

**EVALUATION OF THE PHYSICIAN
INTEGRATED NETWORK (PIN)**

**PROVIDERS PRE-INTERVENTION
SURVEY RESULTS**

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Appendix A – Pre-intervention questionnaire

1.0 Introduction

The Physician Integrated Network (PIN) initiative is intended to “facilitate systemic improvements in the delivery of primary care” in Manitoba.¹ The initiative involves group practice sites of fee-for-service (FFS) physicians who agree to implement practice changes aimed at achieving the following PIN objectives:

- ▶ To improve access to primary care
- ▶ To improve primary care providers’ access to and use of information
- ▶ To improve the work life for all primary care providers
- ▶ To demonstrate high quality primary care with a specific focus on chronic disease management²

The theory underlying PIN is that changes to primary care will yield benefits that reduce the overall costs of health care and return important social and economic outcomes. A secondary element of PIN is the development of incentive systems that encourage the primary care system to focus on quality care.³

PIN Phase 2 officially began with the Steinbach Family Medical Centre (a Phase 1 Demonstration site) developing its Phase 2 work plan for its conversion to a full PIN site. This was the Centre’s second year of Quality-Based Incentive Funding, which began in January 2009. Manitoba Health recruited additional FFS family physicians to join as new PIN sites between February and April 2009.⁴

In addition to the four clinics from PIN Phase 1, nine more group practice sites were selected to participate in PIN Phase 2:

In Winnipeg:

- ▶ Prairie Trail Medical Centre
- ▶ Concordia Wellness Centre
- ▶ Four Rivers Medical Clinic
- ▶ Clinique St. Boniface Clinic
- ▶ Tuxedo Family Medical Centre

¹ Manitoba Health. Physician Integrated Network. Retrieved March 7, 2011, from <http://www.gov.mb.ca/health/phc/pin/index.html>

² Manitoba Health. Physician Integrated Network. Retrieved March 7, 2011, from <http://www.gov.mb.ca/health/phc/pin/index.html>

³ Manitoba Health. Physician Integrated Network. Retrieved March 7, 2011, from <http://www.gov.mb.ca/health/phc/pin/fund.html>

⁴ Manitoba Health. Physician Integrated Network. Retrieved January 4, 2011, from <http://www.gov.mb.ca/health/phc/pin/phase2.html>

In rural Manitoba:

- ▶ Altona Clinic (Altona)
- ▶ Western Medical Clinic (Brandon)
- ▶ Centre Médical Seine Inc. (Ste. Anne)
- ▶ Virden Medical Associates (Virden)

Although each clinic was asked to choose areas of concentration as part of the demonstration, all but two clinics decided to begin all indicator clusters from the start. Concordia Wellness Centre began with the prevention indicators and is currently moving to also add the diabetes indicators. Virden Medical Associates began with all indicator clusters excluding the prevention indicators.

PRA Inc. developed the PIN Phase 2 evaluation plan in collaboration with Manitoba Health, modelling it on the PIN Phase 1 evaluation plan (developed by Manitoba Health and the Department of Family Medicine, University of Manitoba). The evaluation includes several lines of evidence: a provider survey, patient survey, analysis of electronic medical record data, and interviews with PIN stakeholders.

This report presents the findings of the provider survey component of the evaluation. A pre-intervention survey was conducted with primary care providers at the practice sites. The intent of the pre-intervention survey was to gather demographic and baseline data from providers regarding several practice areas as well as work life.

2.0 Methodology

This section outlines the methodology used to conduct the provider survey.

2.1 Questionnaire development

For PIN Phase 1, evaluators from the University of Manitoba Department of Family Medicine developed the pre-intervention provider questionnaire from questions on two validated surveys currently used in the health care system: the Physician Primary Care Assessment Tool (PCAT)⁵ and the National Physician Survey 2007 (NPS). The evaluation team used the same questionnaire for PIN Phase 2.

The questionnaire asked physicians questions about:

- ▶ Medical education and professional development
- ▶ Work and patient care settings
- ▶ Patient access to care
- ▶ Patient-physician relationship
- ▶ Practice/work profile
- ▶ Practice changes
- ▶ Use of information technology

The questionnaire also collected socio-demographic information on age, gender, family status, education, and professional income.

The pre-intervention questionnaire is located in Appendix A.

⁵ Starfield, B. & Shi, L. (2008). *Manual for the Primary Care Assessment Tools*. Baltimore MD: John Hopkins University. Retrieved on March 7, 2011 from http://www.jhsph.edu/pcpc/pca_tools.html

2.2 Population

All physicians at each clinic were asked to complete the pre-intervention survey. Data collection began between November 3, 2009 and January 11, 2010, depending on the clinic. The evaluation team sent the final reminder notice to physicians on May 25, 2010, and accepted completed questionnaires up to July 29, 2010. In total, 34 surveys were completed over this period. The overall response rate was 44%. Table 1 presents the number of surveys completed by each clinic.

Clinic	Date data collection began	Population*	Pre-intervention survey
		N	n
Altona Clinic	December 9, 2009	5	2
Clinique Médical Seine Inc.	January 11, 2010	10	3
Clinique St. Boniface Clinic	November 13, 2009	8	3
Concordia Wellness Centre	November 3, 2009	7	6
Fours Rivers Medical Clinic	December 15, 2009	9	5
Prairie Trail Medical Centre	November 6, 2009	12	2
Tuxedo Family Medical Centre	November 18, 2009	6	4
Virden Medical Associates	December 9, 2009	5	1
Western Medical Clinic	December 9, 2009	13	8
Total number of surveys		78	34

* In total, 78 physicians were asked to complete the provider questionnaire. The total number of physicians participating in PIN Phase 2 has fluctuated over time as a result of the movement of physicians in and out of the clinics participating in PIN.

Caution should be used when interpreting the results for this line of evidence, because of the small sample sizes.

3.0 Main findings

This section presents the tabular results of the pre-intervention provider survey.

3.1 Profile of providers

Table 2: Demographic profile of providers		
	Pre-intervention (n=34)	
	n	%
Age		
Under 40	8	24%
40 to 50	5	15%
Over 50	20	59%
No response	1	3%
Average age		50
Gender		
Male	19	56%
Female	14	41%
No response	1	3%
Marital status		
Married/living with partner	29	85%
Divorced/separated	3	9%
Single	2	6%
Do you have children?		
Yes	30	88%
No	4	12%
Age of youngest child*		
Under 5	5	17%
5 to 10	6	20%
11 to 17	5	17%
18 years or older	13	43%
No response	1	3%
Average age of youngest child		15
* Question was asked out of those with children Note: Due to rounding, the proportion per question may not sum to 100%.		

Table 3: Place providers grew up prior to university		
	Pre-intervention (n=34)	
	n	%
Manitoba	21	62%
Other provinces in Canada	8	24%
Outside Canada	10	29%
Note: Providers could give more than one answer; totals may sum to more than 100%.		

Table 4: Education		
	Pre-intervention (n=34)	
	n	%
Number of years since completion of undergraduate medical training		
Less than 10	6	18%
10 to 19	5	15%
20 to 25	4	12%
More than 25	17	50%
No response	2	6%
Average number of years	23	
Where completed undergraduate medical training		
University of Manitoba	17	50%
Other universities in Canada	7	21%
Other universities outside Canada	9	27%
No response	1	3%
Number of years since completion of most recent postgraduate medical training		
Less than 10	8	24%
10 to 19	4	12%
20 to 25	8	24%
More than 25	11	32%
No response	3	9%
Average number of years	19	
Where completed most recent postgraduate medical training		
University of Manitoba	19	56%
Other universities in Canada	5	15%
Other universities outside Canada	6	18%
No response	4	12%
Note: Due to rounding, the proportion per question may not sum to 100%.		

Table 5: Professional information		
	Pre-intervention (n=34)	
	n	%
Current professional status*		
I am in a full-time or part-time medical practice	34	100%
I have a faculty appointment	6	18%
Area of practice		
Family physician/general practitioner	32	94%
Family physician/general practitioner with a special focus	2	6%
Designations*		
CCFP	19	56%
FCFP	11	32%
CFPC (unspecified other designation)	2	6%
CCFP (EM)	1	3%
MC (Maintenance of Certification)	1	3%
None of the above	4	12%
No response	3	9%

* Providers could give more than one answer; columns may sum to more than 100%.

Table 6: Number of years since becoming licensed to practice medicine in Canada for the first time		
	Pre-intervention (n=34)	
	n	%
Less than 5	7	21%
5 to 10	5	15%
11 to 20	5	15%
Over 20	15	44%
No response	2	6%
Total	34	101%
Average number of years	18	

Note: Due to rounding, columns may not sum to 100%.

Table 7: Rating of availability of continuing professional education methods												
Methods	Pre-intervention (n=34)											
	Excellent		Very good		Good		Fair		Poor or not at all available		Don't use/no response	
	n	%	n	%	n	%	n	%	n	%	n	%
Accredited conferences/courses	14	41%	10	29%	8	24%	-	-	-	-	2	6%
Unaccredited educational dinners/lunches sponsored by pharmaceutical companies	12	35%	10	29%	6	18%	2	6%	1	3%	3	9%
Peer-reviewed journals	10	29%	12	35%	8	24%	1	3%	-	-	3	9%
Self-directed learning methods (e.g., self learning, practice-based small group learning)	10	29%	7	21%	10	29%	-	-	1	3%	6	18%
Rounds, journal clubs, small group activities	8	24%	7	21%	3	9%	8	24%	2	6%	6	18%
Evidence-based resources (e.g., clinical practice guidelines, data repositories)	6	18%	21	62%	4	12%	-	-	-	-	3	9%
Online education courses	6	18%	7	21%	8	24%	2	6%	2	6%	9	26%
Non-peer-reviewed medical publications	5	15%	4	12%	11	32%	6	18%	1	3%	7	21%
Self-assessment programs (e.g., Multiple Choice Questions[MCQ], practice portfolios, CME logs, multi-source feedback)	2	6%	6	18%	5	15%	7	21%	1	3%	13	38%
Performance practice audits	1	3%	3	9%	4	12%	3	9%	6	18%	17	50%
Simulators	-	-	1	3%	2	6%	1	3%	11	32%	19	56%

Note: Due to rounding, rows may not sum to 100%.

