

**Interview with Moral Owner**

Date:

Board member name:

Owner name:

Question: What was your last physician office visit like?

Feedback:

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Question: Do you feel like your care is coordinated?

Feedback:

Question: What health care issues in your community keep you up at night?

Feedback:

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Question: How do you see Mountain-Pacific as your partner?

Feedback:

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Question: How do you see Mountain-Pacific as a partner in 5 years?

Feedback: