did not participate

Final open-ended question:

Additional reflections on the process, subgroups, tours, team, leadership, facilitation, etc.?

APPENDIX B

Survey 2, Stanford Primary Care 2.0 Design Process, February and March 2016

1. The Primary Care 2.0 team applied a “3P” approach to designing the care model, work flows, and physical space.

How did the approach affect the team process and the output?

2. Please reflect on the dynamics during group sessions.

Were certain roles or voices considered more valuable than others? Were all roles and voices considered equal? How were group norms and expectations set and reinforced?

3. The PC 2.0 care team is multi-disciplinary and is thought to not be physician-led. Do you agree? How did the Design Team composition and group dynamics influence this? What other factors influenced this?

4. Overall, what facilitated the group process? What were the barriers?