Table 8: Rating of effectiveness of continuing professional education methods in maintaining or enhancing their knowledge, skills, or competencies for their professional practice												
Methods	Pre-intervention (n=34)											
	Excellent		Very good		Good		Fair		Poor or not at all effective		Don't use/no response	
	n	%	n	%	n	%	n	%	n	%	n	%
Accredited conferences/courses	9	27%	10	29%	9	27%	2	6%	-	-	4	12%
Evidence-based resources (e.g., clinical practice guidelines, data repositories)	8	24%	13	38%	6	18%	2	6%	-	-	5	15%
Self-directed learning methods (e.g., self learning, practice-based small group learning)	8	24%	7	21%	10	29%	1	3%	-	-	8	24%
Rounds, journal clubs, small group activities	8	24%	6	18%	7	21%	2	6%	-	-	11	32%
Online education courses	4	12%	4	12%	8	24%	2	6%	1	3%	15	44%
Peer-reviewed journals	3	9%	15	44%	5	15%	3	9%	3	9%	5	15%
Unaccredited educational dinners/lunches sponsored by pharmaceutical companies	3	9%	4	12%	11	32%	6	18%	5	15%	5	15%
Self-assessment programs (e.g., Multiple Choice Questions [MCQ], practice portfolios, CME logs, multi-source feedback)	2	6%	3	9%	6	18%	5	15%	1	3%	17	50%
Performance practice audits	1	3%	2	6%	5	15%	2	6%	2	6%	22	65%
Simulators	1	3%	2	6%	1	3%	-	-	5	15%	25	74%
Non-peer-reviewed medical publications	-	-	3	9%	9	27%	5	15%	5	15%	12	35%

Note: Due to rounding, rows may not sum to 100%.

Table 9: Professional development courses or programs		
	Pre-intervention (n=34)	
	n	%
Do you personally provide continuing professional development courses or programs?		
Yes	2	6%
No	31	91%
No response	1	3%
Providers who provide courses or programs (n=2)		
Type of audience for courses or programs *		
Physicians not in your specialty/area of practice	2	100%
Physicians in your specialty/area of practice	2	100%
Other health professionals	1	50%

* Providers could give more than one answer; totals may sum to more than 100%.

3.2 Work and patient care settings

3.2.1 Work setting

Table 10: Description of where providers work and their main patient care setting				
Work settings	Pre-intervention (n=34)			
	Where providers work*		Main patient care setting**	
	n	%	n	%
Private office/clinic (excluding free-standing walk-in clinics)	34	100%	32	94%
Community hospital	22	65%	-	-
Nursing home/home for the aged	12	35%	-	-
Emergency department (in community hospital)	6	18%	1	3%
University/Faculty of Medicine	4	12%	-	-
Administrative office	1	3%	-	-
Other	2	6%	-	-
No response	-	-	1	3%

* Providers could give more than one answer; totals may sum to more than 100%.
** Due to rounding, columns may not sum to 100%.

Table 11: Reasons for selecting current work location		
Reasons	Pre-intervention (n=34)	
	n	%
Liked the location	24	71%
Practice opportunity was available	21	62%
Availability of medical support system/resources	21	62%
Family reasons	19	56%
Community needs were good match to my career interests	13	38%
Career opportunities for spouse/partner	8	24%
Religious/social/cultural reasons	5	15%
Opportunity for affiliation with a university	3	9%
Had to fulfill a return of service obligation	3	9%
Non-financial recruitment/retention incentives	1	3%
Other	3	9%
No response	1	3%

Note: Providers could give more than one answer; totals may sum to more than 100%.

Table 12: Average proportion of professional income received by method				
	Pre-intervention (n=34)			
	Number who received at least some of their professional income by this method		Average proportion	Range of proportions
	n	%		
FFS (insured and uninsured)	32	94%	84%	65% to 100%
Sessional/per diem/hourly	7	21%	3%	1% to 10%
Salary	3	9%	18%	10% to 100%
Incentives and premiums	3	9%	2%	1% to 10%
Service contract	1	3%	1%	5%
Other	4	12%	5%	1% to 10%

Table 13: Method of payment for providers' services as a physician		
	Pre-intervention (n=34)	
	n	%
Preferred method of payment		
Blended payment	19	56%
FFS only	13	38%
Salary only	1	3%
Service contract only	1	3%
	Providers who prefer blended payment (n=19)	
What components would you want included?*		
FFS	17	90%
On-call remuneration beyond FFS	15	79%
Sessional/per diem/hourly payments	8	42%
Benefits/pension	7	37%
Salary	6	32%
Capitation	5	26%
Service contract	2	11%
Service	2	11%
Other	1	5%
Note: Due to rounding, columns may not sum to 100%.		
* Providers could give more than one answer; columns may sum to more than 100%.		

3.2.2 Patient care setting

Table 14: Population, main patient care setting, and language spoken		
	Pre-intervention (n=34)	
	n	%
Population primarily served by provider		
Urban/suburban	23	68%
Rural	5	15%
Small town	4	12%
Inner city	2	6%
Organization of main patient care setting		
Group practice	24	71%
Inter-professional practice*	10	29%
Languages spoken to patients**		
English	34	100%
French	6	18%
German	3	9%
Other	4	12%
Note: Due to rounding, columns may not sum to 100%.		
* Physician(s) and other health professional(s) who have their own caseloads.		
** Providers could give more than one answer; totals may sum to more than 100%.		

Types of professionals	Pre-intervention (n=34)					
	I regularly collaborate with the following in providing patient care		I have a formal agreement for collaborating with the following		I do not collaborate with the following	
	n	%	n	%	n	%
Family physicians	28	82%	9	27%	-	-
Surgical specialists	25	74%	7	21%	1	3%
Internal specialists	23	68%	8	24%	2	6%
Physiotherapists	21	62%	4	12%	2	6%
Psychiatric specialists	21	62%	10	29%	1	3%
Obstetrical/gynaecological specialists	21	62%	6	18%	2	6%
Mental health counsellors	21	62%	8	24%	1	3%
Pharmacists	19	56%	6	18%	2	6%
Other nurses (RN, LPN, RPN)	19	56%	6	18%	2	6%
Dieticians/nutritionists	19	56%	6	18%	1	3%
Paediatric specialists	18	53%	8	24%	2	6%
Other specialists	17	50%	6	18%	1	3%
Occupational therapists	16	47%	4	12%	3	9%
Speech-language pathologists	15	44%	3	9%	6	18%
Psychologists	14	41%	6	18%	4	12%
Social workers	14	41%	4	12%	3	9%
Psychiatric nurses	9	27%	3	9%	8	24%
Addiction counsellors	9	27%	3	9%	6	18%
Chiropodists	9	27%	2	6%	10	29%
Chiropractors	8	24%	4	12%	6	18%
Midwives	5	15%	4	12%	9	27%
Nurse practitioners	4	12%	2	6%	13	38%
Physician assistants	2	6%	2	6%	13	38%
Complementary/alternative medicine providers	2	6%	2	6%	16	47%
No response	1	3%	15	44%	15	44%

Note: Providers could give more than one answer; totals may sum to more than 100%.

Types of collaboration	Pre-intervention (n=34)	
	n	%
Feel this working relationship enhances the care you can deliver	29	85%
Feel this working relationship improves the care your patients receive	28	82%
Share patient care decisions	24	71%
Discuss new evidence and its applicability to your patients	17	50%
Meet together to review patient/clinical problems	17	50%
Participate in joint educational activities	15	44%
Review adverse events/critical incidents together	15	44%
Discuss patient/clinical issues electronically (email, listserv, Internet)	10	29%
Provide a consultation/opinion without seeing the patients in person	7	21%

Note: Providers could give more than one answer; columns may sum to more than 100%.

3.3 Patient access to care

Table 17: Wait times for first available appointment for urgent and non-urgent care		
Wait times	Pre-intervention (n=34)	
	n	%
Urgent		
Appointment the same day	21	62%
1- to 2.5-day wait	4	12%
3-day wait	2	6%
4- or 5-day wait	2	6%
More than 5-day wait	2	6%
Unsure/no response	3	9%
Average number of days' wait	1 day	
Non-urgent		
Appointment the same week	12	35%
1- to 1.5-week wait	1	3%
2- to 2.5-week wait	8	24%
3- to 3.5-week wait	7	21%
4-week wait	2	6%
5- to 7-week wait	2	6%
Unsure/no response	2	6%
Average number of weeks' wait	2 weeks	
Note: Due to rounding, columns may not sum to 100%.		

Table 18: Patient access to care										
	Pre-intervention (n=34)									
	Always		Usually		Sometimes		Rarely or never		Not sure/don't know/ no response	
	n	%	n	%	n	%	n	%	n	%
First contact										
Is your practice open on Saturday or Sunday?	4	12%	2	6%	4	12%	24	71%	-	-
Is your practice open at least some weekday evenings until 8:00 p.m.?	1	3%	2	6%	1	3%	30	88%	-	-
On average, do patients have to wait more than 30 minutes after arriving before they are examined by the doctor or nurse?	-	-	2	6%	17	50%	14	41%	1	3%
Ongoing care										
Do you believe your patients feel comfortable telling you about their worries or problems?	7	21%	23	68%	3	9%	-	-	1	3%
At your practice, do patients see the same clinician each time they make a visit?	7	21%	21	62%	4	12%	1	3%	1	3%
Do you believe you give your patients enough time to talk about their worries or problems?	6	18%	24	71%	3	9%	-	-	1	3%
Do you believe you know the patients in your practice "very well"?	6	18%	20	59%	7	21%	-	-	1	3%
If patients have a question, can they call and talk to the doctor or nurse who knows them best?	3	9%	17	50%	9	27%	4	12%	1	3%
Do you feel you know each patient's complete medical history?	3	9%	24	71%	6	18%	-	-	1	3%
Do you feel you know each patient's work or employment?	3	9%	17	50%	12	35%	1	3%	1	3%
Do you know all of the medications that your patients are taking?	2	6%	26	77%	5	15%	-	-	1	3%
Do you know who lives with each of your patients?	1	3%	16	47%	13	38%	2	6%	2	6%
Would you know if patients had trouble getting or paying for a prescribed medication?	-	-	23	68%	9	27%	1	3%	1	3%
Coordination of care										
After the visit, do you talk with patients about the results of the visit(s) with the specialist or special services?	7	21%	19	56%	6	18%	-	-	2	6%
When patients need a referral, do you discuss different places the family might go to get help with their problem?	3	9%	21	62%	9	27%	-	-	1	3%
Do you receive useful information about your referred patients back from the specialists or special services?	1	3%	28	82%	4	12%	-	-	1	3%
Do you think you know about all of the visits that your patients make to specialists or special services?	-	-	27	79%	4	12%	2	6%	1	3%
Does your practice phone about or send patients the results of all lab tests?	-	-	2	6%	13	38%	17	50%	2	6%

Note: Due to rounding, rows may not sum to 100%.

Table 19: Methods used to assure that indicated services are provided										
Methods	Pre-intervention (n=34)									
	Always		Usually		Sometimes		Rarely or never		Not sure/ don't know/ no response	
	n	%	n	%	n	%	n	%	n	%
Medication lists in patients' records	23	68%	10	29%	-	-	-	-	1	3%
Problem lists in patients' records	15	44%	15	44%	2	6%	-	-	2	6%
Flow sheets in patients' chart for lab results	15	44%	7	21%	7	21%	4	12%	1	3%
Printed guidelines in patients' records	2	6%	3	9%	12	35%	15	4%	2	6%
Periodic medical record audits	1	3%	1	3%	7	21%	22	65%	3	9%

Note: Due to rounding, rows may not sum to 100%.

Table 20: Accepting new patients in main patient care setting		
	Pre-intervention (n=34)	
	n	%
Extent practice is accepting new patients in their main patient care setting		
No restrictions; practice is open to all new patients	1	3%
Partially closed	18	53%
Completely closed	13	38%
Does not apply to my practice setting	1	3%
No response	1	3%
Providers that are partially closed (n=18)		
Number of new patients they accepted into their practice in the last 12 months		
20 or fewer	6	33%
21 to 70	6	33%
More than 70	3	17%
No response	3	17%
Average number of patients	62	

Note: Due to rounding, columns may not sum to 100%.

Table 21: Major impediments to delivery of care to patients		
Impediments	Pre-intervention (n=34)	
	n	%
Paperwork	23	68%
External demands on your time	20	59%
Availability of personnel	20	59%
System funding	18	53%
Bureaucracy	17	50%
Lack of appropriate facilities to care for complex/elderly/failing patients	14	41%
Poor interpersonal communications with other specialists	8	24%
Payment mechanisms	8	24%
Availability of test results	8	24%
Poor interpersonal communications with other allied health professionals	4	12%
Lack of evidence-based clinical information	3	9%
Availability of relevant patient information at the point of care	2	6%
Computer and communications technology that are not compatible with your needs	1	3%
Poor interpersonal communications with family physicians	1	3%
Other	4	12%
No response	1	3%

Note: Providers could give more than one answer; columns may sum to more than 100%.

	Pre-intervention (n=34)											
	Excellent		Very good		Good		Fair		Poor		Don't know/no response	
	n	%	n	%	n	%	n	%	n	%	n	%
Routine diagnostic services	6	18%	15	44%	8	24%	2	6%	2	6%	1	3%
Obstetricians/gynaecologists	6	18%	8	24%	15	44%	3	9%	-	-	2	6%
Palliative care services	4	2%	12	35%	15	44%	-	-	-	-	3	9%
Hospital in-patient care on an urgent basis	4	12%	8	24%	10	29%	8	24%	3	9%	1	3%
Pediatricians/pediatric specialists	4	12%	10	29%	11	32%	5	15%	2	6%	2	6%
Emergency room/department services	3	9%	11	32%	10	29%	7	21%	2	6%	1	3%
Drugs and appliances	3	9%	9	27%	15	44%	5	15%	-	-	2	6%
Cancer care services	2	6%	15	44%	11	32%	5	15%	-	-	1	3%
Orthopaedic surgeons	2	6%	2	6%	9	27%	14	41%	6	18%	1	3%
Cardiac care services	2	6%	12	35%	14	41%	4	12%	-	-	2	6%
Home care	2	6%	5	15%	14	41%	10	29%	2	6%	1	3%
Operating room time	2	6%	-	-	2	6%	13	38%	5	15%	12	35%
Anaesthesia services	1	3%	2	6%	10	29%	6	18%	1	3%	14	41%
Advanced diagnostic services	1	3%	7	21%	11	32%	10	29%	4	12%	1	3%
Mental health counsellor services	1	3%	8	24%	9	27%	8	24%	7	21%	1	3%
Hospital care for elective procedures	1	3%	3	9%	9	27%	13	38%	3	9%	5	15%
Other specialists/physicians in general	1	3%	4	12%	9	27%	15	44%	1	3%	4	12%
Critical care beds	-	-	9	27%	8	24%	4	12%	2	6%	11	32%
Physiotherapy services	-	-	11	32%	13	38%	8	24%	1	3%	1	3%
In-home nursing services	-	-	5	15%	15	44%	9	27%	3	9%	2	6%
Occupational therapy services	-	-	6	18%	10	29%	11	32%	4	12%	3	9%
Long-term care beds	-	-	1	3%	14	41%	7	21%	9	27%	3	9%
Psychosocial support services	-	-	6	18%	6	18%	9	27%	12	35%	1	3%
Psychiatrists	-	-	3	9%	7	21%	8	24%	15	44%	1	3%
Addiction counsellor services	-	-	3	9%	6	18%	11	32%	11	32%	3	9%
Ophthalmologists	-	-	2	6%	10	29%	16	47%	5	15%	1	3%

Note: Due to rounding, rows may not sum to 100%.

Table 23: Role of alternative or complementary medicine in health services										
Role	Pre-intervention (n=34)									
	Strongly agree		Agree		Neutral		Disagree		Strongly disagree	
	n	%	n	%	n	%	n	%	n	%
Treatments not tested in a scientifically recognized manner should be discouraged	7	21%	13	38%	11	32%	2	6%	1	3%
Alternative/complementary medicine includes ideas and methods from which conventional medicine could benefit	-	-	14	41%	14	41%	5	15%	1	3%
Alternative/complementary medicine is a threat to public health	-	-	5	15%	20	59%	8	24%	1	3%

Note: Due to rounding, rows may not sum to 100%.

Table 24: Arrangements for care of patients in their main patient care setting outside of usual office hours		
	Pre-intervention (n=34)	
	n	%
Arrangements/direction provided	28	82%
No arrangement/direction provided	6	18%
	Providers with arrangements (n=28)	
Type of arrangement*		
After-hours clinic that is staffed by you or other providers in your practice	14	50%
Directed to go to emergency department	12	43%
Individualized 24/7 medical telephone advice where provider has access to patient medical records	6	21%
Extended office hours regularly (beyond Monday to Friday 9:00 a.m. to 5:00 p.m.)	6	21%
Directed to go to a walk-in clinic/after-hours clinic that you do not staff	6	21%
Individualized 24/7 medical telephone advice where provider does not have access to patient medical records	5	18%
Directed to call a house call service	3	11%
Directed to call Health Links	1	4%
Other	2	7%

Note: Due to rounding, columns may not sum to 100%.
* Providers could give more than one answer; columns may sum to more than 100%.

3.1 Patient-physician relationship

Table 25: Patient input and involvement in the providers' practices										
	Pre-intervention (n=34)									
	Always		Usually		Sometimes		Rarely or never		Not sure/don't know/ no response	
	n	%	n	%	n	%	n	%	n	%
Family centeredness										
Do the doctors and nurses at your practice ask the patients about their ideas and opinions when planning treatment and care for the patient or family members?	2	6%	24	71%	5	15%	-	-	3	9%
Community orientation										
Do you think your practice has adequate knowledge about the health problems of the communities you serve?	2	6%	21	62%	8	24%	1	3%	2	6%
Does your practice use feedback from your practice staff to monitor and/or evaluate the effectiveness of services/programs?	1	3%	13	38%	12	35%	4	12%	4	12%
Does your practice make home visits?	1	3%	-	-	16	47%	14	41%	3	9%
Are you able to change the health care services or programs you offer in response to specific health problems in the communities?	1	3%	9	27%	15	44%	6	18%	3	9%
Does your practice use systematic evaluations of your programs and services provided to monitor and/or to evaluate the effectiveness of services/programs?	-	-	1	3%	8	24%	19	56%	6	18%
Does your practice use surveys of your patients to monitor and/or evaluate the effectiveness of services/programs?	-	-	3	9%	9	27%	18	53%	4	12%
Does your practice have a family member on the board of directors or advisory committee to monitor and/or evaluate the effectiveness of services/programs?	-	-	1	3%	-	-	24	71%	9	27%
Cultural competence										
Are you able to incorporate a family's request to use alternative treatment, such as homeopathy or acupuncture, into the treatment plan?	-	-	10	29%	17	50%	4	12%	3	9%
Are you able to incorporate a family's special beliefs about health care or use of folk medicine (such as herbs, homemade medicines) into the treatment plan?	-	-	8	24%	20	59%	4	12%	2	6%

Note: Due to rounding, rows may not sum to 100%.

3.2 Practice/work profile

Table 26: Patient population of provider and/or others in their practice						
Population	Pre-intervention (n=34)					
	I provide health care for these patients		Other providers within our practice provide health care for these patients		This patient population represents more than 10% of our practice population	
	n	%	n	%	n	%
Adolescents (12 to 19 years)	33	97%	14	41%	3	9%
Men	33	97%	13	38%	15	44%
Patients with heart disease/conditions	33	97%	13	38%	7	21%
Patients with respiratory problems	33	97%	13	38%	3	9%
Patients with cancer	33	97%	13	38%	2	6%
Patients with permanent physical disabilities	33	97%	13	38%	2	6%
Children (1 to 11 years)	32	94%	16	47%	3	9%
Infants (1 to 12 months)	32	94%	16	47%	1	3%
Seniors (65+ years)	32	94%	13	38%	15	44%
Patients with hypertension	32	94%	13	38%	13	38%
Patients with obesity	32	94%	13	38%	10	29%
Patients with diabetes	32	94%	13	38%	9	27%
Patients with chronic mental illness	32	94%	13	38%	5	15%
Aboriginal peoples	32	94%	13	38%	2	6%
Women	31	91%	14	41%	17	50%
Ethnic minorities	31	91%	13	38%	1	3%
Neonates (<1 month)	30	88%	15	44%	1	3%
Patients with addictions	30	88%	13	38%	1	3%
People living in poverty	30	88%	11	32%	4	12%
Pregnant women	27	79%	18	53%	1	3%
Recent immigrants	25	74%	12	35%	1	3%
Patients with HIV/AIDS	18	53%	12	35%	1	3%
Transient/seasonal populations	15	44%	8	24%	2	6%
Homeless/"street" people	15	44%	5	15%	1	3%
No response	-	-	14	41%	14	41%

Note: Providers could give more than one answer; columns may sum to more than 100%.

Table 27: Comprehensiveness of services										
Services	Pre-intervention (n=34)									
	Always		Usually		Sometimes		Rarely or never		Not sure/don't know/ no response	
	n	%	n	%	n	%	n	%	n	%
Services available on-site at providers' practices										
Pap smear	31	91%	2	6%	-	-	-	-	1	3%
Immunizations for flu or tetanus	28	82%	5	15%	-	-	-	-	1	3%
Prenatal care	28	82%	3	9%	-	-	1	3%	2	6%
Smoking counselling	27	79%	3	9%	2	6%	-	-	2	6%
Rectal exam or sigmoidoscopy	25	74%	4	12%	3	9%	-	-	2	6%
Advice on advance directives	21	62%	6	18%	5	15%	-	-	2	6%
Suturing for a minor laceration	19	56%	9	27%	3	9%	2	6%	1	3%
Wart removal	18	53%	12	35%	1	3%	2	6%	1	3%
Counselling and testing for HIV/AIDS	17	50%	13	38%	1	3%	1	3%	2	6%
Advice on preparing for changes consequent to aging	17	50%	9	27%	4	12%	2	6%	2	6%
Removal of an ingrown toenail	13	38%	6	18%	4	12%	10	29%	1	3%
Vision screening	12	35%	8	24%	6	18%	6	18%	2	6%
Counselling for behaviour or mental health problems	6	18%	8	24%	7	21%	10	29%	3	9%
Splinting for a sprained ankle	6	18%	6	18%	6	18%	13	38%	3	9%
Allergy shots	6	18%	2	6%	3	9%	20	59%	3	9%
Nutrition counselling by a nutrition specialist	1	3%	3	9%	2	6%	26	77%	2	6%
Services provided during patient visits to providers' practices										
Cholesterol levels	10	29%	19	56%	4	12%	-	-	1	3%
Medications being taken	9	27%	20	59%	4	12%	-	-	1	3%
Advice about appropriate exercise	8	24%	21	62%	4	12%	-	-	1	3%
Care for common menstrual or menopausal problems	8	24%	14	41%	10	29%	-	-	2	6%
Prevention of osteoporosis or fragile bones in females	6	18%	18	53%	8	24%	-	-	2	6%
Nutritional/non-nutritional foods or getting enough sleep	4	12%	20	59%	9	27%	-	-	1	3%
Prevention of falls among the elderly	4	12%	11	32%	15	44%	2	6%	2	6%
Handling family conflicts	2	6%	9	27%	19	56%	3	9%	1	3%
Exposure to harmful substances at home, work, or in their neighbourhood	1	3%	5	15%	20	59%	6	18%	2	6%
Seat belt use	-	-	11	32%	13	38%	9	27%	1	3%
Home safety, like using smoke detectors and storing medicines safely	-	-	9	27%	18	53%	5	15%	2	6%
Prevention of hot water burns among the elderly	-	-	5	15%	13	38%	14	41%	2	6%

Note: Due to rounding, rows may not sum to 100%.

Table 28: Do providers' medical practices have specific area(s) of focus?		
	Pre-intervention (n=34)	
	n	%
Yes	3	9%
No	28	82%
No response	3	9%
Total	34	100%

Table 29: Procedures providers perform as part of their practice		
Procedures	Pre-intervention (n=34)	
	n	%
Remove cerumen/syringe ear canals	30	88%
Pap smear	29	85%
Subcutaneous injection	28	82%
Intramuscular injection	28	82%
Test for fecal occult blood	27	79%
Infiltrate local anaesthetic	27	79%
Insert sutures/repair lacerations	26	77%
Incise and drain abscess	26	77%
Cryotherapy or chemical therapy for genital warts	26	77%
Cryotherapy of skin lesions	25	74%
Pare skin callus	24	71%
Excise dermal lesions	23	68%
Scrape skin for fungus determination	22	65%
Drain acute paronychia	21	62%
Release subungual hematoma	20	59%
Remove corneal or conjunctival foreign body	18	53%
Remove foreign body (e.g., fish-hook, splinter, glass)	17	50%
Cauterize nose for anterior epistaxis	15	44%
Venipuncture	12	35%
Splint injured extremities	9	27%
Cast fractures	9	27%
Use Wood's lamp	8	24%
Insert peripheral	8	24%
Intravenous line in both adult and child	7	21%
Bog and mask ventilation	7	21%
Place transurethral catheter	6	18%
Insert nasogastric tube	5	15%
Vacuum extraction	4	12%
Prep for land or air transport	3	9%
Low forceps	2	6%
Insert central line in adult	2	6%
Acupuncture	2	6%
No response	4	12%

Note: Providers could give more than one answer; columns may sum to more than 100%.

Table 30: Number of patient visits in a typical week, excluding patient visits while on-call		
Number of visits	Pre-intervention (n=34)	
	n	%
Less than 100 visits per week	8	24%
100 to 149 visits per week	14	41%
150 to 199 visits per week	9	27%
200 or more visits per week	2	6%
No response	1	3%
Total	34	100%
Average number of visits per week		121

Note: Due to rounding, columns may not sum to 100%.

Table 31: Percentage of visits by age of patients										
Percentage of visits	Pre-intervention (n=34)									
	Ages 0 to 4		Ages 5 to 10		Ages 11 to 14		Ages 15 to 19		Ages 20 and over	
	n	%	n	%	n	%	n	%	n	%
Less than 5%	14	41%	16	47%	15	44%	8	24%	-	-
5% to 10%	10	29%	9	27%	10	29%	18	53%	-	-
11% to 20%	2	6%	3	9%	2	6%	3	9%	-	-
21% to 40%	-	-	-	-	-	-	-	-	1	3%
41% to 60%	-	-	-	-	-	-	-	-	4	12%
61% to 80%	-	-	-	-	-	-	-	-	6	18%
81% to 100%	-	-	-	-	-	-	-	-	18	53%
No response	8	24%	6	18%	7	21%	5	15%	5	15%
Total	34	100%	34	101%	34	100%	34	101%	34	100%
Average percentage of visits	5%		5%		5%		7%		80%	

Note: Due to rounding, columns may not sum to 100%.

Table 32: Ability to determine how many patients providers have each year		
	Pre-intervention (n=34)	
	n	%
Yes	32	94%
No	1	3%
Not sure/don't know/no response	1	3%
Total	34	100%

Table 33: On-call activities		
	Pre-intervention (n=34)	
	n	%
Do you do on-call?		
Yes	23	68%
No	11	32%
Providers who do on-call (n=23)		
On-call activities*		
On-call for hospital in-patients	19	83%
Emergency room on-call	5	22%
Obstetrical on-call	5	22%
Nursing home/long-term care facility on-call	14	61%
On-call for non-hospitalized patients – telephone only	6	26%
On-call for non-hospitalized patients – telephone availability and see patients as required	8	35%
Other	1	4%
Average total number of on-call hours per month		
30 or fewer	1	4%
31 to 60	1	4%
61 to 90	2	9%
More than 90	12	52%
No response	7	30%
Average number of hours per month		168
Median number of hours per month		110
Estimate of how many on-call hours each month are actually spent in direct patient care		
10 or fewer	8	35%
11 to 20	1	4%
21 to 40	3	13%
41 to 60	-	-
More than 60	5	22%
No response	6	26%
Average number of hours		55
Median number of hours		15
Do you ever spend continuous 24-hour periods of on-call time in direct patient care?		
Yes	8	35%
No	13	57%
No response	2	9%
Estimate the number of patients you see on-call per month		
20 or fewer	10	44%
21 to 60	3	13%
61 to 80	1	4%
81 to 200	3	13%
More than 200	1	4%
No response	5	22%
Average number of patients		60
Median number of patients		20
Note: Due to rounding, columns may not sum to 100%.		
* Providers could give more than one answer; columns may sum to more than 100%.		

Table 34: Average number of hours per week, excluding on-call activities		
Activities	Pre-intervention (n=34)	
	Average number of hours	Range of hours
Direct patient care without a teaching component, regardless of setting	33	7 to 80
Indirect patient care (e.g., charting, reports, phone calls, meeting patients' family)	10	1 to 25
Continuing medical education/professional development (e.g., courses, reading, videos, seminars)	4	1 to 40
Direct patient care with a teaching component, regardless of setting	3	0 to 20
Health facility committees	1	0 to 3
Managing your practice (e.g., staff, facility, equipment)	1	0 to 5
Administration (e.g., management of university program, chief of staff, department head, Ministry of Health)	1	0 to 4
Teaching/education without direct patient care (e.g., contact with students/residents, preparation, marking, evaluations)	1	0 to 3
Other (e.g., participation in professional or specialty organizations, medico-legal activities)	1	0 to 2
Research (including management of research and publications)	0	0

Table 35: Absences and volunteering		
	Pre-intervention (n=34)	
	n	%
In the last year, have you been absent from work due to:		
Illness or disability	4	12%
Personal leave of absence	3	9%
Maternity or paternity leave	3	9%
Do you volunteer your services as a physician?		
Yes	4	12%
No	27	79%
No response	3	9%
Have you used any locum tenens?		
Yes	6	18%
No, locum not needed	16	47%
No, locum not available	10	29%
No response	2	6%
Note: Due to rounding, columns may not sum to 100%.		

3.1 Practice changes

Table 36: Factors increasing the demand on providers' time

Factors	Pre-intervention (n=34)	
	n	%
Management of patients with chronic diseases/conditions	32	94%
Increasing patient expectations	32	94%
Aging patient population	32	94%
Increasing complexity of patient caseload	29	85%
Lack of availability of local/regional physician services in other specialties	26	77%
Lack of availability of other local/regional health care professional services	20	59%
Lack of availability of local/regional physician services in my specialty	19	56%
Other	2	6%

Note: Providers could give more than one answer; columns may sum to more than 100%.

Table 37: Practice changes made in the last two years and planned in the next two years

Changes	Pre-intervention (n=34)			
	Changes made in the last two years		Changes planned in the next two years	
	n	%	n	%
Reduce weekly work hours (excluding on-call)	12	35%	10	29%
Reduce on-call hours	7	21%	6	18%
Increase weekly work hours (excluding on-call)	7	21%	1	3%
Increase teaching	7	21%	8	24%
Reduce administration responsibilities	4	12%	2	6%
Reduce teaching	3	9%	1	3%
Reduce clinical hours (excluding on-call)	3	9%	5	15%
Increase clinical hours (excluding on-call)	3	9%	2	6%
Increase administration responsibilities	3	9%	2	6%
Stop intrapartum practice	1	3%	4	12%
Reduce scope of practice	1	3%	4	12%
Reduce research	1	3%	1	3%
Increase research	1	3%	2	6%
Focus practice in an area of special interest	1	3%	3	9%
Temporarily leave active practice for other reason(s)	-	-	1	3%
Retire from clinical practice	-	-	2	6%
Relocate my practice to another province/territory in Canada	-	-	1	3%
Increase on-call hours	-	-	2	6%
Change practice due to personal health	-	-	2	6%
Become part of a practice network	-	-	3	9%
Other changes	2	6%	2	6%
No changes	3	9%	4	12%
No response	6	18%	11	32%

Note: Providers could give more than one answer; columns may sum to more than 100%.

3.2 Use of information technology

Table 38: Use of technology in the care of providers' patients

Technology	Pre-intervention (n=34)					
	Have it		Use it		Use it on a wireless device	
	n	%	n	%	n	%
Electronic patient appointment/scheduling system	31	91%	31	91%	2	6%
Electronic records to enter and retrieve clinical patient notes	30	88%	28	82%	5	15%
Electronic billing	29	85%	30	88%	1	3%
Email	24	71%	18	53%	3	9%
Electronic reminder systems for recommended patient care	23	68%	17	50%	2	6%
Online access to journals, clinical practice guidelines, medical databases (e.g., MEDLINE)	22	65%	17	50%	4	12%
Electronic interface to external laboratory/diagnostic imaging	20	59%	19	56%	2	6%
Electronic warning systems for adverse prescribing and/or drug interactions	14	41%	11	32%	2	6%
Electronic interface to other external systems for accessing or sharing patient information	8	24%	6	18%	1	3%
Electronic decision aids (i.e., to evaluate treatment options)	8	24%	8	24%	5	15%
Telemedicine/webcasting/video conferencing	5	15%	1	3%	-	-
Electronic interface to external pharmacy/pharmacist	4	12%	3	9%	2	6%
Electronic interface to external chronic care patient registries	1	3%	-	-	-	-
No response	2	6%	3	9%	25	74%

Note: Providers could give more than one answer; totals may sum to more than 100%.

3.3 Professional satisfaction

Table 39: Providers' professional satisfaction

	Pre-intervention (n=34)											
	Very satisfied		Somewhat satisfied		Neutral		Somewhat dissatisfied		Very dissatisfied		Not applicable/no response	
	n	%	n	%	n	%	n	%	n	%	n	%
Your relationship with family physicians	15	44%	10	29%	6	18%	1	3%	-	-	2	6%
Your relationship with your patients	14	41%	12	35%	6	18%	-	-	-	-	2	6%
Your opportunity to use your skills to their full extent	11	32%	8	24%	10	29%	3	9%	-	-	2	6%
Your relationship with physicians in other specialties	8	24%	12	35%	9	27%	3	9%	-	-	2	6%
Your current professional life	8	24%	12	35%	8	24%	4	12%	-	-	2	6%
Your relationship with pharmacists	7	21%	16	47%	7	21%	2	6%	-	-	2	6%
The usefulness and reliability of the consultations you received from other specialists	7	21%	16	47%	7	21%	2	6%	-	-	2	6%
The availability of CME/CPD opportunities to meet your needs	7	21%	14	41%	9	27%	1	3%	-	-	2	6%
Your relationship with hospitals	7	21%	11	32%	6	18%	5	15%	2	6%	3	9%
Your comparative net revenue per hour compared to other family physicians	5	15%	13	38%	6	18%	5	15%	2	6%	3	9%
The balance between your personal and professional commitments	4	12%	10	29%	7	21%	8	24%	3	9%	2	6%
Your comparative net revenue per hour compared to other specialties	3	9%	6	18%	9	27%	9	27%	4	12%	3	9%
Your ability to find locum tenens coverage for CME/CPD, holidays, personal time	2	6%	1	3%	4	12%	9	27%	9	27%	9	27%

Note: Due to rounding, rows may not sum to 100%.

Appendix A – Pre-intervention questionnaire

Evaluation of the Physician Integrated Network

PROVIDER SURVEY

Your clinic is one of 13 in Manitoba participating in the Physician Integrated Network (PIN) initiative, a Manitoba Health and Healthy Living initiative involving fee-for-service group practice sites.

The objectives of the PIN initiative are:

- ▶ to improve access to primary care
- ▶ to improve primary care providers' access to and use of information
- ▶ to improve the work life of all primary care providers
- ▶ to demonstrate high-quality primary care with a specific focus on chronic disease management

Manitoba Health and Healthy Living hired PRA Inc., an independent research firm, to evaluate the PIN initiative. The evaluation will identify the strengths of the PIN initiative as well as opportunities for improvement, and determine whether the PIN initiative is achieving its objectives.

Your input is important. We would greatly appreciate if you would take the time to complete this questionnaire. The purpose of this questionnaire is to collect information from participating physicians before the start of the PIN initiative to compare with information that will be collected at a later point in time. The questions are taken from two validated surveys currently used in the Canadian healthcare system: the Provider Primary Care Assessment Tool and the National Physician Survey.

Please note that all of your responses will remain **confidential** and will be reported in aggregate. The number on the questionnaire is to help manage the survey process.

If you have any questions about this survey, please call Nicole Szajcz or Sue Girard of PRA in Winnipeg at 987-2030 or toll-free at 1-888-877-6744 or Angus Steele of Manitoba Health and Healthy Living at 204-788-6490.

Please return your completed questionnaire in the postage-paid envelope provided to:

**PRA Inc.
500-363 Broadway
Winnipeg, MB R3C 3N9**

**or by fax to 989-2454
toll-free fax to 1-800-717-5456**

**Your early attention to this survey is appreciated.
Please return the questionnaire by November 20, 2009.**

ABOUT YOU

1. Please check ALL that apply to your current situation.

- _1 I am in full-time or part-time medical practice
- _2 I have a faculty appointment
- _3 I am semi-retired

2. Which of the following best describes you? Please check ONLY ONE.

- _01 Family physician/general practitioner
- _02 Family physician/general practitioner with a special focus to my practice (*please specify*)

3. Your year of birth: 19_____

4. Sex: _1 Male _2 Female

5. Marital status. Please check ONLY ONE.

- _1 Married/living with partner
- _2 Single
- _3 Separated
- _4 Divorced
- _5 Widowed

6. Do you have children?

- _0 No _1 Yes \longrightarrow Age of the youngest: _____
years

7. In which province(s)/territory(ies) did you grow up prior to university? Check ALL that apply.

- _01 BC _02 AB _03 SK _04 MB _05 ON _06 QC _07 NB _08 NS _09 PE _10 NL
- _11 NU _12 NT _13 YT _14 Outside of Canada

8. a) Year of completion of your undergraduate medical graduation: __ __ __ __

Year of completion of your MOST recent postgraduate medical training (i.e., residency/internship): __ __ __ __

8. b) Please indicate where you completed your medical training. Please check ONLY ONE per category.

	Undergraduate medical graduation	MOST RECENT postgraduate medical training (i.e., residency/internship)
University of British Columbia	___01	___01
University of Calgary	___02	___02
University of Alberta	___03	___03
University of Saskatchewan	___04	___04
University of Manitoba	___05	___05
University of Western Ontario	___06	___06
McMaster University.....	___07	___07
University of Toronto	___08	___08
University of Ottawa	___09	___09
Queen's University	___10	___10
Université de Sherbrooke	___11	___11
Université de Montréal	___12	___12
McGill University.....	___13	___13
Université Laval.....	___14	___14
Dalhousie University	___15	___15
Memorial University.....	___16	___16
USA	___17	___17
Other (<i>specify country</i>)_____	___66	___66

9. Please check ALL that apply to you.

- 1 Current member of the College of Family Physicians of Canada (CFPC) and hold the following designation(s):
2 CCFP 3 CCFP (EM) 4 FCFP 5 MC
0 None of the above

10. In what year did you become licensed to practice medicine in Canada for the first time?:

11. a) Using the scale provided, please rate the AVAILABILITY AND EFFECTIVENESS of each of the continuing professional education methods listed below in maintaining/enhancing your knowledge, skills, or competencies for your professional practice.

0=Not at all available/effective 1=Poor 2=Fair 3=Good 4=Very good 5=Excellent DU=Don't use

	Availability							Effectiveness						
	0	1	2	3	4	5	DU	0	1	2	3	4	5	DU
Accredited conferences/courses	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Unaccredited educational dinners/lunches sponsored by pharmaceutical companies	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Peer-reviewed journals	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Non-peer-reviewed medical publications	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Evidence-based resources (e.g., clinical practice guidelines, data repositories)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Online education courses.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Rounds, journal clubs, small group activities.....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Self-assessment programs (e.g., Multiple Choice Questions (MCQ), practice portfolios, CME logs, multi-source feedback)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Performance practice audits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Self-directed learning methods (e.g., self learning, practice-based small group learning).....	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Simulators	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
Other (<i>specify</i>)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

11. b) Do you personally provide continuing professional development (CPD) courses/programs?

- 1 Yes 0 No (**PLEASE SKIP TO QUESTION 12**)



If yes, please specify to which type of audience. Please check ALL that apply.

- _1 Physicians in your specialty/area of practice
- _2 Other health professionals
- _3 Physicians NOT in your specialty/area of practice

YOUR WORK SETTING(S)

12. The following is a list of work settings. In the first column, please indicate the category(ies) that best describe(s) WHERE YOU WORK and in the second column, please indicate your MAIN PATIENT CARE SETTING (i.e., the setting where you spend the most time providing patient care).

	Where you work (Check ALL that apply)	Main Patient Care Setting (Check ONLY ONE)
a. Private office/clinic (excluding free standing walk-in clinics)...	___01	___01
b. Community hospital.....	___02	___02
c. Emergency department (in community hospital).....	___03	___03
d. Nursing home/Home for the aged.....	___04	___04
e. University/Faculty of medicine	___05	___05
f. Administrative office	___06	___06
g. Research unit	___07	___07
h. Other (<i>specify</i>) _____	___66	___66

13. Please indicate the main reason(s) you selected your current work location. Check ALL that apply.

- _01 Availability of medical support system/resources
- _02 Career opportunities for spouse/partner
- _03 Family reasons
- _04 Liked the location
- _05 Opportunity for affiliation with a university
- _06 Community needs were a good match to my career interests
- _07 Practice opportunity was available
- _08 Had to fulfill a return of service obligation
- _09 Religious/social/cultural reasons
- _10 Financial recruitment/retention incentives
- _11 Non-financial recruitment/retention incentives
- _66 Other (*specify*) _____

YOUR PATIENT CARE SETTING(S)

14. With respect to your MAIN patient care setting specified in Question 12, describe the population PRIMARILY served by you. Please check ONLY ONE.

- _01 Inner city
- _02 Urban/Suburban
- _03 Small town
- _04 Rural
- _05 Geographically isolated/Remote
- _06 Cannot identify a primary population
- _66 Other (*specify*) _____

15. Please indicate how your MAIN patient care setting is organized. Please check ONLY ONE. (Note: a solo or group practice could also include a nurse who does not have her/his own caseload).

- _1 Group practice
- _2 Inter-professional practice (physician(s) and other health professional(s) who have their own caseloads)

16. Please indicate with whom you regularly collaborate in providing patient care and whether your collaboration is part of a formal arrangement. Check ALL that apply.

	I regularly collaborate with the following in providing patient care	I have a formal arrangement for collaborating with the following	I do not collaborate with the following
Family physicians	___01	___01	___01
Psychiatric specialists	___02	___02	___02
Pediatric specialists.....	___03	___03	___03
Obstetrical/gynecological specialists	___04	___04	___04
Internal specialists.....	___05	___05	___05
Surgical specialists.....	___06	___06	___06
Other specialists.....	___07	___07	___07
Nurse practitioners	___08	___08	___08
Psychiatric nurses	___09	___09	___09
Other nurses (RN, LPN, RPN)	___10	___10	___10
Physician assistants	___11	___11	___11
Dietitians/nutritionists	___12	___12	___12
Occupational therapists.....	___13	___13	___13
Physiotherapists	___14	___14	___14
Chiropractors.....	___15	___15	___15
Psychologists	___16	___16	___16
Mental health counsellors	___17	___17	___17
Addiction counsellors	___18	___18	___18
Social workers.....	___19	___19	___19
Pharmacists.....	___20	___20	___20
Midwives.....	___21	___21	___21
Speech-language pathologists.....	___22	___22	___22
Chiropodists	___23	___23	___23
Complementary/alternative medicine providers.....	___24	___24	___24

17. When collaborating with other professionals to provide patient care, do you: (Check ALL that apply.)

	Yes	No
Discuss patients/clinical issues electronically (email, list serve, Internet)?	___1	___0
Meet together to review patients/clinical problems?	___1	___0
Provide a consultation/opinion without seeing the patient in person?	___1	___0
Share patient care decisions?.....	___1	___0
Discuss new evidence and its applicability to your patients?	___1	___0
Review adverse events/critical incidents together?	___1	___0
Participate in joint educational activities?	___1	___0
Feel this working relationship improves the care your patients receive?	___1	___0
Feel this working relationship enhances the care you can deliver?.....	___1	___0

18. What languages do you speak with your patients?

___1 English ___2 French ___66 Other (*specify*) _____

PATIENT ACCESS TO CARE

19. a) Typically, if a patient contacts your office or is referred to you, how long would that patient wait until the first available appointment with YOU or YOUR PRACTICE?

Urgent: ___1 Same day ___6 Days _____ (#) ___8 Unsure ___7 Not applicable
Non-urgent: ___1 Same week ___6 Weeks _____ (#) ___8 Unsure ___7 Not applicable

	Always	Usually	Sometimes	Rarely or never	Not sure/ don't know
a) Is your practice open on Saturday or Sunday?	___4	___3	___2	___1	___8
b) Is your practice open at least some weekday evenings until 8:00 p.m.?	___4	___3	___2	___1	___8
c) On average, do patients have to wait more than 30 minutes after arriving before they are examined by the doctor or nurse?	___4	___3	___2	___1	___8
d) At your practice, do patients see the same clinician each time they make a visit?	___4	___3	___2	___1	___8
e) If patients have a question, can they call and talk to the doctor or nurse who knows them best?	___4	___3	___2	___1	___8
f) Do you believe you give patients enough time to talk about their worries or problems?	___4	___3	___2	___1	___8
g) Do you believe your patients feel comfortable telling you about their worries or problems?	___4	___3	___2	___1	___8
h) Do you believe you know the patients in your practice "very well"?	___4	___3	___2	___1	___8
i) Do you know who lives with each of your patients?	___4	___3	___2	___1	___8
j) Do you feel you know each patient's complete medical history?	___4	___3	___2	___1	___8
k) Do you feel you know each patient's work or employment?	___4	___3	___2	___1	___8
l) Would you know if patients had trouble getting or paying for a prescribed medication?	___4	___3	___2	___1	___8
m) Do you know all the medications that your patients are taking?	___4	___3	___2	___1	___8
n) Does your practice phone or send patients the results of all lab tests?	___4	___3	___2	___1	___8
o) When patients need a referral, do you discuss different places the family might go to get help with their problem?	___4	___3	___2	___1	___8
p) Do you think you know about all the visits that your patients make to specialists or special services?	___4	___3	___2	___1	___8
q) Do you receive useful information about your referred patients back from the specialists or special services?	___4	___3	___2	___1	___8
r) After the visit, do you talk with patients about the results of the visit(s) with the specialist or special services?	___4	___3	___2	___1	___8
s) Do you use the following methods to assure that indicated services are provided?					
i) Flow sheets in patients' chart for lab results	___4	___3	___2	___1	___8
ii) Printed guidelines in patients' records	___4	___3	___2	___1	___8
iii) Periodic medical record audits	___4	___3	___2	___1	___8
iv) Problem lists in patients' records	___4	___3	___2	___1	___8
v) Medication lists in patients' records	___4	___3	___2	___1	___8
vi) Other (<i>specify</i>)	___4	___3	___2	___1	___8

19. b) To what extent is your practice accepting new patients into your MAIN PATIENT CARE SETTING?
Please check ONLY ONE.
- _01 No restrictions; practice is open to all new patients
 - _6 Partially closed
Please estimate the number of new patients you accepted into your practice in the last 12 months
_____ (number of patients)
 - _0 Completely closed
 - _7 Does not apply to my practice setting
20. What do you see as major impediments to your delivery of care to your patients? Check ALL that apply.
- _01 System funding
 - _02 Payment mechanisms
 - _03 Paperwork
 - _04 Bureaucracy
 - _05 Availability of personnel
 - _06 External demands on your time
 - _07 Availability of test results
 - _08 Availability of relevant patient information at the point of care
 - _09 Computer and communications technology that are not compatible with your needs
 - _10 Lack of evidence-based clinical information
 - _11 Lack of appropriate facilities to care for complex/elderly/failing patients
 - _12 Poor interpersonal communications with family physicians
 - _13 Poor interpersonal communications with other specialists
 - _14 Poor interpersonal communications with other allied health professionals
 - _66 Other (*specify*) _____

21. a) Please rate the accessibility to the following for your patients.

	Excellent	Very good	Good	Fair	Poor	Don't know
Obstetricians/Gynecologists.....	—5	—4	—3	—2	—1	—8
Pediatricians/Pediatric specialists	—5	—4	—3	—2	—1	—8
Orthopedic surgeons	—5	—4	—3	—2	—1	—8
Ophthalmologists	—5	—4	—3	—2	—1	—8
Psychiatrists	—5	—4	—3	—2	—1	—8
Other specialist physicians in general.....	—5	—4	—3	—2	—1	—8
Psychosocial support services (e.g., psychologists, social workers, etc.)	—5	—4	—3	—2	—1	—8
Mental health counsellor services	—5	—4	—3	—2	—1	—8
Addiction counsellor services.....	—5	—4	—3	—2	—1	—8
Cancer care services	—5	—4	—3	—2	—1	—8
Cardiac care services.....	—5	—4	—3	—2	—1	—8
Palliative care services.....	—5	—4	—3	—2	—1	—8
Operating room time	—5	—4	—3	—2	—1	—8
Anesthesia services	—5	—4	—3	—2	—1	—8
Emergency room/department services	—5	—4	—3	—2	—1	—8
In-home nursing services	—5	—4	—3	—2	—1	—8
Critical care beds	—5	—4	—3	—2	—1	—8
Long-term care beds (e.g., nursing home, chronic care, etc.)	—5	—4	—3	—2	—1	—8
Hospital in-patient care on an urgent basis.....	—5	—4	—3	—2	—1	—8
Hospital care for elective procedures.....	—5	—4	—3	—2	—1	—8
Routine diagnostic services (e.g., lab, x-rays, etc.)	—5	—4	—3	—2	—1	—8
Advanced diagnostic services (e.g., MRI, CT, etc.).....	—5	—4	—3	—2	—1	—8
Drugs and appliances	—5	—4	—3	—2	—1	—8
Home care.....	—5	—4	—3	—2	—1	—8
Occupational therapy services.....	—5	—4	—3	—2	—1	—8
Physiotherapy services	—5	—4	—3	—2	—1	—8

b) Please indicate if there are other important issues for your patients.

22. The following statements address the role of alternative/complementary medicine in health services. Please check the category that best describes your opinion for each of the following.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a) Alternative/complementary medicine includes ideas and methods from which conventional medicine could benefit.....	___5	___4	___3	___2	___1
b) Treatments not tested in a scientifically recognized manner should be discouraged	___5	___4	___3	___2	___1
c) Alternative/complementary medicine is a threat to public health.....	___5	___4	___3	___2	___1

23. What arrangements do you have for care of your patients in your MAIN patient care setting outside of your usual office hours?

- ___1 No arrangements/direction provided (**PLEASE SKIP TO QUESTION 24**)
- ___2 Arrangements/direction provided. Please check ALL arrangements below that may apply.
 - ___01 Extended office hours regularly (beyond Monday to Friday 9:00 a.m. to 5:00 p.m.).
If so, number of extended hours per week: _____ (hours per week)
 - ___02 After-hours clinic that is staffed by you or other providers in your practice
 - ___03 Individualized 24/7 medical telephone advice where provider HAS access to patient medical records
 - ___04 Individualized 24/7 medical telephone advice where provider DOES NOT HAVE access to patient medical records
 - ___05 Directed to call a house call service
 - ___06 Directed to go to a walk-in clinic/after-hours clinic that YOU DO NOT STAFF
 - ___07 Directed to go to the emergency department
 - ___66 Other (*specify*) _____

PATIENT-PHYSICIAN RELATIONSHIP

	Always	Usually	Sometimes	Rarely or never	Not sure/ don't know
24. Do the doctors and nurses at your practice ask the patients about their ideas and opinions when planning treatment and care for the patient or family member?.....	—4	—3	—2	—1	—8
25. Does your practice make home visits?	—4	—3	—2	—1	—8
26. Do you think your practice has adequate knowledge about the health problems of the communities you serve?.....	—4	—3	—2	—1	—8
27. Are you able to change the health care services or programs you offer in response to specific health problems in the communities?.....	—4	—3	—2	—1	—8
28. Does your practice use the following methods to monitor and/or evaluate the effectiveness of services/programs?					
i) surveys of your patients	—4	—3	—2	—1	—8
ii) feedback from your practice staff	—4	—3	—2	—1	—8
iii) systematic evaluations of your programs and services provided	—4	—3	—2	—1	—8
iv) have a family member on the board of directors or advisory committee.....	—4	—3	—2	—1	—8
29. Are you able to incorporate a family's special beliefs about health care or use of folk medicine, such as herbs/homemade medicines, into the treatment plan?	—4	—3	—2	—1	—8
30. Are you able to incorporate a family's request to use alternative treatment, such as homeopathy or acupuncture, into the treatment plan?	—4	—3	—2	—1	—8

YOUR PRACTICE/WORK PROFILE

31. Please indicate if care for the following patient populations is provided by you and/or others in your practice.
Check ALL that apply.

	I provide health care for these patients	Other providers within our practice provide health care for these patients	This patient population represents more than 10% of our practice population
Neonates (<1 month)	___01	___01	___01
Infants (1-12 months)	___02	___02	___02
Children (1-11 years)	___03	___03	___03
Adolescents (12-19 years)	___04	___04	___04
Women	___05	___05	___05
Pregnant women	___06	___06	___06
Men	___07	___07	___07
Seniors (65+ years)	___08	___08	___08
Aboriginal peoples	___09	___09	___09
Ethnic minorities	___10	___10	___10
Recent immigrants	___11	___11	___11
People living in poverty	___12	___12	___12
Homeless/"street" people	___13	___13	___13
Transient/seasonal populations	___14	___14	___14
Patients with respiratory problems	___15	___15	___15
Patients with hypertension	___16	___16	___16
Patients with diabetes	___17	___17	___17
Patients with heart disease/conditions	___18	___18	___18
Patients with chronic mental illness	___19	___19	___19
Patients with obesity	___20	___20	___20
Patients with cancer	___21	___21	___21
Patients with HIV/AIDS	___22	___22	___22
Patients with addictions	___23	___23	___23
Patients with permanent physical disabilities	___24	___24	___24
Other (<i>specify</i>) _____	___66	___66	___66

32. If patients need any of the following services, would you be able to get them on-site at your practice?

	Always	Usually	Sometimes	Rarely or never	Not sure/ don't know
a) Nutrition counselling by a nutrition specialist.....	—4	—3	—2	—1	—8
b) Immunizations for flu or tetanus	—4	—3	—2	—1	—8
c) Counselling for behaviour or mental health problems	—4	—3	—2	—1	—8
d) Suturing for a minor laceration	—4	—3	—2	—1	—8
e) Counselling and testing for HIV/AIDS.....	—4	—3	—2	—1	—8
f) Vision screening	—4	—3	—2	—1	—8
g) Allergy shots	—4	—3	—2	—1	—8
h) Splinting for a sprained ankle	—4	—3	—2	—1	—8
i) Wart removal	—4	—3	—2	—1	—8
j) Pap smear	—4	—3	—2	—1	—8
k) Rectal exam or sigmoidoscopy.....	—4	—3	—2	—1	—8
l) Smoking counselling.....	—4	—3	—2	—1	—8
m) Prenatal care	—4	—3	—2	—1	—8
n) Removal of an ingrown toenail	—4	—3	—2	—1	—8
o) Advice on advance directives	—4	—3	—2	—1	—8
p) Advice on preparing for changes consequent to aging	—4	—3	—2	—1	—8

33. During visits to your practice, are the following subjects discussed with patients?

	Always	Usually	Sometimes	Rarely or never	Not sure/ don't know
a) Nutritional/non-nutritional foods or getting enough sleep	—4	—3	—2	—1	—8
b) Seat belt use.....	—4	—3	—2	—1	—8
c) Home safety, like using smoke detectors and storing medicines safely	—4	—3	—2	—1	—8
d) Handling family conflicts	—4	—3	—2	—1	—8
e) Advice about appropriate exercise	—4	—3	—2	—1	—8
f) Cholesterol levels	—4	—3	—2	—1	—8
g) Medications being taken.....	—4	—3	—2	—1	—8
h) Exposure to harmful substances at home, work, or in their neighbourhood.....	—4	—3	—2	—1	—8
i) Prevention of osteoporosis or fragile bones in females	—4	—3	—2	—1	—8
j) Care for common menstrual or menopausal problems	—4	—3	—2	—1	—8
k) Prevention of hot water burns in the elderly	—4	—3	—2	—1	—8
l) Prevention of falls in the elderly.....	—4	—3	—2	—1	—8

34. a) Does your medical practice have specific area(s) of focus (i.e., patient population, academic or administrative activity, subspecialty, etc.)?

No Yes

If yes, please specify and indicate the percentage of time you spend on each.

Area(s) of focus	Percentage of time you spend (%)
_____	_____
_____	_____

b) Which of the following procedures do you perform as part of your practice? Please check ALL that apply.

- | | | | |
|------------------------------|--|------------------------------|---|
| <input type="checkbox"/> _01 | Incise and drain abscess | <input type="checkbox"/> _19 | Cryotherapy or chemical therapy for genital warts |
| <input type="checkbox"/> _02 | Insert sutures/repair lacerations | <input type="checkbox"/> _20 | Pap smear |
| <input type="checkbox"/> _03 | Cast fractures | <input type="checkbox"/> _21 | Low forceps |
| <input type="checkbox"/> _04 | Cryotherapy of skin lesions | <input type="checkbox"/> _22 | Mid-forceps and rotation |
| <input type="checkbox"/> _05 | Excise dermal lesions | <input type="checkbox"/> _23 | Vacuum extraction |
| <input type="checkbox"/> _06 | Scrape skin for fungus determination | <input type="checkbox"/> _24 | Splint injured extremities |
| <input type="checkbox"/> _07 | Use Wood's lamp | <input type="checkbox"/> _25 | Bog and mask ventilation |
| <input type="checkbox"/> _08 | Release subungual hematoma | <input type="checkbox"/> _26 | Venipuncture |
| <input type="checkbox"/> _09 | Drain acute paronychia | <input type="checkbox"/> _27 | Subcutaneous injection |
| <input type="checkbox"/> _10 | Pare skin callus | <input type="checkbox"/> _28 | Intramuscular injection |
| <input type="checkbox"/> _11 | Infiltrate local anesthetic | <input type="checkbox"/> _29 | Insert peripheral |
| <input type="checkbox"/> _12 | Remove corneal or conjunctival foreign body | <input type="checkbox"/> _30 | Intravenous line in both adult and child |
| <input type="checkbox"/> _13 | Remove cerumen/syringe ear canals | <input type="checkbox"/> _31 | Insert central line in adult |
| <input type="checkbox"/> _14 | Cauterize nose for anterior epistaxis | <input type="checkbox"/> _32 | Prep for land or air transport |
| <input type="checkbox"/> _15 | Remove foreign body (e.g., fish-hook, splinter, glass) | <input type="checkbox"/> _33 | Acupuncture |
| <input type="checkbox"/> _16 | Insert nasogastric tube | <input type="checkbox"/> _34 | Hypnosis |
| <input type="checkbox"/> _17 | Test for fecal occult blood | <input type="checkbox"/> _00 | None of the above |
| <input type="checkbox"/> _18 | Place transurethral catheter | | |

c) Please list any procedural skills that you feel you need to acquire.

35. Please estimate the number of patient visits you have in a TYPICAL WEEK, EXCLUDING patient visits while on-call (on-call is defined as time outside of regularly scheduled activity during which you are available to patients).

_____ (number of patient visits per week)

36. What is the approximate percentage of visits by age?

	Percentage
Ages 0-4.....	_____
Ages 5-10.....	_____
Ages 11-14.....	_____
Ages 15-19.....	_____
Ages 20 and over	_____

37. Is your practice able to determine how many patients (not visits) you have each year?

_0 No _1 Yes

ALLOCATION OF YOUR TIME

38. a) Do you do on-call?
 [Note: "on-call" is defined as time outside of regularly scheduled activity during which you are available to patients.]

No (**PLEASE SKIP TO QUESTION 39**)

Yes

If yes, please describe your on-call activities. Check ALL that apply.

- ₀₁ Obstetrical on-call
- ₀₂ On-call for hospital in-patients
- ₀₃ On-call for non-hospitalized patients — telephone availability only
- ₀₄ On-call for non-hospitalized patients — telephone availability and see patients as required
- ₀₅ Emergency room on-call
- ₀₆ Nursing home/long-term care facility on-call
- ₆₆ Other (*specify*) _____

b) Please estimate your average total number of on-call work hours PER MONTH.

_____ (on-call hours per month)

c) Please estimate how many of your on-call hours each month are actually spent in direct patient care (e.g., phone, email, face-to-face).

_____ (on-call hours spent in direct patient care per month)

d) Do you ever spend continuous 24-hour periods of on-call time in direct patient care?

No Yes

If yes, are you ever required to provide direct patient care immediately after these 24-hour periods?

No Yes

e) Please estimate the number of patients you see on-call per month.

_____ (number of patients seen on-call per month)

39. EXCLUDING ON-CALL ACTIVITIES, how many HOURS IN AN AVERAGE WEEK do you usually spend on the following activities? Assume each activity is mutually exclusive for reporting purposes (i.e., if an activity spans two categories, please report hours in only one category).

Hours per week

- a) Direct patient care without a teaching component, regardless of setting..... _____
- b) Direct patient care with a teaching component, regardless of setting _____
- c) Teaching/education without direct patient care (contact with students/residents, preparation, marking, evaluations, etc.)..... _____
- d) Indirect patient care (charting, reports, phone calls, meeting patients' family, etc.)..... _____
- e) Health facility committees _____
- f) Managing your practice (staff, facility, equipment, etc.)..... _____
- g) Research (including management of research and publications) _____
- h) Administration (i.e., management of university program, chief of staff, department head, Ministry of Health, etc.)..... _____
- i) Continuing medical education/professional development (courses, reading, videos, seminars, etc.)..... _____
- j) Other (participation in professional or specialty organizations, medico-legal activities, etc.) _____

TOTAL HOURS WORKED PER WEEK: _____

Total of 39(a) through 39(j)

40. a) In the LAST YEAR, have you been absent from work due to:

i) Maternity or paternity leave?

No Yes

If yes, approximately how many weeks were you absent? _____ (weeks absent)

ii) Personal leave of absence?

No Yes

If yes, approximately how many weeks were you absent? _____ (weeks absent)

iii) Illness or disability?

No Yes

If yes, approximately how many days were you absent due to WORK-RELATED STRESS?

_____ (days absent due to work stress)

Approximately how many days were you absent due to ANY OTHER ILLNESS/DISABILITY?

_____ (days absent due to other illness/disability)

b) Do you volunteer your services as a physician (e.g., camp doctor, international aid, etc.)?

No Yes

If yes, approximately how many weeks in the past year have you spent volunteering?

_____ (weeks spent volunteering in the past year)

Please specify the area(s) of volunteerism.

c) Have you used any locum tenens?

Yes No, locum not available No, locum not needed

YOUR PROFESSIONAL INCOME

41. a) In the last year, approximately what proportion of your professional income did you receive from each of the following methods? (Please note: TOTAL MUST EQUAL 100%.)

	Percentage
Fee-for-service (insured and uninsured)	_____
Salary	_____
Capitation	_____
Sessional/per diem/hourly	_____
Service contract.....	_____
Incentives and premiums.....	_____
Other (<i>specify</i>) _____	_____

TOTAL 100%

b) If you had a choice, how would you PREFER to be paid for your services as a physician? Please check ONLY ONE.

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee-for-service only | <input type="checkbox"/> Salary only | <input type="checkbox"/> Capitation only |
| <input type="checkbox"/> Sessional/hourly payments only | <input type="checkbox"/> Service contract only | <input type="checkbox"/> Blended payment |

If you indicated BLENDED PAYMENT, what components would you want included? Check ALL that apply.

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Fee-for-service FFS | <input type="checkbox"/> Salary | <input type="checkbox"/> Capitation |
| <input type="checkbox"/> Sessional/per diem/hourly payments | <input type="checkbox"/> Service contract | <input type="checkbox"/> Service |
| <input type="checkbox"/> On-call remuneration beyond FFS | <input type="checkbox"/> Benefits/pension | |
| <input type="checkbox"/> Other (<i>specify</i>) _____ | | |

CHANGES TO YOUR PRACTICE

42. Are the following factors increasing the demand for your time?

	Yes	No
Aging patient population.....	—1	—0
Increasing complexity of patient caseload	—1	—0
Management of patients with chronic diseases/conditions.....	—1	—0
Increasing patient expectations.....	—1	—0
Lack of availability of local/regional physician services in my specialty.....	—1	—0
Lack of availability of local/regional physician services in other specialties	—1	—0
Lack of availability of other local/regional health care professional service	—1	—0
Other (<i>specify</i>) _____	—1	—0

43. With reference to the LAST 2 YEARS, please check all of the following changes you have already made. With reference to the NEXT 2 YEARS, please check all of the following changes that you are planning to make.

	LAST 2 years	NEXT 2 years
a) Reduce weekly work hours (excluding on-call)	—01	—01
b) Increase weekly work hours (excluding on-call).....	—02	—02
c) Retire from clinical practice	—03	—03
d) Relocate my practice to another province/territory in Canada	—04	—04
e) Leave Canada to practice in another country.....	—05	—05
f) Focus practice in an area of special interest	—06	—06
g) Reduce scope of practice	—07	—07
h) Stop intrapartum practice	—08	—08
i) Reduce clinical hours (excluding on-call)	—09	—09
j) Increase clinical hours (excluding on-call).....	—10	—10
k) Reduce teaching.....	—11	—11
l) Increase teaching	—12	—12
m) Reduce research	—13	—13
n) Increase research.....	—14	—14
o) Reduce administration responsibilities	—15	—15
p) Increase administration responsibilities.....	—16	—16
q) Reduce on-call hours.....	—17	—17
r) Increase on-call hours	—18	—18
s) Change practice due to personal health.....	—19	—19
t) Temporarily leave active practice for reason(s) other than above	—20	—20
u) Permanently leave active practice for reason(s) other than above	—21	—21
v) Change from solo to group practice	—22	—22
w) Become part of a practice network	—23	—23
x) Other change(s) MADE (<i>specify</i>) _____	—66	
y) Other change(s) PLANNED (<i>specify</i>) _____		—66
z) NO CHANGES.....	—00	—00

YOUR USE OF INFORMATION TECHNOLOGY

44. Please indicate which of the following you have, whether you use it in the care of your patients, and whether it is on a wireless device. Check ALL that apply.

	Have it	Use it	Use it on a wireless device
a) Electronic patient appointment/scheduling system	___01	___01	___01
b) Electronic billing.....	___02	___02	___02
c) Electronic records to enter and retrieve clinical patient notes	___03	___03	___03
d) Electronic reminder systems for recommended patient care	___04	___04	___04
e) Electronic warning systems for adverse prescribing and/or drug interactions	___05	___05	___05
f) Electronic decision aids (i.e., to evaluate treatment options)	___06	___06	___06
g) Electronic interface to external pharmacy/pharmacist.....	___07	___07	___07
h) Electronic interface to external laboratory/diagnostic imaging	___08	___08	___08
i) Electronic interface to other external systems (e.g., hospitals, other clinics) for accessing or sharing patient information.....	___09	___09	___09
j) Electronic interface to external chronic care patient registries	___10	___10	___10
k) Telemedicine/webcasting/videoconferencing	___11	___11	___11
l) Online access to journals, clinical practice guidelines, medical databases (e.g., MEDLINE)	___12	___12	___12
m) Email	___13	___13	___13

YOUR PROFESSIONAL SATISFACTION

45. Please rate your satisfaction with each of the following.

	Very satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied	Not applicable
a) Your current professional life	—5	—4	—3	—2	—1	—7
b) The balance between your personal and professional commitments	—5	—4	—3	—2	—1	—7
c) Your relationship with your patients	—5	—4	—3	—2	—1	—7
d) Your relationship with family physicians	—5	—4	—3	—2	—1	—7
e) Your relationship with physicians in other specialties	—5	—4	—3	—2	—1	—7
f) Your relationship with hospitals	—5	—4	—3	—2	—1	—7
g) Your relationship with pharmacists	—5	—4	—3	—2	—1	—7
h) The usefulness and reliability of the consultations you receive from other specialists (i.e., not family physicians)	—5	—4	—3	—2	—1	—7
i) Your opportunity to use your skills to their full extent	—5	—4	—3	—2	—1	—7
j) The availability of CME/CPD opportunities to meet your needs	—5	—4	—3	—2	—1	—7
k) Your ability to find locum tenens coverage for CME/CPD, holidays, personal time	—5	—4	—3	—2	—1	—7
l) Your comparative net revenue per hour compared to other family physicians	—5	—4	—3	—2	—1	—7
m) Your comparative net revenue per hour compared to other specialties (i.e., not family physicians)	—5	—4	—3	—2	—1	—7

46. We are aware that funding streams and staff shortages are the main resources that need to be addressed. Other than money and staff, are there other resources your practice needs to ensure appropriate primary care services to the communities you serve?

Thank you for your time.

Please return your completed questionnaire by November 20, 2009
in the postage-paid envelope provided to:

PRA Inc. 500-363 Broadway Winnipeg, MB R3C 3N9

or by fax to 989-2454 (in Winnipeg) or toll-free fax to 1-800-717-5456 (outside Winnipeg).